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CITY OF BIRMINGHAM

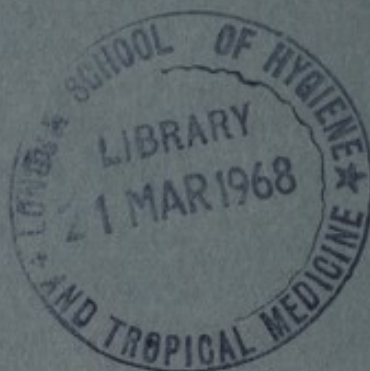
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REPORT
ON THE
Health of Birmingham
IN
1961

E. L. M. MILLAR
M.Sc., M.D., Ch.B., D.P.H.
Medical Officer of Health

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CITY OF BIRMINGHAM

REPORT OF THE
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1961



THE
MEDICAL OFFICER
OF HEALTH
FOR THE YEAR
1901

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MEMBERS OF THE HEALTH COMMITTEE

Municipal Year, 1961-62

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

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

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

ALDERMAN G. CORBYN BARROW.

(Chairman of Health Education Sub-Committee).

ALDERMAN MRS. A. LONGDEN, J.P.

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

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 E. J. FRANKLIN

COUNCILLOR C. HUXTABLE.

COUNCILLOR W. A. N. JONES.

COUNCILLOR L. C. LOVESEY.

COUNCILLOR A. PLANTY

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.

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 MRS. H. M. BARRADELL, 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, H. L. SECCOMBE, A. T. WALKER, J. T. WEBSTER, MISS O. M. WILLIAMS.

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, E. J. FRANKLIN, C. HUXTABLE, W. A. N. JONES, A. PLANTY, 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, MRS. A. F. WOOD.

COUNCILLORS MRS. H. M. BARRADELL, E. L. BENNETT, D. G. BEVAN, MRS. J. COLE, E. J. FRANKLIN, W. A. N. JONES, L. C. LOVESEY, A. PLANTY, W. J. H. SOWTON.

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.

ALDERMEN W. T. BOWEN, MRS. A. F. WOOD.

COUNCILLORS E. L. BENNETT, MRS. M. A. BROWN, MRS. F. M. COCKS, MRS. J. COLE, J. A. DAVIS, E. J. FRANKLIN, L. C. LOVESEY, A. PLANTY, H. L. SECCOMBE, MISS O. M. WILLIAMS.

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 E. L. BENNETT, 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; fitness of food for human consumption).

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, 1961

Medical Officer of Health :

MATTHEW BURN, M.C., M.M., F.R.C.P.(Edin.), D.P.H., D.T.M. & H. *Retired 30/11/61*

E. L. M. MILLAR, M.Sc., M.D., Ch.B., D.P.H. *Appointed 1/12/61.*

Deputy Medical Officer of Health :

W. NICOL, M.B., Ch.B., D.P.H. *Appointed 1/12/61.*

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.

D. F. MAHON, M.B., B.Ch., B.A.O., D.P.H., B.Sc.(Public Health), L.M. *Appointed 18/9/61.*

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

N. I. CONDON, M.B., B.Ch., B.A.O., D.P.H., L.M. *Appointed 18/9/61.*

Health Education

F. R. HOWELL, M.B., Ch.B., D.P.H. *Resigned 30/11/61.*

Maternity and Child Welfare

ISOBEL B. CRAIGHEAD, M.B., Ch.B., D.P.H. *Appointed 30/10/61.*

C. N. MCGREGOR, M.B., B.Ch., D.P.H. *Appointed 11/12/61.*

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	...	...	...	...	...	...	...	...	...	102

MATERNITY AND CHILD WELFARE

Administrative Medical Officer of Health	...	...	...	...	...	...	...	...	...	1
Deputy Administrative Medical Officer of Health	...	...	...	...	...	...	...	...	...	1
Medical Officer for Nurseries and Deprived Children	...	...	...	...	...	...	...	...	...	1
Assistant Administrative Medical Officers of Health (in conjunction with other duties)	...	...	...	...	...	...	...	...	...	2
Assistant Medical Officers for Maternity and Child Welfare (Clinical Medical Officers)	...	...	...	...	...	...	...	...	...	14
Senior Dental Officer	...	...	...	...	...	...	...	...	...	1
Assistant Dental Officers (Part-time)	...	...	...	...	...	...	...	...	...	15
<i>Health Visitors</i>										
Superintendent	...	...	...	...	...	...	...	...	...	1
Deputy Superintendent	...	...	...	...	...	...	...	...	...	1
Health Visitor Tutors	...	...	...	...	...	...	...	...	...	2
Health Visitors and other professional staff (Full and Part-time)	...	...	...	...	...	...	...	...	...	157
<i>Midwives</i>										
Supervisors	...	...	...	...	...	...	...	...	...	3
Midwives (Full and Part-time)	...	...	...	...	...	...	...	...	...	130
<i>Health Education</i>										
Assistant Administrative Medical Officer of Health (in conjunction with other duties)	...	...	...	...	...	...	...	...	...	1
Organiser	...	...	...	...	...	...	...	...	...	1
Assistant Lecturer and Artists	...	...	...	...	...	...	...	...	...	3
<i>Day Nurseries</i>										
Senior Supervisor of Day Nurseries	...	...	...	...	...	...	...	...	...	1
Supervisors of Day Nurseries	...	...	...	...	...	...	...	...	...	2
Nursery Nurses and other professional Staff	...	...	...	...	...	...	...	...	...	272
<i>Home Nursing Service</i>										
Superintendent of Home Nursing Service	...	...	...	...	...	...	...	...	...	1
Deputy Superintendent of Home Nursing Service	...	...	...	...	...	...	...	...	...	1
Nursing Staff (Full and Part-time)	...	...	...	...	...	...	...	...	...	200
<i>Domestic Help</i>										
Organiser	...	...	...	...	...	...	...	...	...	1
Assistant Organiser	...	...	...	...	...	...	...	...	...	1
District Organisers	...	...	...	...	...	...	...	...	...	8
Domestic Helps (Full-time)	...	...	...	...	...	...	...	...	...	55
Domestic Helps (Part-time)	...	...	...	...	...	...	...	...	...	815
Night Watchers	...	...	...	...	...	...	...	...	...	41
<i>John Foster Vince Memorial Home (Mother and Baby Home)</i>										
Matron	...	...	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	...	...	2
Domestic Staff	...	...	...	...	...	...	...	...	...	3

<i>Clerical Staff</i>	31
<i>Miscellaneous Staff</i>	
Non-manual (Full and Part-time)	86
Manual	190

MENTAL HEALTH

Chief Assistant	1
Senior Administrative Assistant (Admissions)	1
" " " (Community Care)	1
Divisional Mental Welfare Officers	4
Senior Mental Welfare Officers	7
Mental Welfare Officers	9
Shorthand-typists	6
Clerical Staff	3
<i>Family Care Section</i>	
Senior Caseworker	1
Caseworker	1
Assistant Caseworkers	4
Trainee Caseworkers	1
Shorthand-typist	1
Clerk-typist	1
<i>Parent Guidance Clinic</i>	
Psychiatric Social Worker	1
Social Workers	2
Shorthand-typist	1
<i>Hostels for Discharged Psychiatric Patients</i>	
Wardens	2
Deputy Warden and Cook	1
Cook—female	1
Manual Staff	3
<i>Senior Boys' Training Centre</i>	
Warden	1
Senior Supervisor	1
Senior Instructor	1
Senior Assistant Supervisor	1
Instructors	6
Assistant Instructors	3
Clerk	1
Manual Staff (part-time)	11

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	22
Temporary Clerical Staff (Full and Part-time)	18

TUBERCULOSIS
(Prevention and After-Care)

Medical Director (Part-time)	1
Medical Officers (Part-time)	6
Tuberculosis Visitors	14
Clerical Staff	7

STAFF WELFARE SURGERIES

Medical Officer for Staff Welfare	1
Nursing Staff	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	61
Pupil Public Health Inspectors	25
Food and Drugs Sampling Officers	4
Clerical Staff	26
Miscellaneous Manual Staff	34

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

HOUSING INSPECTORS

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

SMOKE INSPECTORS

Chief Smoke Inspector	1
Deputy Chief Smoke Inspector	1
Inspectorial Staff	7
Smoke Control Area Advisers	14
Clerical Staff	12

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.) ...	128
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PUBLIC HEALTH DEPARTMENT,
TRAFALGAR HOUSE,
PARADISE STREET,
BIRMINGHAM 1

September, 1962.

*To the Chairman and Members,
Health Committee.*

A striking feature of Birmingham is the considerable movement of its population. The City's industries have continued to act as an employment magnet drawing newcomers from near and far, an influx which has been largely counterbalanced by many Birmingham families taking up residence in the very rapidly developing dormitory areas beyond the boundary. The result was an estimated net gain of over 17,000 persons in 1961, the largest increase in a single year since 1948. In order that the resources available for the social services shall be correctly allocated to meet the needs, it is important to know of the sizes of the various groups of which the population is composed. Although, for instance, the population as a whole has increased, note must be taken of what happens to the numbers of children born to Birmingham mothers. In 1950 there were 18,833 live births. By 1955, some seven hundred Birmingham children born in 1950 had died, yet there were only 17,735 children aged five years living here. In succeeding years this group had become six, seven, eight, etc., years old and their numbers progressively fell to 17,596, 17,250, 17,150, 16,893, 16,811, and in 1961, when eleven years old, had fallen to 16,589. Clearly the trend is towards the families with young children leaving Birmingham and being replaced by adults, mostly of working age.

A further considerable increase in births brought the year's total to 21,594, the largest number since 1947 (23,935). This placed a tremendous burden upon the already depleted staff of domiciliary midwives and thanks are due to them for all they accomplished. Not a year has passed since 1951 without the percentage of illegitimate births increasing and now the rate is almost double what it was only ten years ago, being in 1961 at least 8.9 per cent as compared with the national rate of 5.9 per cent. This situation has strained to the utmost our facilities for caring for unmarried mothers and their babies.

The social disturbance which has produced the big rise in illegitimacy has produced also the far less serious increase in venereal disease, the upward trend in which started in 1955 and, for 1961, produced 27.5 per cent. more patients than did the year before.

Since 1948 there has been a distinct tendency for the general death rate to rise, a state of affairs which had been predicted because of the steadily increasing proportion of old people in the population. The very young, and especially the old, make relatively heavy demands upon

the health services and their increasing numbers in this City are certainly apparent from this aspect alone.

It is a great disappointment to have to record that there were two cases of diphtheria, neither child having been immunised, but at least the publicity had the effect of stimulating parents to have their children protected. 21,863, a record for recent years, were treated, but over 4,000 of these did not receive the protection until the age of five to fourteen years and the number of reinforcing injections, 12,869, as usual fell far short of what should have been achieved in order to give reasonable certainty to all individuals of lifelong immunity against diphtheria.

The value of immunisation was again demonstrated in whooping cough, a record low number of only five hundred and seventeen notifications having been received. The disease is really dangerous to young babies and it is not possible to develop significant immunity until the age of six months at the earliest. Hence the importance of ensuring that older children are fully protected by immunisation when a new baby is expected in a family. The baby will not then be infected by an older brother or sister as is so frequently the case.

Still further evidence of the value of immunisation was the fact that of the eighteen cases of poliomyelitis only two had been immunised. It is likely that the oral vaccine now available will give even more certain protection.

So far as tuberculosis is concerned the most impressive decline is in the age group 15-19 years where notifications have fallen in the last three years by 75 per cent. as compared with the period 1953-55. The reservoir of infection now resides in men over forty-five years and in immigrants from Asia and it is here where searching for cases is likely to be most remunerative.

Birmingham can be justly proud of its unique Drug Testing Scheme which is a credit to the local pharmaceutical profession as well as to the City Analyst's Laboratory. It is most gratifying to learn that, during the six years it has been in operation, a vast improvement in the quality of drugs has been achieved—an improvement in which the whole of the country has also shared.

The first element in the Health Committee's ambitious programme to improve the training facilities for the mentally handicapped was achieved by the opening of the Senior Training Centre at Perry Barr. Already this has proved tremendously successful.

The unspectacular but vitally important work of health visitors and public health inspectors has proceeded relentlessly, the former as guardians of personal health and the latter of the healthiness of the environment. Both groups have expressed growing concern at the increasing numbers of houses let-in-lodgings where in many instances

living conditions are comparable with slums of the worst type. It is amazing how, under such circumstances, some families, particularly West Indians, furnish their accommodation so nicely and keep it so clean and bright. The inability of numerous immigrants to understand English has presented some rather difficult problems. Certain leaflets have therefore been printed in native languages and a few members of the staff are studying Urdu.

The year's total of calls upon the Ambulance Service was again a record and, while every device has been introduced into the service so that it may respond to these demands with the utmost efficiency and economy, the time has come when hospitals (which initiate the vast majority of calls) should study the possibility of co-ordinating their demands upon the Service so as to improve its economical working still further. The arrangement laid down by Statute under which hospitals make the demands and the local health authority provides and pays for a service that responds, savours very much of the local authority providing blank cheques for others to use at will. As each person's ride in an ambulance costs about one pound, this is a serious matter and the public must be expected to co-operate in minimising demands upon this expensive service.

Readers of this report will notice the numerous courses for initial professional training which are available through the Health Department and the shorter refresher courses, conferences, etc. which qualified staff have attended. At the present time it is necessary to provide specially good training facilities for personnel of the Mental Health Section as, until recently, facilities throughout the country have been almost non-existent.

The Department also welcomes many visitors, some of them having already wide experience derived from many parts of the world. These numerous opportunities for gaining knowledge and exchanging ideas result in Birmingham having a stimulating atmosphere in which to work and this is a most valuable means of attracting staff and trainees of the best type. It enables Birmingham to compete for staff with areas having a better environment and climate and where the tenancy of a council house is a very attractive bonus.

There are many instances quoted in this report of co-operation with other Corporation Departments, other statutory services and with voluntary organisations. It might be imagined that, Birmingham being so large, such associations as these must be very much on a formal basis. Nothing could be further from the truth. Very many personal friendships among people employed in different branches of the Health Service and in voluntary organisations and teaching establishments not only help to make work a pleasure, but react conspicuously to the public good.

November 1961 marked the retirement of Dr. Matthew Burn who first came to the Department in 1928 and, after making notable contributions to knowledge and practice in the field of epidemiology and immunisation, was appointed Medical Officer of Health in 1950. During the critical period when the National Health Service was establishing itself, Dr. Burn did his utmost to ensure that excellent relationships were developed between the Health Department and other statutory and voluntary organisations. Over the years this has produced many great advantages to Birmingham citizens which would not otherwise have been achieved. In the same way Dr. Burn imbued his staff with sympathy and understanding, in which spirit they carry out their daily work among the public, a spirit which is not revealed by the hard facts of which such a report as this must be composed.

I am deeply grateful to this excellent staff for their untiring support during this my first year as Medical Officer of Health and to the members of the Health Committee with all of whom I have had such a happy relationship.

E. L. M. MILLAR,

Medical Officer of Health.

BIRMINGHAM

The census population for the City of Birmingham recorded in 1951 was 1,112,685. The estimated population in 1961 was 1,110,290. 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

The weather experienced in the City during the past year has been uneventful, being on an average rather warm and sunny at times, although the temperature in December was low, with Christmas being the coldest recorded since 1892. Once again Mr. A. L. Kelly, Director of the Meteorological Observatory (at Edgbaston) of the Birmingham & Midland Institute has provided the following records and comments.

Rainfall

Rainfall in January and February was near normal but March was exceptionally dry with a state of 'Partial Drought' throughout but April was the wettest on record. May's total was well below average and June's was a little below. Another period of 'Partial Drought' occurred during this time. Rainfall in July was above normal but most of the rain fell during a wet spell between the 10th and the 16th.

August was near average but dry in the last week. Autumn rainfall was near normal. An excess in September was balanced by a deficit in November. After a wet day on the 1st the December falls were light and there was little or no rain from the 14th until the snowfall on the 29th, which means that there was a period of 'Absolute Drought,' an unusual thing for the time of the year.

The total for the year was 28.6 inches which is 0.1 inch below normal.

Sunshine

This can best be described as spasmodic.

Amounts fluctuated considerably during the first four months. January had barely half its normal and April was the 2nd dullest on record but February was a little in excess and March had 66 hours above average. May was normal but the summer period was rather spoilt by July. Nevertheless there was an excess of 50 hours for the three months of June, July and August.

The total for the year 1,369.5 hours gave an excess of 69.4 hours.

Miscellaneous

Snow was conspicuous by its absence. It occurred on only thirteen days and the ground was covered by snow at 9 a.m. on only three days. There were eleven days on which thunder was noted, but only three of these were in the summer period, together with three in April, three in September and two in October. There were five days with thick fog (visibility falling to 100 yds. or less). The worst fog of the year and the worst general fog since the war was on the evening of 18th December, when visibilities over practically the whole of the city fell to twenty-five yards or less. There were good deposits of rime at times during the foggy spell of 18th to 24th December. The heaviest snowfall occurred on 29th 30th December, with a total fall of nine to ten inches in the city area.

COMPARISON OF MEAN MONTHLY TEMPERATURES AND SUNSHINE AND RAINFALL TOTALS FOR 1961 WITH THE AVERAGES FOR THE PAST 70 YEARS

Month	Shade Temperature °F.		Rainfall Ins.		Sunshine Hrs.	
	Monthly Averages 1961	Mean 70 years	Monthly Totals 1961	Mean 70 years	Monthly Totals 1961	Mean 70 years
January	37.9	38.4	2.24	2.56	22.9	42.9
February	44.1	38.9	2.31	1.97	61.6	58.1
March ...	47.7	42.0	0.235	1.94	162.1	95.7
April ...	49.9	46.5	4.92	1.96	65.1	134.9
May ...	51.9	52.3	0.90	2.30	173.1	172.1
June ...	58.6	57.6	0.99	2.06	225.8	178.1
July ...	59.5	60.8	3.115	2.57	153.9	167.7
August	59.9	60.2	2.75	2.8	173.2	156.9
September	59.3	56.2	2.7	2.17	126.2	121.9
October	51.3	49.6	2.87	2.78	105.5	85.5
November	42.8	43.3	2.19	2.8	64.8	49.1
December	35.9	40.0	3.38	2.79	53.3	37.2
Year	49.9	48.8	28.60	28.70	1369.5	1300.1

Winds

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

	N	NE	E	SE	S	SW	W	NW	Calm	Mean hourly M.P.H.
1961	345	640	732	808	1,962	1,930	1,429	910	4	9.7
35 yr. av.	617	911	647	814	1,484	1,785	1,214	1,220	70	9.7

Maximum Gust velocity for the year 62 m.p.h., 31st January.

VITAL STATISTICS

Area: 51,147 acres, i.e. 80 square 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
1961	1,110,290	

The table shows a progressive decline in population from 1952 until 1959–1960 since when an increase of 18,790 will be seen. Birmingham, on account of its continued prosperity may be considered still able to attract new residents, many of whom come from overseas and Ireland. During the period covered by the figures shown above there has been an excess of births (total 173,007) over deaths (total 110,255) amounting to 62,752 in the population of Birmingham.

Live Births

Number	1957	1958	1959	1960	1961
(a) Born in the City	18,472	18,911	19,062	20,478	21,265
(b) Born outside the City	434	370	290	299	329
Totals	18,906	19,281	19,352	20,777	21,594

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

LIVE BIRTH RATE. 19.45 per 1,000 population.

Again as last year, this is the highest rate since 1948 and a continued rise since 1955 when it was 16.0.

Illegitimate Live Births: numbering 1,927, were 8.92 per cent of total live births. The following percentages are locally recorded illegitimate live babies compared with total live births.

1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
4.7%	4.8%	5.1%	5.2%	5.3%	6.2%	6.4%	6.5%	6.8%	7.7%	8.9%

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 less than the numbers known to the Registrar General. In 1960 the difference was 4 per cent. but in 1961 it rose to 6 per cent. The difference may be explained by some Birmingham women going outside the City to give birth to their illegitimate babies. These births are not recorded in our figures.

Stillbirths

There were four-hundred and forty-four. Of these two hundred and eighty (63·06 per cent) were premature births.

STILLBIRTH RATE per 1,000 total (live and still) births 20·15.

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Rate	23·0	22·2	19·6	23·5	21·6	23·0	22·9	21·5	22·0	22·1	19·9	20·15

Total births live and still 22,038.

Infant deaths under one year of age:

Legitimate	...	...	...	461
Illegitimate	...	...	...	54
				<hr/>
				515
				<hr/>

INFANT MORTALITY RATE

Total infant deaths per 1,000 live births 23·8.

1954	1955	1956	1957	1958	1959	1960	1961
24·2	23·7	24·6	24·6	25·05	25·4	22·6	23·8

The difference in the rates in the three zones of the city continues to be marked and the figures for 1961 are not so favourable as those in 1960.

		1954	1955	1956	1957	1958	1959	1960	1961
Central Wards	...	34	33	28	27	28	34	27	31
Middle Wards	...	26	26	28	27	27	27	22	24
Outer Wards	...	20	20	22	22	23	22	21	22

Legitimate infant deaths per 1,000 live births 23·44.

Illegitimate infant deaths per 1,000 illegitimate live births 28·02.

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 1961 was

16.58 per 1,000 live births there being three-hundred and twenty-two deaths of legitimate babies and thirty-six of illegitimate giving a legitimate rate of 16.37 and an illegitimate rate of 18.68.

NEO-NATAL DEATH (0-4 WEEKS) BY PRIMARY CAUSE OF DEATH AND MATURITY.

MORTALITY RATE PER 1,000 LIVE AND STILL BIRTHS

<i>Cause of Death Primary Factor</i>	<i>PREMATURE</i>		<i>MATURE</i>	
	<i>Number</i>	<i>Rate</i>	<i>Number</i>	<i>Rate</i>
ANTENATAL CAUSES—				
Toxaemia	21	10.6	6	(0.3)
Separation of Placenta	22	11.1	2	(0.1)
Rhesus Incompatibility	6	(3.0)	7	(0.4)
Other Maternal Causes	2	(1.0)	2	(0.1)
Other Antenatal Causes	2	(1.0)	—	—
INTRANATAL CAUSES—				
Breech Presentation ...	11	(5.6)	8	(0.4)
Other difficult Labour ...	10	(5.1)	22	1.1
Other Intranatal Causes	13	(6.6)	14	(0.7)
POSTNATAL CAUSES—				
Infection	10	(5.0)	14	(0.7)
Other Postnatal Causes	4	(2.0)	6	(0.3)
FOETAL DEFORMITY ...	30	15.2	46	2.3
PREMATURITY ONLY ...	95	48.0	—	—
TOTAL ...	226	114.2	127	6.4

All Premature (Live and still births) 1,980

All Mature " " " " 19,980

Post Neo-natal Mortality Rate was 7.27 in the first year per 1,000 live births, deaths in the first four weeks being excluded. The legitimate rate was 7.02 and the illegitimate rate was 9.34. Environment and standard of child care are important factors in this rate.

Early Neo-natal Mortality Rate was 14.58. 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 three-hundred and fifteen was comprised of two-hundred and eighty-two legitimate and thirty-three illegitimate children giving rates of 14.33 and 17.13 respectively, and a total of 14.58.

The table below gives details of the causes of infant deaths.

INFANT MORTALITY IN 1961

<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>
Influenza	—	—	—	1	1
Meningococcal Infection ...	—	—	—	2	2
Meningitis (not tuberculous)	—	2	2	3	5
Bronchitis	—	1	1	3	4
Pneumonia (all forms) ...	9	9	18	63	81
Diarrhoea and enteritis ...	—	3	3	14	17
Congenital Malformations ...	42	20	62	45	107
Premature birth	172	2	174	2	176
Atrophy, Debility & Marasmus	2	—	2	—	2
Atelectasis	10	—	10	—	10
Injury at Birth	57	3	60	—	60
Otitis Media	—	—	—	1	1
Other Causes	23	3	26	23	49
	315	43	358	157	515

The selective differences in the mortality rates in the early weeks of life in children in the different wards in the City, which become steadily more apparent after the first month, and the difference in infant mortality between those illegitimately born and others indicate that the above rates can be reduced still further.

	<i>Early Neonatal 0-6 days of life</i>			<i>Total Neonatal under 28 days of life</i>			<i>Post Neonatal 1 month—12 months of life</i>		
	<i>1959</i>	<i>1960</i>	<i>1961</i>	<i>1959</i>	<i>1960</i>	<i>1961</i>	<i>1959</i>	<i>1960</i>	<i>1961</i>
Central Wards	17.98	11.48	16.36	20.84	14.25	20.13	12.23	13.06	12.16
Middle Ring ...	16.92	14.70	14.36	19.15	16.04	16.61	8.46	6.42	8.24
Outer Ring ...	13.38	14.67	14.20	15.15	16.25	15.62	4.72	4.83	5.71
City	15.8	14.4	14.6	18.0	16.0	16.6	7.4	6.6	7.3

Perinatal Mortality Rate, stillbirths plus deaths during the first week per 1,000 total live and still births was 34.44. Deaths numbered seven-hundred and fifty-nine.

<i>1951</i>	<i>1952</i>	<i>1953</i>	<i>1954</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1958</i>	<i>1959</i>	<i>1960</i>	<i>1961</i>
37.6	33.3	37.9	35.1	35.7	37.4	37.0	37.8	36.6	34.0	34.4

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
1961		14.3 } 119.6%		16.4 } 114.0%	7.1 } 130.2%	23.4 } 119.7%
Legitimate	...	17.1 }	34.4	18.7 }	9.3 }	28.0 }
Illegitimate	...	14.6 }		16.8 }	7.3 }	23.9 }
Total ...	20.15					
1960		14.0 } 138.65%		15.4 } 154.3%	4.8 } 143.45%	21.9 } 137.2%
Legitimate	...	19.4 }	34.0	23.2 }	6.9 }	30.1 }
Illegitimate	...	14.4 }		16.0 }	6.6 }	22.6 }
Total ...	19.86					
1959		14.8 } 195.2%		17.0 } 182.9%	7.1 } 160.6%	24.1 } 176.3%
Legitimate	...	28.9 }	36.6	31.1 }	11.4 }	42.5 }
Illegitimate	...	15.7 }		18.0 }	7.4 }	25.4 }
Total ...	21.14					
1958		15.2 } 153.2%		17.4 } 147.1%	6.7 } 203.0%	24.1 } 163.2%
Legitimate	...	23.3 }	37.8	25.6 }	13.6 }	39.3 }
Illegitimate	...	16.0 }		17.9 }	7.1 }	25.1 }
Total ...	21.96					
1957		15.3 } 145.8%		17.2 } 144.2%	6.8 } 133.8%	24.0 } 140.8%
Legitimate	...	22.3 }	36.95	24.8 }	9.1 }	33.8 }
Illegitimate	...	15.8 }		17.7 }	7.0 }	24.7 }
Total ...	21.53					
1956		14.1 } 185.8%		16.5 } 175.2%	6.8 } 127.9%	23.8 } 158.0%
Legitimate	...	26.2 }	37.5	28.9 }	8.7 }	37.6 }
Illegitimate	...	14.8 }		17.6 }	7.0 }	24.6 }
Total ...	22.94					
1955		12.2 } 219.7%		15.5 } 198.0%	7.5 } 101.4%	22.9 } 166.4%
Legitimate	...	26.8 }	35.7	30.7 }	7.4 }	38.1 }
Illegitimate	...	13.0 }		16.3 }	7.5 }	23.7 }
Total ...	23.03					
1954		13.6 } 101.5%		16.6 } 119.8%	7.1 } 191.6%	23.7 } 141.4%
Legitimate	...	16.8 }	35.1	19.9 }	13.6 }	33.5 }
Illegitimate	...	13.8 }		16.8 }	7.4 }	24.2 }
Total ...	21.62					

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

Maternal Mortality (including one death after abortion).

NUMBER of deaths, 5.

RATE per 1,000 total live and still births, 0·23.

Maternal deaths (excluding abortions)

1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
12	11	11	11	5	9	9	6	6	10	4

Death Rate from all causes was 11·42 per 1,000 population, there being 12,683 deaths. The death rate was a little higher in 1961 than in the previous year. A marked increase in the number of respiratory and influenza deaths occurred in the first quarter of the year and this probably influenced the rise in the rate. In making comparison with the previous year, thirty-one persons succumbed to influenza while in 1961, one-hundred and eighty-one deaths from this malady were recorded, also bronchitis and pneumonia accounted for 1,380 and 1,633 deaths respectively in 1960 and 1961.

The diseases which mainly affect the elderly, senility, arterio-sclerosis, heart and circulatory disease, cerebral haemorrhage, pneumonia, bronchitis and cancer showed a higher percentage, namely 87·01 as compared with 85·64 for 1961, of all deaths. The tendency for the rate to rise or remain high must be expected because of the increasing proportion of elderly people in the population to whom high death rates apply. The table below shows the figures for these deaths over a period of years.

	<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
1961	3,913	2,303	1,678	1,914	500	147	581
% of all deaths in 1961	30·85	18·16	13·23	15·09	3·94	1·16	4·58

Area Comparability Factors Births 0·95, Deaths 1·15.

The crude death rate shows only the vitality of a local population and is not a satisfactory rate for comparative purposes because each area varies according to the age and sex structure of its population. In order to make comparisons of both birth and death rates with one area and another the device known as the Area Comparability Factor which eliminates the age and sex element of the local population is applied by multiplying the local rate by the factor. The Adjusted Birth Rate was 18·48 and the Adjusted Death Rate was 13·13 per 1,000 population.

Cancer

Although the deaths from cancer continued to be high, the number, 2303, was not the highest recorded as will be seen from the table below.

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Deaths	2,021	2,130	2,237	2,295	2,295	2,315	2,428	2,309	2,372	2,260	2,303
Rates	1·82	1·90	2·00	2·05	2·06	2·08	2·20	2·10	2·17	2·07	2·07

It will be observed that the cancer mortality rate would appear to have reached a peak which is fluctuating only to a small degree and has in fact shown a slight fall during the last two years. 1957, remains the year when the highest number of deaths, namely 2,428 were recorded. Leukaemia accounted for fifty-three deaths, the same number as in 1960.

Although the deaths from lung cancer were slightly less than the previous year, five-hundred and sixty-nine as compared with five-hundred and eighty-one in 1960 the highest incidence occurred in those aged 65 and under, three-hundred and two of them being in the age group 45-65 and twenty-three under 45. Comparison with the figures for 1951 indicate a considerable increase in deaths from this cause in men, the upward trend in women is not so marked.

Cancer of the digestive organs caused eight-hundred and fifty-seven deaths of which four-hundred and twenty-nine were men, and the genital organs and breast were the sites in two-hundred and twenty-seven and two-hundred and thirty-four cases respectively.

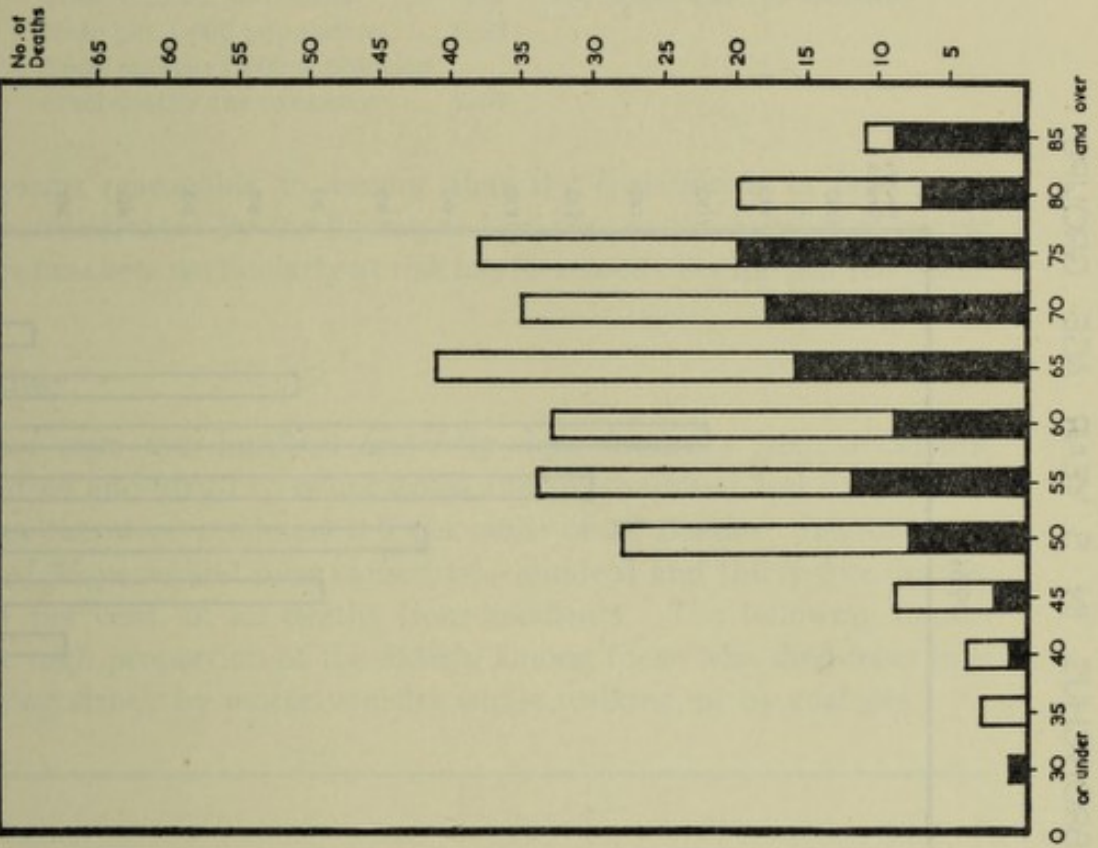
Total number of deaths in 1961	...	...	...	...	...	12,682
Total number of deaths due to cancer	...	...	...	...	...	2,303
Due to lung and bronchus	...	...	...	...	...	569
Total mortality rate per 1,000 population	...	...	...	...	...	2·07
Lung and bronchus mortality rate per 1,000 population	...	...	...	...	...	0·51

The total number of deaths from cancer of the stomach has decreased in the last decade as can be seen from the following—

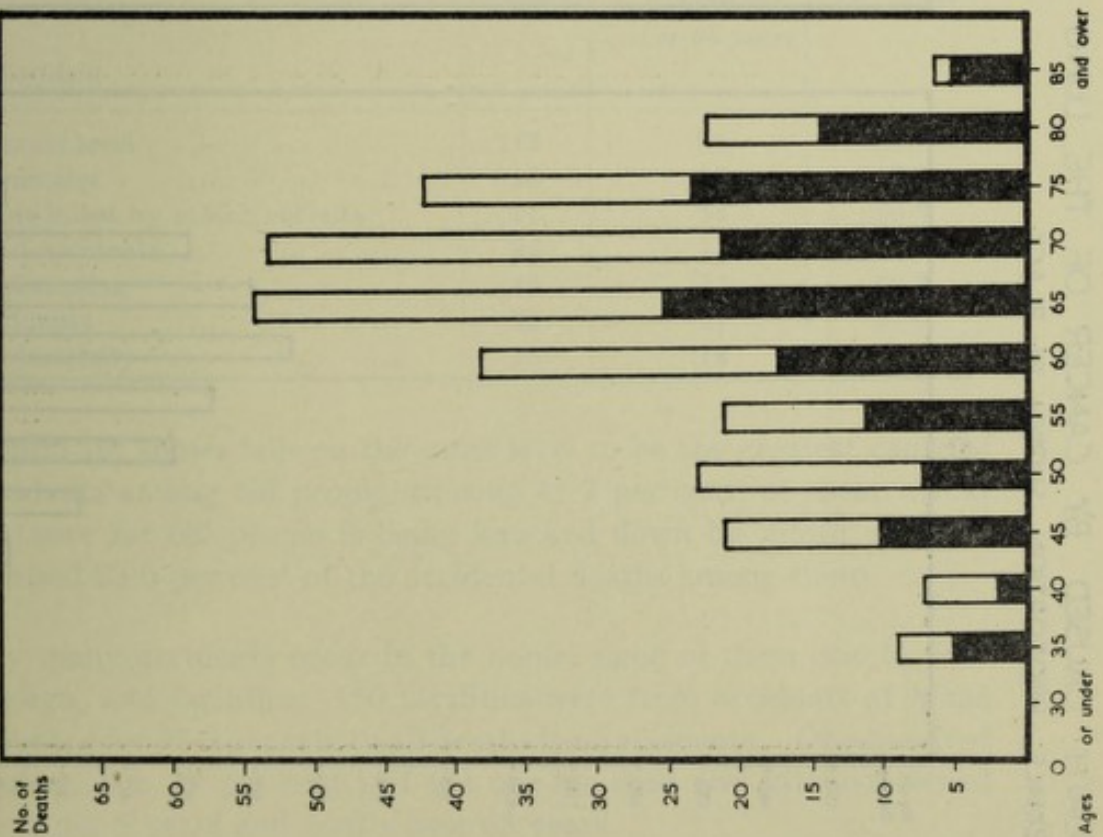
1951: Total number of deaths	...	296	(156 males and 140 females)
Rate per 1,000 population	...	0·27	
Total rate per 1,000 population of all deaths due to cancer	...	1·82	

DEATH CAUSED BY CANCER OF THE STOMACH IN 5 YEAR AGE GROUPS
 FEMALE PROPORTION SHOWN IN BLACK

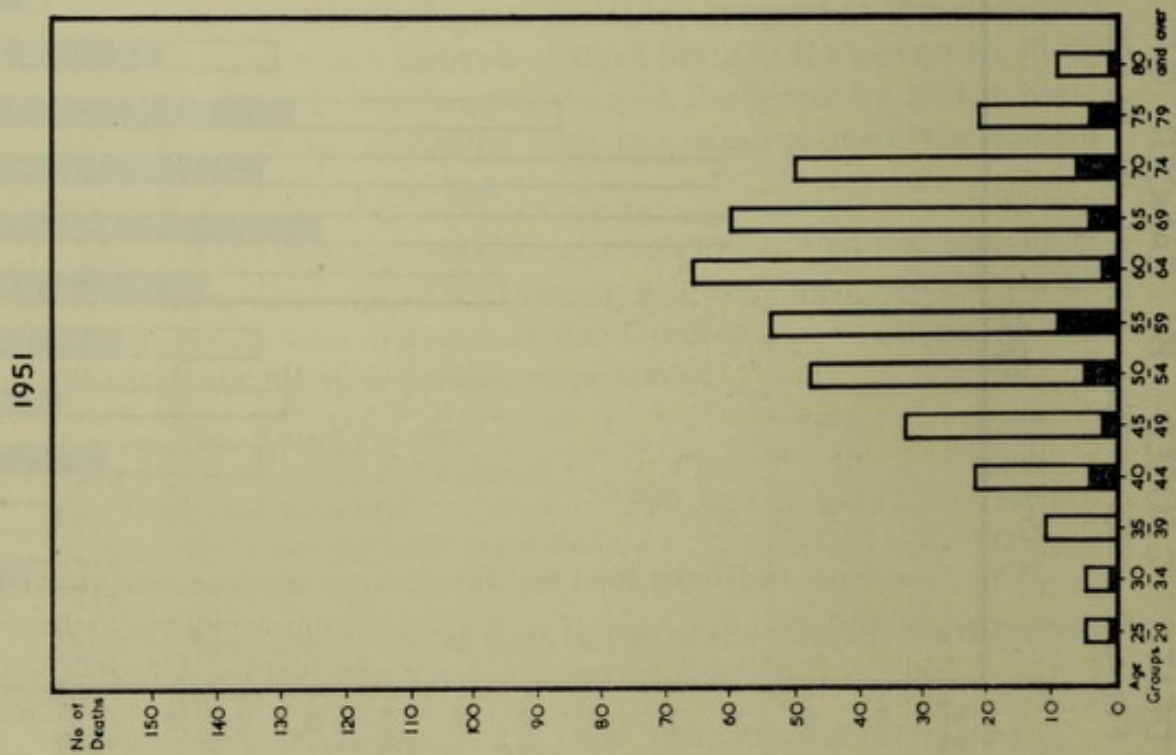
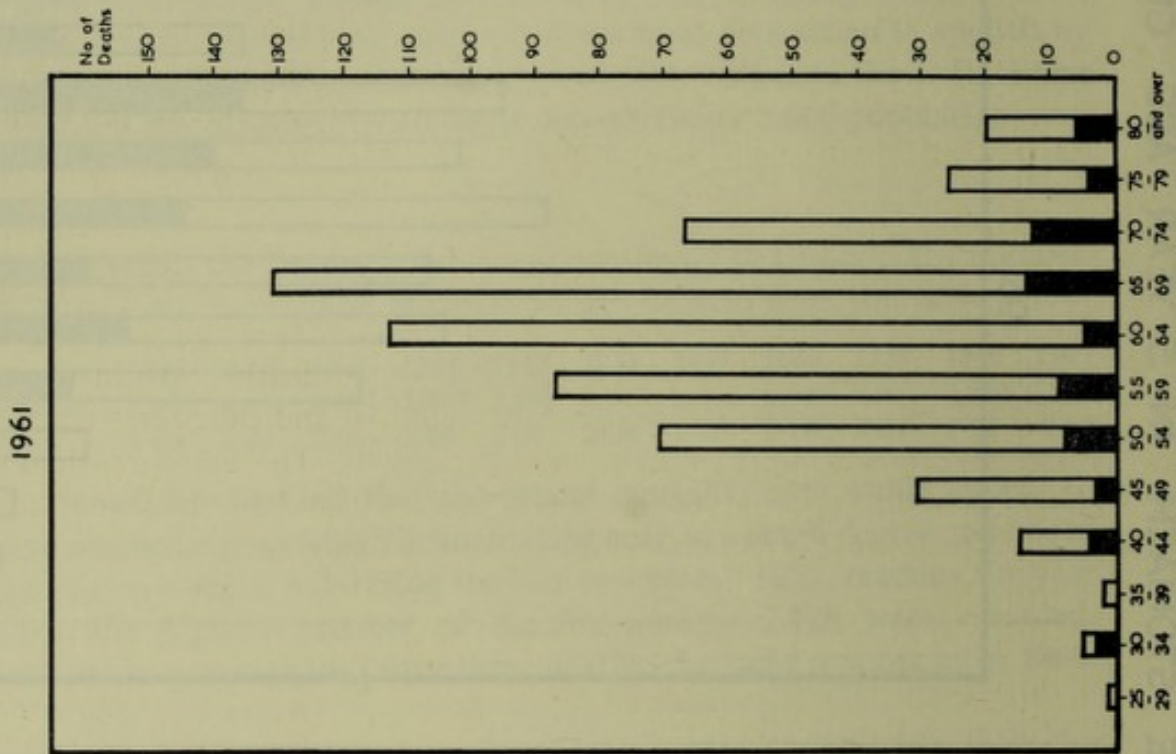
1961



1951



DEATH CAUSED BY CANCER OF THE LUNG & BRONCHUS IN 5 YEAR AGE GROUPS.
 FEMALE PROPORTION SHOWN IN BLACK



1961: Total number of deaths	...	257	(154 males and 103 females)
Rate per 1,000 population	...	0.23	
Total rate per 1,000 population of all deaths due to cancer	...	2.07	

It seems reasonable to assume that the situation is in fact much better than indicated by the figures and graphs, as the number of people in the age brackets particularly at risk has increased over the last ten years.

Accidents

There were four-hundred and fifty-eight fatalities from accidents, two-hundred and fifty-two being males and two-hundred and six females. Accidents therefore produced 3.6 per cent. of all deaths. Accidents to persons of 65 years and over caused two-hundred and thirty-five deaths, being 51 per cent. of all deaths from accidents. The following figures show the high proportion of the elderly among those who died from falls or by being struck by motor vehicles whilst walking, 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	113	98	86.7
Falls downstairs	18	15	83.3
Pedestrians killed by motor vehicles	91	54	59.3
Other road accidents	92	11	12.0
Coal gas poisoning	46	32	69.6
Other accidents	22	11	50.0
Burns & electricity	76	14	18.4

Column (b) shows falls on the same level to be the greatest cause of fatal accidents among old people, causing 41.7 per cent. of them. Next in importance for old people is being knocked down by motor vehicles, which caused 23.0 per cent of the accidental deaths among them.

Very many accidents occur in the home, some of them due to poor house design, and facilities. 150 fatalities were from accidents at home and accounted for 32.6 per cent of all deaths from accidents. One-hundred and nineteen (i.e. 79 per cent.) of the one-hundred and fifty concerned children under 5 years and adults over 65 years.

Accidents occurring on the road and in the course of employment accounted for ninety-five males and twenty-four females between the ages of 5 and 45 years.

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	12.3
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
1961	19.5			20			24			11.4		

* No longer available.

BIRTH, DEATH AND INFANT MORTALITY RATES IN WARDS, 1961

	WARDS	Estimated Population	BIRTHS		TOTAL DEATHS		INFANT DEATH	
			Number	Rate per 1,000 population	Number	Rate per 1,000 population	Number	Rate per 1,000 population
CENTRAL	St. Paul's	18,400	486	26.4	221	12.0	14	29
	Duddeston	22,800	541	23.7	235	10.3	16	30
	Deritend	17,800	380	21.3	239	13.4	17	45
	Market Hall	17,000	547	32.2	165	9.7	11	20
	Ladywood	18,400	430	23.4	203	11.0	17	40
	Totals and average rates of Central Wards	94,400	2,384	25.25	1,063	11.26	75	31
MIDDLE RING	Lozells	30,000	831	27.7	353	11.8	15	18
	Aston	26,600	611	23.0	310	11.7	14	23
	Gravelly Hill	27,600	632	22.9	363	13.2	15	24
	Washwood Heath	36,300	579	16.0	357	9.8	11	19
	Saltley	29,400	632	21.5	351	11.9	18	28
	Small Heath	29,200	742	25.4	335	11.5	21	28
	Sparkbrook	24,800	814	32.8	259	10.4	20	25
	Balsall Heath	25,100	756	30.1	273	10.9	18	24
	Edgbaston	24,600	469	19.1	336	13.7	15	32
	Rotton Park	22,900	590	25.8	584	25.5	21	36
	All Saints	24,100	466	19.3	384	15.9	7	15
	Soho	24,900	887	35.6	317	12.7	21	24
Totals and average rates of Middle Ring Wards	325,500	8,009	24.61	4,222	12.97	196	24	
OUTER RING	Stechford	51,700	713	13.8	418	8.1	8	11
	Sheldon	46,000	696	15.1	281	6.1	17	24
	Yardley	25,000	366	14.6	312	12.5	6	16
	Acocks Green	21,000	352	16.8	233	11.1	10	28
	Fox Hollies	21,200	290	13.7	277	13.1	6	21
	Sparkhill	25,500	622	24.4	325	12.7	16	26
	Hall Green	25,000	302	12.1	276	11.0	5	17
	Springfield	26,800	387	14.4	301	11.2	7	18
	Brandwood	36,800	525	14.3	372	10.1	12	23
	Moseley and Kings Heath	30,300	755	24.9	411	13.6	12	16
	Selly Oak	30,100	467	15.5	516	17.1	11	24
	King's Norton	32,100	464	14.5	315	9.8	10	22
	Northfield	50,700	784	15.5	492	9.7	14	18
	Weoley	42,200	594	14.1	307	7.3	8	13
	Harborne	35,500	437	12.3	411	11.6	9	21
	Sandwell	26,700	575	21.5	290	10.9	21	37
	Handsworth	26,300	876	33.3	345	13.1	26	30
	Perry Barr	37,300	541	14.5	296	7.9	11	20
	Kingstanding	37,100	569	15.3	315	8.5	11	19
	Stockland Green	30,200	419	13.9	492	16.3	11	26
Erdington	32,900	467	14.2	382	11.6	10	21	
Totals and average rates of Outer Ring Wards	690,400	11,201	16.22	7,367	10.67	241	22	
Ward of domicile not known	—	—	—	31	—	3	—	
Totals and average rates for whole City	1,110,290	21,594	19.45	12,683	11.42	515	24	

EPIDEMIOLOGY

Anthrax

During 1961 there was one case of anthrax—a boy aged seventeen years.

The first evidence of the infection was a "pimple" on the right side of the face anterior to the ear. This appeared on the 19th March and gradually enlarged without any other symptoms until 25th March when the face became swollen and systemic manifestations appeared. During that week the patient remained at work. On the 25th March the doctor was called and as the patient's condition deteriorated on the 26th March he was admitted to hospital. The diagnosis of anthrax was made on the 31st March. The boy, who had not started shaving, was apprenticed at a car component factory and therefore had no contact at work with hides, skins, fur, etc., but used cotton rags for cleaning purposes. He was very fond of animals and frequently went into the country but had not done so since before the 12th March (the earliest date when infection could have occurred). He apparently stroked dogs in the road and himself had a rabbit and a guinea pig which had been with him for 2½ and 4 years respectively. The rabbit and the guinea pig appeared quite healthy with no suspicious swellings anywhere.

The boy recovered and no other cases occurred.

Diphtheria

Of the fifty-seven cases of diphtheria notified for the year 1961 two were confirmed. There was one death, i.e. a boy aged six years. In neither case had they been immunised.

Although in the three years 1958 to 1960 no case of diphtheria had been confirmed in Birmingham some thirty to fifty cases were admitted to the Isolation Hospital each year for observation and were notified by the general practitioners as diphtheria.

The occurrence of diphtheria in recent years can be seen from the following table:—

<i>Year</i>	<i>Cases</i>	<i>Deaths</i>	<i>Immunisation History</i>
1953	1	0	Never immunised.
1954	3	0	" " "
1955	4	2	3 never immunised. 1 (mild case) overdue for reinforcing injection.
1956	1	0	Never immunised.
1957	1	1	" "
1958	0	0	

It was with some surprise therefore that on 3.2.61 a message was received from the Consultant in Infectious Diseases at Little Bromwich General Hospital, that a child of six years (non-immunised) had been admitted and had every appearance of being a case of faucial and laryngeal diphtheria. The child had been taken ill on 30.1.61 with a cough which was prevalent in the neighbourhood at the time and was sufficiently severe to cause the child to be absent from school. The cough became worse and breathlessness occurred on 1.2.61 and by 3.2.61 the child's condition had deteriorated and the doctor was called in for the first time. After her admission to hospital her condition deteriorated and she required a tracheotomy for the relief of obstruction. The child's family comprised parents and five children aged eleven years, eight years, six years (affected child), two years and one year, living in a three roomed back to back house in a congested slum courtyard in Hockley where there was a total of nineteen houses and approximately ninety inhabitants, over fifty of whom were children. The affected family was of the near problem type having been re-housed through homelessness a few months previously. The two older children had received primary injections against diphtheria completed in 1953 but no reinforcing injections. None of the other children had been immunised although the parents were not averse to immunisation. On 6.2.61 other houses in the courtyard, houses in the immediate vicinity and homes of friends of the affected family were visited with a view to swabbing the throats of all inhabitants, the task being mainly completed on the first day but entirely finished within three days during which time about one hundred and twenty swabs were taken. Only two of these swabs were morphologically positive and were from a man of twenty-two and a girl of sixteen living in houses in the courtyard. Both these were perfectly well and appeared to have normal throats. Nevertheless, they were isolated in hospital on 9.2.61. In neither case could records of immunisation be traced.

On 8.2.61 two persons in the same household but from another address about two hundred yards from that of the first case, a youth of twenty years and a boy of six years, were admitted to hospital. The child of six years (unimmunised) had a gross diphtheritic adenitis of the neck but the youth had merely a sore throat of non-diphtheritic type which had been affecting several members of this household. The boy had become ill on 2.2.61 the doctor being called in on 6.2.61.

The little boy died on 11.2.61.

This family consisted of a mother and seven children whose ages ranged between twenty-four years and six years. The mother thought that the two older children might have been immunised, that the next two had been immunised and the two youngest had not been immunised.

There were no records of immunisation in respect of either patient who was admitted to hospital. Throat swabs taken on 9.2.61 of those members of the family not in hospital were all reported upon as negative.

As both cases attended the same school and had been in close proximity to each other, being in the same class, the following investigations were carried out. The teaching staff of the entire school, the welfare officer and the canteen-assistants, together with forty-three pupils of the class concerned, had their throats swabbed on 9.2.61, including absentees. Arrangements were made for visits to the home of every child absent from that class in order to warn parents that a case of diphtheria had occurred. This was thought necessary as a considerable outbreak of sore throats was prevalent in the district at the time. Every medical practitioner in the area was warned by telephone that diphtheria had occurred.

There were six children in this class whose swabs were morphologically positive although the children remained quite well. They were admitted to hospital and their families had their throats swabbed, also families who had been in close contact with them. The result revealed three persons carrying virulent diphtheritic organisms in their throats and one with a non-virulent variety. No further cases occurred.

Immunisation—see page 57.

Dysentery

During the year there were four hundred and eighty-three notifications of dysentery, of which two hundred and sixty-nine (55.6%) were in respect of children under ten years. Last year's total notifications was five hundred and thirty-eight.

The infection is spread by direct and indirect personal contact and when a case is suspected every effort is made to stress the need to wash hands immediately after using the toilet; this is of the utmost importance.

The total number of notifications for the year 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
Male ...	21	41	27	42	18	7	14	22	19	9	7	3	—	230
Female	24	37	32	45	14	10	13	34	22	11	7	1	3	253
TOTAL	45	78	59	87	32	17	27	56	41	20	14	4	3	483

One hundred and fifty-three cases were notified in the first quarter of the year, one hundred and ten in the 2nd, ninety-two in the 3rd and one hundred and twenty-eight in the 4th quarter.

Some specimens were received from notified cases but were not tested bacteriologically because the doctor notified the cases 2-3 weeks after the illness and little purpose could have been served by carrying

out laboratory tests at that stage. Of the specimens that were tested the following is a summary of organisms found.

	<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>
No. of Cases of <i>Shigella sonnei</i>	30	18	9	37
No. of Cases of <i>Shigella flexner</i>	5	3	1	1

During the year there were seven institutional outbreaks of dysentery affecting a large hospital for the aged and chronic sick, two hostels, one mother and child home, a home for old people, a day nursery, a training centre. These outbreaks in institutions illustrate the difficulty of controlling spread of this infection. Another outbreak occurred in an infants school.

One case of *Shigella Boydii* Type II infection was discovered in an airman who had just returned from the Middle East.

Encephalitis

(a) Of the thirteen cases who were diagnosed as suffering from Infective Encephalitis, presumably of virus origin, eight died at the following ages:—

Males 12 months, 2 years, *32 years.
Females 5 months, 13 months, *14 months, 5 years, 44 years.

Those recovering were:—

Males 15 years, *21 years, *33 years.
Females *14 years, *21 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 1961, this occurred in nine cases; there were three deaths.

Males In one boy aged 4½ years the condition followed mumps and in three boys aged 5 years, the condition followed measles.
*Three males aged 55 years, 58 years (died) and 59 years.

Females 2½ years, following measles, (Died). 72 years, following influenza, (Died).

About the third week in November, 1961, a Consultant Physician at Dudley Road Hospital notified eleven suspected cases of encephalopathy which had occurred in the northern half of the City. All of them with the exception of a nurse had been admitted to Dudley Road Hospital. Later the same week another case, that of a fourteen year old school girl, was admitted to the same hospital with a similar diagnosis.

All the homes, with the exception of the nurse's, were visited in an attempt to find a possible common source of infection. These were all situated in the northern half of the City but were very widely dispersed and no common factor was established.

The possibility of chemical poisoning was closely considered, especially as in the first case there was clinical evidence suggestive of this, but this possibility was finally dismissed after the investigation.

From the histories obtained from the members of the households visited it appeared that, with the exception of the first three notified cases, there was a history of the onset of an illness resembling an upper respiratory infection. In fact colds were said to be prevalent in these households at the time. This upper respiratory condition deteriorated and a condition resembling one of encephalopathy developed.

Two of the cases, a man aged thirty-two years and a child aged fourteen months, died in the course of the first few days of illness.

Clinically it was suggested that three of the cases, whose onsets were considerably earlier, and were rather different from the remainder, might be postinfectious encephalitis; one, a man aged fifty-eight years, who subsequently died in a Mental Hospital.

As far as the others were concerned, two were finally not regarded as encephalitis—the nurse remaining undiagnosed and the boy aged five years being labelled septic meningitis. The remainder of the cases were considered to be acute encephalitis of undetermined origin, as no virus or any other organism was isolated.

It is known that there was at this time an outbreak of an acute influenza like illness in many areas of the City. Although of short duration it was acute in type and many school children were affected. No organisms were ever isolated in spite of thirty-five specimens being taken.

It is felt that this outbreak is related to these cases of encephalitis of undetermined origin. No special significance was attached to the geographical distribution. It is possible that other cases did occur in other parts of the City but were not notified as encephalitis. This is thought all the more possible because of the lack of bacteriological findings to support such a diagnosis.

The patients included in this outbreak are marked * in the age grouping above.

Food Poisoning

For the year 1961, one hundred and sixteen cases of food poisoning were recorded. These were distributed as follows:—

<i>1st quarter</i>	<i>2nd quarter</i>	<i>3rd quarter</i>	<i>4th quarter</i>	<i>Total</i>
20 (128)	40 (34)	25 (41)	31 (51))	116 (254)

The figures in brackets refer to 1960.

Only those cases of food poisoning in which some real suspicion fell upon food or drink were acknowledged and this led to eighty-one notifications not being accepted after careful investigation had been made.

The following is a summary of the outbreaks and single cases which occurred, an outbreak being defined as all 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 5				Total 82	
Outbreaks due to						
(a) <i>Salmonella</i>						
typhimurium	1 family	...	...	...	...	7
london	1 other	...	...	...	...	18
(b) <i>Staphylococci</i>						
(including toxin)						
	1 family	...	...	...	...	4
	1 other	...	...	...	...	16
(c) <i>Ci. welchii</i>						
	1 other	...	...	...	...	37
<i>Outbreaks of undiscovered cause</i>	Nil	...	...	...	...	Nil

Single Cases

Agent Identified 29		Unknown 5	Total 34
<i>Organism</i>	<i>No. of Cases</i>		<i>Months of Origin</i>
<i>Salmonella typhimurium</i>	9		May to October
" <i>meleagrides</i>	2		March and October
" <i>stanley</i>	3		October and November
" <i>menston</i>	1		March
" <i>heidelberg</i>	12		July to October
" <i>bredeney</i>	1		August
" <i>give</i>	1		April

OUTBREAKS

Eighty-two cases were associated with five outbreaks.

Salmonella typhimurium was isolated from the faeces of six members of a family who consumed turkey on the 28th June and became ill with temperature, diarrhoea and vomiting six to twenty four hours later. The remains of a cooked turkey was given to the husband at an outdoor exhibition and were kept wrapped and stored in a tent on the site overnight until the morning of the 28th June. Conditions under which the turkey was stored in the tent during the night of the 27th/28th June were not very satisfactory as the weather was extremely hot. Of the eight persons in the house seven were affected—the husband not partaking of the turkey.

Salmonella london was regarded as the cause of an outbreak affecting eighteen children in a hospital ward. Abdominal pain with diarrhoea occurred sixteen to eighteen hours after eating minced pork. Pork was delivered to the hospital on the 28th February, put in the refrigerator

overnight and roasted at about 5.0 p.m. the next day, cooling thereafter on a trolley in the "cooling room" until 8.30 p.m. The joints were then put back into the refrigerator and the following morning were carved and the sliced pork reheated on trays for the adult patients whilst the children's meat was minced and then reheated. It is possible that the joints allocated to this particular ward were initially infected with *Salmonella london* and that the part cooking, part cooling, mincing and reheating, all played their part in the multiplication of the bacteria present. Of the nineteen children at risk in this ward eighteen were affected—the one child who was not affected did not have the meal in question. *Salmonella london* was isolated from the faeces of three patients.

Of two hundred and seventy persons at risk, thirty-seven people became ill fourteen hours after eating a canteen meal consisting of steak and kidney pudding on the 20th April. It was found that the kidney was delivered by the butcher at 8.0 a.m. on the 19th April and kept in the refrigerator until 8.0 a.m. on the 20th April. The steak was delivered by the same butcher at 8.0 a.m. on the 20th April. The steak and kidney was then made into two puddings with spare paste lids, then served on to plates which were put on a hot plate from 11.15 a.m. *Cl. welchii* was isolated from the faeces of three patients and whilst not in itself proving that organism as the cause of illness, the clinical features were typical.

Staphylococcal toxin was possibly the cause of an illness of sixteen persons four to eighteen hours after partaking of a canteen meal of beef stew on the 23rd November. The canteen staff were shown to have *staphylococcus pyogenes* in nose and throat.

Staphylococcus pyogenes were isolated from the nose of a housewife and was the cause of a family outbreak which occurred on the 10th November. Mince pies were made by the housewife at 11.0 a.m. and kept hot until 2.0 p.m. when they were consumed. All the four members of the family had diarrhoea and vomiting five hours after eating the mince pies. *Staphylococcal saprophyticus* was isolated from the remains of the mince meat and from the mince pies, and was most probably introduced during the preparation, it also being isolated from the hand of the housewife.

Single Cases

Of the thirty-four cases notified as food poisoning *Salmonella typhimurium* accounted for nine cases, and *Salmonella heidelberg* twelve. The addresses of the patients were widely separated and no connection could be detected with any other case.

Influenza

The increase in deaths which occurred early in 1961 was attributed to the sudden and widespread outbreak of respiratory infection which developed in December, 1960, and which persisted during the early part of 1961.

General practitioners in various parts of the City continued to act as "spotters" when suspected cases of influenza arose in their practices and, during the month of January, 1961 twelve paired specimens of blood were obtained from six patients at an interval of ten to fourteen days and were subjected to the complement fixation tests. Throat swabs from eleven patients were also examined and the following table shows the results.

<i>No. of Patients</i>	<i>Serological investigation</i>	<i>Throat Swabs</i>
1	Indicated an active infection with Influenza "A" virus	"A" type of virus Asian strain.
2	" " "	Negative.
2	Indicated a past infection with influenza "A" virus	Negative.
1	Negative results.	"A" type of virus Asian strain.
1	No conclusions could be drawn from the results	Negative.
3	No blood taken	"A" type of virus Asian strain.
1	No blood taken	Negative.

Three cases, two in June and one in July, 1961, were reported by the general practitioner "spotters" for virological investigation. The serological investigation of the two cases in June indicated an active infection with influenza "B" virus and this virus was also isolated from throat swabs.

A past infection with influenza "A" virus was however indicated in the serological investigation of the case which occurred in July. Negative results were obtained from the throat swabs.

In November and December there was an acute influenza like illness in many areas of the City. Throat swabs were taken from nine patients together with paired blood specimens—the results were as follows:—

<i>No. of Patients</i>	<i>Serological investigation</i>	<i>Throat Swabs</i>
3	Indicated an active infection with influenza "B" virus.	Influenza "B" virus isolated.
1	Indicated an active infection with influenza "B" virus.	Negative.
1	Indicated a past infection with influenza "A" virus.	Negative.
1	Serum anticomplementary and unsuitable for test	Negative.
2	Negative results	Negative.
1	No blood taken	Negative.

During the month of January, 1961, one hundred and thirty-seven deaths were recorded as from influenza, fifty-two occurring during the second week of this month. Following a period of fog and severe cold seven deaths were recorded during the last week in December, 1961.

Malaria

During 1961 one case of malaria was notified and this infection was acquired abroad.

Measles

The biennial periodicity of measles epidemics was continued in 1961 there being 19,902 cases of measles notified. This was not unexpected as only 1,291 cases were recorded for 1960. 1955 still remains the year of the highest incidence so far on record when 24,714 notifications were received, which followed the very small number of notifications which occurred during 1954, i.e. four hundred and fifty-six, the lowest number recorded since 1940.

The highest number of notifications were received during the week ending 18th March when there were 1,561; weeks ending 28th October and 11th November had the lowest number—one case.

The case rate per thousand children under fifteen years of age—74·8.

The following table shows the age and sex distribution.

Age	0	1-2	3-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75+	Total
M	444	2,453	2,797	4,080	152	48	23	15	7	3	1	—	—	10,023
F	429	2,307	2,688	4,099	223	59	26	34	11	3	—	—	—	9,879
TOTALS	873	4,760	5,485	8,179	375	107	49	49	18	6	1	—	—	19,902

Eight children between the ages of six months and two years died. The details were as follows.

Sex	Age	Date of Death	Remarks
Male	6 months	9.3.61	Probably infected in day nursery. Child had already been ailing and bronchopneumonia commenced before measles rash appeared.
Male	12 months	8.3.61	Death from bronchopneumonia following measles in a thriving child.
Male	20 months	24.3.61	Normal child with good home. Death from measles and bronchopneumonia on third day of illness.
Male	2 years	10.4.61	This was a poor home; doubtful if illness was treated as vigorously and seriously as it should have been. Death from tracheo bronchitis complicating measles.

<i>Sex</i>	<i>Age</i>	<i>Date of Death</i>	<i>Remarks</i>
Female	2 years	13.4.61	Well cared for only child. Father had died before her birth. Attended nursery. She had encephalitis as complication of measles.
Male	12 months	25.4.61	Death from bronchopneumonia five days after measles began in a normal well cared for child of 1 year.
Female	2 years	1.5.61	Dirty neglected home—husband separated from family. Eight other children. Delay by mother in calling doctor.
Male	18 months	1.5.61	Small baby at birth and was slow to put on weight. Death very unexpected.

Meningococcal Infection

Of the two hundred and thirteen notifications twenty-two were confirmed and three patients died. The ages and sexes of the confirmed cases were as follows:—

MALES

0—1 year	...	...	...	...	...	...	4 cases 1 death
1—2 years	...	...	...	...	...	...	5 cases
3—4 years	...	...	...	...	...	...	4 cases

FEMALES

0—1 year	...	...	...	...	...	...	1 case 1 death
1—2 years	...	...	...	...	...	...	4 cases
3—4 years	...	...	...	...	...	...	2 cases 1 death
5—9 years	...	...	...	...	...	...	1 case
20—24 years	...	...	...	...	...	...	1 case

Association between cases was sought but was only found in two cases, i.e. in a children's residential nursery. Two little girls aged two years and three years were taken ill on the 23rd December, 1961. Their condition deteriorated considerably and the child aged three years died on the 25th December, 1961.

Both children slept next to each other and one had obviously infected the other but the original source was not discovered; no further cases occurred.

Paratyphoid

There were six confirmed cases of paratyphoid fever during 1961—three males and three females. There were no deaths.

The first patient a girl of ten years was taken ill on 17.3.61 and admitted to hospital on 25.3.61 suffering from a pyrexia of unknown origin. The precise source of this girl's infection was never established but during the course of investigating the family *Salmonella paratyphi B.* was isolated from the faeces of her brother who had had no symptoms at all. On 19.4.61 after a course of treatment a negative faecal specimen was obtained from the boy. The organisms of both the sister and brother belonged to phage type "Taunton".

Salmonella paratyphoid "B" phage type "Taunton" was isolated from specimens of faeces and blood from a man aged twenty-eight years following an operation and while still in hospital. The source of his infection was unknown and no one else in his family was affected. He was discharged from hospital on 18.5.61 after having had three negative faecal specimens.

A woman college student aged eighteen years was taken ill on 5.6.61 with diarrhoea but continued her studies until 7.6.61 when severe constitutional symptoms and pyrexia occurred. On 11.6.61 she was admitted to hospital and paratyphoid fever diagnosed, the organism being Paratyphoid "B" phage type "Taunton". Extensive enquiries were made but the source of the infection remained unknown. No one else in the College was affected and there was no connection with the previous cases.

The fourth patient was a woman aged forty-six who became ill with headache and diarrhoea two days after having been on holiday in France and Spain from the 3rd June until 17th June. No organism was isolated from either the blood, stool or urine. The diagnosis was established on the Widal test and it was assumed that her infection had been acquired abroad.

The last two cases occurred in Pakistanis, the first of whom had only recently arrived in England, and after extensive investigation it was assumed that he had acquired the infection outside this country, as the time between the onset of his illness and his arrival here was inside the usually accepted incubation period.

In the second case the immigrant had arrived by air from Karachi in August and travelled directly to Bradford visiting friends in Birmingham on the 1st October, 1961, where he complained of "feverishness" over the past three to four weeks; he was admitted to hospital on the 3rd October for investigation. Paratyphoid "A" was isolated later. It was considered likely that this infection too had been acquired 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 three hundred and eleven notifications of primary pneumonia and one hundred and twenty-six of the type following influenza. The age incidence was:—

<i>Age</i>	0	1—2	3—4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75+	<i>Total</i>
<i>Notifs. of Primary pneumonia</i>	8	11	10	17	9	7	9	17	36	48	55	52	32	311
<i>Pneumonia following influenza</i>	2	5	5	2	1	2	2	5	9	23	31	30	9	126

The monthly incidence is given below:—

Month	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Notifs. of Primary pneumonia	94	45	28	22	22	15	15	9	9	12	19	21
Influenzal	65	21	11	2	—	5	1	2	—	3	4	12

The week ending 7th January, 1961 recorded the highest number of notifications—fifty-eight, and for weeks ending 5th August, 1961 and 30th September no notifications were received.

The case rate per 1,000 population was 0.393.

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

Age	0—	1—2	3—4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75+	Total
M.	8	10	8	11	5	4	6	13	22	42	51	39	12	231
F.	2	6	7	8	5	5	5	9	23	29	35	43	29	206
TOTAL	10	16	15	19	10	9	11	22	45	71	86	82	41	437

By far the commonest type of pneumonia is bronchopneumonia which is of course not notifiable unless occurring after influenza. Deaths from all types of pneumonia totalled seven hundred and twenty-one the age distribution being as follows:—

DEATHS FROM PNEUMONIA (all forms) 1961

Age	0—	1—	2—	5—	15—	25—	45—	65—	75—	Total
Deaths	80	9	5	2	4	9	111	144	357	721

Sixty-nine per cent. of the deaths were in persons aged sixty-five and over—28 per cent. of all notifications related to this group.

Poliomyelitis

During 1961 there were sixty-five notifications of poliomyelitis of which sixteen were confirmed. The total number of confirmed cases however was eighteen, as two originally considered meningitis were finally confirmed as poliomyelitis.

There were no deaths. The age distribution was as follows:—

Paralytic

Males	19 months, *2 years,	3½ years,	18 years.	(7)
	38 years,	40 years,	42 years.	
Females	7 months,	2 years, *4 years,	4 years,	
	6 years,	9 years,	17 years,	27 years,
	29 years,	31 years.		(10)

Non-paralytic

Males	3 years. (1)	Total 18 (8 males, 10 females).
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Two of the patients marked * had been vaccinated against poliomyelitis. The two year old child was taken ill on 18.6.61 and had weakness

of both legs. He received his vaccination on 26.11.59, 31.12.59 and 11.8.60. His was a Type I infection. The four years old girl who had severe paralysis of both legs became ill on 17.4.61. Her injections were given in October, 1958, March, 1959 and January, 1960. No poliomyelitis virus was isolated.

Of the non-immunised cases Type I virus was found in the faeces of four cases and Type III in five cases. In two others the complement fixation test was positive at 1:64 dilution for poliomyelitis virus Type I. In five cases no poliomyelitis virus was isolated.

The onset of illness in the eighteen cases was in the following months:-
January (1), April (2), May (3), June (3), July (2), September (1), October (2),
November (3), December (1).

The following numbers of confirmed cases have been recorded in previous years.

	1953	1954	1955	1956	1957	1958	1959	1960	1961
Paralytic	27	11	68	6	25	37	7	19	17
Non-paralytic	13	6	16	1	10	6	2	3	1
TOTAL	40	17	84	7	35	43	9	22	18

No connection could be found between any of the cases which were scattered throughout the City. (see map on page 45)

Immunisation. see page 61.

Scabies

During the year 1961 seven hundred and nineteen persons were treated at the Scabies Clinic, Bacchus Road. Of these, two hundred and eighty-six were adult males and four hundred and thirty-three women and children. A further two hundred and three children were treated by the School Health Service.

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

<i>Year</i>	<i>Treated by Health Dept.</i>	<i>School Health Service</i>	<i>Total</i>
1957 ...	540	65	605
1958 ...	689	166	855
1959 ...	852	199	1,051
1960 ...	691	101	792
1961 ...	749	203	922

Scarlet Fever

There were five hundred and forty notifications of scarlet fever for 1961 as compared with seven hundred and thirty-seven and nine hundred and twenty-seven for 1960 and 1959. There were no deaths.

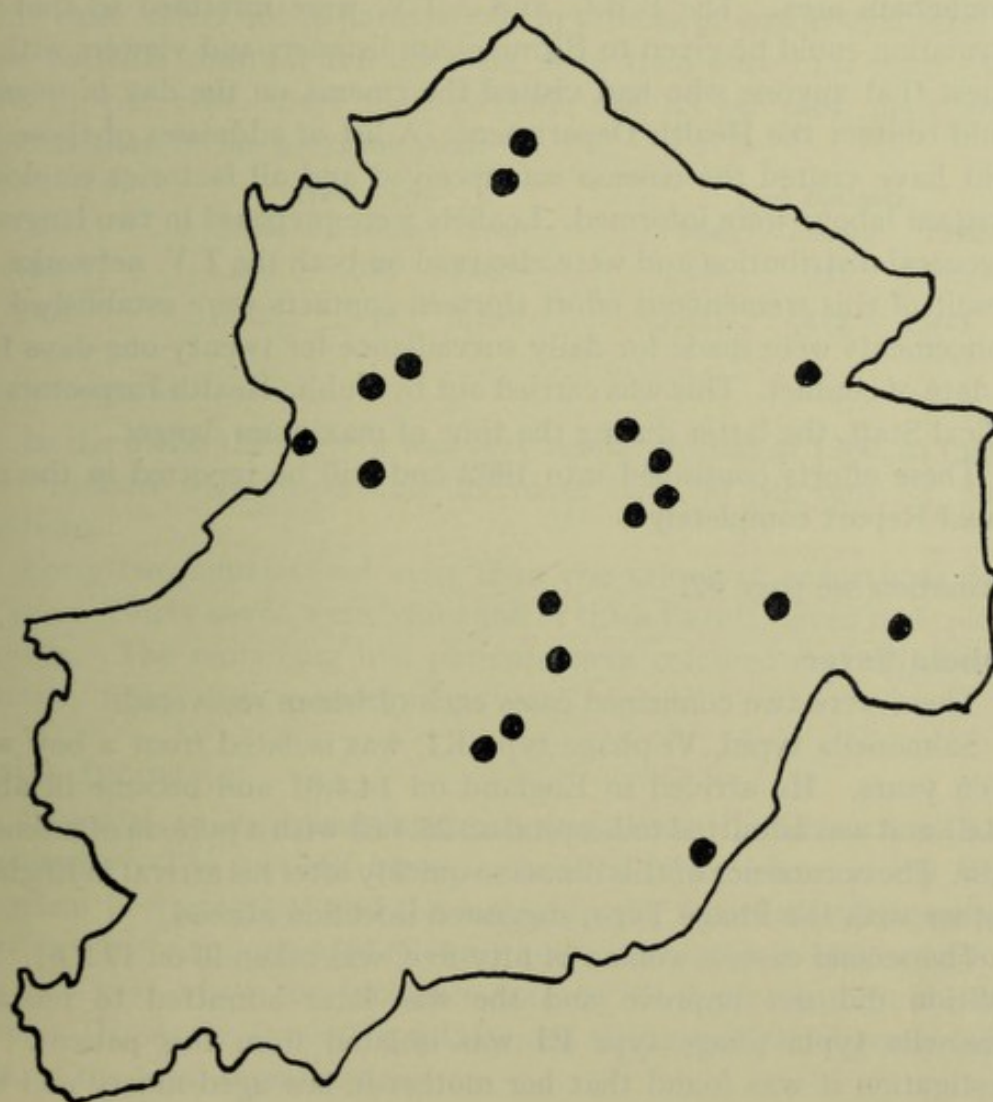
The age and sex distribution was as follows:—

<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>Totals</i>
M.	—	30	58	127	52	10	2	1	1	—	—	—	—	281
F.	1	21	47	124	50	10	2	2	2	—	—	—	—	259

The five to nine age group accounted for 46·5 per cent. of the cases. The highest number of notifications, twenty-two, were recorded in the weeks ending 18th February, 4th and 18th March and only two notifications were received during the week ending 21st January.

The case rate per 1,000 children under fifteen years—1·94.

HOME ADDRESSES OF POLIOMYELITIS PATIENTS 1961.



Smallpox

IMPORTED SMALLPOX CONTROL

There were no cases of smallpox during 1961 in Birmingham.

(1) On the 4th April, 1961, a ship arrived at London with a history that a member of the crew had been landed at Suez on the 25th March, 1961, suffering from modified smallpox. All persons on board were re-vaccinated. Three members of the crew and thirteen passengers came to Birmingham and these were kept under surveillance until twenty-one days had elapsed since their last possible contact with the case of smallpox.

(2) Birmingham also became involved in a series of smallpox outbreaks beginning in December, 1961. The first incident arose from the arrival of a Pakistani with smallpox at London. He had come in close contact with a merchant seaman who subsequently visited Birmingham. The seaman was vaccinated and kept under surveillance.

On the 18th December, 1961, a Pakistani who arrived by air from Karachi, travelling to West Bromwich on the 19th December, 1962, was admitted to Witton Hospital with smallpox on the 28th December. This man had visited a cinema on the 26th December when about 1,400 people had been present many of whom may possibly have come from the Birmingham area. The B.B.C. and A.T.V. were informed so that this information could be given to Birmingham listeners and viewers with the request that anyone who had visited the cinema on the day in question should contact the Health Department. A list of addresses of those who might have visited the cinema was received and all factories employing Pakistani labour were informed. Leaflets were prepared in two languages for general distribution and were also read on both the T.V. networks. As a result of this tremendous effort thirteen contacts were established and arrangements were made for daily surveillance for twenty-one days from the date of contact. This was carried out by Public Health Inspectors and Medical Staff, the latter during the time of maximum danger.

These efforts continued into 1962 and will be reported in the next Annual Report completely.

Vaccination see page 62.

Typhoid Fever

There were two confirmed cases each of whom recovered.

Salmonella typhi, Vi phage type KI, was isolated from a boy aged eleven years. He arrived in England on 14.4.61 and became ill about 17.4.61 and was admitted to hospital on 25.4.61 with a pyrexia of unknown origin. The occurrence of this illness so quickly after his arrival in England, together with the Phage Type, suggested infection abroad.

The second case, a woman of fifty-five, was taken ill on 17.9.61. Her condition did not improve and she was later admitted to hospital. Salmonella typhi phage type EI was isolated from this patient. On investigation it was found that her mother-in-law aged ninety and who

lived in the same household had had typhoid fever in 1917. Examination of faecal specimens showed growths of *Salmonella typhi* also phage type EI. This old lady was also admitted to hospital for treatment and up to 17.11.61 negative results had been obtained. No further cases occurred and no *Salmonella typhi* was isolated from the other relatives.

Venereal Diseases

Once again our thanks are due to Dr. Fowler, Consultant in Venereology, for the following information.

There were more new patients in 1961 than in the previous year, thus continuing the upward trend which started in 1955. The increase in new patients amounted to 27.5 per cent. and was shown by all the diseases mentioned in the Ministry of Health return with the exception of early syphilis and congenital syphilis.

GONORRHOEA

INCIDENCE

This was 35 per cent. higher than in 1960. Male cases increased by 36 per cent. and female cases by 31 per cent. It will be recalled that the term "case" refers not to patients but to attacks of gonorrhoea, and that some patients contract the infection more than once in a year. There were 31 per cent. more male patients and 28 per cent. more female patients than in the previous year.

	<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>
1960	1,339	358	1,697	1,151	321	1,472
1961	1,827	469	2,296	1,511	412	1,923

RE-INFECTIIONS

In the males the pattern was very similar to that of 1960, in that the West Indians were responsible for more than 50 per cent. of the re-infections.

Forty-two females had more than one attack of gonorrhoea during the year. Thirty-seven were white and of these twenty-seven had coloured consorts. The remaining five patients were coloured and acquired the infection from their countrymen.

RACIAL INCIDENCE

In males an increased incidence was shown by all sections of the community. The smallest increase occurred in men born in the United Kingdom (7.8 per cent) and the largest in the Asiatics (100.9 per cent). Southern Irishmen provided 80.5 per cent. more cases in 1961 than in the previous year while the incidence rose by 34.5 per cent. in the West Indians. However, the latter still formed the largest racial group (45 per cent. of the total cases).

In 1960, men born in the United Kingdom accounted for 33 per cent. of the total cases. In 1961 the proportion dropped to 26 per cent.

The incidence rose by 19.7 per cent. in females born in the United Kingdom. Despite this the proportion of the total female cases accounted for by these women dropped from 76 per cent. in 1960 to 71 per cent. in 1961. There were 66.6 per cent. more cases in Southern Irish women and 53 per cent. more cases in West Indian women than in the previous year.

RACIAL INCIDENCE (cases)

	<i>Male</i>		<i>Female</i>	
	<i>1960</i>	<i>1961</i>	<i>1960</i>	<i>1961</i>
West Indies (Negro) ...	619	835	47	72
Africa (Negro) ...	24	38	—	—
Other Negro ...	—	1	—	—
Asia ...	132	265	6	3
Mediterranean ...	24	37	—	1
United Kingdom ...	444	479	274	328
Eire ...	77	149	30	50
Europe (others) ...	13	20	—	5
All other Non-Negro ...	6	3	1	—
	<u>1,339</u>	<u>1,827</u>	<u>358</u>	<u>459</u>

AGE INCIDENCE

(1) FEMALES

The number of cases in teenagers increased by 21.5 per cent.; there were 6.9 per cent. more cases in the age group 20–24 and 54 per cent. more cases in women over 24 years of age than in the previous year. The increase in the number of cases in older women is interesting as the incidence in this group had declined slightly in 1959 and 1960.

Percentage Distribution in Age Groups

<i>Year</i>	<i>Total* cases</i>	<i>15—19 years</i>		<i>20—24 years</i>		<i>25 years and over</i>	
		<i>Cases</i>	<i>Percentage</i>	<i>Cases</i>	<i>Percentage</i>	<i>Cases</i>	<i>Percentage</i>
1960	368	107	29.1	159	43.2	102	27.7
1961	459	130	28.2	169	36.7	158	34.3

*15 years and over.

Of the one-hundred and thirty cases of teenagers in 1961, one-hundred and five cases were in girls born in the United Kingdom. (It is worth noting that in 1960 the proportion of cases in the age group 15–19 years was slightly higher in Birmingham than in the country as a whole (26.3 per cent.). National figures for 1961 are not yet available.)

(2) MALES

In 1960, 6.1 per cent. of the total male cases in England and Wales were in the age group 15 to 19 years. In Birmingham the corresponding figure was 3.8 per cent. In 1961, 4.8 per cent. of the total male cases in Birmingham were in the age group 15–19 years.

The actual number of cases in this age group was eighty-nine and of these twenty-six cases were born in the United Kingdom.

In the last report it was shown that so far as the females were concerned the proportion of cases in the teens and early twenties was very much higher in 1960 than in 1939. Unfortunately the male records for 1939 have been destroyed. However, it will be seen below that the age incidence in the males in 1940, when presumably most of the patients were British, and in British born males in 1961 shows no drastic change.

Percentage Age Distribution

<i>Year</i>	<i>Total Cases</i>	<i>15—19 years</i>	<i>20—24 years</i>	<i>25 years & over</i>
1940	691	3.7%	22.8%	73.3%
1961	479*	5.4%	21.2%	73.4%

*United Kingdom cases only.

However, there has been an increased number of teenagers with gonorrhoea in the past few years as in 1957, of the total white cases (British and Irish), only 1.5 per cent were teenagers.

REASONS FOR THE CONTINUING INCREASE IN INCIDENCE

(1) IMMIGRATION

It is well known that immigration continued on a large scale in 1961 and the racial incidence in the males shows quite clearly that the immigrants were mainly responsible for the increased prevalence of the disease. This is also illustrated by the fact that just under 50 per cent. of the white female patients were consorts of West Indians.

(2) INCREASED PROMISCUITY

It would not appear from the figures that there had been any increase in promiscuity in British males generally although there might have been a slight increase in British males in their teens.

It goes without saying that when large numbers of unattached men settle in a community there will be an increase in promiscuity and that this will involve the local females. So far as can be judged from cases in this clinic there would appear to have been increased promiscuity in both teenagers and adult females but with a greater increase in teenagers.

Studies carried out by the British Co-operative Clinical Group indicate that in the country as a whole girls aged between 15 and 19 have become more promiscuous, and surprisingly that this appears to be independent of immigration. It was found that in the twenty clinics in England and Wales which dealt with most of the West Indian cases the proportion of female cases in the age group 15–19 years was lower than in the remaining clinics.

However, in this clinic the proportion of teenagers among the white females who had coloured consorts was higher (32.6 per cent.) than among those who had white consorts, (27 per cent.).

(3) FAILURE OF CONTROL MEASURES

Attempts at case holding and contact tracing were no more successful than in previous years. One in five of the patients with gonorrhoea knew the person from whom they contracted the disease but only about 25 per cent. of the contacts were traced. Case holding was very difficult as more than 22 per cent. of the patients gave false names and addresses, while many of those who gave correct names and addresses, particularly immigrants, changed houses so frequently that it was impossible to trace them.

(4) PENICILLIN INSENSITIVE GONOCOCCI

During the past year there has been no laboratory indication of any increasing insensitivity and the primary cure rate still remains at 95 per cent.

NON-GONOCOCCAL URETHRITIS

There were six-hundred cases in 1961 compared with four-hundred and forty-seven cases in the previous year, an increase of 34 per cent. As the etiology of most cases of non-specific urethritis is still unknown, the reasons for the increase in incidence cannot be ascertained. It is worth noting that the incidence of non-specific urethritis does not necessarily parallel that of gonorrhoea and that at times the incidence of the former declines while that of the latter increases, e.g. in Birmingham in 1958-59.

During the year Dr. Sandiford of the City Laboratory has again co-operated in an attempt to solve the etiological problem but with the most modern techniques has been unable to find any evidence that a virus is involved—a popular conception.

During the year also, studies have continued into the efficacy of therapy in non-specific urethritis of obscure origin. The results of double blind trials have confirmed the impression reported from this clinic some years ago, that wide spectrum antibiotics and Terramycin in particular, which have been widely accorded as curing up to 85 per cent. of these cases, are in fact effective in only some 20 per cent. of cases and that the remaining cases clear spontaneously.

The therapeutic problem presented in the past by *Trichomonad Vaginalis* urethritis has been solved by Metronidazole (Flagyl). The efficacy of this drug has led to careful screening of the consorts of female patients with trichomonad vaginitis and it is certain that in many instances the male is an asymptomatic carrier and harbours the parasite in the prostate.

SYPHILIS

EARLY INFECTIONS

There were nineteen cases, two less than in the previous year. Only three of the infections were contracted in Birmingham so that it appears that there is still no infectious reservoir in this City.

	<i>New Cases</i>	
	1960	1961
Primary	7	9
Secondary	11	9
Early Latent	3	1

EARLY SYPHILIS IN HOMOSEXUALS

It has been reported from London and more recently from Manchester that the incidence of early syphilis is increasing markedly in homosexuals. So far there is no indication of this happening in Birmingham. During the year there was only one case of early syphilis acquired homosexually, and this was in a West Indian student who contracted the infection in London.

CONGENITAL SYPHILIS

As in the previous two years there were no cases of congenital syphilis in infants, or in children under 15, and only three cases in older patients (four cases in 1960).

The fact that there have been no cases of congenital syphilis in infants during the past three years indicates the value of routine Wassermanns in pregnancy as during 1961 treatment was given to sixty-two pregnant women.

Of these sixty-two women with syphilis fifty-three were West Indians. However, the incidence of syphilis among the West Indian women is fairly low. Of nine-hundred and fifty-six pregnant West Indians only eighteen (1.8 per cent.) had syphilis.

LATE SYPHILIS

The incidence of cardio vascular and neuro syphilis remains at a very low level. There was however, a marked increase in the number of cases of other types of late syphilis.

	<i>Late Syphilis</i>	
	1960	1961
Cardio Vascular	3	2
Neuro syphilis	9	11
All other late types	93	153
	—	—
	105	166
	—	—

The increase in benign late syphilis was confined to the immigrant population and it would appear that the incidence of syphilis in the white population is very low indeed.

CHANCROID, YAWS, LYMPHOGRANULOMA VENEREUM AND GRANULOMA INGUINALE

There were no cases of chancroid during the year. A diagnosis of late yaws was made in four cases, one male and three female. There were four cases of lymphogranuloma venereum and five cases of granuloma inguinale. In 1960 there were also four cases of lymphogranuloma venereum but only two cases of granuloma inguinale.

All the patients with these diseases were West Indians. There is still no indication that lymphogranuloma venereum and granuloma inguinale are becoming endemic in this country.

OTHER CONDITIONS

As mentioned before, this category includes patients with affections of the genitalia or lower urinary tract which have to be differentiated from the venereal diseases, patients who are worried about the possibility of having contracted venereal disease or who require certificates of freedom from venereal disease, e.g. unmarried expectant mothers hoping to be admitted to one of the homes which cater for them.

As would be expected in view of the high incidence of gonorrhoea and the publicity given to the increased promiscuity in teenagers, the number of patients in this category continued to increase.

<i>Other Conditions</i>		
	1960	1961
Requiring treatment	428	674
Not requiring treatment	2,184	2,497
	—	—
	2,612	3,171
	—	—

PRESENT POSITION

This continues to be most unsatisfactory so far as Gonorrhoea is concerned. Indeed, the position is probably very much worse than would appear from the clinic figures, as I estimate from talking to general practitioners that there were at least another 1,200 to 1,500 cases of Gonorrhoea in immigrants treated outside the hospital.

If, as a result of the new act, immigration slows down markedly, it is possible that the continuing rise in the incidence curve will be halted but it is unlikely in view of the cosmopolitan population that the incidence of gonorrhoea will return to anything like the low level of the middle 1950s.

So far, the British male population has not been greatly involved in this up-surge of gonorrhoea, but this state of affairs is hardly likely to continue if it is true that the young female, and to a lesser extent the young male, are becoming more promiscuous.

So far as other venereal diseases are concerned the position is most satisfactory. The increase in benign latent syphilis is of no importance to the health of the country and unlikely to jeopardise the future well being of the patients provided they complete treatment.

VENEREAL DISEASE TREATED IN BIRMINGHAM HOSPITALS

	<i>Name of Hospital</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
No. of cases under treatment on 1 Jan., 1961	General Hospital	688	346	711
	Children's ..	—	—	—
	TOTALS	688	346	711
New cases coming under treatment during 1961	General Hospital	188	2,296	3,809
	Children's ..	—	—	25
	TOTALS	188	2,296	3,834
TOTAL number of attendances during 1961	General Hospital	7,175	11,301	12,599
	Children's ..	—	—	25
	TOTALS	7,175	11,301	12,624
No. discharged after completion of treatment and for observation	General Hospital	155	1,281	3,579
	Children's ..	—	—	25
	TOTALS	155	1,281	3,604
No. transferred to other centres	General Hospital	11	58	22
	Children's ..	—	—	—
	TOTALS	11	58	22
No. who ceased to attend before completion of treatment and for observation	General Hospital	54	682	66
	Children's ..	—	—	—
	TOTALS	54	682	66

NEW CASES OF CONGENITAL SYPHILIS, 1961

<i>Name of Hospital</i>	<i>under 1 year</i>	<i>1-4 years</i>	<i>5-14 years</i>	<i>15 years & upwards</i>	TOTAL
General	—	—	—	3	3
Children's	—	—	—	—	—

FEMALE CASES
PERCENTAGE AGE DISTRIBUTION IN AGE GROUPS

Year	Total Cases*	15—19		20—24		25 and over	
		Cases	%	Cases	%	Cases	%
1947	149	15	10.0	45	30.2	89	59.7
1948	133	12	9.0	40	30.0	80	60.1
1949	142	20	14.0	40	28.1	82	57.7
1950	83	5	6.0	20	24.0	58	69.8
1951	87	7	8.0	35	40.2	45	51.7
1952	147	16	10.8	34	23.1	97	65.9
1953	115	15	13.0	36	31.3	64	55.6
1954	86	12	13.9	38	44.1	36	41.8
1955	97	17	17.5	31	31.9	49	50.5
1956	129	18	13.9	44	34.1	67	51.9
1957	192	43	22.3	58	30.2	90	46.8
1958	249	56	22.4	85	34.1	108	43.3
1959	258	73	28.2	80	31.0	104	40.3
1960	368	107	29.0	159	43.2	102	27.7
1961	459	130	28.3	169	36.7	158	34.3

*Over 14 years of age.

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

Year	Syphilis	Soft Chancre	Gonorrhoea	Other Conditions
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
1961	157	—	2,091	3,286

Whooping Cough

1961 showed a decrease in the number of notifications of whooping cough received, 517 as compared with 1,572 for the previous year. This number is the lowest recorded since 1937 when there were 1,816.

The week ending 14th January had the highest number of notifications twenty-nine—and week ending 28th October, the lowest, two.

Of the five hundred and seventeen cases notified five hundred and three were children under fifteen years and this gave a case rate of 1.91 per 1,000 children under fifteen years of age. Twelve per cent. of the cases were under one year and 57.25 per cent. of the cases were under five 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.	26	59	52	95	4	1	—	1	1	—	—	—	1	240
F.	36	68	55	104	11	2	—	1	—	—	—	—	—	277
TOTAL	62	127	107	199	15	3	—	2	1	—	—	—	1	517

One child died aged eight months. She was the youngest of five children, all under six years old and all living with parents in one room in a house let in lodgings. Siblings passed on the infection to the baby. Other children in the house also had whooping cough. A detrimental factor in this case was the very bad living conditions.

Immunisation see page 63.

Public Health (Aircraft) Regulations, 1952

Health control of two hundred and eighty-seven aircraft arriving at Birmingham Airport, Edmdon, during 1961, from outside the "excepted area", was carried out uneventfully.

International Certificates of Vaccination

During 1961, under the International Sanitary Regulations, 1952, 7,005 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	1961
1,419	2,756	3,089	3,291	4,113	7,587	4,205	4,073	5,207	7,005

INFECTIOUS DISEASES 1961—Confirmed Cases

AGES

Disease	Sex	AGES													Totals				
		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					
Anthrax	M F	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Diphtheria	M F	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Dysentery	M F	21 24	41 37	27 32	42 45	18 14	7 10	14 13	22 34	19 22	9 11	7 7	3 1	—	—	—	—	230 253	—
Encephalitis Acute Infective	M F	— 1	2 2	—	—	—	1	1	2	—	—	—	—	—	—	—	—	6 7	—
Encephalitis Post Infections	M F	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	7 2	—
Erysipelas	M F	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	M F	6 4	4	—	3 10	3 10	9 8	10 5	10 7	8 5	2 1	2 3	—	—	—	—	—	57 59	—
Malaria	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	M F	444 429	2,453 2,307	2,797 2,688	4,080 4,099	152 233	48 59	23 26	15 34	7 11	3 3	1	—	—	—	—	—	10,023 9,879	—
Meningococcal Infection	M F	4 1	5 4	4 2	—	—	—	—	—	—	—	—	—	—	—	—	—	13 9	—
Ophthalmia Neonatorum	M F	180 173	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	180 173	—
Paratyphoid Fever	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis Paralytic	M F	—	2 1	1 2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis Non-paralytic	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	M F	8 2	10 6	8 7	11 8	5 5	4 5	6 5	13 9	22 23	42 29	51 35	39 43	12 29	—	—	—	231 206	—
Puerperal Pyrexia	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	M F	—	30 21	58 47	127 124	52 50	10 10	2 2	1 2	1 2	—	—	—	—	—	—	—	281 259	—
Smallpox	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	M F	26 39	39 36	34 34	35 34	3	1	—	—	—	—	—	—	—	—	—	—	—	—

IMMUNISATION

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

DIPHTHERIA IMMUNISATION

It is rightly claimed that the control of Diphtheria has been the outstanding triumph of active immunisation in this country. The figures shown prove this :—

<i>Year</i>	<i>Cases</i>	<i>Deaths</i>
1924	1,887	100
1929	1,611	86
1934	1,019	84
1939	656	48
1944	701	19
1949	138	1
1954	3	nil
1959	nil	nil
1960	nil	nil
1961	2	1

These figures are very encouraging but diphtheria is by no means vanquished. The minor outbreak resulting in one death should serve as a salutary warning to parents, that if children are unprotected, there may be other outbreaks in the City. There is unfortunately a tendency, particularly among young mothers, to regard diphtheria as a rare disease. This is false and a dangerous trend.

The number of children receiving primary immunisations in each of the last years has been :—

	1956	1957	1958	1959	1960	1961
Primary Immunisations	16,268	17,398	19,656	17,645	17,790	21,863
Live Births	18,478	18,906	19,281	19,352	20,777	21,594

These figures appear to represent an increase on the previous year, but as 18 per cent. of all primary immunisations were carried out on children in the 5-14 year age group, this figure is not as satisfactory as one would have wished. Primary immunisation was given to 5,269 children born during 1961. This figure is less than a quarter of the total live births for the year.

Reinforcing injections were given to 12,869 children previously immunised in infancy, which is an increase of 14 per cent. over the previous year.

General practitioners gave 59 per cent of the primary injections and 35 per cent. of the reinforcing injections, as compared to 61 per cent and 33 per cent. respectively in 1960.

B.C.G. VACCINATION

	1961	1960
Total number of vaccinations	16,336	14,820
Total number of injections	37,323	34,093

Schoolchildren (13 years old)

Arrangements for the continuation of this scheme among school children were as before, except that all children whose parents refused the Mantoux test were offered X-ray appointments for their children.

During the year 14,457 children had B.C.G. vaccination in schools, as compared with 12,833 in 1960. This has surpassed all previous years, and is 4,940 more than the first complete year following the introduction of B.C.G. Vaccination into schools.

The percentage of Mantoux positives shows an encouraging decline compared to the 1960 figures :—

1954	1955	1956	1957	1958	1959	1960	1961
18·3%	15·1%	13·5%	13·0%	11·9%	9·4%	8·9%	7·9%

Details of the programme in schools are as follows :—

Number of parents approached	18,846
Number of acceptances	16,192
Number fully Mantoux tested	15,814
Number Mantoux Positive	1,247 (7·9%)
Number Mantoux Doubtful	61
Number Mantoux Negative	14,506
Number Vaccinated with B.C.G.	14,457

Forty-nine children who gave a negative reaction to Mantoux test were not vaccinated for various reasons, swimming, illness, etc. A number of these were later tested and vaccinated at alternative clinics.

A sample of children from each school were given a conversion Mantoux test and of eight hundred and ninety one tested, eight hundred and forty-four (94·7 per cent.) had converted.

As a result of a case of tuberculosis at Marsh Hill Girls Technical School the Section visited the school earlier than usual and carried out the usual Mantoux tests and vaccinations with B.C.G. Ninety-eight parents were approached and eighty-six accepted and twelve refused. Eighty children were tested, six of the acceptances being absent. Sixty-seven were negative and vaccinated with B.C.G. Six were positive. Two were negative and refused vaccination with B.C.G. two were doubtful and three failed to attend for reading the test.

Schoolchildren X-rayed during 1961

All children who gave a positive reaction to Mantoux tests were offered X-ray appointments.

Appointments given	1,322
Positive reactors who failed to attend for X-ray	178
Positive reactors who showed abnormal X-ray	68
Referred to Chest Clinic	11

In September, 1961, we commenced offering X-ray appointments to children whose parents had refused Mantoux testing or vaccination with B.C.G. and also children who for varying reasons could not receive a skin test.

Number of appointments given to Non-acceptors	.....	1,134
Number attended	.....	697 (61.5%)
Number normal	.....	691
Number abnormal	.....	6
Number referred to Chest Clinic	.....	5
Number of X-ray appointments given to children who would not benefit by vaccination with B.C.G.	.....	79
Number attended	.....	43 (54.5%)
Number of absentees	.....	36
Number normal	.....	43 (100%)

Notifications in 1961 of tuberculosis in school children previously Mantoux tested or B.C.G. Vaccinated.

Six children who were Mantoux Positive in	1961
One child who was Mantoux Positive in	1960
" " " " " " "	1958
" " " " " " "	1957
Two children who were Mantoux Positive in	1954
One child who was vaccinated with B.C.G. in	1957
" " " " " " " "	1958
" " " " " " " "	1960

Three-year Follow-up by X-ray of Mantoux Positive Schoolchildren

Mantoux Positive in 1957 :— (Completed)

Appointments offered	.....	339
X-rayed during the year already	.....	21
Number attended	.....	166
" normal	.....	164
Abnormal in 1961 normal in 1957	.....	2

Follow up Chest X-rays of those who were Mantoux Positive in 1958 (Incomplete) :—

Appointments offered	.....	385
X-rayed during the year already	.....	21
Number attended	.....	168
" normal	.....	152
Normal in 1958—Abnormal in 1961	.....	6
Abnormal in 1958—Normal in 1961	.....	6
Failed to attend in 1958—Abnormal in 1961	.....	1
" " " " 1958—Normal in 1961	.....	3

POLIOMYELITIS VACCINATION

During the year 71,655 persons received the primary course of injections and 64,119 received their third injection, as compared with 63,004 and 102,619 respectively in 1960. In April a reinforcing fourth injection was made available to those children in the 5-12 year age group. There is a markedly greater risk to children in this age group and this booster dose gives added protection. Later in the year fourth injections were suspended because of limited supplies of Salk Vaccine. However, during the six months the vaccine was available, 15,477 fourth injections were given to children in this age group.

It was most encouraging to note that there was a marked increase in primary immunisations in the pre-school child, 19,293 in 1961 as compared to 14,208 in 1960. It is to be hoped that this state of affairs continues to improve until a full coverage is achieved.

The position in regard to the 16-40 age group is not so encouraging. The total number of 2nd and 3rd injections was 85,560 as compared with 102,071 in 1960. This decline can probably be attributed to the fact that over the last few years those people belonging to the age group who wished to avail themselves of the service have already done so. It is certain that there are still quite a number of "diehards" who have not come forward, and it is to these people that every effort should be directed to ensure that all will be fully protected against poliomyelitis.

During the year four hundred and forty-two visits were paid to factories, stores and offices and 32,775 injections were given, comprising 13,630 first injections; 11,039 second injections; 8,106 third injections. The response was not as great as one would have wished and continued efforts will be made to get full protection among the staff.

The number of sessions held by the Public Health Department was 1,378. Of these 651 were to Infant Welfare Centres, 69 to Schools, 442 to Factories, 148 to Day Nurseries, 14 to the Health Centre and 54 Central Clinics held at Congreve Street.

The amount of vaccine issued to general practitioners was 201,631 c.c.

VACCINATION BY PUBLIC HEALTH DEPARTMENT AND GENERAL PRACTITIONERS			
	1961	1960	1959
Primary Courses	71,655	63,004	122,988
3rd injections	64,119	102,619	158,870
4th injections	17,518	—	—
(5-12 age group)			
TOTALS	153,292	165,623	281,858

NUMBER OF PERSONS RECEIVING IMMUNISATION
DURING THE YEAR

	2nd injections	3rd (supplementary injections)	4th injections
Public Health Dept.	23,280	18,147	2,050
General Practitioners	48,375	45,972	15,468
TOTALS	71,655	64,119	17,518

SMALLPOX VACCINATION

Successful primary vaccinations totalling 11,545 were carried out during the year in the City, and a further 2,073 re-vaccinations. With the exception of four hundred and thirty-nine all of these were carried out by the General Practitioners. The total number of primary vaccinations carried out on children under one year was 8,910. This number represents 41 per cent. of all children of this age. The percentage for 1960 was 43 per cent.

During the year twenty-seven visits were made to the Children's Department Homes and one hundred and sixty children were vaccinated. Four visits were paid to the Fire and Ambulance Stations at which one hundred and sixty-eight vaccinations were carried out. Four members of the staff of Bacchus Road Disinfecting Station and eighty-nine public health inspectors were also vaccinated.

Six cases of Generalised Vaccinia were recorded during the year, five of them in infants under one year. There were no deaths.

<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	8,910	814	613	503	705	11,545
Number re-vaccinated	—	10	45	112	1,906	2,073

YELLOW FEVER

The number of persons vaccinated was 1,755. A vaccination clinic is held every Wednesday from 2.00 to 4.00 p.m. As this is an open clinic, appointments to attend are not made. Special arrangements are made to deal with cases of urgency. Yellow Fever International Certificates are issued at the time of vaccination and a charge of 7/6d. is made for this service. (Since increased to one guinea).

DIPHTHERIA/DIPHTHERIA PERTUSSIS IMMUNISATION
NUMBER OF CHILDREN WHO COMPLETED A PRIMARY COURSE IN 1961

Year of Birth	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	TOTAL	ADULTS
Infant Welfare Centres	18	55	48	62	82	131	170	94	45	15	8	10	4	2	4	—	748	2
683 Sessions	1,764	2,364	433	302	201	85	—	1	—	—	1	—	—	—	—	—	5,151	—
Day Nurseries	2	3	—	4	3	3	—	—	—	—	—	—	—	—	—	—	15	—
194 Sessions	37	58	24	20	12	3	—	—	—	—	—	—	—	—	—	—	154	—
Institutions	1	—	—	1	—	—	3	3	—	1	1	5	4	1	3	2	25	2
40 Sessions	—	8	5	2	1	1	1	3	1	1	1	2	—	—	—	—	26	—
Schools	—	—	3	26	69	529	800	539	280	81	28	27	26	21	5	2	2,436	—
570 Sessions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Council House	1	3	2	4	11	92	115	69	34	8	5	7	1	2	1	1	356	1
22 Sessions	3	25	12	11	4	3	—	—	—	—	—	—	—	—	—	—	58	—
General Practitioners	13	91	51	42	44	45	31	23	15	15	8	16	7	10	8	2	421	10
3,430 Sessions	3,430	6,558	1,060	497	329	255	103	55	46	32	24	26	25	17	9	7	12,473	7
F.T.	35	152	104	139	211	823	1,149	722	354	93	48	64	43	36	21	7	4,001	15
D.P.P.	5,234	9,013	1,534	832	547	347	104	59	47	33	26	28	25	17	9	7	17,862	7
COMBINED TOTAL	5,269	9,165	1,638	971	758	1,170	1,253	781	401	126	74	92	68	53	30	14	21,863	22
DIPHTHERIA (F.T. = FORMAL TOXOID) AND DIPHTHERIA/WHOOPING COUGH (D.P.P. = DIPHTHERIA-PERTUSSIS PROPHYLACTIC).	Under 1 year 5,269	1-4 years 12,532	5-14 years 4,062															

POLIOMYELITIS VACCINATION 1961

Individuals who received two injections and/or third and fourth injections during year.

Age group 6 months to 5 years. 2nd injections 19,293. 3rd injections 15,177. 4th injections 2,041.

Year of birth		1961 (6 months old)	1960	1959	1958	1957	1956	Total
P.H. Dept.	(2nd. injection)	816	2,926	1,070	672	417	250	6,151
G.P.'s	(2nd. injection)	672	5,900	3,612	1,527	818	613	13,142
P.H. Dept.	(3rd. injection)	...	1,373	1,775	589	320	244	4,301
G.P.'s	(3rd. injection)	...	2,350	4,710	1,932	1,073	811	10,876
P.H. Dept.	(4th. injection)	...	...	...	...	45	313	358
G.P.'s	(4th. injection)	...	...	...	...	75	1,608	1,683

Age group 6-15 years. 2nd injections 5,257. 3rd injections 7,169. 4th injections 15,477.

Year of birth		1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	Total
P. H. Dept.	(2nd. injection)	...	168	125	78	76	68	62	58	58	40	856
G. P.'s	(2nd. injection)	...	621	557	426	370	430	409	345	381	325	4,401
P. H. Dept.	(3rd. injection)	...	128	126	82	71	73	65	120	162	156	1,124
G. P.'s	(3rd. injection)	...	858	882	646	582	557	544	434	436	371	6,045
P. H. Dept.	(4th. injection)	...	228	243	231	248	216	248	...	...	...	1,692
G. P.'s	(4th. injection)	...	2,418	2,367	2,061	1,867	1,825	1,130	...	...	...	13,785

POLIOMYELITIS VACCINATION—Continued.

Young persons born 1934-1945. Age group 16 years to 27 years.
2nd injections 13,502. 3rd injections 11,967.

Year of birth	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	Total
P. H. Dept. (2nd injection)	86	144	220	346	335	338	378	415	390	403	387	365	3,807
G. P.'s (2nd injection)	243	335	464	1,009	940	889	925	1,006	1,021	1,028	930	905	9,695
P. H. Dept. (3rd injection)	139	159	177	296	235	226	263	298	316	314	282	260	2,965
G. P.'s (3rd injection)	298	396	457	982	813	866	829	901	988	864	808	800	9,002

Older age group 1921-1933. 28 years to 40 years.
2nd injections 32,055. 3rd injections 28,036.

Year of birth	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1921	Adults over 25	Total
P. H. Dept. (2nd injection)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
G. P.'s (2nd injection)	348	515	509	492	462	412	426	511	488	413	438	437	602	6,149	12,202
P. H. Dept. (3rd injection)	1,054	1,736	1,777	1,744	1,590	1,625	1,629	1,619	1,520	1,434	1,438	1,416	1,271	1,361	19,853
G. P.'s (3rd injection)	329	613	610	602	592	540	542	551	585	596	561	536	703	2,150	9,510
G. P.'s (3rd injection)	876	1,620	1,632	1,599	1,536	1,495	1,433	1,553	1,456	1,322	1,429	1,214	1,361	1,361	18,526

Year of birth	Expectant Mothers	Adults: Medical staff (Over 40's etc.)	Total
P. H. Dept. (2nd injection)	238	26	264
G. P.'s (2nd injection)	156	1,128	1,284
P. H. Dept. (3rd injection)	242	5	247
G. P.'s (3rd injection)	86	1,437	1,523

GRAND TOTALS
 } 2nd injections 71,655
 } 3rd injections 64,119
 } 4th injections 17,518

LABORATORY SERVICES

(a) ANALYTICAL LABORATORY

Samples examined during the year totalled 10,154 and were made up as follows:—

Samples taken under the Food and Drugs Act, 1955	...	5,707
Drug samples (Research Scheme)	... ..	539
Miscellaneous samples	... ..	3,908
		<hr/>
		10,154
		<hr/> <hr/>

Food and Drugs Act, 1955 During the year, out of a total of 5,138 samples of food, only thirty-one or 0·6 per cent. received adverse reports. Deliberate adulteration, except for the occasional milk sample, continued to be very rare and attention was focussed largely on the scrutiny of labels and advertisements for misleading statements and the checking of samples for the presence of additives—preservatives, colours, antioxidants and pesticide residues. Adulteration of drugs is likewise rare and the chief faults found (twelve in number or 2·1 per cent. out of a total of five hundred and sixty-nine samples taken) were generally due to unsuspected deterioration from overlong storage or poor packing.

MILK As usual, among the foods milk samples predominated and, out of a total of 2,991 samples examined, 2,648 came from farmers' churns, three hundred and thirty-four were of bottled milk and nine were "appeal to cow" samples taken at farms for comparative purposes. The average composition of all the samples was solids-not-fat 8·71 per cent. and fat 3·66 per cent., making a total solids content of 12·37 per cent., which represents reasonably good milk. Minimum limits of quality are prescribed by the Sale of Milk Regulations and, below these specified limits of 8·5 per cent. solids-not-fat and 3·0 per cent. fat, milk is presumed to have been watered or skimmed as the case may be. However, as with all natural products, considerable natural variation in composition occurs and not infrequently milk "straight from the cow" falls below these specified limits of quality. Legally, such milk cannot be other than genuine, and the differentiation of this type of milk from that adulterated with water is an important part of milk testing and is resolved analytically by the freezing point test. During the year, seventeen specimens or 0·6 per cent. were found to be adulterated with water and two hundred and ninety-two samples or 9·8 per cent. were found to be naturally deficient in quality.

NOTES ON ADULTERATED MILK SAMPLES Three farmers were involved in the sale of watered milk, but only one case was serious, and this started with the detection of at least 2½ per cent. and 6 per cent.

water in two out of seven churns sampled informally and consigned to a city dairy. Formal sampling was carried out as usual over three consecutive days and, out of twenty-four churns of milk, thirteen churns were found to contain extraneous water varying in amount from 2.9 per cent. to 16 per cent. It was calculated that of a total of two hundred and seventy-nine gallons of milk consigned during the three-day period, twelve gallons consisted of extraneous water. The farm was visited by sampling officers and, on their arrival, the farmer stated that he had found the cause of the trouble—a leaking in-churn cooler which had become corroded with scale. After consideration of certain mitigating circumstances of the case, the Health Committee decided not to prosecute but to issue a strong caution.

In the other two less serious cases of watering, repeat samples were found to be genuine. In both instances the farmers concerned were notified of the facts and urged to exercise more supervision of the milking procedure.

MILKS GENUINE BUT SUB-STANDARD For many years milk has probably been the only food commodity not sold commercially on a strict quality basis. This has encouraged the breeding of cows giving high yields of milk but often associated with borderline standards of quality.

In December, 1961, after many years of investigation, the Milk Marketing Board announced a quality payment scheme. Depending on the quality of the milk, producers either receive the standard price for "standard" milk, a bonus for higher quality milk, or less than the standard price for sub-standard milk. The effects of this scheme will not be felt for some time, but it is hoped that a side effect will be to reduce the numbers of sub-standard, genuine samples now reported by the public analysts. The figure of two hundred and ninety-two samples or 9.8 per cent. naturally deficient milks out of the whole number tested in Birmingham, in 1961, indicates the magnitude of the problem. These samples were constituted as follows:—

Samples "naturally" deficient in S.N.F.* only	.....	120
Samples "naturally" deficient in fat only	... ..	152
Samples "naturally" deficient in both S.N.F.* and fat		20
		<hr/>
		292
		<hr/>

*Solids-not-fat.

Farmers supplying such milk were notified by the Medical Officer of Health and usually advised to seek the help of their local Agricultural Advisory Officers.

OTHER FOODS INCORRECT During the year only fourteen out of a total of 2,716 samples of foods other than milk received adverse reports.

Sauce may not legally be preserved with added sulphur dioxide, yet a sample was found to contain eighty-six parts per million. It was ascertained that the preservative had not been added as such but was derived from one of the ingredients used, namely the fruit pulp. It is interesting to note that there is legislation afoot which will permit the presence of one hundred parts per million of this preservative in sauce. A sample of soda water was found to contain a maximum of 0.3 grain per pint of sodium bicarbonate whereas the Food Standards (Soft Drinks) Order, 1953, requires a minimum of five grains per pint. The cork liner of the cap of the bottle was perished and a small quantity of mould was present in the liquid. It is doubtful whether the contents were anything other than mouldy water. All stocks of this article remaining in the vendor's shop were returned to the bottlers for examination. Again, a specimen of plain flour showed the technical difficulty in mixing small quantities of prepared chalk with large amounts of flour in order to satisfy the Flour (Composition) Regulations, 1956. The regulations require the flour to be fortified with between 235 and 390 mgs. of chalk per 100 gms. flour whereas in this case the sample was found to contain an excess, namely 55 mgs. per 100 gms. The millers reiterated their difficulties and stated that they would be "more vigilant than ever".

Other incorrect samples tested included one of pork sausage containing excess of preservative (five hundred and twenty parts per million of sulphur dioxide instead of a maximum of four hundred and fifty parts per million) and a specimen of yoghurt which, with a solids-not-fat content of 7.4 per cent. suggested the use of watered milk in its preparation. A repeat sample of the latter, taken a short time afterwards, was however, genuine. A sample of malt vinegar was shown to have considerable "mother of vinegar" sediment and to be unfit for use, and a specimen of tongue was so blackened and of such poor quality as to be unacceptable to the ordinary purchaser.

A sample of canned fruit juice was fortified with Vitamin C, the amount of which, however, was not declared in the prescribed manner, namely as mg. of Vitamin C per fluid ounce. Also, the label on the tin bore the words: "Packed full of Vitamin C". It was pointed out to the firm concerned that the amount of vitamin present, namely eleven mgs. per fluid ounce, did not, in our opinion, justify this statement. In reply, the canners stated that both matters had recently been brought to their notice by another authority and immediate steps had been taken to rectify the faults.

Essence of rennet containing salt, glycerin and rennet enzyme was genuine but, when tested for clotting power, a very salty junket resulted. A printing error which caused a tablespoonful instead of a teaspoonful of the essence per pint of milk to be used was obviously responsible. New labels were printed and faulty stocks recalled for correction.

INCORRECT DRUGS A sample of halibut liver oil capsules did not have the date of preparation stated on the label, as required by the B.P. This date is a guide to the pharmacist (and possibly to the consumer) since, as the B.P. states, under reasonable conditions of storage, the capsules may be expected to retain their potency for at least three years. Blackcurrant syrup is a well known source of Vitamin C, recognised in the B.P.C. with a standard vitamin content of not less than fifty-five mgs. per one hundred gms. syrup, unless the syrup is to be used for flavouring only, when the vitamin requirement is abolished. A sample of foreign origin merely labelled "Blackcurrant Syrup" contained an adequate amount of fruit juice but only twenty three mgs. Vitamin C per one hundred gms., i.e. it was an excellent flavouring agent but was not up to the standard of a vitamin syrup. This syrup did not contain sulphur dioxide preservative, as is usually the case, and this fact was at least partly responsible for the vitamin deterioration.

Drugs deficient in ammonia from overlong storage included a specimen of sal volatile (0.43 per cent ammonia instead of 1.12 per cent minimum), one of ammoniated tincture of quinine (0.3 per cent instead of 0.85 per cent. minimum), and a bottle of household cloudy ammonia (11.6 per cent. instead of 15 per cent ammonia). Individual foil packing is usually regarded as an excellent means of preventing deterioration during normal shelf life, but a sample of so packed junior aspirin tablets showed excessive aspirin decomposition, numerous crystals of free salicylic acid being evident on the surface of the tablets beneath the foil pack. The content of free salicylic acid expressed as a percentage of the aspirin present was 3.3 per cent. by comparison the maximum permitted by the B.P. for soluble aspirin tablets which is 0.16 per cent.

Six packets of seidlitz powder of the same firm's manufacture, taken from three different shops in south Birmingham, were all found to be deficient in tartaric acid. The B.P.C. requires the white papers to contain between 2.25 and 2.75 gms. of this acid, but the amounts found in these three pairs of specimens were 1.97 and 1.95, 1.65 and 1.80, 1.89 and 1.64 gms. The firm involved stated that they had traced the fault to failure of an automatic weighing machine.

In all cases of incorrect food and drugs, suitable action was taken by the Medical Officer of Health to remedy the faults and, where necessary, to recall stocks of faulty material.

Local Drug Testing Scheme Under the terms of our agreement with local pharmacists, three hundred and ninety-four samples of miscellaneous drugs were examined during the year. It will be remembered that the scheme originated some six years or so ago as a result of the

finding of serious deficiencies in the active ingredients of a large proportion of samples of Vitamin A preparations, penicillin tablets and in many other so called "standard" drugs examined. For the first time it has been found possible to re-examine a representative selection of drugs of this class, and it is pleasing to report that only two causes for complaint were detected in over a hundred samples tested. It is hoped to be able to check this group each year. Fresh investigations commenced included that of "sustained release" preparations (e.g. spansules of dextedrine) which obviate taking several doses of a drug in a day. More and more drugs are being prescribed in hard gelatin capsules; the variation in drug content between capsules is usually ± 5 per cent. from the mean for a good manufacturer. Certain samples examined have revealed variations so large (e.g. -45 per cent.) as to be "clinically significant", and further work is proceeding in this connection. Fifty samples of assorted drugs were also examined for local hospitals. The single aim of this work and that of the local testing scheme is to supplement normal restricted sampling of drugs under the Food and Drugs Act, and so ensure a first-class supply of drugs for the City in both hospitals and shops.

Miscellaneous Samples These totalled 3,908 and were made up as follows:—

PUBLIC HEALTH DEPARTMENT

Pasteurised and sterilised milks	...	...	...	...	1,989
Ice cream and ice lollies	...	...	...	...	325
Atmospheric pollution	...	...	...	...	192
Waters	...	...	...	...	716
Miscellaneous	...	...	...	...	37
					3,259

WATER DEPARTMENT

Waters	...	...	...	...	252
Miscellaneous	...	...	...	...	9
					261

OTHER CORPORATION DEPARTMENTS 188

HUMAN MILKS 31

MISCELLANEOUS FROM PRIVATE INDIVIDUALS AND INSTITUTIONS 169

3,908

MILK (HEAT-TREATMENT TESTS) Pasteurised milk examined accounted for 1,764 specimens (1,366 from Birmingham Public Health Dept, and three hundred and ninety-eight from neighbouring authorities). Three samples from one neighbouring authority showed evidence of either gross underheating or raw milk.

Two hundred and twenty-five samples of sterilised milk examined, all with satisfactory results, were made up of one hundred and twenty-seven from Birmingham and ninety-eight from other authorities.

ICE CREAM AND ICE LOLLIES Two hundred and fifty-six samples of ice cream (the ordinary product) and thirty-four of the dairy variety were found to be compositionally correct. One sample labelled as Cornish ice-cream and stated to be made from Cornish cream, butter and non-dairy fat was incorrectly labelled.

All thirty-five samples of ice lollie examined for "pick up" of traces of toxic metals from the moulds used were proved to be satisfactory.

ATMOSPHERIC POLLUTION On each of eight sites in central and suburban areas of Birmingham, 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 nine hundred and sixty-eight waters, one hundred and thirty-three 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.
- (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, two hundred and sixty-four 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.)

- (d) Miscellaneous waters. These included monthly specimens taken from the river Severn, which it is hoped will provide a future additional supply for Birmingham in a few years' time. Private City well waters and flooded basement waters made up the bulk of the remainder of these samples.

OTHER CORPORATION DEPARTMENTS During the year, nearly all departments of the Corporation submitted a wide range of miscellaneous samples for analysis. For the Central Purchasing Department, contract samples of soap predominated as usual. In all, sixty-eight samples of soap products, five of soft drinks and two each of cornflour and custard powder were examined.

Thirty assorted articles of food were received from the Food Inspection Department, usually with requests for identification of foreign matter. In some cases the contaminating matter was found to be objectionable, e.g. sheep or rabbit faeces found in imported sultanas, but in others the suspicions of the complainants, although apparently justified were not substantiated after examination of the specimens; thus suspected nail clippings found in a bun loaf were proved to be polythene parings and black matter in a trifle was identified as a plum skin. Cases of foreign matter in food are becoming more numerous and are probably accounted for by the increasing prepacking of food, the increased mechanisation of food processing, and the greater public interest taken in this subject. Thus among the one hundred and sixty-nine miscellaneous samples received from private sources, about fifty or so involved foreign material in food and, after analysis, these were referred to the Food Inspection Department.

Ten samples of paint and glue size were examined for the Housing Management Department, and ten of fertilisers and feeding stuffs tested for the Salvage Department and certificates of composition supplied for statutory purposes. For the Town Clerk's Department, a specimen of duplicating fluid was examined for composition and found to be technical methyl alcohol. This liquid had been used to revive a boiler fire with the not surprising consequence that a "flash back" and minor explosion occurred.

Thirty-one 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, fifteen samples of fertilisers and feeding stuffs were analysed under the official Act for compliance with declared composition.

PRIVATE INDIVIDUALS AND INSTITUTIONS One hundred and sixty-nine 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 for the identification of foreign bodies, as mentioned above. Probably the most topical sample was one of anti-fall-out powder alleged to give protection from the effects of radiation, but unfortunately this was found to consist of milk sugar only.

New or Proposed Legislation The increasing use of food additives already referred to has resulted in considerable legislative activity on the part of the Government during the year. Proposals have been issued for new regulations to control the use of emulsifiers and stabilisers in food and also for controlling the composition and labelling generally of bread and flour. The Preservatives, etc. in Food Regulations

first made in 1925 have been drastically revised, and the Soft Drinks Order which was introduced, admittedly as a temporary measure in 1953, has also been brought up-to-date. All these proposals will probably be made official in 1962.

In addition to ministerial moves, the Food Standards Committee has initiated a first review of food solvents and flavourings and commenced revisions of the present Colouring Matter in Food Regulations and of the Labelling of Food Order, 1953. The latter revision will be concerned with labels only and will exclude advertisements.

Unofficial limits for the amount of lead in food have been established almost half a century, but the Lead in Food Regulations, 1961, issued last October, lay down statutory limits. Official limits now exist for the two principal metallic contaminations of food—lead and arsenic. In March, 1961, regulations making a further amendment to the Labelling of Food Order, 1953, as it related to wines, came into operation. This amendment was designed to release certain British wines from the necessity of bearing statements of their fruit bases and alcoholic contents—a privilege already enjoyed by foreign and Commonwealth wines.

(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

January 1st to December 31st, 1961

<i>Type of Specimen</i>	<i>Totals</i>
Throat swabs	607
Swabs, various	162
Sputa for tubercle bacilli	159
Faeces for pathogenic organisms	839
Bloods for agglutinin	22
Bloods for leptospirosis	23
Bloods for serological virus tests	63
Urines for pathogenic organisms	162
Milks for hygienic assay	1,656
Milks for tubercle bacilli	12
Ice creams for hygienic assay	1,175
Synthetic creams for hygienic assay	329
Creams for hygienic assay	400
Waters for hygienic assay	1,721
Foodstuffs for pathogenic organisms	251
Watercress for hygienic assay	26
Shellfish for hygienic assay	62
Milk churns and containers for hygienic assay	108
Specimens for virus culture	55
Miscellaneous specimens	178
	8,010

VENEREAL DISEASES EXAMINATIONS FOR BIRMINGHAM

Year ending December 31st, 1961

<i>Specimens</i>		<i>Examinations</i>	
Blood	30,622	for Wassermann test	30,440
		for gonococcal fixation test ...	905
		for Kahn test	21,706
		for Laughlen test	8,925
Cerebrospinal fluid	879	for Wassermann test	879
		for cell count	299
Films of discharges	12,557	for gonorrhoea	12,557
Cultures	11,969	for gonorrhoea	11,969
Urine	6	for microscopical test	6
		for culture	6
Total	56,033	Total	87,692

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

	<i>No. of Specimens</i>	<i>" Diagnostic " Reactors</i>
Antenatal Clinics	3,685	6
Maternity Hospitals	5,600	26

TUBERCULOSIS

Notifications

During 1961 there were eight hundred and nine notifications of persons suffering from tuberculosis, a decrease of sixty-one compared with 1960, but sixteen more than in 1959. The 1961 total is, however, less than for 1958 or any earlier year. Because of the increase in the estimated population the notification rate of 0.73 per 1,000 in 1961 equals the previous low record of 1959.

RESPIRATORY TUBERCULOSIS

There were seven hundred and five notifications of respiratory tuberculosis, seventy-three less than in 1960 but one more than in 1959. Compared with 1960, notifications decreased for males aged less than twenty-five years, but showed no very pronounced or consistent change for older age-groups. In females, there was some decrease in most but not all age groups.

A rather better picture of what is happening to notifications can be obtained by comparing notifications for the last three years 1959-61 with those of corresponding age-groups in the three year period 1953-55, before the B.C.G. scheme had become effective and a period when total notifications were at a relatively high level. The reduction for all ages of both sexes amounts to thirty seven per cent.; for children under fifteen years of both sexes, and for females age twenty years and more the reduction is about forty-five per cent. while for males age twenty years and more the reduction is only about twenty per cent. The really impressive decline is, however, in the 15-19 year age-group of each sex, among whom notifications have fallen by seventy-five per cent. This is of course the age-group now protected by the B.C.G. vaccination scheme in schools. The slowness of the fall in tuberculosis in adult males is the least satisfactory feature. The slowness of the fall in males over forty-five is general throughout the country: the slowness of the fall at age 20-44 years is, however, largely a local problem related to the problem of tuberculosis in immigrants.

NON-RESPIRATORY TUBERCULOSIS

Notifications of non-respiratory tuberculosis numbered one hundred and four, giving a rate of 0.09 per 1,000, just greater than the rate of 0.08 per 1,000 for 1960 and 1959.

The increase occurred mainly in females age 20-54, and no particular reason can be advanced for this. The more serious disseminated and meningitic forms of non-respiratory tuberculosis showed no increase.

PLACE OF BIRTH

Table 8 lists the places of birth of all those notified in 1961. The outstanding feature is the number of notifications of persons born in Pakistan increasing from nineteen in 1956 to about sixty per year in 1958-59 and ninety per year in 1960-61.

Table 9 shows for those born in Pakistan and notified in Birmingham in 1961 the time interval between entry to the United Kingdom and notification; one-third were notified during their first year in this country.

The age-distribution of immigrants notified as tuberculous shows, as would be expected, a great preponderance of young adult males: amongst males aged 25-34 there were a total of 115 notifications; of these thirty-two were born in the United Kingdom, but sixty were born in Asia, fifteen in Ireland, and eight elsewhere. As noted above, this is leading to a substantial retardation of the decline in notifications in young adult males, as there is a similar but less gross trend in the age-group 20-24 and 35-44.

Mortality

Deaths from all forms of tuberculosis in 1961 numbered eighty-two, six fewer than in 1960 and maintaining the steady fall in mortality since 1947. The mortality rate in 1961 was 0.07 per 1,000, and here again it is just possible to record a reduction compared with 1960. There were again no deaths in children or young people—in fact, none in persons aged less than forty years. There were four times as many deaths in men as in women, and in both sexes a high proportion of the deaths were in those over age 65 years.

RESPIRATORY TUBERCULOSIS

The majority of the deaths (76) were due to respiratory tuberculosis. There was some reduction in the number of deaths at age 25-64, but in each sex the number of deaths of persons aged sixty-five and over increased compared with 1960.

NON-RESPIRATORY TUBERCULOSIS

Six persons died of non-respiratory forms of tuberculosis, but only one death was attributed to meningitis.

DEATHS OF PERSONS NOT NOTIFIED BEFORE DEATH

There were fifty 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 greater than the 1960 figures, and shows a return to the higher total of preceding years. Included in this total are thirty-six cases for which no formal notification was received. In about half of the total of fifty cases, tuberculosis was not the main cause of death.

Contact Examinations

2,475 persons were examined at the Chest Clinic as contacts of persons with tuberculosis, and a further 1,831 individuals were x-rayed at the Mass Radiography Unit. These routine contact examinations continue to make a valuable contribution by discovering sources of infection, and also disease at a relatively early stage. In children, a substantial majority of the notifications result from the scheme for examining child contacts (see Table 10 below), and the source of infection is most commonly a parent (see Table 11 below).

Tuberculosis Visitors

The work of the fourteen tuberculosis visitors continued substantially unchanged during the year. They made seven hundred and ninety-one first visits to patients' homes, and 33,760 follow-up visits. Much of the detailed work of contact tracing, including tuberculin testing, is carried out by the visitors: the importance of this is indicated in the tables relating to child contacts.

Material help to tuberculous households continued to be supplied as needed, but the number requiring such help is gradually decreasing.

The relevant figures for 1961 are given below:—

Beds issued	...	...	...	...	...	...	...	...	127
Nursing materials supplied	...	...	...	...	...	...	...	...	53
Food grants (free milk)	...	...	...	...	...	...	...	...	1,206
Grants of clothing, etc. (Tippetts Bequest)	...	...	...	...	...	...	...	...	29
Chalets provided	...	...	...	...	...	...	...	...	—
Disinfection	...	...	...	...	...	...	...	...	25

Rehousing

The number of tuberculous families re-housed during the year was one hundred and eighty, exactly the same figure as in 1960. One half of these families were re-housed under the special scheme for urgent re-housing of tuberculous families, the other half under the normal operation of the "points" scheme.

HOUSES ALLOCATED TO TUBERCULOUS FAMILIES: 1946-1961

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
1961	...	...	...	...	...	...	...	...	...	180
									TOTAL	3,761

Rehabilitation

The considerable degree of success now being obtained in treating tuberculosis has greatly reduced the number of patients who require assistance in obtaining suitable work after treatment. Most can return fairly soon after discharge from hospital to their original work without danger to themselves or others. It is therefore no longer realistic to give a tabulation of the various special measures used to assist some in returning to work: only fifty-nine needed special help or guidance, based on an interview between the patient, the chest physician, and the disablement resettlement officer of the Ministry of Labour.

Domiciliary Library Service

The number of infectious home-bound patients requiring a library service is now very small, but this service has been continued for them.

Statistics

TUBERCULOSIS—ALL FORMS

TABLE 1
PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1961

	<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—1955 (..)	1,321	1·18	292	0·26
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
1961	809	0·73	82	0·07

RESPIRATORY TUBERCULOSIS

TABLE 2
PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1961

	<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—1955 (..)	1,183	1·06	272	0·24
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
1961	705	0·64	76	0·07

NON-RESPIRATORY TUBERCULOSIS

TABLE 3

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901-1961

	<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—1955 (..)	139	0·12	20	0·02
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
1961	104	0·09	6	0·01

TABLE 4

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS BY SEX
AND AGE GROUP—1953-55, 1959, 1960, 1961.

<i>Age Group Years</i>	<i>Males</i>					<i>Females</i>				
	1953/55 (<i>Mean</i>)	1959	1960	1961	1959/61 (<i>Mean</i>)	1953/55 (<i>Mean</i>)	1959	1960	1961	1959/61 (<i>Mean</i>)
0—4	39	22	28	28	26	32	23	27	16	22
5—9	34	10	20	16	15	36	8	18	19	15
10—14	29	12	16	10	13	29	16	19	14	16
15—19	64	14	22	15	17	75	23	12	16	17
20—24	64	51	47	40	46	73	42	36	30	36
25—34	114	87	91	97	92	112	50	61	40	50
35—44	101	69	82	75	75	53	36	48	32	39
45—54	112	97	88	88	91	30	17	25	24	22
55—64	92	75	72	81	76	23	12	19	14	15
65+	34	30	39	33	34	14	10	8	17	12
All Ages	683	467	505	483	485	477	237	273	222	244

TABLE 5

NOTIFICATIONS OF NON-RESPIRATORY TUBERCULOSIS BY
SEX AND AGE GROUP—1953-55, 1959, 1960, 1961

Age Group Years	Males					Females				
	1953/55 (Mean)	1959	1960	1961	1959/61 (Mean)	1953/55 (Mean)	1959	1960	1961	1959/61 (Mean)
0-4	5	1	3	3	2	8	1	4	3	3
5-9	12	2	3	2	2	7	2	5	0	2
10-14	5	0	3	1	1	7	2	0	2	1
15-19	6	2	1	3	2	10	3	5	1	3
20-24	9	11	8	7	9	11	4	4	10	6
25-34	14	18	21	18	19	15	6	7	15	9
35-44	3	9	10	12	10	6	3	5	6	5
45-54	5	4	4	6	5	4	11	1	10	7
55-64	2	4	1	0	2	2	2	2	2	2
65+	2	2	1	1	1	2	2	4	2	3
All Ages	63	53	55	53	53	72	36	37	51	41

TABLE 6

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

Disseminated	...	...	...	...	...	...	...	...	...	4
Meningitis	...	...	...	...	...	...	...	...	...	4
Bones, joints and spine	...	...	...	...	...	...	...	...	...	23
Abdomen	...	...	...	...	...	...	...	...	...	12
Other organs, including glands	...	...	...	...	...	...	...	...	...	61
TOTAL	...	...	...	...	...	...	...	...	...	104

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	...	...	...	...	...	2	4
45-64	...	...	...	...	...	30	1
65+	...	...	...	...	...	29	10
ALL AGES	...	...	...	...	...	61	15

TABLE 8

PLACE OF BIRTH OF INDIVIDUALS NOTIFIED AS SUFFERING FROM TUBERCULOSIS IN BIRMINGHAM, 1956, 1957, 1958, 1959, 1960, 1961.

	1956	1957	1958	1959	1960	1961
<i>British Isles</i>						
England ...	886	660	706	546	550	513
Scotland ...	19	12	9	7	13	12
Wales ...	20	18	16	17	13	9
Ireland ...	132	128	153	90	124	97
<i>Rest of Europe</i> ...	13	12	13	7	9	8
<i>Asia</i>						
India ...	26	29	31	22	21	17
Pakistan ...	19	33	60	59	91	90
Others ...	6	12	16	10	1	12
				(All Aden)		
<i>Africa</i> ...	4	4	4	1	2	4
<i>America</i>						
West Indies ...	9	12	12	14	27	25
Others ...	1	2	3	0	1	0
<i>Not Known</i> ...	1	51	16	20	18	22
TOTALS ...	1,136	973	1,039	793	870	809

TABLE 9

NOTIFICATIONS OF PERSONS BORN IN PAKISTAN GIVING INTERVAL BETWEEN ENTRY TO UNITED KINGDOM AND NOTIFICATION

— 3/12	8
— 6/12	7
— 9/12	8
—12/12	6

Total in First year	29
Second year	13
Third year	6
Fourth year	18
Fifth year	7
Sixth year	3
7-10th year	2
Not known	12
TOTAL	90

TABLE 10
 INFORMATION REGARDING SOURCE OF INFECTION FOR CHILDREN
 AGE 0-9 YEARS WHEN NOTIFIED: 1958 and 1961 NOTIFICATIONS

	1958		1961				0-9 yrs.
	0-9 yrs.	0-1	2-4	5-9	0-9 yrs.		
Notified at first contact examination ...	41	15	16	17	48	55%	
Notified at subsequent contact examination ...	17	3	4	6	13	15%	
Index case: source case found at contact examination	3	3	3	4	9	10%	
Index case: probable source in known cases ...	17	0	1	3	4	5%	
Index case: no source found ...	22	2	4	7	13	15%	
TOTAL	100	22	28	37	87	100%	

TABLE 11
 RELATIONSHIP OF SOURCE CASES TO 1961 CHILD CASES

	0-1 years	2-4 years	5-9 years	0-9 years	
Mother, age 20-39 years	}	4	6	8	18*
age 40 and over					0
Father, age 20-39 years	}	11	11	10	22**
age 40 and over					10***
Grandparent ...	1	1	1	3	
Sibling ...	0	0	0	0	
Uncle ...	3	2	2	7	
Aunt ...	1	0	0	1	
Lodger ...	0	2	3	5	
Other ...	0	1	5	6	
Non-identified ...	2	5	8	15	
TOTALS	22	28	37	87	

*12 mothers infected 18 children.

**14 fathers infected 22 children.

*** 9 fathers infected 10 children.

CARE OF MOTHERS AND YOUNG CHILDREN

(SECTION 22—NATIONAL HEALTH SERVICE ACT, 1946)

DAY NURSERIES

On the 1st January, 1961 there were nine hundred and ninety places for children in twenty-one day nurseries distributed throughout the City.

The day nursery at 77, Gt. Brook Street, closed on 2nd June. The premises were scheduled for demolition and there was no alternative accommodation available in the district. The children who still required day nursery accommodation were transferred to other nurseries and the staff who wished to continue in the nursery service were transferred to fill existing vacancies where available.

No change was made in the order of priorities and fees for priority cases remained unchanged.

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

Attendances at the day nurseries over the year remained high, the heaviest demands remaining in the Balsall Heath, Ladywood, Handsworth and Aston areas. The demand for accommodation for young babies is very heavy in some areas with the result that many mothers used child minders both registered and unregistered.

There is an increased demand for admission among the non-priority group at certain day nurseries. This comes mainly from families where the mother is a professional worker or from young parents who are having housing difficulties and are trying to buy a house or flat.

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

224 Cartland Road, Stirchley.

326 Charles Road, Small Heath.

23/25 Grantham Road, Sparkbrook.

Approval to continue training for the N.N.E.B. Certificate was given to Cartland Road, Stirchley and 23/25, Grantham Road, Sparkbrook. Approval was withdrawn from Charles Road Day Nursery.

The two-year training course for the National Nursery Examination Board Certificate continues. During 1961, forty-two students were accepted for training. Two examinations were conducted in Birmingham; twenty-six candidates passed and three failed.

COURSES AND STUDY DAYS

Forty-one members of nursery staffs attended a course of six evening lectures arranged by the Midland Branch of the National Association of

Nursery Matrons. Two matrons attended a study day arranged by the Royal College of Nursing. One Nursery Supervisor attended the Nursery School Association Summer School at Oxford.

WARDENS' COURSE

Over the past few years there has been difficulty in recruiting staff for the posts of warden in the day nurseries. This has been largely due to the fact that there have been no training courses, which in the past have prepared nursery nurses for work as wardens. Formerly these courses were arranged by the Education Department but they have been unable, for various reasons, to arrange any in the past five years.

It was therefore decided that the Department should run an experimental course on a day release basis for a period of thirteen weeks—places in the course were also offered to the Education Department, Children's Department and to other Authorities accessible from Birmingham. The attendances were made up as follows:—

10	from Day Nurseries.
5	„ Birmingham Education Department.
2	„ Birmingham Children's Department
9	„ other authorities

—
26
—

The Course appears to have been very successful, not only from the benefit received by the students, but from the fact that the nurseries functioned better having to release a senior member of staff for one day a week only instead of a consecutive period of three weeks.

The Public Health Department is indebted to the Education Department for its very close co-operation, the Children's Department and to the many lecturers who so freely gave of their time and knowledge.

In view of the extreme value of refresher courses, it is hoped to arrange a series of courses on similar lines for other grades of staff.

Nurseries and Child Minders Regulation Act, 1948

There were eighty-five persons and eleven premises registered under the Nurseries and Child Minders Regulation Act, 1948, at the end of 1961. The number of places available was five hundred and eighty-seven, an increase of thirty-two over last year. 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. 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</i>		<i>Number</i>	
	<i>Registered</i>	<i>Places</i>	<i>Registered</i>	<i>Places</i>
As at 1.1.61	80	370	9	185
New applications ...	41	157	2	21
Applications for registration of additional places	2	6	2	13
Resignations	35	162	—	—
Died	1	3	—	—
As at 31.12.61 ...	85	368	11	219

LIAISON WITH COLOURED PEOPLE

The interviews begun in 1960 by a medical officer of this Department continued. Advice was given to those parents and relatives who wished to bring the children they had left overseas to join them here in Birmingham. Attendance was, as before, entirely voluntary and many availed themselves of the opportunity to learn of the facilities offered to, and enjoyed by, the children born here.

They are referred to the Department by Mr. Gibbs, the Liaison Officer for Coloured People, after enquiries about their occupation, financial position and housing conditions with the aid of the Chief Housing Inspector.

MATERNITY AND CHILD WELFARE CENTRES

The number of Welfare Centres in the City remained at fifty-three throughout the year. This figure includes the Health Centre at Nechells Green. The 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.

At all the Welfare Centres the number of sessions, including ante-natal clinics, at which a medical officer was available for consultation totalled 5,982 compared with 6,466 in 1960.

The number of children's sessions for which nursing staff only were responsible was 1,173 as compared with nine hundred and thirty-nine in 1960.

The number of children living outside the City who attended peripheral clinics during the year totalled five hundred and eighty-two and those who attended General Practitioners' Clinics held at Welfare Centres totalled two hundred and twenty-seven.

Other departments of the Corporation continued to use the accommodation made available for them at Welfare Centres. Probation Officer Report Centres were held weekly at Lea Hall and Wentworth Road Centres; Education Department Speech Therapy Clinics continued on

five sessions a week at Kingstanding Centre and six sessions a week at Lea Hall Centre; Welfare Department facilities for occupational therapy for the physically handicapped continued at Stirchley, Quinton Lane, Erdington, Treaford Lane, Kingstanding and Carnegie Institute Centres for thirteen sessions a week. The need for this facility in the Acocks Green area increased so much that the classes held twice weekly at Acocks Green Centre transferred in August to more convenient premises; the occupational therapy for the blind at Northfield Centre continued on three sessions a week. The Birmingham Council for Old People continued to use Stirchley Centre on four sessions a week for an Old People's Day Centre. The Family Planning Association continued their weekly clinic at Treaford Lane Centre. The Women's Voluntary Service Mother and Baby Clubs continued to function at Highfield Lane and Yardley Wood Centres and permission was given for additional clubs to be held at Maypole, Acocks Green, Kings Heath and Erdington Centres. A Women's Voluntary Service Darby and Joan Club was established at Farm Road Centre on 7th April and continued on one session a week throughout the year.

Sheltered Employment of the Elderly

Accommodation was made available at Small Heath Centre to the Birmingham Association for the Sheltered Employment for the Elderly, who desire to promote the establishment and management of Centres where lonely elderly people could meet together to do some very light work under pleasant conditions for modest payment, thus restoring happiness and self respect. This Centre was officially opened by the Rt. Worshipful The Lord Mayor, Alderman Eric E. Mole, O.B.E., J.P., on 24th May.

The Treaford Club

This Club was established by the Centre Superintendent at Treaford Lane Centre to supply the need for a social club where old age pensioners of the area could meet. Referrals for membership came from the Birmingham Council for Old People, General Practitioners and Health Visitors. The Club opened on 24th May and continued throughout the year on one session a week. The membership totalled sixty-six with a waiting list of fifteen and the average weekly attendance was forty-eight.

Four voluntary workers devote much time and energy to this Club and members are encouraged to help each other and to visit those members who are sick.

Talks and films have been arranged by various organisations e.g. Police, Fire Service, West Midlands Gas Board, National Assistance Board and the Public Health Department Health Education Section.

A summer outing to Bourton-on-the-Water proved most successful and an enjoyable Christmas party, when all members received a small gift, was held in December.

Sparkbrook Association Play Centre

A room at Farm Road Welfare Centre was made available to the Sparkbrook Association for use as a Play Centre for children under the age of five years and this Centre was officially opened by the Deputy Lord Mayor, Alderman D. Johnstone on 11th November. The average attendance during the first two months was twelve children per session.

The number of parents evening meetings held at Welfare Centres was fifty-three, compared with forty-nine in 1960 and 1,249 attendances were made at these meetings, making an average attendance of twenty-three per meeting.

Health visitors have attended 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 which was opened in 1960, continued to operate with growing success. Closer co-operation between General Practitioners and Local Authority staff increased month by month and proved most valuable in this comprehensive medico-social service.

During the year, 1,259 individual children made 5,207 attendances at Children's Consultation Clinics in the Child Welfare Section.

Eighty-eight expectant mothers made five hundred and sixty-three attendances at the Antenatal Clinics at which a local authority doctor was present, and two hundred and fifteen mothers made 1,267 attendances at Midwives' Clinics. Five hundred and thirty-seven expectant mothers were referred by their general practitioners for blood specimens to be taken. Forty-three expectant mothers made two hundred and thirty-one attendances at Relaxation and Mothercraft Classes. Three hundred and fifteen attendances were made at Sewing Classes. In the general practitioner's treatment room up to seven hundred cases a month were treated by the nurse in attendance.

Eight hundred visitors to the Health Centre included the Minister of Health, the Rt. Hon. Mr. Enoch Powell and eminent personalities from Russia, Norway, Poland, Germany, Denmark, China, Ghana and the Caribbean, Venezuela and the Commonwealth.

Work at Local Authority Clinics

Amongst the clinics held were:—

(1) Antenatal Clinics:

1,550 mothers attended clinics staffed by our medical officers, compared with 1,836 during 1960.

(2) Blood Tests:

General practitioners continued to send patients to our antenatal clinics for the withdrawal of blood specimens; in 1961 the number was 2,914 (2,202 in 1960).

(3) Relaxation Classes:

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

(4) Postnatal Examinations:

Three hundred and thirty mothers attended for postnatal examinations; fifty-three attended a second time.

(5) Appointment Clinics:

These clinics at which children attend by appointment for a medical examination continued to be held and opportunity was also given for children to be called by appointment to those antenatal clinics where the attendance of antenatal mothers had decreased.

(6) Special Consultation Clinics:

Dr. Benjamin Wood of the Children's Hospital held twenty-one special clinics at the Carnegie Centre during 1961 and examined a total of seventy-five infants, a decrease of ten from the 1960 figure.

The X-ray clinic at Carnegie held forty-one sessions in 1961 and a total of one hundred and ninety-eight persons attended for radiography, which was an increase of nineteen on the 1960 figure.

The special adoption clinic continued to be held at Carnegie and one hundred and sixty-six attendances (143 in 1960) were made at forty-one sessions.

(7) Sewing Classes:

Sewing classes were continued each week at forty-five centres until April when for economic reasons several classes were closed for the summer term. The classes re-opened in September at forty-three centres and a total of 14,223 attendances were made during the year; a decrease of 1,937 on the 1960 figure.

(8) Health Talks:

Mothers made 10,883 attendances at health talks given during clinic sessions: in addition there were 10,823 attendances at mothercraft classes held in conjunction with relaxation classes, and 1,249 attendances at parents' evening meetings.

(9) Chiropody Treatment:

The service of two part-time chiropodists provided an average of five sessions a week. In all one hundred and sixty-five sessions were held and a total of seven hundred and thirty-eight patients received treatment.

(10) Audiology Clinic and Hearing Tests:

1,821 children underwent screening tests to diagnose hearing defects at welfare centres and seventy-nine were referred to the Audiology Clinic for further investigation. In addition fifteen children were referred from outside local authorities.

At each testing session a medical officer of the Department attends with two of the four health visitors specially trained for this work. Each health visitor sees her own cases at the training sessions and in addition pays home visits where necessary.

We are indebted to Miss North and Mr. Shorrock, 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 Ear, Nose and Throat Clinic, for their willing advice and 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, the Ear, Nose and Throat Surgeon to the School Health Service, for his willing and helpful co-operation.

No. of children on register on 1.1.61	...	...	...	...	76
No. of children on register on 31.12.61	...	...	...	...	36
No of children from 1960 under supervision or training on 31.12.61					12
New children from 1961 under supervision or training on 31.12.61					24
No. of new children seen for testing in 1961	...	...	...	...	61
No. discharged as having normal hearing	...	...	...	...	23
No. taken for training in 1961	...	...	...	...	24
No. discharged during 1961	...	...	...	...	14
No of children from 1961 still receiving training	...	...	...	...	10
No of children from 1961 still under supervision	...	...	...	...	14
No. of children from 1960 discharged during 1961	...	...	...	...	64
No. of children from 1960 still receiving training	...	...	...	...	4
No. of children still under supervision from 1960	...	...	...	...	8

Arrangements were made for three Health Visitors from a regional local authority to attend for experience in deaf screening.

(11) Voluntary Assistance at Welfare Centres

Many Welfare Centres received valuable help during the year from voluntary workers. These ladies assist in many ways to relieve the health visitors of extraneous duties in order that her professional capacities can be used to the full.

CARE OF THE UNMARRIED MOTHER

The proportion of live births which were illegitimate was 89·23 per 1,000 as compared with 76·77 in 1960 and 67·8 in 1959. The total number of illegitimate births registered in Birmingham in 1961 was 1,927 compared with 1,594 in 1960 and 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 28·02 compared with the rate for legitimate births of 23·44 per 1,000 births. The corresponding figures for 1960 were respectively 30·11 and 21·94.

During 1961, 1,543 women applied to the Department for advice and assistance compared with 1,198 in 1960. Of these, seven hundred and sixty-two were unmarried women having their first baby and five hundred and ninety-eight had had one or more illegitimate children. One hundred and forty-one were married women, fifteen were legitimate pregnancies and twenty-seven were resident outside the City. Forty-three girls were under the age of consent, and four hundred and sixty-seven were teenagers—nearly one third of the total.

The number of West Indian applicants has risen from three hundred and fifty-four in 1960 to six hundred and sixty-three in 1961, of whom thirty-four were already pregnant on arrival in this country.

Lyncroft—Salvation Army Mother and Baby Home

Arrangements may be made for early admission to this home, particularly in the case of very young pregnant girls. They may be transferred here sometimes from unsatisfactory home conditions, often at the request of the Magistrates. Confinements take place in the home so that transfer to a hospital or maternity home is avoided at a time when these young girls are afraid to face the ordeal of the unknown ahead, very often exaggerated by their companions in the home. Supervision is maintained throughout by a kindly tolerant understanding staff of devoted women. The girls must agree to remain in the home for three months after the birth of the baby, during which time arrangements are made which are thought to be for the benefit of the mother and child.

Sixty-four girls were admitted during 1961 and they were in the following age groups:—

Aged 13 years	3	} 20 under the age of consent
14 years	6	
15 years	11	
16 years	14	
17 years	15	
18 years	8	
19 years	1	
20 years +	6	

Of the fifty-nine babies discharged, thirty-one went home with their mothers, twenty-five were adopted and three were admitted to residential homes.

There were six premature births and two instrumental deliveries. The babies have been well and there were no deaths or stillbirths.

Francis Way, Bentley Heath and Woodville, Selly Oak

These two mother and baby homes accommodate Roman Catholic girls on request. In both homes the girls are usually admitted about six weeks before the expected date of confinement. In Francis Way the confinements take place in the home but in Woodville the girls are transferred to hospital for their confinements and return to the home for a further six weeks or so until suitable arrangements are made for mother and baby. At the end of the year plans were being considered to extend Woodville to enable confinements to take place in the home as in Francis Way.

Thirty-three girls were admitted to Francis Way during 1961, twenty-eight of them being single girls having their first baby.

Thirty-two mothers were admitted to Woodville during 1961, twenty-five having their first baby and five having their second baby: two were married women.

The Grange

Arrangements are made for unmarried girls to be admitted here on request. They are admitted usually about six weeks before the expected date of delivery and are transferred to a maternity hospital or home for their delivery. They then return to the Grange for at least six weeks or until suitable arrangements are made for mother and baby. Owing to staffing difficulties the home has not been used to its full capacity.

Twenty single girls were admitted to the home during 1961, all having their first baby, and one married woman was admitted.

Phenylketonuria tests are carried out on all babies in the above homes at the age of six weeks: all have been negative.

Beechcroft Mother and Baby Home

Capacity: eighteen mothers and fourteen babies.

This mother and baby home is the responsibility of the Health Committee and is non-denominational.

During 1961, one hundred and two mothers were admitted and ninety-two discharged. Ninety-one babies were admitted and eighty discharged.

The general health of the mothers has been very good indeed. Four mothers were admitted to hospital with toxæmia of pregnancy and one to hospital owing to mental disturbance. The latter and one of the mothers with toxæmia did not return to the home after hospital discharge.

Ten mothers admitted to the home were discharged prior to confinement.

Eight babies were admitted to hospital, three of whom because of a B.Coli infection. These three babies were discharged to their own homes from hospital. The source of this infection was traced to a baby admitted from a hospital and altogether four babies were infected. The home was closed for six days while thorough disinfection was carried out.

Of the five other babies who were admitted to hospital, one had a respiratory infection, two had cerebral symptoms, one had pyloric stenosis complicated with a B.Coli infection, and one was admitted to hospital for eleven days' observation with abnormal stools.

Nine babies were born prematurely, the birth weights ranging from 2lbs. 15ozs. to 5lbs. One of twin babies died.

There were three stillbirths: one due to anencephaly, one to toxæmia and one to post maturity and placental insufficiency.

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

One baby was vaccinated against smallpox and one mother had her polio vaccination while in the home.

Forty-one babies were discharged home with their mothers, one was discharged to a hostel and four to domestic posts with their mothers. Six babies were discharged to foster homes and five to residential nurseries.

Twenty-three babies were placed for adoption: twelve through the Children's Department, seven through the National Adoption Society and four through various moral welfare associations.

OF THE ONE HUNDRED AND TWO WOMEN ADMITTED TO BEECHCROFT DURING 1961, FIFTY-SIX WERE PERSONALLY INTERVIEWED BY A MEDICAL OFFICER.

Of these 38 were having their first baby

11	..	..	..	second	..
4	..	..	..	third	..
2	..	..	..	fourth	..
1	was	..	..	her sixth	..

Of the thirty eight girls having their first baby, all were single and twenty-three were under twenty-one years of age, the remainder being between twenty-one and twenty-six years. Five were West Indian and all the rest were British.

Of the alleged putative fathers, twenty-eight were British, seven West Indian, one Greek, one Cuban and one half caste Cuban. Six were married men. Twenty-nine made no payment whatsoever, one maintained his consort and the others paid trifling amounts.

In six cases the girls had come from broken homes in that their fathers had died some years previously and six of the girls' mothers had died. In three cases the parents had separated or were divorced.

Eighteen of the babies were placed for adoption: nine by the Children's Department, four by the National Adoption Society and five by the Birmingham Diocesan Council for Moral Welfare. One baby was placed in Dr. Barnardo's Homes, Abingdon. Seventeen of the babies were discharged home or to lodgings with their mothers and two went to foster homes.

Four of the babies were born by Caesarian section, three were forceps deliveries and three were premature babies.

Of the eleven girls having their second baby, nine were single and two were married. Of the latter, both had separated from their husbands and one of the pregnancies might have been a legitimate one but the baby was placed for adoption. The second baby went to lodgings with mother. These two girls had married at the ages of sixteen and seventeen years respectively.

Seven of the girls were twenty-one years or under, three were twenty-two years and one was twenty-seven years old.

Apart from one West Indian girl, aged nineteen years, all the others were British. Of the putative fathers, six were English, two Irish, one American and two West Indian.

The West Indian girl had already had an illegitimate baby in Jamaica at the age of sixteen and the putative father, a West Indian who already had two other children, came to this country to see her. She gave birth to twin girls, one weighing 6lbs. and one 5lbs. 4oz. and they were discharged home with their mother.

The other girl whose consort was a West Indian had had a baby by him in 1960 and she was living with him and had been maintained by him. Her baby was accepted by Dr. Barnardo's Homes, Abingdon.

Another of the girls had had her first baby by the same putative father and he was paying 15/- weekly for this child who was being looked after by the grandmother. The second baby was discharged to lodgings with his mother.

Four of the girls had come from broken homes and apart from the girl who had lived with the West Indian for a year, no financial help had been received.

All the confinements were normal and there were two premature babies.

Three of the babies were placed for adoption, two through the National Adoption Society and one through the Children's Department: one went to Father Hudson's Homes, one to Dr. Barnardo's Homes, and the remaining six were discharged home with their mothers.

Of the four girls having their third baby, three had been married but the marriages had all ended in separation, and the first two babies in each case had been legitimate.

The single girl having her third illegitimate baby had one child at home and one in Dr. Barnardo's Homes. She was taking her third baby home.

All the confinements were normal.

All the mothers were English and, of the putative fathers, three were British and one was American. No financial help had been received from these men.

Two of the babies were placed for adoption, both through the Children's Department, and the other two were discharged home with their mothers.

Of the two women having their fourth baby, one was married in 1946 and had two children of the marriage, one of whom was drowned in 1951. She separated from her husband in 1948 and lived with the putative father of her third child, born in 1957, but left him because of cruelty. The alleged putative father of the fourth baby was a Scotsman who offered marriage but was refused. The baby was admitted to a foster home.

The single girl having her fourth baby was aged twenty-six years and her three other children, born 1956, 1957 and 1959, were at home with her parents. The fourth baby was accepted by the National Adoption Society. The putative father was alleged to be a married man with three children but he denied paternity.

Both the confinements were normal and no financial assistance was received.

The mother having her sixth baby was married and had had five legitimate pregnancies. Three of the children were alive and well, one pregnancy was terminated at six and a half months and one child died in 1952. The putative father of the sixth child was an Irishman, a casual acquaintance, from whom no financial assistance was received. The confinement was normal and the new baby was accepted in a foster home.

STATISTICS

Day Nurseries

(1) NUMBER OF CHILDREN ON DAY NURSERY REGISTERS

	<i>0—12 months</i>	<i>1— year</i>	<i>2—5 years</i>	<i>Total</i>	<i>Average daily attendances</i>
1st January, 1961	139	251	559	949	727 in 1960
31st December, 1961	126	247	539	912	716 in 1961

(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	331
Widows	35
Women separated from husbands	204
Husbands in prison	4
Husbands sick or disabled	14
Mothers' long term illness	21
Mothers' short term illness	11
Mothers' confinement	11
Mother dead	8
Mothers' desertion	13
	652

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

National Service, deaf or blind parents, financial difficulties, etc.	16
Housing	3
Problem families	3
Handicapped children or children failing to progress normally ...	7
	29

GROUP 3. Non-priority cases 231
 Out of City cases 3

NUMBER OF CHILDREN ON WAITING LIST

	<i>0—12 months</i>	<i>1— year</i>	<i>2—5 years</i>	<i>Total</i>
31st December, 1960				
Priority	97	77	98	272
Non-Priority	55	64	71	190
31st December, 1961				
Priority	111	73	102	286
Non-Priority	89	122	124	335

As will be noted the number of priority cases, especially in the 0-12 months group, has increased—a reflection of the increasing illegitimate rate and possibly marital disharmony.

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
1959 ...	69.0	57.6	34.2	24.4	19.1
1960 ...	66.2	54.3	31.1	23.3	16.2
1961 ...	63.7	55.0	30.3	21.4	15.5

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

Children who made:	0—12 months			1—year			2—5 years		
	1959	1960	1961	1959	1960	1961	1959	1960	1961
1—5 attendances	58.18	61.24	62.16	65.88	67.24	66.91	96.84	96.44	96.15
6 or more attendances	41.82	38.76	37.84	34.12	32.76	33.09	3.16	3.56	3.85

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

Number of clinics held :

(1) With doctor attending	...	...	...	...	...	...	...	3,544
(2) Without doctor attending	...	...	...	...	...	...	...	1,173
New children attending	...	...	...	...	...	...	...	15,153
Total attendances	...	...	...	...	...	...	...	128,777
Average attendance per clinic	...	...	...	...	...	...	...	27.3
Total examined by doctor	...	...	...	...	...	...	...	48,408
Average seen by doctor per consultation clinic	...	...	...	...	...	...	...	13.6

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

Number of combined clinics	...	...	...	...	...	2,195
New children attending	...	...	...	...	...	2,784
Total attendances	...	...	...	...	...	31,012
Average attendance per clinic	...	...	...	...	...	14.1
Total number seen by doctor	...	...	...	...	...	20,795
Average seen by doctor per combined clinic	...	...	...	...	...	9.4

(In addition the average number of expectant mothers examined at these clinics was 2.6 and the number of blood specimens obtained for General Practitioners' cases was 2,035, an average of 0.9 per clinic).

(5) INFANT WELFARE CLINICS WITH GENERAL PRACTITIONERS

(a) At Welfare Centres :

i) Individual children attending General Practitioners' Clinics only:

under 1 year	350	} 1,048
1 year	...	...	369
2—5 years	...	...	329

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	211	60.3	237	64.2	317	96.4
6 or more attendances ...	139	39.7	132	35.8	12	3.6
Totals	350	100.0	369	100.0	329	100.0

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

Under 1 year	229	} 497
1 year ...	...	180
2—5 years ...	...	88

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	157	68.6	104	57.8	82	93.2
6 or more attendances	72	31.4	76	42.2	6	6.8
Totals	229	100.0	180	100.0	88	100.0

Total attendances:

Under 1 year ...	...	6,539	} 8,322
1 year ...	...	979	
2—5 years ...	...	687	
Over 5 years ...	...	117	
Examined by General Practitioner ...	...	...	6,390
Seen by Health Visitor only ...	...	...	1,932
Attendances for immunisation including 3,093 poliomyelitis vaccinations ...	...	...	7,204
Attendances at health talks given by health visitors ...	...	...	5,620

(b) *At General Practitioners' Surgeries :*

Total attendances :

under 1 year	...	...	2,444	}
1 year	...	...	465	
2— 5 years	...	...	552	
over 5 years	...	...	123	
Examined by General Practitioners	...	...	...	2,533
Health Visitor Consultations	...	...	...	1,051
Attendances for immunisation including 1,413 poliomyelitis				
vaccinations	...	...	...	3,461
Attendances at health talks given by Health Visitors	...	...	...	7,018

(6) MEDICAL DEFECTS RECORDED IN CHILDREN ATTENDING APPOINTMENT CLINICS

Individual children with defects 4,373

Type of Defect :

(a) Eyes :									
Squint	...	...	...	...	...	...	...	...	232
Inflammatory conditions	...	...	...	...	...	...	...	...	44
Other eye conditions	...	...	...	...	...	...	...	...	28
(b) Skin :									
Eczema	...	...	...	...	...	...	...	...	241
Purulent conditions	...	...	...	...	...	...	...	...	30
(c) Ear, Nose and Throat :									
Otorrhoea	...	...	...	...	...	...	...	...	35
Deafness	...	...	...	...	...	...	...	...	13
Enlarged or diseased tonsils and/or adenoids	...	...	...	...	...	...	...	...	729
Other	...	...	...	...	...	...	...	...	55
(d) Teeth :									
Carious or defective	...	...	...	...	...	...	...	...	1,226
(e) Glands :									
Enlarged	...	...	...	...	...	...	...	...	585
(f) Heart :									
Congenital	...	...	...	...	...	...	...	...	61
Other abnormality	...	...	...	...	...	...	...	...	102
(g) Anaemia	...	...	...	...	...	...	...	...	14
(h) Lung conditions	...	...	...	...	...	...	...	...	70
(i) Deformities	...	...	...	...	...	...	...	...	56
(j) Orthopaedic conditions	...	...	...	...	...	...	...	...	904
(k) Mentality (retardation)	...	...	...	...	...	...	...	...	32
(l) Speech (delayed or defective)	...	...	...	...	...	...	...	...	111
(m) Enuresis	...	...	...	...	...	...	...	...	84
(n) Other conditions	...	...	...	...	...	...	...	...	230
Total defects									4,891

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

(7)

HANDICAPPED CHILDREN

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

<i>Category of Defects</i>	<i>No. of Cases</i>
a. Totally blind	2
b. Partially sighted	14
c. Totally deaf	1
d. Partially deaf	10
e. Educationally subnormal (Mentally backward)	63
f. Epileptic	16
g. Maladjusted (Emotional instability or psychological disturbance)	2
h. Physically handicapped (Spastic diplegia 21)	72
i. Defective speech (not due to deafness)	31
j. Delicate (Diabetes 3; Tuberculosis 37; Bronchiectasis 3; Coeliac disease 3; Congenital heart disease 29; Haemophilia 2; Asthma 39 other dis- orders 30.)	146
k. Combination of defects	10

(8) REMEDIAL EXERCISE CLINICS FOR CHILDREN HELD BY
PHYSIOTHERAPISTS

	1960	1961
Individual children attending	115	94
Sessions held		
Remedial exercises only	133	115
Combined with relaxation for expectant mothers	134	163
Total attendances	964	857

Care of the Unmarried Mother

(1) Arrangements for new cases in 1961.

	<i>First Cases</i>	<i>Multiple Cases</i>	<i>Married Women</i>
Accommodated in Mother and Baby Homes			
Beechcroft	54	15	7
Francis Way	28	5	—
Woodville	25	5	2
Lyncroft House	44	—	—
The Grange	20	—	1
Accommodated elsewhere			
Homes out of City	9	—	1
Own home entirely	9	5	12
Own home except for confinement	565	566	116
Left City before confinement	8	2	2
Total	762	598	141

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

Antenatal cases :		No. of cases	%
(a) In Homes awaiting delivery	... ..	19	1.3
(b) In own home awaiting delivery	... ..	445	29.7
Postnatal cases :			
(a) Mother and baby still in Homes	... ..	33	2.2
(b) Miscarriages	... ..	8	0.5
(c) Babies stillborn	... ..	2	0.1
(d) Babies died	... ..	12	0.8
(e) Babies adopted	... ..	65	4.3
(f) Babies with foster mothers	... ..	26	1.7
(g) Babies in Residential Nurseries	... ..	30	2.0
(h) Mothers at home with their babies	... ..	534	35.6
(i) Mothers married	... ..	143	9.5
(j) Mothers living with putative father	... ..	110	7.3
(k) Mothers and babies having left the City	... ..	54	3.6
(l) Not pregnant	... ..	5	0.3
(m) No trace	... ..	14	1.0
(n) Mother died	... ..	1	0.1
Total		1,501	100.0

(3) *Work of Administrative Staff*

Home visits paid re unmarried mothers	... ..	517
Mothers visited in hospital	... ..	25
Office interviews — applications	... ..	1,543
Office interviews — other than applications	... ..	1,020
Office interviews re V.D.	... ..	7

(4) *Division of total number of applications into age groups:—*

13 years	... ..	1
14 years	... ..	9
15 years	... ..	33
16 years	... ..	67
17 years	... ..	95
18 years	... ..	131
19 years	... ..	131
20-25 years	... ..	640
26-30 years	... ..	213
31-35 years	... ..	104
36 years and over	... ..	77
Total		1,501

(5) *Multipara (excluding married women)*

1st child died (including stillbirths and miscarriages)	... ..	41
„ „ in residential nursery	... ..	10
„ „ adopted	... ..	28
„ „ in care of relatives	... ..	384
„ „ fostered	... ..	7
„ „ with mother	... ..	125
„ „ adopted by relatives	... ..	3
Total		598

Of these 598 cases, 69 are living with the putative father, 28 married to the putative father, 90 have been dealt with before. 330 were para II, 138 para III, 67 para IV, 32 para V, 31 para VI and over. One mother para II died one day after delivery.

The following table gives details of the 141 married women:—

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

Separated from husband	...	...	...	...	...	...	...	...	86
Divorced	...	...	...	...	...	...	...	...	12
Widowed	...	...	...	...	...	...	...	...	7
Living with husband	...	...	...	...	...	...	...	...	13
Living with putative father	...	...	...	...	...	...	...	...	19
Married to putative father	...	...	...	...	...	...	...	...	4
Total									141

Of these :

In Homes with baby	...	...	...	...	...	...	...	...	5
Baby died	...	...	...	...	...	...	...	...	3
Mother at home with baby	...	...	...	...	...	...	...	...	69
Baby adopted	...	...	...	...	...	...	...	...	7
Baby fostered	...	...	...	...	...	...	...	...	10
Mother antenatal	...	...	...	...	...	...	...	...	40
Mother not pregnant	...	...	...	...	...	...	...	...	—
Mother left the City	...	...	...	...	...	...	...	...	6
No trace	...	...	...	...	...	...	...	...	1
Total									141

(7) *Nationality*

(a) *Nationality of applicants*

British	...	...	...	678	French	...	...	...	3
Irish	...	...	...	149	Spanish	...	...	...	1
U.S.A.	...	...	...	1	Greek	...	...	...	3
West Indian	...	...	...	663	Italian	...	...	...	1
African	...	...	...	2					

Total 1,501

(b) *Nationality of putative fathers*

English	...	...	508	U.S.A.	...	...	4	Austrian	...	...	1
Irish	...	...	180	Italian	...	...	6	Hungarian	...	...	2
West Indian	...	...	716	Ukranian	...	...	1	Arab	...	...	5
French	...	...	1	Maltese	...	...	2	Cuban	...	...	2
Spanish	...	...	1	Polish	...	...	3	Aden	...	...	3
Pakistani	...	...	20	Greek	...	...	6	Malayan	...	...	1
Indian	...	...	8	African	...	...	3	Cyprus	...	...	3
Chinese	...	...	1	Belgian	...	...	1	Portugese	...	...	1
Canadian	...	...	3	Ghanian	...	...	1	Unknown	...	...	18

Total 1,501

DENTAL TREATMENT

The manpower situation, that perennial problem of present day public dental service, was a shade easier in 1961, the number of sessions devoted to Maternity and Child Welfare dentistry being about 16 per cent. greater than in the previous year. This has resulted in an increase of work in all categories.

Whilst one must beware of what a Minister of Health has called "the idolatry of numbers", it is interesting to note that the number of attendances in 1961 was the highest ever recorded. This, it is felt, reflects two things; that a body of children is now being built up who come regularly for inspection but do not require a great deal of treatment and, on the other hand, an increasing number of children who come for emergency extractions for the relief of pain. The number of anaesthetics administered to children for the extraction of teeth was a record.

From the point of view of preventative dentistry, this latter is to be deplored as only too often after the offending tooth has been removed, the child is not seen again until further pain is experienced. On the other hand, it must be recognised that the relief of pain and elimination of sepsis even on an emergency basis must continue to be a very important part of a public dental service.

In addition, rather unexpectedly, the number of dentures supplied to mothers was also the highest ever recorded.

The dental inspection of children at selected welfare centres has continued and the number of children seen per session has increased in most instances to the maximum which can be dealt with efficiently.

The survey of labial caries mentioned in last year's report has been completed and connection of this type of decay with a child having a bottle for a long time and also with a drink or bottle at bedtime has been demonstrated. It is intended that a campaign, to put these facts before mothers with young children, shall be organised as soon as possible.

Additional equipment provided at the Nechells Green Clinic included a high-speed air turbine which had been in operation for about two months at the end of 1961. This instrument has proved a great help in filling teeth for mothers. Its use results in the patient experiencing no unpleasant sensation at all and the strain on both operator and patient is much reduced.

Mechanical work in connection with the supply of dentures continues to be carried out by the same outside laboratory, which has undertaken this work in past years. X-ray facilities continue to be centralised at Lancaster Street.

Statistics

	<i>Mothers</i>	<i>Children</i>
Number examined	3,530	5,687
Number needing treatment	3,415	4,763
Number whose treatment was completed	2,170	4,362
Number of administrations of general anaesthetics	1,828	2,455
Number of teeth extracted with general anaesthetics	9,249	6,123
Number of local anaesthetics	1,271	8
Number of teeth extracted with local anaesthetics	1,462	10
Number of teeth filled	3,318	3,069
Number of mouths scaled by Dental Surgeons	671	22
Number of teeth treated with silver nitrate	63	3,353
Number of cases radiographed ...	135	10
Number of mothers supplied with dentures	1,094	—
Number of dentures supplied	1,822	—
Number of full upper or lower dentures ...	1,164	—
Total attendances	12,658	9,287

The total number of sessions worked was 2,429, an increase of three hundred and forty-four compared with 1960. This has been reflected in an increase of work under all headings and the total attendances are the highest they have ever been, as also is the number of dentures fitted.

Professional Staff

There have been no resignations during the year, but several dental officers have found it necessary to reduce the number of sessions they were doing for the department. One new dental officer was appointed, the net result being a gain of three sessions.

The number of sessions in a normal working week at the end of 1960 and the end of 1961 are compared below:—

<i>Dental Clinics</i>	<i>End of</i> 1960	<i>End of</i> 1961
Lancaster Street	12	9
Carnegie	6	8
Treaford Lane	11	10
Northfield	5	6
Kingstanding	4	3½
Quinton Lane	1	1
Farm Road	7	11
Nechells Green	4	4½
TOTAL	50	53

Accommodation

No additional accommodation has become available during the year. The surgery at Nechells Green has continued to be used by the School Dental Service for four sessions per week and by the Maternity and Child Welfare Dental Service for four and five sessions in alternate weeks. It is also intended to encourage some of the patients needing conservative treatment at Treaford Lane, where there is a large waiting list and where conditions are too cramped to allow for much expansion, to the Nechells Green clinic. This is conveniently situated for such an arrangement.

Approval has accordingly been given for equipment to be provided to enable the second surgery to be put into operation and it is hoped that it will be in working order early in 1962.

The School Dental Service are also making use of the surgery at Northfield, this is now being used for a total of ten sessions per week.

Dental Health Education

The dental nurse, with special responsibility for Dental Health Education, resigned at the end of 1960. She was, however, replaced early in 1961, so this work has been able to continue with little interruption.

Talks in welfare centres and in dental clinics and to outside groups have continued and close liaison has been maintained with health visitors, both in service and in training. Talks have been given to nursery nurses and others who have to deal with young children.

In conjunction with other aspects of health education, dental health was included in displays at Handsworth Park and at the Ideal Homes Exhibition at Bingley Hall.

DOMICILIARY MIDWIFERY

(SECTION 23—NATIONAL HEALTH SERVICE ACT, 1946)

There were 21,594 live births and four hundred and forty-four still births to women resident in Birmingham in 1961. Of these, five hundred and two births occurred either outside the City, or at nursing homes in the City or at City hospitals regarded as having emergency maternity facilities only.

During the year 13,493 women residents were delivered at the City hospitals and Marston Green Maternity Hospital compared with 13,118 in 1960—an increase of 2·8 per cent.; 7,939 were delivered by the domiciliary midwives—as compared with 7,547 in 1960—an increase of 5 per cent. The number of domiciliary confinements represents 36 per cent. of the total confinements of Birmingham residents.

The number of deliveries has increased year by year, and set out below is the pattern of confinements for the past six years. The succeeding figures and remarks refer only to deliveries of Birmingham residents, unless otherwise stated.

	(1) <i>Total No. of deliveries at City hospitals, Marston Green and at home.</i>	(2) <i>Total No. of deliveries at City hospitals and Marston Green.</i>	(3) <i>Total No. of domiciliary deliveries.</i>	(4) <i>Total No. of early discharges needing attention of Midwife</i>	(5) <i>Hospital confinement percentage of total deliveries.</i>
1956	18,283	12,053	6,230	3,817	65·9
1957	18,718	12,283	6,435	3,692	65·6
1958	19,085	12,233	6,852	4,120	64·0
1959	19,237	12,429	6,808	4,424	64·6
1960	20,674	13,118	7,556	6,691	63·4
1961	21,432	13,493	7,939	7,089	63·95

The steady increase in hospital confinements without a corresponding increase in the number of hospital beds resulted in 7,089 early discharges to the care of the midwife, i.e. 53 per cent. of hospital confinements. During the period 1956–61 there has been an increase of nine hundred and eighty-eight (10·5 per cent.) cases delivered in the City hospitals, excluding Marston Green. Offsetting this figure in the same category, over the same period, there has been a gradual increase to eight hundred and ten (37 per cent.) in 1961 in out-of-city cases. Although the number of confinements in the City hospitals and Marston Green has increased by 1,440 (12 per cent.) the percentage of the total number of births in the City occurring in hospitals has, in fact, shown a downward trend over the last five years.

Domiciliary Midwifery Service

Over the past six years there has been an increase of 3,272 (86 per cent.) in early discharges to the care of the midwife: her number of deliveries over the same period has increased by 1,709 (27 per cent.) An increase in the number of births in the City, whether it be at home or in the hospital, means further work for the domiciliary midwife; it results in larger antenatal clinics at welfare centres and general practitioner surgeries, in an increase in the number of ambulance calls, antenatal and postnatal visits, an increased number of emergency calls and investigations into social circumstances, and also in the number of fruitless calls which are happening relatively more frequently in their day to day work. The domiciliary service over the period under review has been about 25 per cent. under establishment. There have been very slight variations in the number employed from time to time, but in any one year it cannot be claimed that there has been a true increase. It becomes increasingly difficult to attract midwives to the service. The work is arduous, partly vocational in nature and the salary scale is not commensurate with the responsibilities. The need to be available both day and night deprives them from leading a normal private life. Many of the midwives consider that the increasing number of admissions to hospitals and early discharges make domiciliary midwifery less attractive and less responsible. Many efforts have been made to attract both the day and full-time midwife by advertising and by personal approach, however the response has been very poor. A further increase in the number of births is indicated by the returns of the last two years and probably heralds the consequence of the post war bulge. The demand on the domiciliary and hospital services, already stretched to the limits, will be very difficult to meet.

Training Activities and Refresher Courses

During the year 1961, forty-one midwives who are specially approved as teachers undertook the District Training of one hundred and thirty-seven pupil midwives studying for Part II Examination of the Central Midwives Board. As well, twenty-five pupil midwives were placed in various surrounding local authority areas to take Part II training.

One supervisor and twenty-three midwives attended refresher courses during the year.

Puerperal Fever and Puerperal Sepsis

Puerperal fever is defined in the Puerperal Pyrexia Regulations, 1951 as "any febrile condition occurring in a woman in whom a temperature of 100·4°F. (38C.) or more has occurred within fourteen days after child-birth or miscarriage". It must be notified to the medical officer of health by the attendant medical practitioner. The Puerperal Pyrexia Regulations, 1954 require the doctor who notifies to include on the notification form the cause of the pyrexia and the date of confinement or miscarriage.

There were two hundred and two notifications relating to Birmingham residents in 1961 and sixteen of persons not residing in the City and who were delivered in Birmingham. This is an improvement on the previous year's figures when the numbers notified were three hundred and fifty-three and seventeen for residents and non-residents respectively. In addition fifty-five cases of puerperal pyrexia were notified by the City midwives to the supervisors of midwives.

Analgesia

During 1960 analgesia was administered by one hundred and nineteen domiciliary midwives. Trilene machines were introduced in 1958 and are gradually replacing the gas and air apparatus. The details of administration are as follows:

	<i>Patients</i>
Gas and air as midwives	4,098
Gas and air with doctor present	477
Trilene as midwives	286
Trilene with doctor present	30
Pethidine as midwives	3,696
Pethidine with doctor present	448

Maternity Bed Bureau

There were 4,200 applications during the year for hospital booking on social grounds and hospital bookings were made for 2,081. Eight hundred and ninety-four cases were investigated to ascertain whether home conditions were suitable or not, as compared with six hundred and ninety-seven in 1961. Of the remaining 2,119 women, 1,147 were placed on an emergency list and the list was forwarded to the Regional Hospital Board. Ultimately beds were found for one hundred and sixty-one of these women, the majority of the remaining nine hundred and eighty-six were admitted to hospital by special arrangement when labour had started.

Emergency Maternity Service

The Emergency Maternity Service (Flying Squad) provides a round the clock availability of the hospital service to assist the general practitioner in obstetric emergencies. The team includes a consultant obstetrician and an attendant nursing service. In grave emergencies the team will answer a call from the domiciliary midwife. The number of requests varies a little from year to year and has averaged over one hundred and twenty over the last ten years.

This year there were one hundred and thirty-six calls, of which one was cancelled and forty-one were outside the City boundary. Of the city patients fifty-nine had blood transfusions and twenty-three were admitted to hospital. From the out-of-city cases twenty-nine had blood transfusions and thirteen were admitted to hospital. In no case was a life lost.

Local Authority Clinics (Maternity)

The number of general practitioners holding separate antenatal clinics at welfare centres during 1961 was twenty-six, one of whom held twenty-four combined antenatal and medical hypnosis sessions (four general practitioners held clinics for children only). The total number of antenatal and postnatal cases have dropped very considerably over the past six years.

	<i>Assistant M.O.H. attending</i>		<i>Midwife attending</i>		<i>General Practitioner attending</i>	
	<i>New cases</i>	<i>Attendances</i>	<i>New cases</i>	<i>Attendances</i>	<i>New cases</i>	<i>Attendances</i>
1956	3,269	22,146	138	441	1,215	6,992
1957	2,523	17,770	486	1,493	1,339	7,775
1958	2,213	14,951	953	3,587	1,397	8,563
1959	1,846	12,622	808	2,934	1,402	8,880
1960	1,547	10,061	840	3,335	1,618	10,287
1961	1,323	8,141	1,234	4,841	1,626	10,644

The clinic medical officers dealt with 79 per cent. of the cases delivered in the City in 1946, 40 per cent. in 1952 and 6 per cent. in 1961. However the City midwives are taking advantage more and more of the facilities at welfare centres to book cases and to hold their antenatal sessions complementary to the general practitioners. In the six years under survey the general practitioner is holding more sessions and seeing more cases at the welfare centres.

The number of postnatal examinations held at welfare centres although slightly increased from last year is very considerably less than the number of new cases seen.

Maternal Mortality

There were five deaths in Birmingham in 1961 which were ascribed to pregnancy and childbirth, one of which followed on abortion, and a further two deaths were due to associated conditions. The maternal mortality rate including abortion was 0.23 per 1,000 total live and still births and 0.19 excluding abortion.

A Deaths ascribed to pregnancy and childbirth.

1. Associated with a notifiable birth:

The first case was a twenty-three year old woman who died from pulmonary embolism ten days after delivery of her child. She had attended an antenatal clinic, although not regularly, and was booked for hospital delivery because of puerperal psychosis following her first confinement. She had a normal delivery in hospital with no excessive blood loss in the puerperium, but her mental condition caused some anxiety and she was transferred to a mental hospital five days after delivery. Her illness showed depressive and schizophrenic features but her mental state

distinctly improved. However, on the tenth day post partum she collapsed and died within fifteen minutes. She had not complained of stiffness or pain in her legs prior to her collapse. Death was due to pulmonary embolism from pelvic vein thrombosis.

In the second case death was due to hepatic failure resulting from acute hepatitis. This patient attended her general practitioner regularly. During her antenatal period she had a course of injections for hay fever. Twins were diagnosed and her pregnancy was without incident until about twenty-eight weeks when she developed infective hepatitis. She was admitted to hospital with hepatic failure. Labour commenced spontaneously resulting in stillborn twins. Despite the most vigorous treatment which included nineteen pints of blood, the patient succumbed to liver failure.

The third patient, a woman aged twenty-four years, committed suicide by coal gas poisoning two months after a delivery which was normal. The puerperium, too, was uneventful. No evidence of organic depression was noted in hospital.

The fourth case was an Indian woman, aged thirty-five, who died from bronchopneumonia following an infected abortion. The patient was admitted to hospital when three months pregnant with a history of losing blood for three days. Her condition was poor. The infection was treated with massive doses of penicillin and anti-gas gangrene serum, but the patient's condition deteriorated. She developed pneumonia and died two days after admission.

The fifth case, a Jamaican, developed a mild toxæmia towards the end of an otherwise uneventful pregnancy. She was admitted to hospital and went into labour spontaneously four days later. Labour proceeded normally with a blood pressure only slightly raised. She had an eclamptic fit and despite sedative and supportative therapy had two further fits. She died eighteen hours after delivery from acute circulatory failure.

2. Not associated with a notifiable birth:

There were no deaths in this category.

B Deaths due to associated conditions.

There were two deaths in this category, one of which was associated with a notifiable birth.

A young woman with rheumatic heart disease was admitted to hospital with suspected pneumonia and died later from pulmonary oedema due to cardiac failure.

The second patient, aged forty-three, also suffered from rheumatic heart disease. Her heart condition deteriorated and she was admitted to hospital. She collapsed suddenly with pulmonary oedema and died. A posthumous Caesarean section was carried out, the baby was delivered alive and died after a few minutes.

Ophthalmia Neonatorum

Three hundred and fifty-three cases of ophthalmia neonatorum were notified in 1961 which is forty-one fewer than the previous year.

There was only one known case of infantile gonococcal ophthalmia; the remaining cases were of a comparatively trivial nature although treatment often had to be continued for a considerable time.

Perinatal Mortality

The number of deaths in the perinatal period is to some extent an index of care in the antenatal, natal and postnatal periods. It is also true to say that it is an index of our dearth of knowledge of harmful factors that impinge on the mother or her way of life or on the foetus in utero, especially during the critical organogenetic period. Toxaemia and congenital malformations remain the most important causes of perinatal deaths. An aggregate of perinatal deaths relating to toxaemia and congenital malformations for the years 1957-1961 is as follows:—

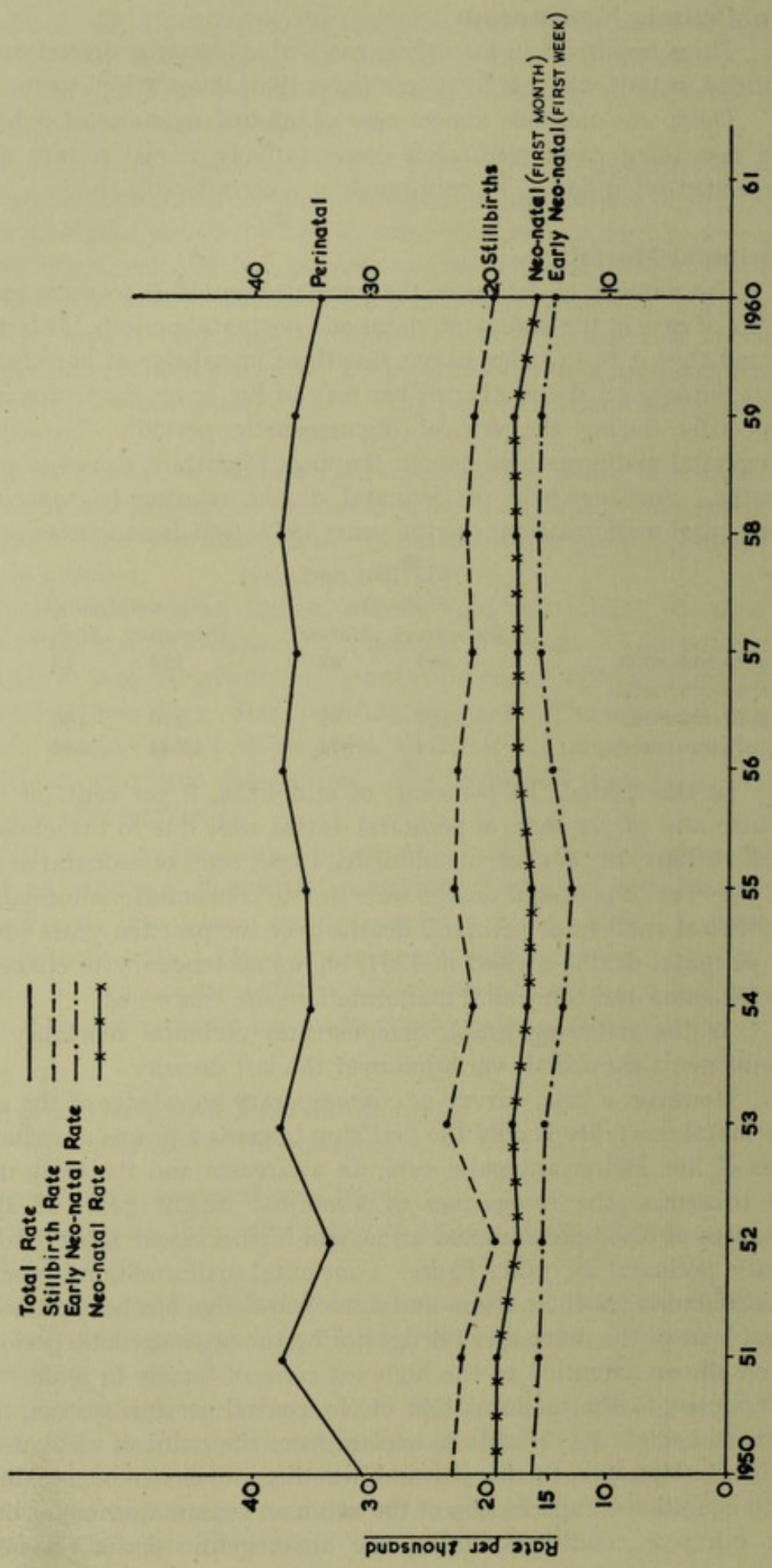
	1957-1961 (inclusive)				
	<i>Stillbirths</i>		<i>Neo-natal Deaths</i>		<i>Totals</i>
	<i>Premature</i>	<i>Mature</i>	<i>Premature</i>	<i>Mature</i>	
Due to toxaemia ...	284	92	124	13	513
Due to congenital malformations ...	293	97	110	160	660
Total perinatal deaths	1,244	874	1,044	454	3,616

In this period, 18 per cent. of stillbirths, 9 per cent. of neonatal deaths and 14 per cent. of perinatal deaths were due to toxaemia. From 1957 to 1961, 18 per cent. of stillbirths, 18 per cent. of neonatal deaths and 18 per cent. of perinatal deaths were due to congenital malformations. A statistical analysis of perinatal deaths over the past ten years (definition of perinatal deaths revised in 1957) shows no tendency to change as far as toxaemia and congenital malformations are concerned.

As the following graph demonstrates perinatal mortality and its components show little variation over the last decade.

However, a brief survey of contemporary knowledge of the causes of perinatal mortality is only the first step towards a means of reducing this loss of life. Better antenatal care, an awareness and the early diagnosis of toxaemia, the recognition of abnormal weight gain, of abnormal changes in blood pressure and urine, and further research may reduce this static perinatal mortality figure. Congenital malformations appear to be multifactorial in their origin and some knowledge has been gained in the past year of the influence of drugs during the organogenetic period. Some have drawn attention to the high sex ratio of female to male stillbirths attributed to the malformation of the central nervous system, and that this fact might be difficult to explain from the point of view of external stimuli. However, further research whether into environmental influences and conditions, imperfection of the ovum and spermatozoon, or into toxic or infective conditions during the organogenetic period, is necessary.

Perinatal and Neo-natal Mortality 1950 - 1961



(1) Statistics

(a) LIVE BIRTHS, STILLBIRTHS AND NEONATAL DEATHS TO CITY RESIDENTS

	<i>Relating to Births to all Birmingham Residents</i>		<i>Relating to Births to City Residents in Birmingham, M.G.M.H. and Solihull Hospitals</i>	
	<i>Live Births and Stillbirths 1961</i>	<i>Deaths in 1961</i>	<i>Live Births and Stillbirths 1961</i>	<i>Deaths among 1961 Births</i>
<i>Live Births</i>				
Single	21,088		20,965	
Twin	503		502	
Triplet	3		3	
All	21,594		21,470	
Premature ...	1,714		1,703	
<i>Stillbirths</i>				
Single	415		412	
Twin	29		28	
Triplet	—		—	
All	444		440	
Premature	280		277	
<i>Total Births</i> (Live and Still) ...	22,038		21,910	
<i>Neonatal Deaths</i>				
0-6 days ...		315		311
7 days-4 weeks ...		43		42
Premature ...				
0-6 days ...		217		214
7 days-4 weeks		12		12
<i>Total Infant Deaths</i> (0-1 year) ...		515		
<i>Death Rates</i>				
(a) 0-6 days		14.6		14.2
(b) 7 days-4 weeks		2.0		1.9
(c) Stillbirths		20.1		20.1
Perinatal Death Rate		34.4		34.3
Infant Mortality Rate (0-1 Year) Per 1,000 Live Births ...		23.8		

(1) (b) MULTIPLE BIRTHS 1961 AMONG BIRMINGHAM RESIDENTS

<i>Number of Sets of Multiples</i>	<i>Born in B'ham M.G.M.H. and Solihull Hospitals</i>	<i>Born Outside Birmingham</i>	<i>Total Number of Sets</i>	<i>Total Number of Babies</i>
<i>Twins</i>				
Both Live Born	240	—	240	480
1 Live, 1 Stillborn	22	1	23	46
Both Stillborn	3	—	3	6
<i>Triplets</i>				
All Live Born	1	—	1	3
TOTAL:	266	1	267	535

(2) CAUSE OF DEATH—PRIMARY FACTOR BY MATURITY—PERINATAL MORTALITY RATES (Rates per 1,000 Live and Still births)
(a) CITY RESIDENTS

Cause of Death—Primary Factor	Stillbirths				Deaths 0-6 days				Perinatal Mortality				
	Premature		Mature		Premature		Mature		Premature		Mature		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
Antenatal Causes:—													
Toxaemia ...	55	27.8	20	1.0	21	10.6	6	(0.3)	76	38.4	26	1.3	
Separation of Placenta ...	35	17.7	14	(0.7)	21	10.6	2	(0.1)	56	28.3	16	(0.8)	
Rhesus Incompatibility ...	2	(1.0)	10	(0.5)	6	(3.0)	7	(0.4)	8	(4.0)	17	(0.9)	
Other Maternal Causes ...	1	(0.5)	3	(0.2)	2	(1.0)	2	(0.1)	3	(1.5)	5	(0.3)	
Other Antenatal Causes ...	34	17.2	21	1.0	2	(1.0)	—	—	36	18.2	21	1.0	
Intranatal Causes:—													
Breech Presentation ...	5	(2.5)	10	(0.5)	11	(5.6)	8	(0.4)	16	(8.1)	18	(0.9)	
Other Difficult Labour ...	5	(2.5)	19	(1.0)	10	(5.1)	21	1.0	15	(7.6)	40	2.0	
Other Intranatal Causes ...	15	(7.6)	25	1.2	13	(6.6)	13	(0.7)	28	14.1	38	1.9	
Postnatal Causes:—													
Infection ...	—	—	—	—	5	(2.5)	3	(0.1)	5	(2.5)	3	(0.1)	
Other Postnatal Causes ...	—	—	—	—	4	(2.0)	6	(0.3)	4	(2.0)	6	(0.3)	
Foetal Deformity ...	66	33.3	15	(0.8)	25	12.6	29	1.5	91	46.0	44	2.2	
Prematurity ...	—	—	—	—	94	47.5	—	—	94	47.5	—	—	
Unknown ...	59	29.8	26	1.3	—	—	—	—	59	29.8	26	1.3	
TOTAL ...	277	139.9	163	8.2	214	108.1	97	4.9	491	248.0	260	13.0	

(2) (b) LIVE AND STILLBIRTHS BY PARITY AT BIRMINGHAM, M.G.M.H
AND SOLIHULL HOSPITALS—CITY RESIDENTS

		<i>Parity</i>						
		0	1	2	3	4	5+	<i>Total</i>
16-19	Live	1,533	289	31	—	1	—	1,854
	Still	27	4	—	—	—	—	31
	Total	1,560	293	31	—	1	—	1,885
20-24	Live	3,279	2,010	834	292	77	25	6,517
	Still	65	34	4	6	—	—	109
	Total	3,344	2,044	838	298	77	52	6,623
25-29	Live	1,602	1,940	1,269	629	344	236	6,020
	Still	35	21	18	11	5	3	93
	Total	1,637	1,961	1,287	640	349	239	6,113
30-34	Live	625	1,048	968	590	363	489	4,083
	Still	13	27	15	20	7	15	97
	Total	638	1,075	983	610	370	504	4,180
35-39	Live	210	393	444	362	247	530	2,186
	Still	10	8	17	9	11	28	83
	Total	220	401	461	371	258	558	2,269
40+	Live	49	93	126	133	99	310	810
	Still	3	5	2	4	5	8	27
	Total	52	98	128	137	104	318	837
ALL AGES	Live	7,298	5,773	3,672	2,006	1,131	1,590	21,470
	Still	153	99	56	50	28	54	440
	TOTAL	7,451	5,872	3,728	2,056	1,159	1,644	21,910

(2) (c) LIVE AND STILLBIRTHS BY PLACE OF CONFINEMENT

CITY RESIDENTS

		<i>Live Births</i>	<i>Still Births</i>	<i>Confinements</i>	<i>Deaths Related to 1961 Births</i>	
					<i>0-6 Days</i>	<i>1 Week—4 Weeks</i>
Domiciliary	Single	7,875	59	} 7,968	55	15
	Twins	63	5		1	—
Triplets	—	—	—		—	—
	Total	7,938	64		56	15
Hospital Booked	Single	11,484	259	} 11,943	164	16
	Twins	380	17		21	4
	Triplets	3	—		—	—
	Total	11,867	276		185	20
Hospital Emergency	Single	1,491	94	} 1,616	64	5
	Twins	57	6		6	1
	Triplets	—	—		—	—
	Total	1,548	100		70	6
Nursing Home	Single	115	—	} 116	—	—
	Twins	2	—		—	—
	Triplets	—	—		—	—
	Total	117	—		—	—
ALL	Single	20,965	412	} 21,643	283	37
	Twins	502	28		28	5
	Triplets	3	—		—	—
	TOTAL	21,470	440		311	42
Outside City Births to Birmingham Residents	Single	123	3	} 127	3	1
	Twins	1	1		1	—
	TOTAL	21,594	444		21,770	315	43

(3) ANTENATAL AND POSTNATAL CLINICS

a) Local Authority Clinics

(1) Separate antenatal clinics held with medical officer present	243
New expectant mothers attending	399
Total attendances	2,380
(2) Expectant mothers attending combined antenatal and children's clinics:—	
New mothers attending	924
Total attendances	5,761
Total individual mothers attending both types of clinics (1) and (2)	1,550
(3) Antenatal clinics with midwife only	461
New expectant mothers registered	1,234
Total attendances	4,841
(4) Primary postnatal examinations at clinics	330
Total postnatal examinations	383

(b) General practitioner clinics at welfare centres

Antenatal:

Total of examinations of mothers	10,644
New mothers registered	1,626
Rhesus tests	770
Wassermann reaction tests	616
Haemoglobin tests	538

Postnatal:

Primary postnatal examinations	786
Re-examinations	120

(4) PRACTISING MIDWIVES

During the year a total of 387 (370 in 1960), midwives notified their intention to practise:—

City domiciliary midwives	112
City day midwives	23
Independent domiciliary midwives	13
Midwives in institutions	231
Midwives in private nursing homes	8

(5) NUMBER OF MIDWIVES CEASING TO PRACTISE IN THE CITY 114
(104 in 1960)

Domiciliary and day midwives who ceased to practise	4
Independent domiciliary midwives and maternity nurses ceasing to practise	3
Hospital midwives ceasing to practise	102
Midwives in nursing homes ceasing to practise	5

(6a) DOMICILIARY MIDWIVES IN ACTIVE PRACTICE

	No. in practice 31.12.60	Number retired during year	Number resigned during year	Transfers	New appoint- ments	No. in practice 31.12.61
<i>Employed by local authority :</i>						
(1) Midwives ...	99	1	2	1 (out)	13	108
(2) Day midwives	20	—	2	1 (in)	3	22
<i>In private practice :</i>						
(1) Living in City ...	5	—	—	—	—	7
(2) Living outside City	5	—	—	—	—	6

(6b) VISITS MADE BY DOMICILIARY MIDWIVES

Antenatal visits

Doctor booked ...	...	...	...	...	...	51,269
Midwife booked	...	...	...	...	...	3,127
Hospital booked	...	...	...	...	...	668
Investigations ...	...	...	...	...	...	2,511
Useless visits (no access)	...	...	...	...	...	10,185

Postnatal visits

In own area	(a) home delivery	...	...	...	...	91,122
	(b) hospital delivery	..	...	...	...	18,907
In other						
Midwives' areas	(a) home delivery ...	...	...	...	...	27,952
	(b) hospital delivery	...	...	...	...	5,565

Other visits

(Extra visits to women in labour, administrative visits to other midwives concerning records, etc., etc.)	10,756
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Ambulance cases

In 1961 the domiciliary midwives were involved in the ambulance service in 609 cases	609
Total hours involved in ambulance calls were 668 (301 night calls, 308 day calls)		GRAND TOTAL	222,671

(7) WORK OF SUPERVISION OF MIDWIVES

Routine visits to midwives	...	...	...	...	...	214
Special visits to midwives	...	...	...	...	...	480
Antenatal visits	...	...	...	...	...	47
Centre visits and group meetings	...	...	...	...	...	37
Nursing and deliveries supervised	...	...	...	...	...	289
Visits to ophthalmia neonatorum cases	...	...	...	...	...	121
Unsuccessful visits	...	...	...	...	...	98
Number of interviews with midwives	...	...	...	...	...	766
Other visits	...	...	...	...	...	123
Other interviews	...	...	...	...	...	116
Lectures given	...	...	...	...	...	25

TOTAL 2,316

(8) CHEST RADIOGRAPHY OF ANTENATAL CASES

Number X-rayed (full-size films)

Referred from Local Health Authority Antenatal Clinics	837
Sorrento Hospital Antenatal Clinic	1,197
Lordswood Hospital Antenatal Clinic	488
TOTAL	2,522

Analysis of results

1. Normal cases	2,464
2. Pulmonary tuberculosis	
(a) Referred to Chest Clinic (for assessment and/or treatment)	12
(b) Referred to family doctor only	1
(c) No action necessary	7
TOTAL	20
3. Non-tuberculous conditions of heart or lungs	
(a) Referred to hospital or clinic	12
(b) Referred to family doctor only	12
(c) No action necessary	10
TOTAL	34
4. Failed to attend for further examination	4

(9) RELAXATION CLASSES

Classes were taken by physiotherapists weekly at 13 centres; by midwives at 23 centres and by health visitors at 8 centres.

Individual mothers attending	2,073
Sessions held (relaxation only)	1,761
Sessions held (relaxation combined with children's remedial exercises)	163
Total attendances	11 324
Attendances at associated mothercraft classes	10,823

(10) CHIROPODY CLINICS FOR ANTENATAL CASES

Total sessions held	165
Total attendances	738
Average number of patients called per session	7
Average number of attendances per session	5

(11) ANALYSIS OF DOMICILIARY CONFINEMENTS ATTENDED
BY MIDWIVES

	<i>City Midwives</i>	<i>Private Midwives</i>
1. Cases where midwife was engaged and solely responsible (In 36 cases it was necessary to seek a doctor's assistance during labour, he attended the actual delivery in 4 cases; none were instrumental deliveries.)	339	—
2. Cases where the doctor was booked for antenatal and postnatal care but had not expressed a wish to be present at birth (In 459 cases it was necessary to seek a doctor's assistance during labour, he attended the actual delivery in 162 cases. Fifteen were instrumental deliveries.)	6,117	—
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 (The doctor was present at actual delivery in 563 cases; of these, 8 were instrumental. The doctor was present at 7 cases of private midwives.)	1,225	8
4. Cases where the doctor was privately booked to deliver the patient (The doctor was present at the delivery which was not an instrumental delivery. The doctor was present at 2 cases attended by private midwives)	1	2
5. Unbooked cases (Doctor was present at actual delivery in 5 cases, none of which were instrumental deliveries)	55	—
6. Hospital bookings	172	—
GRAND TOTAL	7,909	10
	(+3 urgent cases)	

(12) 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.	Laceration of perineum	...	...	...	...	157	514
2.	Difficult or prolonged labour	...	...	...	...	58	139
3.	Antepartum haemorrhage	...	...	...	...	32	79
4.	Puerperal pyrexia	...	...	...	...	30	69
5.	Malpresentation...	...	...	...	...	23	75
6.	Premature labour	...	...	...	...	26	64
7.	Foetal distress	...	...	...	...	21	65
8.	Postpartum haemorrhage	...	...	...	...	18	45
9.	Retained placenta	...	...	...	...	14	31
10.	Thrombosis of leg veins	...	...	...	...	11	23
11.	Toxaemia	...	...	...	...	10	18
12.	Essential hypertension	...	...	...	...	10	13
13.	Inflamed breast	...	...	...	...	14	7
14.	Abortion	...	...	...	...	11	5
15.	Multiple pregnancy	...	...	...	...	2	9
16.	Poor general condition	...	...	...	...	2	9
17.	Obstetric shock	...	...	...	...	—	12
18.	Social conditions	...	...	...	...	3	5
19.	Varicose veins	...	...	...	...	3	1
20.	Urinary conditions	...	...	...	...	1	—
21.	Chest conditions	...	...	...	...	—	—
22.	Hydramnios	...	...	...	...	—	—
23.	Other antenatal conditions	...	...	...	...	9	11
24.	Other postnatal conditions	...	...	...	...	30	35
	Total	...	...	...	...	485	1,229
(b)	Children							
25.	Ophthalmia neonatorum	...	...	...	...	89	224
26.	Unsatisfactory conditions	...	...	...	...	22	67
27.	Premature birth and debility	...	...	...	...	14	15
28.	Jaundice	...	...	...	...	6	10
29.	Skin eruption pemphigus	...	...	...	...	7	5
30.	Deformity or malformation	...	...	...	...	3	5
31.	Umbilical inflammation	...	...	...	...	2	2
32.	Convulsions	...	...	...	...	—	1
33.	Inflamed breasts, or abscess of	...	...	...	...	—	—
34.	Other causes	...	...	...	...	18	37
	Total	...	...	...	...	161	336

(13) EMERGENCY MATERNITY SERVICE—ANALYSIS OF CASES

	<i>Birming- ham residents</i>	<i>Out of City residents</i>
Postpartum haemorrhage with placenta retained ...	30	17
Postpartum haemorrhage with placenta expelled ...	31	9
Retained placenta	18	5
Abortion	7	2
Antepartum haemorrhage	2	4
Obstetric shock	2	3
Eclampsia	3	1
Breech delivery	1	—
	<hr/>	<hr/>
TOTAL (1 cancelled)	94	41
	<hr/>	<hr/>

(14) 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 genital tract	46	4
2. Due to mastitis	24	2
3. Due to extra genital conditions:—		
Urinary infection	33	1
Influenza	8	—
Upper respiratory infection	10	2
Chest infection	16	—
No apparent cause	38	5
4. Other causes		
e.g. post operative, perineal sepsis, transfusion reactions, etc.	27	2
	<hr/>	<hr/>
TOTAL	202	16
	<hr/>	<hr/>

DOMICILIARY CARE OF PREMATURE INFANTS

All babies weighing 2,500 grammes (5½ lbs.) or less are classed as premature. They may remain at home but can be admitted to special premature baby units if they are very immature or their condition gives rise to anxiety. In some instances where progress is unsatisfactory or illness supervenes they may require admission to hospital. These infants, together with the premature infants born in hospital and discharged to home, may need the care of the premature baby midwife, a person who is trained in their needs and care. Her duties are not confined only to nursing as she explains to parents what prematurity implies and the desirability of guarding against infection. She visits as long as it is necessary and then hands over the baby's supervision to the health visitor.

Statistics

During the year 1961 there were nine hundred and sixty-one premature infants in the following categories and a total of eight hundred and eleven infants were cared for by the nine specially trained midwives.

1. *Home confinement and baby after-care at home* 185

There were 185 infants in this category, among which were one set of twins and 6 babies of twin deliveries.

The weight distribution was as follows:—

3 lbs. 5 ozs.—4 lbs. 6 ozs.	...	...	...	...	2
4 lbs. 7 ozs.—4 lbs. 15 ozs.	...	...	...	...	29
5 lbs.—5 lbs. 8 ozs.	...	...	...	...	154

There were two neonatal deaths, one due to aspiration pneumonia after 21 hours and the other due to inhalation bronchopneumonia after 19 hours.

2. *Home confinement with subsequent admission to hospital* 148

Forty-two were nursed by the premature baby midwives on discharge. (This figure includes one born in 1960 and discharged 1961).

There were 6 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.	...	...	...	...	13
3 lbs. 5 ozs.—4 lbs. 6ozs.	...	...	...	...	56
4 lbs. 7 ozs.—4 lbs. 15 ozs.	...	...	...	...	37
5 lbs. —5 lbs. 8 ozs.	...	...	...	...	39
Not weighed	...	...	...	...	1

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

Under 2 hours	...	...	...	...	119
Over 2 hours and under 6 hours	...	...	...	...	21
Over 6 hours and under 12 hours	...	...	...	...	6
Over 12 hours and under 24 hours	...	...	...	...	2

Admissions to hospital were for the following reasons:—small babies (69), poor condition (25), hospital booking (20), twins (12), poor home conditions (7), small babies of twin delivery (6), unbooked or emergency list B.B.A. (5), cyanotic attacks (2), infection (1), and P.P.H. with inverted uterus (1).

There were 17 neonatal deaths, due to prematurity (4), intra-ventricular haemorrhage (3), hyaline membrane disease (3), tentorial tear (1), maldevelopment (1), bronchopneumonia (1), congenital heart disease (1), subdural and intra-ventricular haemorrhage (1), oesophageal atresia (1), respiratory distress syndrome (1).

3. *Home confinement, after care at home followed by admission to hospital* 19

Six of these were cared for by the premature baby midwife following discharge.

There were three babies of twin deliveries in this category.

The weight distribution was as follows:—

3 lbs. 5 ozs.—4 lbs. 6 ozs.	4
4 lbs. 7 ozs.—4lbs. 15 ozs.	4
5 lbs. —5lbs. 8 ozs.	11

Admissions to hospital were for the following reasons:—poor condition (9), babies of twin delivery (3), gastro-enteritis (2), small baby (2), investigation (1), bilirubin estimation (1), transferred with mother on account of maternal deep thrombosis (1).

There were six neonatal deaths among them—mongolism with Hirschsprung's disease (1), empyema and prematurity (1), cyanotic attacks (1), pulmonary haemorrhage (1), coarctation of aorta (1), meningitis and pneumonia (1).

4. *Home confinement not transferred to premature baby midwife* 44

The weight distribution was as follows:—

2 lbs. 4 ozs.—3 lbs. 4 ozs.	2
5 lbs. —5 lbs. 8 ozs.	41
Not Weighed	1

These babies were not transferred for after-care to the premature baby midwives because their state of maturity and condition was satisfactory, except in 4 cases of neonatal death who only survived a very short time—prematurity, subdural haemorrhage, atelectasis, breech presentation.

5. *Hospital confinement, after care by premature baby midwife on discharge* 565

(This figure includes 17 born in 1960 and discharged in 1961).

There were 56 sets of twins and 40 babies of twin deliveries.

There were no neonatal deaths among them.

Total 961

HEALTH VISITING

(SECTION 24—NATIONAL HEALTH SERVICE ACT, 1946)

On the 31st December, 1961, the Department employed the equivalent of one hundred and seventeen health visitors (113 whole time and 6 part-time) an increase of eleven as compared with the one hundred and six available on 31st December, 1960.

Visited children under five years reached 88,944 (an increase of 2,456 on the 1960 figure) giving a case load of seven hundred and sixty per health visitor, as compared with eight hundred and sixteen in 1960. This allowed for more specialised work in relation to the family as a whole.

Health Visitors' Training Centre

1. HEALTH VISITORS' TRAINING COURSE

The thirty-ninth course of training for the Health Visitors' Certificate of the Royal Society for the Promotion of Health commenced on the 2nd, October, 1961. The examination will take place in Birmingham on the 2nd, 3rd, 12th and 13th July, 1962.

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

Applications	...	...	...	...	...	...	...	...	141
Application forms not returned	...	...	...	...	...	...	...	...	53
Applications without the required qualifications	...	...	...	...	...	...	...	...	5
Applications considered to be unsuitable	...	...	...	...	...	...	...	...	15
Failed entrance examination	...	...	...	...	...	...	...	...	22
Failed to attend for entrance examination	...	...	...	...	...	...	...	...	4
Failed the selection committee	...	...	...	...	...	...	...	...	4
Applications withdrawn	...	...	...	...	...	...	...	...	12
Applications too late	...	...	...	...	...	...	...	...	6
Accepted by other local authorities	...	...	...	...	...	...	...	...	3
Accepted for training	...	...	...	...	...	...	...	...	17

Seven other local health authorities submitted nineteen candidates for training and the City Education Department sent two candidates making a total of thirty-eight students.

The preliminary interview and entrance examination was held at weekly intervals throughout the early months of 1961. On these occasions small groups of applicants met in the Training Centre to write the test and take part in discussion on training with the tutors. Successful candidates were later invited to attend the Selection Committee.

On 16th October, 1961, after twenty-three years in the old University buildings, the Training Course removed from its old premises in 10, Great Charles Street to the sixth floor of Trafalgar House. The student health visitors with their usual adaptability quickly settled in their new centre to resume their training.

The Health Visitors' syllabus continues to be covered by two hundred and twenty lectures which are supplemented by tutorials, seminars and discussions. Easy access to the Health Education Demonstration Room has made it possible for lecturers and tutors to include a wide range of interesting films, film strips and slides to illustrate their teaching. Throughout the course students are encouraged to read widely and time for private study is included in their programmes. To assist them an up-to-date library, daily papers and current editions of professional publications are provided. To give the students an opportunity to exchange ideas on topics of mutual interest with other students, plans are under consideration for the arrangement of discussion groups in which student health visitors and students from the courses on social studies under the direction of the College of Commerce, will take part.

We are again indebted to all those who kindly make it possible for the students to make so many interesting and helpful visits of observation.

Practical training is undertaken in the Health Department where comprehensive programmes are arranged for the students to study all aspects of the health visitors' work. The Education, Welfare and Children's Departments of the Corporation also make a valuable contribution to their training.

The Public Health Departments of Coventry, Dudley, Smethwick, Walsall, West Bromwich, Wolverhampton, Shropshire, Staffordshire, Warwickshire and Worcestershire continue to provide facilities for practical training. We are extremely grateful to these authorities for their carefully planned programmes which enable the students to widen their knowledge of health visiting, and for their interest in our Course.

In 1961 the Royal Society of Health revised its examination procedure. The previous method of examining large numbers of candidates at specific examination centres was discontinued. Instead, the examination is now held in each training centre and is conducted by a panel of external and internal examiners approved by the Royal Society of Health. Forty-nine students of the 1960-61 course entered for the Health Visitors' Certificate Examination in June, 1961. Forty-six 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 two district nurse tutor students from the Royal College of Nursing, London, spent the first two weeks of December in Birmingham. Among the group were students from South Africa, Ghana and St. Lucia, West Indies. During their visit they met the sectional heads of the Health, Education and Welfare Departments of the Corporation for lectures and discussions. Individual programmes were also arranged to cover the students' many and varied requests to observe

practical work in both statutory and voluntary services. On leaving the City letters of appreciation were received, and one student from overseas wrote "I shall always remember Birmingham, and all the people I met there with a feeling of great pleasure."

3. TRAINING OF STUDENT NURSES IN PUBLIC HEALTH

During the year 1961 the training centre made arrangements for sixty-nine lectures to be given to student nurses in the following hospitals:-

All Saints Hospital (6 visits of observation)	6
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. D. F. Mahon, 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.

Visits of Student Nurses, etc.

Four hundred and fifty-two nurses from nurse training schools in Birmingham accompanied health visitors during the course of their visiting and attended clinics at welfare centres. This shows a steady increase over the figures of three hundred and twenty-one in 1959 and four hundred and twenty-one in 1960.

Health visitors also co-operated in the training of other professional students, i.e. medical students sixty-two; student health visitors forty-nine; student midwives one hundred and twenty-nine; student district nurses forty-five; student nursery nurses fifty-four; public health tutor students nine; social study students forty and staffs of children's homes twenty-four.

In addition to the above, visits of observation were arranged for doctors and nursing officers from various parts of Great Britain and from such countries as China, Pakistan, Ghana, Greece, Turkey and Denmark.

Health Education and the Health Visitor

Health Visitors continued to undertake group teaching during clinic sessions at welfare centres, in schools and to youth and adult groups. They also gave talks to expectant and nursing mothers at general practitioners' clinics held at their own surgeries. During the year 7,018 attendances were made at health talks given at general practitioners' surgeries. Parents' evening meetings held at welfare centres, at which there were 1,249, attendances, gave opportunity for teaching and obtaining the co-operation of both parents.

Refresher Courses and In-service Training

Twenty-one 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.

Seven health visitors received experience in the Health Education Section.

Twenty-five health visitors attended courses of training in relaxation for expectant mothers.

Seven health visitors attended a course of Urdu language classes kindly arranged by Dr. and Mr. Wickens, to assist those visitors to overcome the language difficulty when contacting Indian immigrants.

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

Phenylketonuria

The test for phenylketonuria is now carried out as a routine examination of all babies born within the city and all immigrants under nine months of age, as soon as possible after arrival in the city.

The number of phenylketonuria tests made during 1961 is given below:—

Children born in 1961 and tested in 1961	...	...	...	...	17,935
Negative results	...	...	...	...	17,935
Refusals (to permit test)	...	...	...	...	25
Children who left the City before test	...	...	...	...	572
Children dying prior to the test	...	...	...	...	390
Children born in 1961 still awaiting test	...	...	...	...	3,046
Children in Homes not tested or awaiting test	...	...	...	...	30
					<hr/>
Total	...	...	...	...	21,998
					<hr/>

In addition to these, the following figures refer to immigrants to the city born in 1960:—

Negative results when tested in 1961	...	...	...	...	220
Refusal of test in 1960	...	...	...	...	—
					<hr/>
					220
					<hr/>

Diabetes Survey

In May, the Honorary Secretary of the College of General Practitioners Research Committee of Council appealed to health visitors to assist in visiting homes of patients participating in the Diabetes Survey. Thirteen health visitors and eight student health visitors volunteered for this work and undertook Sunday morning duties for several weeks during May, June and July. In September, interested health visitors were invited to attend a meeting of the Diabetic Association when consideration was given to the work carried out in the Midlands in connection with this Survey.

Housing Management Department Hostels

Health Visitors continued to pay regular visits to hostels for the homeless where many of the accommodated families remained for several months. Liaison between the visiting Medical Officers, the Health Visitors and the Hostel Wardens was essential for the health and well-being of the families concerned.

The following table shows the number of individual mothers and children visited during the year:—

HOSTELS	<i>No. of children visited</i>	<i>No. of expectant mothers visited</i>	<i>No. of families visited</i>
295, Birchfield Road, 20	154	26	83
Bourne House, 43, Trinity Road, 20 ...	319	20	159
113a, Burbury Street, Hockley	41	5	24
247, Thimblemill Lane, Nechells	467	55	390
80, Westley Road, Acocks Green	221	24	111
112, Moseley Street, 12	224	9	169
Total	1,426	139	936

"Sunnyside," Birmingham Friendship Housing Association Hostel

This mother and baby hostel was visited by the area health visitor at regular intervals throughout the year. Contact was made with expectant mothers and children were weighed and their mothers advised regarding feeding and child management. Group talks were again arranged by the Health Education Section of the Department.

Statistics

WORK OF HEALTH VISITORS (HOME VISITS)

(a) ROUTINE VISITS TO CHILDREN UNDER 5 YEARS

Primary visits	21,581
Routine visits—children 0—12 months	56,918
Routine visits—children 1 year	42,334
Routine visits—children 2—5 years	89,476
Total	210,309

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

Children 0—12 months	...	...	...	...	...	...	11,941
Children 1 year	...	...	...	...	...	...	2,574
Children 2—5 years	...	...	...	...	...	...	5,379

(c) VISITS TO EXPECTANT MOTHERS

Antenatal first visits	...	...	...	...	...	...	2,782
Antenatal re-visits and special visits	...	...	...	...	...	...	2,647

(d) POSTNATAL VISITS, ETC.

Postnatal visits	...	...	...	...	...	...	410
Neonatal deaths	...	...	...	...	...	...	54
Stillbirths	...	...	...	...	...	...	88

(e) MISCELLANEOUS VISITS

Scabies	...	...	...	...	...	...	102
Domestic helps	...	...	...	...	...	...	23
Children of school age	...	...	...	...	...	...	1,830
Adults (other than antenatal and postnatal visits)	...	...	...	...	...	...	1,865
Old people (women 60+, men 65+)	...	...	...	...	...	...	2,940
Hospital follow-up (by area health visitors)	...	...	...	...	...	...	67
To general practitioners	...	...	...	...	...	...	102
Re insanitary conditions	...	...	...	...	...	...	123
Housing	...	...	...	...	...	...	79
GRAND TOTAL OF ALL VISITS	...	...	...	...	...	...	243,315
Total number of useless calls	...	...	...	...	...	...	51,595

THE HOME NURSING SERVICE

(SECTION 25—NATIONAL HEALTH SERVICE ACT, 1946)

Although the number of patients dealt with was smaller than last year it is interesting to note from the following table that an increased number of visits were paid to a greater number than previously. It was in fact possible to afford a more comprehensive service, as the example given below clearly indicates.

A patient who had suffered a stroke with a residual paralysis required attention not only to his toilet and pressure areas but also dressing, exercising and help with some simple form of diversional therapy.

	<i>Number of patients who have had more than 24 visits during the year</i>	<i>Number of visits to patients who have had more than 24 visits during the year</i>
1955	2,555	182,689
1956	2,702	220,151
1957	2,710	222,209
1958	3,058	259,553
1959	2,485	207,761
1960	2,553	229,914
1961	2,539	271,920

The great stride forward in recent years in the field of rehabilitation has made the district nurse acutely aware of the limitations of her knowledge in this direction. Every effort is made to keep the district nurse informed of the changes taking place by arranging regular attendance at refresher courses, lectures on relevant subjects at quarterly district nurse meetings and local discussion groups at the district nursing centres. Even so these methods in themselves are not sufficient and two further schemes have been carried out which are proving very successful.

For both of these we are greatly indebted to the Regional Hospital Board, the Matrons and Hospital Management Committees of the Hospitals concerned and especially Dr. Nagley the Senior Consultant at Summerfield Hospital. Through his co-operation and that of the Senior Physiotherapist, three groups of district nurses attended the physiotherapy department to receive instruction in methods of rehabilitation. During the eight sessions which they attended, the district nurses were shown how they could improve patients who had suffered a stroke or were suffering from arthritis. It was only possible to give a small proportion of the district nurses this experience, but those who attended were specially selected in the hope that they would impart their knowledge gained to their colleagues, who, after obtaining the approval of the general practitioner would use it for the benefit of the patients. It was encouraging to learn that subsequently many patients became much more mobile and independent than hitherto, one person suffering with arthritis who had been bedfast for years was now up and walking a few steps.

Although the majority of newly recruited district nurses have only recently left hospital practice, many who have been on the staff for several years have felt very much out of touch with the latest developments in surgery and medicine. Our second scheme has resulted in each district nurse spending one day a year in hospital. All the hospitals in the City have been included in the programme and the nurses pool the knowledge and experience they gain from the day's visit. One of the most rewarding aspects of the visit is that the personal contact made between the ward sister and the district nurse has done much to foster a closer understanding between the hospital and domiciliary service.

The Use of Voluntary Organisations

In addition to the nursing care which the district nurses give their patients and the help they receive from statutory organisations there is still much more that can be done for the comfort and well-being of the patient. Two voluntary organisations have made outstanding contributions towards this need 'The Aston Manor Nursing Institution' and 'The Marie Curie Memorial Foundation'.

ASTON DISTRICT NURSING INSTITUTION

This organisation exercised charitable functions in the Aston district for sixty-three years. With the inclusion of the Aston Manor Voluntary Nursing Association in the city's Home Nursing Service the charitable organisation remained as an active body and continued to provide help in money and kind for cases recommended by the district nurses working in the Aston area. Early in the year the Aston Manor Nursing Institution decided that it would like to increase its work to cover the whole City and after discussions the extended service was put into operation. The district nurses took advantage of the facilities offered and as a result many additional comforts were provided for the patients. Among those helped for example was a person who for many years had been nursing a sick relative and who was badly in need of a restful holiday, which she could not afford. With the timely aid of the Aston Manor Nursing Institution she was financed for a much needed break.

THE MARIE CURIE MEMORIAL FOUNDATION

We are also indebted to Marie Curie Memorial Foundation for extending to us the benefit of the Area Board's Welfare Scheme through which help 'in kind' can be given to needy patients suffering from cancer, immediately the need is apparent without any administrative delay. Their day and night nursing service has also proved to be of great value. Under this scheme local nurses are recruited by the Foundation to nurse patients suffering from cancer who require continual nursing care during the day and at night. The Foundation pays these nurses for the work they undertake.

District Nurse Training

District nurse training is not a statutory requirement although the Ministry of Health does concede that district training for the State Registered Nurse is desirable and the officers responsible for administering a district nursing service know by experience that a much better service is given to the patient by those who have undergone district training. In the past, however, many married State Registered Nurses entered the service to enhance the family earnings. And although these nurses recognised the need for training in district work they did not feel able to accept the reduced salary in the form of training allowance during the training period. In June of this year the Whitley Council issued a circular recommending that "a nurse who has had not less than two years experience of, and is engaged in duties involving district nursing, may be seconded at the discretion of the employing authority to undertake a course of district nurse training. The seconding authority should make up the difference in salary between that which the nurse receives as a student district nurse and the salary he or she would have received in the former post". As a result of this recommendation it was agreed to offer district training on these terms to ten existing district nurses who had not taken the course. One State Registered Nurse had completed the course and three others were in training at the end of 1961.

Throughout the year twenty-four students took the examination for the Queen's Institute of District Nursing. All were successful and received, in addition to a certificate from the Queen's Institute, the National Certificate of the Ministry of Health.

Staff

Six district nursing staff retired from the service this year, one of whom was a district nursing centre superintendent. The deputy superintendent at the District Nurse Training Centre was appointed in her place.

Altogether there were thirty-eight resignations from the service and one district nurse died after a long illness. Apart from those who retired, eighteen nurses left the service for domestic reasons, including pregnancy, four to take up hospital posts, two for district nursing posts in other areas, two to enter the School Health Service, four on account of emigration, one to take health visiting training and one to enter a religious community.

Recruitment for the service was good and compared favourably with other years.

STAFF OF HOME NURSING SERVICE EMPLOYED ON 31ST DECEMBER, 1961

Superintendent	...	...	...	...	...	...	...	...	1
Deputy Superintendent	...	...	...	...	...	...	...	...	1
Superintendents of District Nursing Centres	...	...	...	...	...	...	...	...	7
Assistant Superintendents	...	...	...	...	...	...	...	...	3
State Registered Nurses with District Training					Full-time	...	...	...	98
"	"	"	"	"	Part-time	...	...	...	6
State Registered Nurses without District Training					Full-time	...	...	...	22
"	"	"	"	"	Part-time	...	...	...	16
State Enrolled Nurses	Full-time	...	...	...	...	...	...	...	28
State Enrolled Nurses	Part-time	...	...	...	...	...	...	...	5
Student District Nurses	...	...	...	...	...	...	...	...	15

The staff included fifteen male nurses.

The district nurses have continued to give student and pupil nurses from hospital domiciliary experience during their training. Throughout 1961 the following nurses accompanied the district nurses on a daily round:—

- 414 nurses undertaking training for the General Register
- 17 nurses training for the Sick Children's Register
- 6 nurses training for the Roll
- 22 nurses training for the Occupational Health Certificate
- 14 state enrolled nurses taking a Refresher Course

Bathing attendants again made an invaluable contribution to the Home Nursing Service, nineteen were employed and they attended 6,392 patients and gave 21,536 baths. As the Study Day arranged for bathing attendants the previous year was so successful it was decided to hold another in 1961, this proved equally successful and was appreciated by those who attended.

The Children's Home Nursing Unit

The nurses working in the Children's Home Nursing Unit have attended 1,131 children this year and paid 10,798 visits. One of the great advantages of this service is that the nurses have sufficient time to give the nursing attention and treatment required and to accompany the child to the local welfare centre or hospital, thus maintaining a continuity of care and close co-operation with the other services. Their work covers mainly two types of illness, children who are acutely ill, who receive a course of treatment and are quickly off the books and those who through long term conditions might require attention for several years. The extent to which such children can be helped is shown by the case of John:—

John, the first child, born in hospital, was discharged when two weeks old. The Children's Home Nurse was asked to visit as he had been born with a spina bifida which required daily dressing. John's parents had been informed that the prognosis was not good and although they wished

to do everything they could for him they were naturally apprehensive. The mother was particularly anxious about John's condition, she worried about feeding and handling being very upset that her first child should have been born with such a disability.

The Children's Home Nurse came to this family, at a time of great need, her main purpose in visiting was to dress John's wound each day and through these regular visits she was able to gain the confidence of the mother and help her in the day to day management of her baby. The mother thus reassured and encouraged began to enjoy her baby and her relaxed manner reacted favourably on the child.

There was excellent liaison between the Children's Home Nurse and the Health Visitor and John and his mother paid weekly visits to the Welfare Centre.

Despite early forebodings John began to make good progress, his wound healed and his weight increased until it was that of a normal child. Although his family doctor looked after him he continued under the care of the paediatrician and his progress was carefully watched. The Children's Home Nurse accompanied John and his mother when they visited the hospital. The nurse was always invited into the consultation and her reports were carefully studied.

Eventually it was decided that John should have an operation for the removal of the myelocoele. This was successful and John came back home and once again the Children's Home Nurse visited to dress the wound.

Four months later the surgeon expressed satisfaction at John's progress and he decided that a course of physiotherapy would be beneficial.

John's wound has now completely healed and he is attempting to sit up in his perambulator and to balance himself. His mother maintains that she could never have brought John through this critical period without the constant help and support of the Children's Home Nurse.

Of the 1,131 children attended, 1,076 were new patients, who were in the following age groups:—

0— 12 months	...	...	...	303
1— 5 years	...	...	...	545
6—14 years	...	...	...	228
				<hr/>
				1,076
				<hr/>

Of these, nine hundred and forty-one were referred by general practitioners, one hundred and twenty-six by hospitals, four by the Public Health Department and five from other sources.

Nechells Green Health Centre

The work of the district nurse attached to the Nechells Green Health Centre has increased and an additional part-time nurse has been seconded to the Health Centre to assist her. During 1961 a total of 7,233 treatments were carried out and included among these were twenty minor operations. The monthly treatments were as follows:—

January	611	April	636	July	552	October	678
February	678	May	728	August	460	November	659
March	658	June	608	September	466	December	499

Statistics

(1) CASES NURSED BY THE HOME NURSING SERVICE

(a) Number of patients attended

Cases on books, 1st January, 1961	...	...	...	...	...	3,914
New cases attended	...	...	...	...	...	14,730
Total cases attended	...	...	...	...	...	18,644
Total visits paid	...	...	...	...	...	598,292

(b) Ages of patients

						<i>Cases on books</i>	<i>New cases</i>
						<i>1st Jan. 1961</i>	<i>1961</i>
Under 5 years	...	...	...	...	...	63	1,327
5—14 years	...	...	...	...	...	23	641
15—64 years	...	...	...	...	...	1,113	6,126
65 years and over	...	...	...	...	...	2,715	6,636

(c) Cases referred by

General practitioners	...	...	...	...	...	...	13,243
Hospitals	...	...	...	...	...	...	1,079
Applied	...	...	...	...	...	...	12
Public Health Department	...	...	...	...	...	...	179
Other	...	...	...	...	...	...	217
							<hr/> 14,730 <hr/>

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

(a) Medical

Arthritis	...	...	...	...	...	...	312
Respiratory conditions:							
Bronchitis	...	...	...	...	...	...	1,665
Pneumonia	...	...	...	...	...	...	560
Cardiac disease	...	...	...	...	...	...	987
Cerebral catastrophies	...	...	...	...	...	...	722
Diabetes	...	...	...	...	...	...	434
Malignant diseases	...	...	...	...	...	...	992
Senility	...	...	...	...	...	...	899
Other medical conditions	...	...	...	...	...	...	3,431
Enemas administered	...	...	...	...	...	...	1,592

(b) *Infectious diseases*

Tuberculosis	...	...	...	...	...	...	...	171
Influenza	...	...	...	...	...	...	...	197
Whooping cough	...	...	...	...	...	...	...	19
Measles	...	...	...	...	...	...	...	70
Other infectious diseases	...	...	...	...	...	...	...	8

(c) *Midwifery and Gynaecology*

Puerperal pyrexia	...	...	...	...	...	...	...	3
Antenatal complications	...	...	...	...	...	...	...	35
Postnatal complications	...	...	...	...	...	...	...	86
Miscarriages	...	...	...	...	...	...	...	19
Conditions requiring pessary renewals	...	...	...	...	...	...	...	85

(d) *Surgical*

Cases discharged from hospital	...	...	...	...	...	...	...	676
Operations at home	...	...	...	...	...	...	...	4
Treatment to ulcerated legs	...	...	...	...	...	...	...	336
Other dressings	...	...	...	...	...	...	...	1,427

14,730

(e) *New cases visited, according to disease or disorder, by Children's Unit (included in the above figures)*

Bronchitis, pneumonia, pleural effusion	...	...	...	...	...	...	...	430
Tonsilitis, otitis media, adenitis	...	...	...	...	...	...	...	171
Abscesses, boils and other skin conditions	...	...	...	...	...	...	...	130
Gastro-intestinal conditions, including enemas given	...	...	...	...	...	...	...	133
Infectious diseases	...	...	...	...	...	...	...	124
Diseases of the central nervous system	...	...	...	...	...	...	...	—
Disease of kidney	...	...	...	...	...	...	...	1
Diabetes mellitus	...	...	...	...	...	...	...	1
Pyrexia	...	...	...	...	...	...	...	8
Other medical conditions	...	...	...	...	...	...	...	37
Post-operative conditions	...	...	...	...	...	...	...	13
Orthopaedic conditions	...	...	...	...	...	...	...	11
Eye conditions	...	...	...	...	...	...	...	4
Burns and scalds	...	...	...	...	...	...	...	13

1,076

LOAN OF NURSING EQUIPMENT

(SECTION 28 NATIONAL HEALTH SERVICE ACT, 1946)

While the number of articles of sick room equipment on loan during 1961, at 6,838, showed a decrease of thirty-five compared with 1960, there was an increase in the number of items of special equipment on loan of five hundred and fifty-six to 3,997. The money contributed in loan charges in 1961, increased by £355 to £2,085.

During 1961, further additions were made to the range of special equipment available for loan which included Alternating Pressure Point Pads (Ripple Bed), Zimmer Patient Lifter, Powell Seat Unit, Stewart Stansit Chair and a special Latex Foam Cushion for incontinent patients. Enuresis units have also been purchased and tested and these are now being made available for loan to approved cases for a trial period (not exceeding three months) at a charge of 10/-d. per unit except where there is financial hardship.

A notable increase in the number loaned is shown for special mattresses and lifting apparatus. The demand for the loan of special equipment and commodes from the Central Stores has continued unabated and the number of applications registered each year which increased from 1,609 during 1956 to 2,648 during 1960 rose again to 3,110 during 1961. Over the same period the number of articles on loan from the Central Stores increased from 1,687 at the 31st December, 1956 to 3,260 at 31st December, 1960, and further increased to 3,466 at 31st December, 1961.

The co-operation of patients and their relatives in returning equipment to the department promptly continued to be very gratifying. The number of items of equipment loaned during the past two years and on loan at 31st December of each of these years increased with more people being helped by this service without a corresponding increase in our stocks of equipment.

Number (selected articles) on loan 31st December

	1960	1961	% increase in number on loan	% increase in demand
Wheel Chairs	660	689	4.4%	12.8%
Commodes	738	774	4.9%	8.7%
Walking Aids	396	516	30.3%	33%
Bedsteads	286	287	—	7.5%
Special Mattresses	180	212	17.7%	25.6%

The collection of the loan charges for equipment loaned from the Central Stores has now been centralised at the Head Office to relieve the District Nurses of the burden of collecting monies from the persons they are nursing. At the same time the system of monthly payment for items of sick room equipment loaned from District Nursing Centres and the smaller items of equipment—e.g. Sticks, Crutches, etc., loaned from the Central Stores was changed to a single payment to be made at the time the equipment is issued. These changes have reduced the clerical work involved both at the Centres and at the Head Office without loss of income from these loan charges.

LOAN OF NURSING EQUIPMENT 1959-1961

(a) <i>Amount of special equipment on loan during</i>	1959	1960	1961
Wheel chairs	951	1052	1147
Merlin chairs	256	354	442
Stairway chairs	8	24	21
Spinal carriages	1	3	6
Bedsteads	499	562	604
Special mattresses	343	394	495
Fracture boards	104	108	105
Lifting poles and chains	219	253	253
Self-operating tilting beds	4	2	2
Crutches, pairs	85	94	107
Walking sticks	307	504	634
Walking machines	65	78	158
Lifting apparatus	14	13	23
	2886	3441	3997
	2886	3441	3997
(b) <i>Amount of normal sick-room equipment on loan</i>	1959	1960	1961
Air beds	10	3	13
Air rings and sorbo cushions	765	802	854
Back rests	700	778	762
Bed pans	1203	1368	1196
Leg cradles	262	311	351
Mackintosh sheets	1114	1309	1225
Urinals	549	664	61
Sick feeders	70	59	100
Commodes	1262	1468	1596
Bed chairs	5	8	5
Miscellaneous items	73	103	117
	6013	6873	6838
	6013	6873	6838

DOMICILIARY LAUNDRY SERVICE

(SECTION 28 NATIONAL HEALTH SERVICE ACT, 1946)

There was a further increase of thirty to seven hundred and thirty-six in the total number of persons receiving this service in 1961 compared with the previous year and during the year the number of persons receiving the service varied from two hundred and eight to two hundred and forty-four at any given time.

During 1961, the Public Health Department Laundry laundered 159,179 articles weighing eighty-three tons which shows a slight increase over last year's figures of 156,506 items and seventy-nine and a half tons respectively. The scale of charges was not altered during the year and the money collected increased by £4 to £1,985.

To avoid delay, particularly at week-ends and during holiday periods, each District Nursing Centre has been issued with packs of linen for emergency issue to patients in urgent need of the laundry service. This has effected a reduction in the number of cases where a patient died or was removed to hospital before the first delivery could be made.

4,219 persons have benefited since it was set up in August, 1951 of whom two hundred and twenty-six were receiving this service on 31st December, 1961. An analysis of the dates of commencement of these two hundred and twenty-six cases shows that one hundred and twenty-four have received help for less than one year and only twenty were on the books five years ago. Of the two hundred and twenty-eight persons who were granted this service in the second half of 1961, only eighty were still receiving it on 31st December, 1961, although these eighty represent over one third of the number of persons on the books at that date.

<i>Approved Applications</i>		
<i>Year</i>	<i>Service Started During Year</i>	<i>Still Receiving Service 31st December, 1961</i>
1951	29	Nil
1952	188	1
1953	334	2
1954	416	6
1955	449	3
1956	442	8
1957	406	8
1958	480	15
1959	469	23
1960	495	36
1961	511	124
	—	—
	4,219	226
	—	—

The total number of articles of bed linen issued to the 4,219 patients exceeds 100,000 and the number not recovered from the 3,993 persons who have ceased to receive the service is less than 2,500. The satisfactory return of the linen to the Department (when the service is no longer required) which in most cases is to the driver on his next visit, can be interpreted as an appreciation of the service and a desire to assist the Department to maintain the service without incurring unnecessary expense for transport and replacement linen. This co-operation of relatives and friends does, in fact, ease the problems of organising the provision of this service to persons being nursed at home who are in need of an abnormal amount of bed linen because of incontinence, etc.

The charges for this service are collected by the driver on delivery of the clean linen. In each of these years the amount collected was approximately £1,980. The bad debts for financial year 1960/61 were £1 3s. 6d. involving eleven persons compared with £1 2s. 6d. involving nine persons for the previous financial year.

DOMICILIARY LAUNDRY SERVICE

Number of cases on books, 1st January 1961	225
New applications	511
	—
TOTAL	736
Cases removed during year	510
Cases still on books at 31st December 1961	226

ANALYSIS OF CASES

1961 Quarter ending	No. of approved appli- cations	Service discontinued			Service not started			Total
		Died	Hosp.	Other reasons	Died	Hosp.	Other reasons	
31 Mar	183	99	40	22	2	—	1	164
30 Jun	100	70	45	12	—	1	1	129
30 Sep	99	65	23	15	1	1	—	105
31 Dec	129	68	33	11	—	—	—	112
	511	302	141	60	3	2	2	510

LOAN OF FIREGUARDS

(SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946)

During 1961 two hundred and seventy-seven fireguards were issued compared with three hundred and forty for 1960 and the number returned was seventy less than last year. The number of fireguards on loan at 31st December, 1961 was eight hundred and sixty an increase of ninety over the previous year, whilst the income from the charges for these loans was £15 5s. 0d. compared with £22 15s. 6d. in 1960.

Nursery fireguards conforming to B.S.S.3140 are now readily available and these are being used where the earlier B.S.S.2788 fireguard is not suitable.

LOAN OF FIREGUARDS, 1961

Number of cases 1st January, 1961	770
Number issued during year	277
	1,047
Number returned during year	187
	—
Number on loan 31st December, 1961	860

AMBULANCE SERVICE

(SECTION 27—NATIONAL HEALTH SERVICE ACT, 1946)

The grand total of patients conveyed by the Ambulance Service during 1961 was 413,882, an increase of 25,175 on the figure of 388,707 for 1960.

Of this total increase 1,018 represents the increase in cases carried by the Accident Section and 24,157 the increase in cases carried by the Removals Section. Whilst a substantial proportion of this sharp increase in demand was met by directly provided ambulances, increased assistance from the Hospital Car Service and private hire cars was necessary. This is illustrated in the following table:—

HOSPITAL REMOVAL CASES

	1960	1961
Directly provided Service	346,676	359,803
Hospital Car Service	21,155	25,412
Private Hire Cars	2,395	9,168
	370,226	394,383

The trend in the number of cases conveyed by directly provided ambulances of the Removals Section of the Service over the past four years is illustrated:—

Year	Patients conveyed by directly provided ambulances of Hospital Removal Service		Comparison with previous years	
			Increase	Decrease
1958	340,762		10,510	—
1959	349,678		8,916	—
1960	346,676		—	3,002
1961	359,803		13,267	—

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

	Analysis	1957	1958	1959	1960	1961	
	Clinic cases ...	237,129	250,470	258,680	257,324	271,422	
	Admissions ...	27,968	27,873	30,412	31,047	31,847	
	Discharges ...	33,982	32,960	32,560	31,209	29,698	
	Transfers ...	9,228	7,935	7,734	8,025	8,400	
	Emergency						
	Maternity Service	114	104	127	133	137	
	Maternity ...	8,164	8,428	8,253	8,981	9,086	
Out- posted Units	{	Monyhull—					
		Psychiatric ...	1,239	1,155	1,194	748	547
		Little Bromwich					
		Infectious ...	1,898	1,612	964*	—	—
		Yardley Green—					
	Tuberculosis ...	8,984	8,797	8,330	7,920	7,368	
	Miscellaneous ...	1,546	1,428	1,424	1,289	1,298	
	TOTALS	330,252	340,762	349,678	346,676	359,803	

*Note—On 31st May, 1959 ambulances out-posted at Little Bromwich for infection work were withdrawn to the main depot. From that date cases carried by these ambulances are included in other categories, mainly "Admissions."

TOTAL NUMBER OF PATIENTS DIVIDED INTO STRETCHER AND SITTING CASES

(Directly provided ambulances)

			1957	1958	1959	1960	1961
Stretcher cases	...	...	75,561	77,432	79,431	78,366	80,982
Sitting cases	...	...	254,691	263,330	270,247	268,310	278,821
TOTALS	...	...	330,252	340,762	349,678	346,676	359,803

Trends in this ratio over the past four years are shown:—

RATIO OF SITTING TO STRETCHER CASES

(Directly provided ambulances)

1958	3·40	:	1
1959	3·40	:	1
1960	3·42	:	1
1961	3·44	:	1

Principal variations in the classified analysis of patients carried by directly provided ambulances of the Removal Service occurred as follows—

<i>Increases</i>	Clinic cases (all forms of out-patient treatment)	...	14,098
	Admissions	... ..	800
<i>Decreases</i>	Discharges	... ..	1,511

Accident Ambulances

Improvement in the staffing position during the year enabled progress to be made with the manning of accident ambulances by ambulance men. At the end of the year only two of the nine accident ambulances, those posted at Central and Harborne Fire Stations, were still manned by firemen. Substantial benefit accrued from the application of these accident ambulances to all types of emergency work, without prejudice to normal accident cover.

There was again an increase in the number of calls and casualties carried by the Accident Section, the comparative figures being as follows:—

	1960	1961
Calls	19,367	20,408
Casualties	18,481	19,499

Under mutual assistance arrangements with neighbouring Authorities, the Service provided accident ambulances in response to forty-nine incidents outside the City boundary—seventeen 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 :—

ACCIDENT AMBULANCE CALLS, 1961
NUMBER OF PERSONS OF VARIOUS AGE GROUPS CARRIED IN ACCIDENT AMBULANCES
DURING EACH HOUR OF THE DAY

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	27	17	8	7	3	12	8	8	30	70	88	121	131	135	130	144	170	160	143	106	73	64	32	45	1,732
6-10	8	3	1	—	2	1	2	2	42	31	37	61	103	118	82	102	162	126	109	85	55	32	26	17	1,207
11-15	10	5	2	3	—	1	4	21	43	48	65	105	145	148	132	127	147	103	99	101	99	80	57	18	1,563
16-20	108	36	23	10	10	11	13	55	91	74	70	81	141	118	117	126	146	112	136	147	166	166	259	204	2,367
21-25	141	59	24	17	19	23	20	58	82	62	69	68	80	96	115	107	129	114	101	90	73	108	237	225	2,117
26-30	77	46	36	18	14	4	10	56	52	46	51	49	66	54	42	89	73	67	64	65	60	74	105	127	1,345
31-35	41	38	21	16	7	8	11	32	35	45	43	59	45	58	71	63	48	66	65	36	50	49	87	84	1,078
36-40	45	28	23	12	5	5	9	33	40	46	40	61	48	62	61	67	53	51	53	46	53	55	104	100	1,100
41-45	34	26	12	10	8	10	10	28	34	41	38	28	47	45	49	54	43	48	40	40	38	45	109	82	919
46-50	43	19	13	8	6	6	12	34	34	46	39	59	46	43	60	76	62	52	60	46	42	56	94	72	1,028
51-55	34	12	17	5	6	2	15	29	29	49	45	53	70	58	60	61	55	67	55	34	33	34	71	47	941
56-60	29	16	7	6	6	9	13	35	44	55	51	61	62	57	60	66	50	57	49	40	38	32	64	43	950
61-65	6	7	3	6	8	8	8	27	21	39	57	51	47	39	53	56	52	49	34	47	22	46	63	35	784
66-70	17	6	6	2	1	4	4	14	32	25	39	52	62	46	49	36	34	35	42	24	26	28	47	20	651
Over 70	19	17	5	6	7	7	5	19	35	65	90	122	150	135	122	123	100	88	74	54	61	74	78	36	1,492
Unknown Age	12	3	5	1	—	2	3	2	9	5	11	8	11	10	11	18	21	16	9	12	8	19	12	17	225
TOTAL	651	338	206	127	102	113	147	453	653	747	833	1039	1254	1222	1210	1306	1325	1245	1109	962	878	962	1445	1172	19,499

ACCIDENT AMBULANCE CALLS

LOCATION OF CALLS

	<i>1960</i>	<i>1961</i>
Street accidents involving vehicles	4,698	4,719
Factory accidents	992	928
Private houses	6,341	7,093
Offices	52	61
Shops and restaurants... ..	525	563
Outdoor (other than street accidents)	4,481	4,405
Licensed premises	346	441
Schools	375	481
Cinemas and theatres	93	91
Other premises	1,379	1,498
False alarms (malicious)	85	128
TOTAL	19,367	20,408

CLASSIFICATION OF INJURIES TO PATIENTS CARRIED IN AMBULANCES

	<i>1960</i>	<i>1961</i>
Fractures	2,441	2,360
Wounds	4,082	4,839
Collapse, fits, strokes	3,638	3,727
Abrasions and bruises	683	861
Gas poisoning	153	145
Drowning	2	2
Eye injuries	69	70
Dislocations and sprains	305	397
Hanging... ..	—	2
Concussion, shock	1,440	1,649
Haemorrhage	468	601
Scalds and burns	509	521
Poisoning	547	595
Not classified	4,144	3,730
TOTAL	18,481	19,499

DESTINATION OF CASUALTIES

	<i>1960</i>	<i>1961</i>
Accident Hospital	5,500	5,615
General Hospital	7,634	7,930
Other Hospitals	5,223	5,818
Casualties actually carried in ambulances but not taken to hospital... ..	124	136
TOTAL	18,481	19,499

FATALITIES

	1960	1961
Number of persons found dead on arrival of ambulances	251	288

METHOD OF TRANSMISSION OF CALLS							1961
G.P.O. "999" system	...	...	...	...	...	...	14,262
Police Information Room	...	...	...	...	...	...	2,540
Exchange telephone	...	...	...	...	...	...	2,918
Private wire telephones	...	...	...	...	...	...	154
Messenger	...	...	...	...	...	...	369
Radio	...	...	...	...	...	...	99
Observed by ambulance crew	...	...	...	...	...	...	66
TOTAL							20,408

Outposted Ambulances

Ambulances dealing with the external work at Yardley Green and associated hospitals were during the year withdrawn to Henrietta Street Depot and the allocation of their work transferred to Ambulance Control at Headquarters. Two ambulances remained outposted to deal with internal work at Yardley Green Hospital. The outposted ambulance at Monyhull Hospital dealt with five hundred and forty-seven cases compared with seven hundred and forty-eight in the previous year.

Ambulance Fleet

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

Dual purpose (stretcher) ambulances	...	...	...	...	...	...	72
Sitting case ambulances	...	...	...	...	...	...	28
Sitting case cars	...	...	...	...	...	...	2
Ambulance coach (20 seater)	...	...	...	...	...	...	1

Conveyance of Patients by Rail

It was possible to convey only nine hundred and seventy-five long distance cases on the ambulance/rail/ambulance basis, compared with 1,122 the previous year.

Service ambulances were provided at the request of other local health authorities to meet trains at city railway stations and transport some six hundred and fifty-two patients either to final destination or to other railway stations to continue journeys.

Bristol Road Ambulance Depot

In March the Ladywood Road Depot was vacated on the occupation of the new Ambulance Depot at Bristol Road, Bournbrook. Substantial operational advantage has accrued from the provision of a depot, designed to operate on a twenty-four hour basis, in this area.

Mutual Assistance

Some 49,055 patients were conveyed on over-the-border journeys during the year, either outwards from the City or inwards to the City in pursuance of a policy of the utmost co-operation with neighbouring authorities to secure economy in the use of ambulances.

Maternity Cases (including Emergency Maternity Service)

A further increase occurred in the number of maternity cases conveyed from home addresses to the various maternity hospitals during the year, the total being 9,086 as against 8,981 the previous year.

There were one hundred and thirty-seven calls for ambulances for the Emergency Maternity Service operated by Loveday Street Maternity Hospital, as against one hundred and thirty-three in the previous year. Some 48,591 cases were conveyed to and from Marston Green Maternity Hospital by the ambulance coach for out-patient treatment. This represents a substantial increase on the figure of 41,163 for the previous year.

Ambulance Control Room

Reorganisation of communications together with extensive alterations to layout were effected in the Ambulance Control Room at Headquarters during the year. This became necessary due to the considerable increase in traffic over the years, major changes in operational procedure following the introduction of radio and more recently the transfer of the control of the accident ambulances to the Ambulance Control Room.

Mileage

The following table shows the division of mileage into the three Sections of the Service over the past five years.

	1957	1958	1959	1960	1961
Hospital Removal					
Ambulances	1,531,445	1,525,666	1,513,621	1,500,111	1,533,559
Accident Ambulances ...	103,615	107,495	127,774	134,258	132,330
Outposted Ambulances ...	95,229	96,288	82,180	66,377	62,453
	<u>1,730,289</u>	<u>1,729,449</u>	<u>1,723,575</u>	<u>1,700,746</u>	<u>1,728,342</u>

As illustrated by the following table, through continual efforts to effect maximum co-ordination of journeys, the trend towards economy in mileage in relation to the number of patients carried was maintained.

HOSPITAL REMOVAL AND OUTPOSTED AMBULANCES

Year	Cases Carried Monthly Average	Mileage Monthly Average	Miles per Patient Average
1956	27,535	141,001	5.12
1957	27,521	135,556	4.93
1958	28,397	135,163	4.76
1959	29,140	132,983	4.56
1960	28,890	130,540	4.52
1961	29,984	133,001	4.44

Staff

Details of the establishment and strength of the Ambulance Service at the end of 1961 are as follows:—

<i>Operational and Depot Staff</i>	<i>Establishment</i>	<i>Strength at 31.12.61</i>		
		<i>Men</i>	<i>Women</i>	<i>Total</i>
Ambulance Officer	1	1	—	1
Ambulance Depot Superintendents	2	2	—	2
Hospital Liaison Officer	1	1	—	1
Traffic Controllers... ..	8	8	—	8
Clerks	4	2	2	4
Storekeeper	1	1	—	1
Depot Drivers	3	1	—	1
Depot Assistants	3	3	—	3
Ambulance Cleaners	13	7	—	7
Cooks and Cleaners	6	—	8*	8
Leading Drivers	12	9	—	9
Drivers and Attendants	230	207	8	215

* includes 5 part-time.

Ambulance Control

Control Duty Officer	1	1	—	1
Traffic Controllers	6	6	—	6
Leading Control Operatives	4	—	2	2
Control Operatives	27	1	30*	31

* Includes 9 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. 15,641 requests were received from general practitioners etc., beds being obtained in 14,974 of these cases. The figures for the previous year were 14,770 requests, beds being obtained in 14,207 cases.

Voluntary Service

HOSPITAL CAR SERVICE

The increased pressure on the Service made it necessary for substantially increased assistance to be sought from the British Red Cross Hospital Car Service. This is illustrated by the following table:—

	<i>1960</i>	<i>1961</i>
Patients	21,155	25,412
Mileage	150,813	179,205

ST. JOHN AMBULANCE BRIGADE

Continued valuable assistance was given by the St. John Ambulance Brigade in providing ambulance crews for additional ambulance cover at certain periods, whilst the Service is again indebted to those voluntary members of the St. John Ambulance Brigade, the British Red Cross and Women's Voluntary Services, who acted as escorts for patients conveyed by rail.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(SECTION 28—NATIONAL HEALTH SERVICE ACT, 1946)

CARE OF THE AGED

The percentage of elderly people in the population continues to increase making correspondingly heavier demands upon the facilities provided by the Public Health Department.

During 1961 the special health visitors made 9,512 visits, (including 942 to new cases) in addition to the 2,940 visits made by the district health visitors in the course of their general duties.

Of the new cases, 70 per cent. were women, a smaller proportion than last year. 45·7 per cent were living alone, 23·9 per cent. were living with relatives and 25·2 per cent. with their spouse. 58·2 per cent. were widowed, 28·4 per cent. were married and 13·4 per cent. were single.

At the beginning of the year the full-time geriatric visiting staff of three was increased by the secondment of a male district nurse. This arrangement has proved most satisfactory, as he is able to deal with the majority of the visits to elderly men, many of whom are more responsive to the male approach.

The percentage of elderly people living alone is higher this year than in previous years, and it is these cases which present the most difficult problems. Many of them need daily help, which cannot be provided owing to the restriction in the establishment of home helps. Many more are needed, particularly in the central areas of the City. Adequate regular help has gone a long way in preventing some of the deplorable conditions which result from even a few weeks of being on their own. A great deal of help in some cases continues to be given by friendly neighbours, and their assistance is particularly appreciated at week-ends and other times when the services of the local authority cannot be arranged.

Elderly people living alone are encouraged, if physically possible, to take part in the life of the community. Birmingham is fortunate in having well-organised and active voluntary organisations who, by means of their day centres, voluntary visiting service and clubs, make a valuable contribution to the welfare and happiness of old people.

The bathing service at the Department's Cleansing Station continues as in previous years, but cannot expand, owing to limited facilities. The total number of baths given during the year was 1,477, and one hundred and thirteen individual old people received this help, which they much appreciated. Forty-one of these old people were new cases.

Statistics

Cases on register on 1st January, 1961	...	...	...	...	2,517
New cases added during year	...	...	...	...	1,049
Cases remaining on register at end of year	...	...	...	...	2,659
Cases supplied with nursing equipment	...	...	...	...	233
Cases supplied with bath attendant	...	...	...	...	140
Cases admitted to hospital	...	...	...	...	607
Old cases discharged from hospital	...	...	...	...	181
Deaths	...	...	...	...	412
Cases referred to Welfare Department	...	...	...	...	47
Total visits paid by special health visitors	...	...	...	...	9,512
Total visits paid by health visitors on general duties	...	...	...	...	2,940

Chiropody Services

There is still a great demand for chiropody treatment amongst elderly people.

During the year two additional chiropodists were appointed, but they were only able to undertake one session each per week. The work during the year was as follows:—

	<i>Sessions</i>	<i>Treatments given</i>	<i>No. patients</i>
Clinics	201	951	340
Domiciliary	163	783	289

In addition to the Local Authority services, the Birmingham Council for Old People continued to operate their scheme which they started in 1953, and which is now financed by the Health Committee. During the year 3,273 patients received treatment (728 domiciliary and 2,545 attending chiropodists' surgeries). Of these five hundred and sixty-two were new cases (262 domiciliary and 300 surgery cases).

It was agreed to make an increase in the charge to the old people from 2/6d. to 3/6d. for each treatment, as a result of the increase in the chiropodists' fees.

HOSPITAL FOLLOW-UP WORK BY HEALTH VISITORS

The twelve health visitors who are attached to the various hospitals in the City continued to provide the essential liaison between the Hospitals, the Health Department and the area Health Visitors.

During 1961 there were five hundred and seventy sessions at hospitals and seven hundred and fifty-seven home visiting sessions (3,219 visits to patients' homes) by Hospital Follow-up Health Visitors.

The following extracts have been taken from their reports:—

ACCIDENT HOSPITAL

The nature of the follow-up work at this hospital altered during the year. The majority of visits to children were on account of injuries other than burns and scalds although a small number were of the latter group.

Over 40 per cent. of the total visits made were to elderly people, to ensure that patients having fractured femurs could make full use of their crutches, were able to negotiate steps or that a bed had been moved downstairs. In many instances arrangements were made for the provision of a home help and in other cases the geriatric health visitors were asked to maintain further surveillance.

Visits to patients having severe burns and scalds were made by the psychiatric social worker attached to the Burns Unit, and those of a less severe nature were seen by the Health Visitor. It was significant that in fifteen of the twenty-three cases visited there was some disturbance in the family relationship, due to ill health, incompatibility or other stress situations.

The following table shows the individual number of patients visited according to age group and type of accident:—

	<i>Adults</i>		<i>Children</i>
	<i>over 65 years</i>	<i>under 65 years</i>	
Injuries due to falls	53	4	15
Injuries due to road accidents	5	3	13
Burns and scalds	2	6	17
Other types of accidents	—	5	6
	—	—	—
Total	60	18	51
	—	—	—

CHILDREN'S HOSPITAL

The majority of the visits made during the year were to the homes of in-patients, to ascertain social conditions. Many of the children referred for follow-up were suffering from chest conditions, nephritis, rheumatism or poisoning; others were psychologically disturbed. Visits to the homes of maladjusted children having behaviour problems of unknown cause were time consuming but most rewarding. Reassurance was given to the mothers and helpful reports submitted to the consultants.

An increased number of referrals came from the orthopaedic and eye consultants with requests to trace those children who had defaulted in attendance at the out-patient clinics.

DUDLEY ROAD HOSPITAL—CHILD HEALTH DEPARTMENT

The follow-up work of this hospital was again shared by two health visitors, each giving two sessions a week.

The visitor attached to the Respiratory Clinic investigated adverse housing conditions in cases of bronchitis and asthma. Other referrals were on account of feeding problems, congenital defects, pyloric stenosis and psychological problems etc.

The majority of visits undertaken by the second health visitor were to homes in the central areas and many were for social reasons, to assess the need for urgent hospital admission. Close follow-up of patients failing

to keep out-patient appointments often revealed changes of address and new appointments were successfully arranged. An increasing number of requests from the consultants were in respect of visits to adults to discuss difficulties impeding treatment or recovery. Babies in the ward were tested for phenylketonuria and the results conveyed to the area health visitors.

GENERAL HOSPITAL

(a) DIABETIC CLINIC

Two health visitors continued to share the work of the Diabetic Clinic.

One health visitor gave either one or two sessions a week according to the need, and her visits were mainly to the homes of young people or defaulters and in giving assistance in a survey concerning the prevalence of diabetes in women, thirteen years after bearing a big baby. This was undertaken by the clinic consultants and the results published in "The Lancet" in June.

The second health visitor spent one session a week at the hospital clinic and a second session visiting patients in their homes. During home visiting, priority was given to elderly diabetic patients living alone. In this group it was felt that there was a greater risk of comas owing to senility, inadequate diet or the anxiety of living alone. Visits were made to obtain the co-operation of relatives and to ensure that patients understood the diet prescribed for them, to give advice on the administration of drugs and on the various social services available to those in need.

(b) SPECIAL CLINIC

As in previous years the follow-up visits from this clinic were to patients who failed to keep re-appointments. Many of the patients were in full employment so that evening visits were necessary and all too frequently fictitious addresses resulted in useless calls.

Two hundred and ninety-three patients were visited, an increase of fifty-two on the 1960 figure, and one hundred and seventy-eight of these patients were visited a second time. Seventy-one useless calls were made.

LITTLE BROMWICH HOSPITAL

During the year the general trend was to return children as soon as possible to the care of their parents. To facilitate this, many cases were referred for investigation of housing conditions and social circumstances. On the Infectious Disease Section of the hospital approximately 95 per cent. of the children admitted to the wards came from the inner ring of the City where the homes were unsuitable for nursing sick children. All referrals came from the consultants and ward sisters.

QUEEN ELIZABETH HOSPITAL

As before, the greater number of patients visited suffered from chronic conditions such as carcinoma, cerebral disorders, cardiac affections and other disabling diseases. The problems arising from these were varied and most categories needed support and reassurance, including advice on such subjects as diet, hygiene, housing and finance, or the general management of the illness and the provision of domiciliary services. Contact with the hospital medical and nursing staff continued to be helpful and liaison with the almoners gave insight to the patients' social problems prior to discharge.

ROYAL ORTHOPAEDIC HOSPITAL

Seventy-five per cent. of the visits made during the year were to men and women of forty years and upwards. Within this group there were slightly more patients under sixty years of age having received surgery for osteo-arthritis of hip or knee joints than in the older age groups. Also in the 40-60 age group visits were made to men and women suffering from "low back" pain. Several of the younger men visited had sustained injuries during road accidents and a few of the older men were receiving treatment for old war wounds. Several younger women were visited following surgery for deformities of feet. Other visits were made on account of tuberculous joints, limbs affected by poliomyelitis and conditions arising from congenital defects. In the younger age group visits were made to the homes of school children defaulting in attendance for treatment of spastic conditions and defects mostly of legs and feet.

In many cases the Home Help Service proved invaluable but there was a great need for more social visiting to help relieve the loneliness of the elderly disabled.

SELLY OAK HOSPITAL

(a) PAEDIATRIC DEPARTMENT

As in previous years visits were made to the homes of most of the children under five years of age admitted to the paediatric wards. In addition to this, visits were made to those children who failed to attend the Out-Patient Department, in order to obtain the co-operation of the parents in such conditions as anaemia or urinary tract infections where lengthy follow-up is necessary.

Most of the visits were on account of respiratory infections, anaemia, urinary tract infections, congenital abnormalities and poisoning.

(b) DIABETIC CLINIC

The health visitor attached to this clinic spent one session a week at the Out-Patient Department teaching dietary principles and the mode of life suitable, to patients with diabetes and their relatives, and a second session at the hospital or home visiting.

Mental Health Follow-up Work

Four health visitors continued to co-operate with the Mental Health Service.

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	43½	66½	129	219
Children's	84½	119½	251	456
Dudley Road 1	44½	31¾	61	122
2	45	32½	99	142
General Diabetic 1	36½	27½	54	94
2	30½	52½	175	253
" Special	23½	81	293	475
Little Bromwich	42	44½	245	245
Queen Elizabeth	86	69	180	340
Royal Orthopaedic	38	120	259	462
Selly Oak	42	82	222	304
" " Diabetic	54	30¾	64	107
Totals 1961	570	757½	2,032	3,219
Totals 1960	687½	794	2,234	3,424

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>Visits to patients' homes etc.</i>
All Saints 1	24½	7	5½	7
2	—	—	11½	29
3	13½	15	5	12
Hollymoor	2	—	18	40
	40	22	39½	88

RECUPERATIVE CONVALESCENCE

During 1961 there was a total of seven hundred and seventeen applications registered for convalescence as compared with nine hundred and forty in 1960. The following table gives the total number of applications registered for 1961 as compared with previous years:—

	1961	1960	1959	1958	1957
January	23	10	13	14	14
February	41	26	37	37	39
March	73	63	56	36	89
April	69	68	112	100	91
May	106	140	109	115	99
June	111	185	134	119	118
July	95	161	132	100	116
August	86	121	72	78	93
September	66	71	59	78	49
October	27	51	54	44	32
November	18	30	35	29	24
December	2	14	15	15	9
Total for year ...	717	940	828	765	773
Percentage of total referred by G.P's	87%	87%	85%	81%	75%
No. of patients referred by hospitals	95	119	135	148	196

A total of five hundred and two patients were sent convalescent.

Of the total number of seven hundred and seventeen registrations, one hundred and eleven cancelled their applications for various reasons—some decided that they would not accept the facilities offered, others discovered that they could not accept the terms after assessment and others were too ill to travel. After further investigation which was much more stringent this year, one hundred and four were refused by this Department. Where possible, these patients were advised to make private arrangements for admission to a convalescent home, or were introduced to our health visitors who tried to help by introduction to voluntary organisations. In all cases where applicable patients were strongly advised to join the Birmingham Hospital Saturday Fund should a future need arise.

The following table gives ages and sex of patients who took convalescence through this Department in 1961:—

Age	0—4	5—15	16—44	45—64	65—74	75+	Totals	1960
MALES	18	20	17	30	41	22	148	164
FEMALES	13	33	67	104	96	41	354	536

In the 1960 report comment was made on the numbers of women in the 65+ age group who required convalescence and that the number and relative percentage in this group was rising yearly. It was felt at that time that this was more a sad comment on their reduced social economic circumstances rather than the need for genuine recuperative convalescence. Due to cuts in expenditure in 1960, it was decided arrangements could only be made for those who were recovering from an acute illness or operation or where very special circumstances warranted their case. In consequence, applications were registered after the receipt of a medical certificate and preliminary enquiry. After further investigation many of the applications were considered not to come within the conditions applied for this service.

The following table illustrates how the stricter scrutiny affected the older age groups:—

	1960		1961	
	<i>No. sent convalescent</i>	<i>% of total</i>	<i>No. sent convalescent</i>	<i>% of total</i>
Males 65+ age group	59	8%	63	9%
Females 65+ age group	268	38%	137	27%

Although the system of registration was not quite the same as last year there is no reason to doubt that there was an increase in the total number of applications from unmarried and widowed women in this age group, some of whom were turned down before registration and investigation. The percentage and total number of women in the 65+ age group has markedly decreased due to a closer scrutiny of their claims. However, the problem of a rest and a change for the elderly single female in poor circumstances still remains.

MAIN MEDICAL REASONS UNDER 15 CATEGORIES GIVEN BY
DOCTORS RECOMMENDING CONVALESCENCE

Respiratory diseases	147	Anaemia	27
Debility	129	Accidents	27
Post operative	78	Hypertension	18
Rheumatism & arthritis ...	43	Ulcers, peptic	18
Mental illness	33	Tuberculosis	12
Organic nervous disease ...	32	Arteriosclerosis	9
Heart disease	30	Senility	7
Gastro-intestinal disorder ...	30	Miscellaneous	77

The Birmingham Hospital Saturday Fund made arrangements for two hundred and ninety-three of our patients to convalesce at their homes in North Wales or Weston-super-Mare. These are straightforward cases and there is no problem with travelling arrangements. When patients are not eligible for these homes, due to dyspnoea from a chest or heart condition or have some other crippling handicap, many difficulties have to be overcome in making travel arrangements. Escorts from the voluntary associations lend their help gladly. The smaller homes on the South and South East coast are often used for this type of case. The matron or hostess places ground floor rooms at their disposal and permits a member of the family to stay. For example, a mother went to one such home through the City Council's Convalescent Scheme. She was accompanied by her two young sons whose holiday was financed by a grant from a trust fund.

There was a slight increase in 1961 in the number of children for whom arrangements were made by this Department. Convalescence for this group usually means the seaside and two homes in Devon were used considerably.

The Birmingham Hospital Saturday Fund places no age limit on the convalescent, provided he or she is reasonably active and, as a comment on longevity, our eldest patient, aged ninety-eight, went to one of their homes at Weston-super-Mare and claims a new lease of life as a result.

HEALTH EDUCATION

Health Education aims to improve the health of the individual and promote a healthy community by imparting information on matters relating to healthy and happy living. It may take the form of advice given in a personal way or more publicly in lecture form, or by means of mass publicity. The advice given may not only be educational in content, but informative about the work of the Health Department and other agencies providing medical and ancillary services.

Health Education undoubtedly is most effective when given face to face, and it is for this reason that all members of a health department who are in contact with the public are Health Educators. Group education by talks, films and so on has also proved its value, and has long been vigorously pursued in this Department. This organised group aspect of Health Education is described in the following paragraphs.

Towards the end of the year under review, the Health Education Section moved into new premises which are a considerable improvement over those occupied since 1947. It has always been the desire of the section to have accommodation adapted to its particular needs and the new accommodation goes a long way to meeting that requirement, providing excellent accommodation for the clerical and administrative staff, and the section's specialised needs for teaching; there being a studio in which the artists can prepare posters and other new visual aids, an equipment room for maintenance and storage purposes, and a permanent lecture/demonstration room.

News Letter

An innovation this year has been the publication of a Quarterly News Letter. This is circulated to all sections of the Department and to people outside it who have a particular interest in Health Education. It is intended to give information on new books, film strips, films and other teaching aids which the section has acquired and which may be useful to health educators. The News Letter also contains articles written often by Heads of Sections on their particular work; for example, the Chief Smoke Inspector has written on Smoke Control Areas, and the Chief Assistant Mental Health on the work of that section. In addition, articles on developments in Public Health and Dental Health have been included.

National Committee on Health Education

A Joint Committee of the English and Scottish Health Services Councils has been appointed under the Chairmanship of Lord Cohen of Birkenhead, with the following terms of reference:—

“To consider whether, having regard to recent developments in medicine, there are any fresh fields where health education might be expected to be of benefit to the public; how far it is possible to assess the results of health education in the past; and in the light of these considerations, what methods are likely to be most effective in the future.”

The Medical Officer of Health was asked to provide information for the submission of reports to this Joint Committee by the Central Council for Health Education, the National Association for Maternity and Child Welfare, and the Birmingham Executive Council; information was supplied to all these bodies on the content and method of health education in this city.

Lecture Programme

As in previous years, the main emphasis in Health Education has been in providing talks to schools, and to youth groups and adult groups who have requested them. This method of instruction is undoubtedly a valuable one and attractive to the section for the variety of topics that can be covered, while at the same time a reasonable number of the public is reached. In the case of adults, groups are contacted by circulation of a lecture syllabus in which a wide variety of titles is suggested, although talks on health subjects outside the set programme can readily be arranged. The group decides for itself the subjects in which it is interested and instruction is given by members of the Department who have specialised knowledge and qualifications; for example, a talk on Dental Caries would be given by a dental officer, and on Clean Air by a smoke inspector or medical officer.

Health Education in schools is pursued on slightly different lines, since in the main a set course of talks is given on a syllabus which has been found by experience to be most suitable for young people. The two age groups to which these courses are normally presented are eleven plus, under the general subject heading of "Hygiene", and fourteen plus, when "Parentcraft" is taken as the theme. 55 per cent. of the secondary modern schools in the City are now included in this programme, but it is to be hoped that this proportion can be further increased.

In the schools, talks are given by school health visitors and public health visitors, and in boys' classes by male district nurses.

A certain number of lecturers are recruited outside the Department, and this is particularly helpful when dealing with a highly specialised problem such as psychological disturbances in children. The section staff continues to carry a small number of lectures, but their time is inevitably and increasingly bound up with the organisation and planning of the programme.

The number of talks and lectures given has risen again this year, largely through further expansion of the instruction given in schools. Comparison is given with the previous year's figures as follows:—

<i>Year</i>	<i>Total Sessions</i>	<i>Schools</i>	<i>Youth Groups</i>	<i>Adult Groups</i>
1960	5,592	3,924	466	1,202
1961	6,294	4,489	521	1,284

The total attendance at youth and adult groups was, however, slightly lower in 1961—30,000 compared with 33,000 in 1960.

Lectures to Special Groups

BIRMINGHAM PRISON

The courses of lectures for men at Winson Green Prison has continued, but at the end of November the female side of the prison was closed and this brought to an end a series of courses on parentcraft and mothercraft which the section ran there for many years.

CITY OF BIRMINGHAM TRAINING COLLEGE

The opportunity was given of enlarging the scope of work at this College. In past years, occasional talks only have been given, but considerably more extensive series of talks were introduced in 1961. These covered Family Responsibilities, Environmental and Personal Health. They were much appreciated by the students.

Exhibitions

FLOWER BEDS

Following a suggestion to the Parks Department that a carpet bed could be laid on a health topic, the artist submitted designs on Polio-myelitis Immunisation and Flies. After modification, the design "Flies" was accepted and laid in Small Heath Park.

CITY OF BIRMINGHAM SHOW, HANDSWORTH PARK, 1961

The exhibition arranged at the City of Birmingham Show took as its subject "The Care of Children." To illustrate the theme, there was a continuous film show in which ten films were used, and they dealt with the management of psychological difficulties as well as the physical care of young children. The shows were given using a daylight screen which proved eminently satisfactory. Support to the film show was given by static displays on such topics as "Safety for Children" and "Care of the Teeth"; two health visitors attended to answer questions from the public and distribute leaflets.

IDEAL HOME EXHIBITION, BINGLEY HALL

It had not originally been intended to take part in the Ideal Homes Exhibition this year, but when an offer was made of two stands in a joint project described as "Baby's Kingdom", it was felt that this opportunity of meeting the public should not be turned down. The centre piece of the display produced was a model illustrating the Child Health Services, and this was supported by screens illustrating particular aspects of child health. As at Handsworth Park, two health visitors attended to man an information desk, and answered numerous enquiries from the public on health problems.

Films, Film Strips, Posters and Leaflets

The distribution of posters to welfare centres, school clinics and various Corporation Departments, general practitioners, and factories continued as in previous years. Posters were also displayed on four external sites and in twelve display cases at Hurst Street Subway. Posters were issued at approximately monthly intervals, the subjects covered during the year were "Coughs and Sneezes", "Immunisation", "Dental Health", "Accidents for the Elderly", "Home Safety for the under 5's", "Holiday Safety", "Feet", "Smoking and Health", "Smog". Leaflets on a number of topics have been distributed to welfare centres etc. and, in addition, two leaflets were prepared mainly for the benefit of immigrants. A leaflet on Family Health was printed in Bengali and English, and the other leaflet on "spitting" was printed in English, Bengali and Urdu. These were intended to inform newcomers about particular aspects of life in this country, and were given a wide distribution in appropriate areas of the City. A further seven film strips were obtained by the Section during 1961. Sound films have been previewed at intervals throughout the year by members of the Section and other interested persons to assess their value for showing to lay groups or special audiences.

Radio and Television

In May, a medical officer from the Department was interviewed for B.B.C. sound radio to answer questions on training centres for the mentally handicapped, and a second medical officer spoke to "Midland Magazine" on immunisation against poliomyelitis.

The Clean Food Campaign

Lectures given during the year are summarised as follows (1960 figures in brackets):—

<i>Audience</i>	<i>No. of Lectures</i>	<i>Attendance</i>
Food traders	4 (5)	101 (167)
Lay public	36 (32)	981 (977)

These figures suggest that less interest is shown by the food trader, but it should be borne in mind that the public health inspector spends a considerable amount of his time in the education of the food handler, either individually or in groups, in the course of his routine supervision of food premises.

A second 13-week evening course of lectures, arranged with the assistance of the College of Food and Domestic Arts, commenced in January, attracting over 40 students drawn largely from hospital and industrial catering establishments. Thirty-nine candidates presented themselves subsequently for written and oral examination, 38 succeeded in gaining the Certificate in Hygiene and Food Handling of the Royal Institute of Public Health and Hygiene.

This course is again included in the syllabus of the College for the Session 1961-62.

The Clean Air Campaign

A total of 5 lectures, with an attendance of 96, suggests little enthusiasm for clean air, but the reactions of those living in the many areas now proposed for Smoke Control show that there is neither apathy nor any marked antipathy to the progress which is being made. Smoke control area advisers have been impressed by the interest shown when visiting householders in the course of area survey, and there can be no doubt that this personal approach to the householder repays the labour involved.

PRIORITY IN REHOUSING ON MEDICAL GROUNDS

The arrangements for assessment of the degree of priority on the grounds of ill-health in an applicant's family have remained unaltered. The health visitor, the public health inspector, the general practitioner and a panel of medical officers in the Department are all concerned before a final decision is reached and the recommendation to the Housing Manager includes not only the medical points allocated but, where necessary, also suggestions as to the type of accommodation believed to be essential to a particular applicant. In about 1% of applications, where health grounds are extreme, the medical panel recommends rehousing outside the points scheme, but only a limited quota is allocated to general health cases.

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	271	282	144	32	2	731	21.2
General debility	41	29	7	5	—	82	2.4
Asthma and bronchitis ...	264	684	251	65	8	1272	37.0
Wounds ...	6	2	1	1	—	10	.3
Blindness ...	6	13	9	7	—	35	1.0
Arthritis and rheumatism ...	77	61	79	17	3	237	6.9
Orthopaedic conditions and paralysis ...	66	28	30	29	7	160	4.6
Heart and circulatory diseases ...	104	92	177	100	15	488	14.2
Other physical disabilities including fits ...	157	84	45	19	1	306	8.9
Gastric and intestinal conditions	66	33	12	9	—	120	3.5
Totals	1058	1308	755	284	36	3441	100.0%

There were in addition, 108 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.

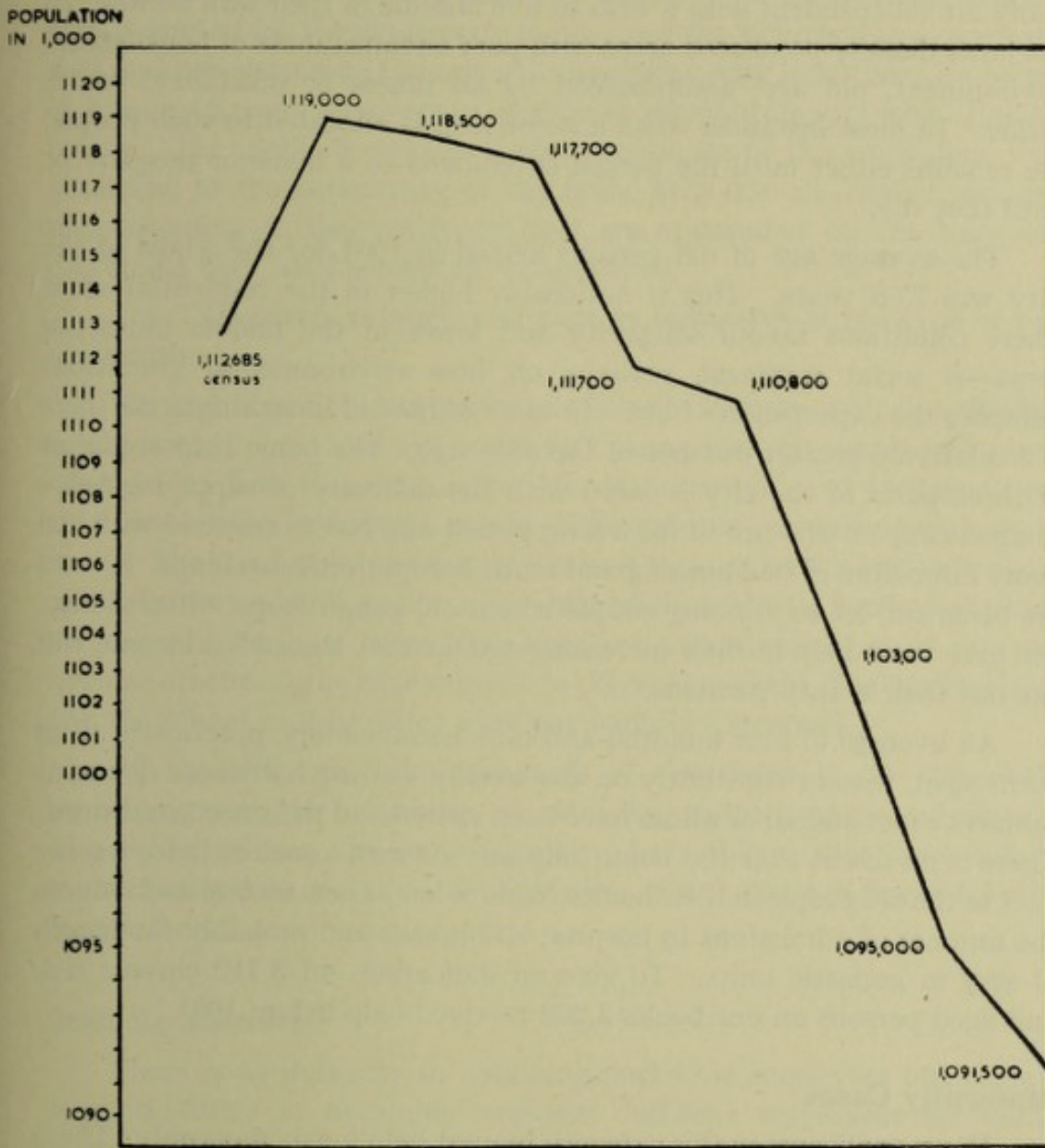
The foregoing table shows not only that there has been an increase in the number of applicants claiming points on health grounds, as compared with last year when the total was 2,776, but that respiratory disease is once again at the head of the list, with mental ill-health and heart disease showing very comparable figures to last year.

The striking features of the day to day scrutiny of these applications are firstly the acute shortage of 1 bedroom dwellings suitable for the aged or unfit, and secondly the pitiable position of the old couple who have been tenants of slum property for most of their married life, and who, by reason of old age and infirmity, cannot negotiate a difficult staircase to bedroom or attic. They are thus reduced to occupation of a living room, opening directly on to the yard or street, as a bed sitting room, while they await the eventual demolition of the property and rehousing.

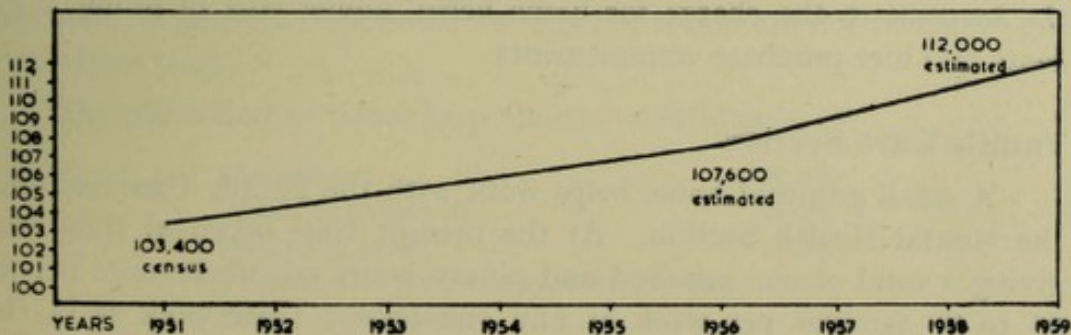
DOMESTIC HELP SERVICE

(SECTION 29—NATIONAL HEALTH SERVICE ACT, 1946)

There are a number of trends to be noted in the Home Help Service. The population of Birmingham, despite the increase in the birth rate, is an ageing one as the following graph shows:—



ESTIMATED POPULATION 65 YEARS AND OVER



THE POPULATION FIGURES EXCEPT FOR 1951 ARE ESTIMATED

The increase in the number of people living in the 65+ age group is both relative and absolute.

Nowadays old people live to a greater age and their sons and daughters tend to live further afield. They miss the help of their children and, as their age increases, the burden of their care falls on to the local authority. Many are independent with a wish to live and die in their own homes. In the inner densely populated areas with poor circumstances of housing and environment, old age, accompanied by an illness or disability, comes earlier. In most instances when a home help is allocated to such people, she remains either until the person is removed to a home or hospital or until they die.

The average age of old persons helped in 1961 for the whole of the City was 77·8 years. This is noticeably higher in the residential areas where conditions favour longevity and lower in the middle industrial areas—a social comment perhaps on how environmental conditions influence the expectation of life. In some of the old inner ring areas there is a relatively greater number of the 65+ age. The home help organiser in these parts of the city is faced with the difficulty of supplying helps to aged couples who are ill for a long period and has to contend with the many difficulties of bad housing and multi-occupational dwellings. Houses are often sub-let to a young couple whom old people hope, often vainly, will give them help in their increasing age, or that the added income will eke out their scanty pensions.

An average of four hundred and nine householders, practically all of them aged, remain constantly on the weekly waiting list where demands cannot be met and all of whom have been visited and their need confirmed. There is no doubt that the home help service with a once or twice weekly visit to the old people in their homes tends to keep them mobile and reduces the number of admissions to hospital and homes and probably the length of stay in geriatric units. To give an indication—of 3,712 chronic sick and aged persons on our books 2,262 received help before 1961.

Maternity Cases

Many applicants in this category request help for six days only. There has been a trend over a number of years for the duration of stay of home helps with maternity cases to be less. This is due to a number of factors, the increase in the charge for home helps, higher cost of living, higher rents and hire purchase commitments.

Family Care Section

A small group of home helps work with the Family Care Section of the Mental Health Section. At the present time seven of these helps giving a total of one hundred and ninety hours per week serve between 25 to 30 families per week at any one time. Their work is in close

collaboration with social workers in the rehabilitation and support of families where a breakdown of family life is imminent. Their value lies with low income families, usually with a large number of children, where the parents are often of low intelligence and inadequate; or where a mother has succumbed to depression or despair due either to mental or physical illness and is unable to look after her family. Continuous supportative help is needed for the inadequate mother but the mother who is normally well and has succumbed to adverse conditions may sometimes be helped in a comparatively short space of time to rehabilitate and look after her family. The methods employed and the nature of the work done vary according to the personality of the home help but all display tact and understanding in their attitudes and are undaunted by the very bad conditions they have sometimes encountered.

The "M" family is worthy of note as indicative of the type of case dealt with:—

Mr. and Mrs. "M" are parents of low intelligence with five children aged between seven and one and a half years. Mrs. M, simple and placid has no idea how to run a home, Mr. M, immature and lacking in self confidence, has a poor work record. The children are well nourished and lively. The strength of the family lies in it's unity, on it's basically sound marital state and on a good parent child relationship—a family well worth helping. In the past there have been poor standards of child care and hygiene amounting at times almost to physical neglect. The health visitor and the school health visitor were particularly concerned.

By ensuring minimum standards of cleanliness in the household, by helping with the budgeting, by attending to the hygiene and physical care of the children, the home helps have been able to raise the standards of this family both morally and physically. It is the type of family however that will need continuous support.

Staff Recruitment

There is no difficulty in obtaining part-time employees but there is some difficulty in obtaining sufficient full-time employees for family reasons. This is understandable as widows are penalised unduly in undertaking full-time employment by their earnings allowance and married women with or without family, unless there is financial need, feel unable to absent themselves from home for long hours and are not willing to give whole time work.

The allocation of home help time is as follows:—

Old persons	52.5%
Illness of housewife	31.7%
Maternity cases	13.3%
Problem and potential problem families	2.0%
Lung tuberculosis ... ..	.5%

Home help has been made available to those whose need appears to be more urgent and all cases are visited before or soon after the home help commences duty. In this respect abuse of the service is avoided as far as possible.

It must be conceded that, were it not for the valuable services of the home helps and the other domiciliary services, the majority of cases attended would be admitted to hospital or their stay in hospital prolonged.

Training of Home Helps

Training is now of longer duration and greatly improved by the facilities of the Health Education Section in Trafalgar House. The Midlands Electricity Board have revised their training syllabus which now adequately meets the needs of home helps encountering different types of washing machines and cookers in the various households.

Co-operation has been closely maintained with other field workers in the Health Department, with almoners from hospitals, with the National Assistance Board and other departments of the Corporation such as Welfare, Children's and Housing.

Through the work of people in the home help service, coffee mornings have been arranged for lonely aged people by the Central Birmingham Soroptomist Club. Old people have been instructed in the use of voluntary and other services, and in suitable cases, have been recommended for the meals on wheels service or for attendance at day centres. Gifts from wholesale grocery and drapery establishments have been distributed, principally to the aged.

It is of interest to note that there has been a record of 10,021 visits paid by the district organisers.

Statistics

DOMESTIC HELP SERVICE

<i>Number of home helps at end of year</i>	<i>1961</i>	<i>1960</i>
Full-time (42 hours and over)	55	54
Part-time (30 hours and over)	214	209
Part-time (under 30 hours)	601	583
	870	583
	870	583

<i>Number of families assisted during the year</i>								<i>Incapacitated persons in households</i>	
								<i>Families</i>	
1.	Maternity	...	...	...	...	...	...	673	673
2.	Illness of housewife—								
(a)	Disease of circulatory system				Over 65	...	395	429	
					Under 65	...	110	134	
(b)	Cancer				...	Over 65	...	132	139
					Under 65	...	46	48	
(c)	Vascular disease of central nervous system				Over 65	...	216	231	
					Under 65	...	93	101	
(d)	Diseases of respiratory system (other than tuberculosis)				Over 65	...	160	167	
					Under 65	...	35	40	
(e)	Respiratory tuberculosis				...	...	28	28	
(f)	Other illnesses				...	...	431	529	
3.	Aged persons (65+ not included above)						...	2,676	3,260
4.	Potential problem families						...	54	218*
5.	Problem families referred by Psychiatric Social Service						...	47	272*
								5,096	6,269

*Number of children in need of care and help.

Visits paid by organisers

							<i>1961</i>	<i>1960</i>
Maternity cases	...	...	...	...	...	764	719
Ill housewives	...	...	...	...	...	1,876	1,723
Old persons	...	...	...	...	...	9,302	8,584
Potential problem families	...	...	...	...	...	79	79
							12,021	11,105

NIGHT WATCHER SECTION

					1961	1960
<i>Number of Night Watchers at end of the year</i>					41	42
					<i>Incapacitated</i>	
<i>Number of families assisted during the year.</i>						
<i>Diseases of—</i>					<i>Families</i>	<i>persons in</i>
					<i>household</i>	
(a)	Circulatory system	...	...	...Over 65	40	45
				...Under 65	2	2
(b)	Cancer	...	...	...Over 65	30	30
				...Under 65	5	5
(c)	Vascular disease of central nervous system	...	...	...Over 65	24	24
				...Under 65	2	2
(d)	Diseases of respiratory system	...	...	...Over 65	14	19
				...Under 65	2	2
(e)	Other illnesses	...	...	...	—	—
(f)	Aged persons	...	...	...	91	128
					<hr style="width: 100%;"/>	<hr style="width: 100%;"/>
					210	255
					<hr style="width: 100%;"/>	<hr style="width: 100%;"/>

Visits Paid by Organisers

By day	...	...	...	195
By night	...	...	...	75
				<hr style="width: 100%;"/>
				270
				<hr style="width: 100%;"/>

MENTAL HEALTH

(SECTION 51—NATIONAL HEALTH SERVICE ACT, 1946)

One of the main principles underlying the Mental Health Act, 1959, is a reorientation of the Mental Health Services away from institutional care towards care in the community. The duties of the local health authority have increased and broadened and to facilitate the effective execution of these duties the internal reorganisation of the service, already approved last year, came into force during the year under review. The Mental Health Act, 1959, brought to an end the traditional dichotomy between the services for the mentally ill and for the mentally subnormal. Community care for the mentally subnormal has a long history and it has become increasingly clear that the problems of both classes have much in common; problems of resettlement in the community after institution-alisation, of employment, of somewhere to live, of family relationships, of social rejection and isolation. All are equally applicable to both the mentally ill and the mentally subnormal. With the codification in the Mental Health Act, 1959, of all legislation relating to the two groups of the mentally disordered the last barrier to the integration of the work disappeared. Consequently, the service is now reorganised in central premises upon a fully comprehensive basis providing a community care programme for all aspects of mental disorder closely linked with the general practitioner and the hospital medical services.

The Mental Health Service of the Health Department is now constituted as follows:—

- i.* MENTAL WELFARE SECTION
- ii.* FAMILY CARE SECTION
- iii.* PARENT GUIDANCE CLINIC

1. Mental Welfare Section

The workers of this Section provide a comprehensive community care service for the mentally disordered under the Mental Health Act, 1959, and Section 28 of the National Health Service Act, 1946. It undertakes the functions previously carried out by the Admission Section, the Community Care Section and the Psychiatric Social Service. The present staff consists of twenty-three workers, three of whom are psychiatric social workers and two more who are qualified social workers. The remaining members of the staff have had several years' experience in mental welfare work and nine of them are qualified mental nurses. All the staff are designated Mental Welfare Officers and undertake the full range of duties under the Mental Health Act.

TABLE I

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1961.

Referred by	Mentally ill		Psychopath		Subnormal		Severely sub-normal		Totals		Grand Total										
	Under 16	16 and Over	Under 16	16 and Over	Under 16	16 and Over	Under 16	16 and Over	Under 16	16 and Over											
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.											
(a) General practitioners	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
(b) Hospitals, on discharge from in-patient treatment	—	1	386	691	—	—	2	1	1	—	—	1	1	2	—	1	2	3	388	694	1,087
(c) Hospitals, after or during out-patient or day treatment	—	—	281	311	—	—	10	3	1	1	7	7	—	—	—	1	—	1	298	322	621
(d) Local education authorities	—	—	62	67	—	—	3	2	—	—	1	—	4	2	—	1	4	2	66	70	142
(e) Police and courts	—	—	79	59	1	2	8	1	—	—	1	1	—	—	—	1	1	2	88	62	153
(f) Other sources	1	1	92	98	—	1	10	6	—	1	3	2	4	3	1	1	5	6	106	107	224

TABLE II

	Mentally ill			Psychopath			Subnormal			Severely sub-normal			Totals			Grand Total							
	Under 16		16 and over	Under 16		16 and over	Under 16		16 and over	Under 16		16 and over	Under 16		16 and over								
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.						
1. Number of patients under L.H.A. care at 31.12.61	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)		
(a) Attending day training centre											16	3	124	103	147	88	124	103	163	91		481	
Awaiting entry thereto ...											2	3	39	21	4	42	39	21	6	45		111	
(b) Receiving home training																							
Awaiting home training ...											1	3	28	26	3	10	28	26	3	13		70	
(c) Resident in L.A. hostels			7	9																			
Awaiting residence in L.A. home/hostel ...																							
(d) Receiving home visits and not included under (a) to (c) ...	1	2	410	387			22	8			291	241	71	44	126	152	72	46	849	788		1,755	
2. Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.61																							
(a) In urgent need of hospital care									1														
(b) Not in urgent need of hospital care ...										4	2		25	14	9	1	29	14	11	1			55
3. Number of admissions for temp. res. care (e.g. to relieve the family) during 1961																							
(a) To N.H.S. hospital											1	1	21	16	8	8	21	16	9	9			55
(b) Elsewhere																					1		1

The officers work in four mental health divisions corresponding to the reception areas of the four psychiatric hospitals serving the City and there is close co-operation between them and the hospital staffs. In three of the hospitals the mental welfare officers undertake social work duties within the hospital in addition to their work as members of the local authority team. This comprehensive joint-user arrangement provides an essential element of continuity, which is the essence of a sound community care service. Admission to hospital needs to be seen as part of a total treatment and care programme and the mental welfare officer has an important responsibility in ensuring this continuity.

Table I indicates the variety and number of referrals made to the service during the year under review. Not all the work is of a long-term nature, indeed the pressure of short-time work relating to urgent admissions and enquiries makes all but the most essential long-term work prohibitive. Nevertheless, case work support of the mentally disordered person is an essential element of care in the community and at the end of 1961 the number of persons receiving such care was 1,755, nine hundred and twenty-five of whom were subnormal or severely subnormal. (Table II, item I (d)). Care of the patient in the community must depend to a large extent on the family and a recent survey has indicated that, while only a minority of patients can be said to be a severe social or emotional burden to their families, it is nevertheless estimated that about one-quarter caused perceptible stress by their personality and behaviour. It is such situations which call for the skilled support and help of the mental welfare officer and in the last analysis the success of community care implies the adequate availability of this skilled help.

TABLE III

Patients admitted under Section 29, Mental Health Act,	...	690
" " " Section 25, " " "	...	235
" " " Section 26, " " "	...	108
" " " Section 60, " " "	...	9
Patients informally admitted by Mental Welfare Officers	...	612
Patients informally admitted direct	... ..	2,448
After care visits	... ..	2,878
Miscellaneous visits	... ..	6,827
Patients taken for out-patient treatment	... ..	160
Social histories	... ..	425
Clinic sessions attended by Mental Welfare Officers	... ..	215
Housing enquiries	... ..	764

Table III above illustrates the volume of work carried out by the mental welfare officers during the year.

Close liaison continues with other social agencies in the City and special reference must be made to the fruitful co-operation which exists with officers of the Ministry of Labour and the National Assistance Board. Both these organisations have a large part to play in the rehabilitation of the mentally disordered person in the community and their continued interest in this problem has been much appreciated.

Appreciation must also be expressed to the Chief Welfare Officer, who has continued to allow former mental patients to share in the work of the occupation centres and general outwork facilities provided by his Department. This has been a most helpful arrangement and a selected number of patients have clearly benefited from this provision.

During the year there has been continued liaison and co-ordination with the health visitors. The health visitor is in a unique position to identify at an early stage family stresses and situations which may produce mental breakdown. Close co-operation between her and the mental welfare officer is an essential element in any preventive mental health programme. Various aspects of co-ordinated action have been examined in the year under review. It is hoped that an even closer co-ordination will develop in future years, but it must be accepted that the fullest development of this rests primarily on the increased availability of both types of staff.

HOSTELS

The following is an analysis of ex-psychiatric hospital patients who, during the period under review, have been accommodated in the two hostels provided by the Local Health Authority. Such persons are allowed to reside at the hostels for a period not exceeding six months. During this time they are helped by the warden and the mental welfare officers to obtain employment and become rehabilitated into the community.

MALE HOSTEL				FEMALE HOSTEL			
Complement—12 beds.				Complement—12 beds.			
No. admitted	...	...	22	No. admitted	...	...	40
Already in residence	...	...	10	Already in residence	...	...	11
			—				—
			32				51
			—				—
<i>Disposal</i>				<i>Disposal</i>			
Discharged to lodgings	...	...	17	Discharged to lodgings	...	...	20
Discharged to home or relatives			4	Discharged to home or relatives			3
Returned to hospital	...	...	5	Returned to hospital	...	...	16
Still in residence	...	...	6	Died	...	...	1
			—	Obtained resident job	...	...	4
			32	Still in residence	...	...	7
			—				—
							51
							—

The number of females accommodated exceeds that of the males. This is partly due to the fact that the male hostel was completely re-decorated during the latter part of the year and in consequence it was necessary to limit the number of residents in order to allow for the transfer of beds. Furthermore, the number of females referred for accommodation always exceeds that of the males.

Hostels are situated in residential areas, one in the north and the other in the south of the City. It is necessary, therefore, to be somewhat selective in the type of persons accommodated. For this reason the hostels do not always run at full complement.

As accommodation is only on a short-term basis it is necessary, when considering the suitability of persons, to think ahead as to whether, within the initial period, they would be likely to become members of the community. Many persons who work well in the hospital, either on ward work or occupational therapy, are not capable of earning sufficient in the commercial world to maintain themselves. Many relapse in a short time when called upon to think for themselves, maintain employment, provide clothing, pay rent, etc.

The women's hostel presents far greater problems than the male hostel owing to the emotional conflicts, inability to earn adequate wages and the difficulty of obtaining accommodation.

A certain measure of success has been achieved. Many persons who have been for years in psychiatric hospitals have managed to become useful members of the community and only about twenty-five per cent. have had to be returned to hospital. Three cases can be quoted of women, one aged sixty-one, a patient for twenty-eight years, another aged sixty, a patient for seventeen years, another aged forty-two, a patient for fifteen years; all of whom have maintained employment and settled down as useful citizens.

COMMUNITY CARE OF THE MENTALLY SUBNORMAL

The supervision of mentally subnormal patients under twenty-one living in the community is undertaken by the Education Committee on behalf of the Health Committee. Provision is made, however, for those between eighteen and twenty years of age to be reviewed and for all those still requiring community care to be passed to the mental welfare officers on reaching twenty-one years of age.

Facilities for the training of the mentally subnormal under supervision are provided at seven Junior Special Training Centres and two Senior Special Training Centres (one male and one female). The administration of the Junior Special Training Centres and the Senior Special Training Centre for Females is undertaken by the Education Committee on behalf of the Health Committee, whilst the administration of the Senior Special Training Centre for Males is carried out directly by officers of the Health Committee.

The activities of the Junior Special Training Centres cover elementary speech training, word recognition, music and movement, habit training, domestic and sense training, physical training and handicrafts. At the Senior Girl's Centre a wider range of more advanced subjects is taught, including domestic subjects in addition to the usual handwork and crafts.

The Centre also undertakes outwork for local firms, which consists of carding and packing toilet goods. This has proved an unqualified success, the girls have become very adept at this work and in their own eyes they have achieved the status of workers as they have had the added incentive of earning a little money. The profits earned are distributed among the girls according to the number of hours worked on the basis simply of the number of hours' work they have done. In no case has the amount exceeded more than £1 per month and therefore any entitlement to National Assistance has not been affected.

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 the summer a party of senior girls spent a week's holiday at Rhyl and a party of junior children at Fairbourne.

Most of the trainees attending the Junior Special Training Centre and the Senior Girls' Special Training Centre travel by public service vehicles and fares are paid by the Health Committee. Guides are provided where necessary. Seventy-five physically handicapped, severely subnormal cases were conveyed by private hire cars.

Seventy mentally subnormal children, unable to attend training centres, received training by Home Teachers in their own homes.

The Senior Special Training Centre for males at Aldridge Road, Perry Barr, Birmingham, was opened on the 10th April, 1961, with a nucleus of one hundred trainees. At the end of December, 1961, there were one hundred and sixty-three on the register. This Centre serves the whole of the City and the majority of the trainees are conveyed by five special buses which work to a strict timetable, picking up boys at pre-arranged points en route. A guide accompanies the boys on each bus. This has meant considerable organisation and great assistance has been given by Birmingham City Transport Department in mapping out the routes. Each bus takes approximately one hour on its journey to the Centre.

The trainees' time is devoted mainly to industrial processes usually performed by normal adults and, after the initial difficulty of persuading manufacturers to entrust such operations to the Centre, work is now having to be refused. Selection can now be made of the most suitable operations and concentration of efforts encouraged. About 50,000 items per week pass through the Centre, involving widely different operations of varying degrees of complexity and the trainees appreciate this opportunity of working, within their limitations, at normal activities. Time is also allocated for recreative and cultural activities and further extensions in this field are planned to encourage the trainees towards a fuller and more enjoyable life.

The rapidly increasing profits from the work undertaken are shared by the trainees in the form of bonuses, but the obvious success of the venture can best be measured by the very real progress which has been made by each individual trainee.

Table IV ATTENDANCE AT SPECIAL TRAINING CENTRES

					Under 16		Over 16		Total
					M	F	M	F	
<i>Junior Special Training Centres</i>									
Erdington	...	...	...	...	19	11	—	—	30
Glebe Farm	...	...	...	...	15	18	—	—	33
Kingstanding	...	...	...	...	21	8	—	—	29
Hobmoor	...	...	...	...	11	20	—	—	31
St Paul's	...	...	...	...	32	15	—	—	47
Weoley Castle	...	...	...	...	11	16	—	—	27
Wretham Road	...	...	...	...	15	15	—	—	30
<i>Senior Special Training Centres</i>									
Aldridge Road	...	...	...	...	—	—	163	—	163
Bell Barn	...	...	...	...	—	1	—	87	88

SOCIAL CLUB

The Social Club continues to meet regularly one evening a week. The aim of the Club is to provide a friendly, informal and helpful atmosphere for those people unable to join the usual type of club or evening institute classes because of their various problems associated with meeting people. Club members are referred by general practitioners, psychiatrists and social workers. The Club is seen as a stepping stone towards normal social outlets and members are encouraged to cultivate these outlets whenever they are able. The present average weekly attendance is sixteen members of both sexes and the present age range is from nineteen to fifty.

PSYCHOLOGICAL REPORTS

Work done, largely on behalf of the Children's Department, by the educational psychologists, was as follows:—

Reports for Magistrates	...	...	...	...	...	...	...	631
Reports for Mental Health Section	...	...	...	...	...	...	...	8
								639

II. Family Care Section

With the integration of the sections of the Mental Health Service, the Family Care Section remains at 76 City Road, as the Department's unit for social work aid to families with problems of social maladjustment. At present there are five social caseworkers, and one welfare assistant working with one hundred and two families, mainly in the central areas of the City. A further social caseworker is at present seconded for a period of full-time University training. This small Section cannot yet offer a comprehensive service for "problem families", but works in close liaison

with the health visitors in some of the Infant Welfare Centres (where early detection of problems of family maladjustment may be hoped for), and accepts referrals also from the Housing Management Department and other social agencies. Until the planned increase in establishment can be implemented, referrals are being accepted only from the inner ring of the City and not all requests for help can be met. A small group of specially selected home helps are attached to the Section. They work in close collaboration with the social workers, and have achieved some very satisfactory results.

The presenting problems of the families referred are often acute, e.g. extreme disorder and child neglect in the home; high rent arrears and threatened eviction; acute marital disharmony; overwhelming debt; voluntary unemployment. Often the problems are multiple and symptomatic of the underlying inadequacies of intelligence and personality, and usually the family is suffering stress from the pressures of society from without as well as from their own internal conflicts. Some of the problems are chronic; for nearly all, long-term patient work is called for, aimed at the preservation and enrichment of family life. Success with some families is relative, but by the relief of external pressures, the interpretation of a family's special needs to other agencies, the provision of friendship and support, and sometimes of practical help, most of the families are helped to achieve some change; some of them achieve a great deal.

III. Parent Guidance Clinic

During the year one hundred and twenty-two cases were referred to the Parent Guidance Clinic, an increase of twenty-six cases on last year. This reflects the fact that an additional social worker was appointed to the staff in May. This now consists of a full-time psychiatric social worker, two full-time social workers, and one full-time secretary, whilst the visiting psychiatrist continues to attend for one session a week. In part the effect of staff increases has been offset by the continued arrangement whereby the psychiatric social worker is lent for one day a week to the psychiatric clinic at the Children's Hospital.

A total of forty-seven talks and lectures have been given by staff members during the year, mainly to groups of mothers, including some referrals from the new scheme for mothers' clubs run by the W.V.S. On the other hand the work with neglectful mothers at Winson Green Prison has ceased since the closing down of the women's side of the prison, showing a slight decrease in the total number of talks given during the year. Lectures have also been given to health visitor students, student nurses, and mental welfare officers, on the work of the Clinic.

The arrangement to supply social worker staff for the Children's Hospital Clinic has worked smoothly, and there has been a steady increase in the referral of patients there. This work entails contact with schools within the area, and some home visiting, giving a total of two hundred and thirty interviews during the year.

Educational Programme

The department continues to play an active part in the training of social workers. During the year students from the Universities of Birmingham, Southampton and London, have undertaken periods of practical work training and observation under the supervision of senior members of the staff. With the establishment at the City of Birmingham College of Commerce of the new Social Work Course of the type recommended in the Younghusband Report on the Training of Social Workers, it is anticipated that the department's involvement in training will be extended. The setting-up of this new course is welcomed as a valuable development in social work education in the Midlands, and the department is pleased to be asked to take part in the practical training programmes which are planned.

Members of the staff have continued to undertake lectures and discussions in conjunction with the Health Education Section and have also taken part in several Educational programmes arranged by professional bodies in the City. The total number of lectures, etc., given was thirty-five.

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—Deputy Medical Officer of Health, M.B., Ch.B., D.P.H.

- 1 Chief Assistant—Certificates in Social Administration and in Psychiatric Social Work (Manchester).
- 2 Senior Administrative Assistants—one holding Certificate of Poor Law Examinations.

MENTAL WELFARE SECTION

- 4 Divisional Mental Welfare Officers—one holding Certificate of Psychiatric Social Work and one holding a Certificate in Social Science.
 - 7 Senior Mental Welfare Officers—one holding Certificate in Psychiatric Social Work and three Registered Mental Nurses.
 - 9 Mental Welfare Officers—one holding Certificate in Social Science, six Registered Mental Nurses.
- Clerical staff—3 Clerk Typists, 1 Clerk, 1 Junior Clerk, 4 Shorthand-typists.

FAMILY CARE SECTION

- 1 Senior Caseworker—holds Social Studies Certificate and Home Office Certificate in Child Care and Diploma in Social Administration.
- 1 Caseworker— holds Diploma in Social Administration.
- 4 Assistant Caseworkers (two hold B.A. Degrees, two hold Social Studies Certificates).
- 1 Welfare Assistant.
- 1 Shorthand-typist, 1 Junior Clerk.

PARENT GUIDANCE CLINIC

- 1 Consultant Psychiatrist, L.R.C.P., L.R.C.S., D.P.M.,—one session per week.
- 1 Senior Psychiatric Social Worker.
- 2 Social Workers—hold Certificates in Social Science.
- 1 Shorthand-typist

Special Training Centre, Aldridge Road

(Under management of Health Committee).

- 1 Warden (Teacher's Certificate, M.Col.H.)
- 1 Senior Supervisor.
- 1 Senior Assistant Supervisor.
- 4 Assistant Supervisors (1 has Diploma of National Association for Mental Health; 1 has R.M.P.A., S.R.N.)
- 1 Senior Instructor.
- 5 Instructors (3 are qualified tradesmen, City & Guilds, and R.H.S.)
- 1 Clerk.
- 4 Kitchen Attendants.

Special Training Centres and After-Care

(Under the management of Education Committee on behalf of Health Committee.)

- 8 Supervisors (5 hold Diploma of National Association for Mental Health.)
- 12 Assistant Supervisors (3 hold Diploma of National Association for Mental Health.)
- 8 Welfare Attendants.
- 9 Kitchen Attendants.
- 1 Supervisor of Training Centres (Diploma of National Association for Mental Health.)
- 1 After-care Officer (B.Com. London.)
- 5 After-care Visitors (1 is an M.A., Social Science Diploma; 1 is a S.R.N., Domestic Science Diploma; the others have no specific qualifications but have relevant experience.)
- 4 Home Teachers (1 holds Diploma of National Association for Mental Health.)

INSPECTION AND REGISTRATION OF NURSING HOMES AND NURSING AGENCIES

(1) Nursing Homes (Public Health Act, 1936)

At the end of 1961 there were ten Nursing Homes on the register, providing one hundred and seventy-eight beds. Of these homes one caters for maternity cases and the others take only chronic or senile cases. Two homes closed down during the year, one with eight beds for chronic cases, and the other with forty-five beds for medical and surgical cases. One new home for three chronic cases was registered during the year.

The total number of visits paid to Nursing Homes during the year was thirty-eight (thirty-six by medical officers and two by supervisors of midwives).

(2) Nurses Agencies (Nurses Agencies Act, 1957)

In accordance with the Nurses Agencies Act, 1957, an application was received from one agency and renewal of licence was granted. One agency, operating from a nursing home which closed down during the year, cancelled its registration.

HOMES FOR THE AGED AND INFIRM

The Welfare Committee have opened two more homes in the City in addition to the twenty-one already established. The new homes are:—

Tanworth House to accommodate 32 residents

Park Hill to accommodate 76 residents

Senior medical and nursing officers have continued to visit Welfare Homes and any suggestions they have made with regard to the general hygiene of the homes or the health of the residents have been readily accepted. They have also been consulted about such matters by officers from the Welfare Department and the closest co-operation has been maintained.

A very successful Study Day was arranged by the Public Health Department for the Matrons of Welfare Homes. Fifteen matrons and two social workers attended. The first session was held in the Lancaster Street Welfare Centre and consisted of a lecture, a film and an exhibition of aids for the handicapped. During the afternoon session a visit was paid to the Public Health Department's Central Loan Store to see nursing equipment which could be used in the rehabilitation and care of the elderly.

MEDICAL CARE OF DEPRIVED CHILDREN

CHILDREN ACT, 1948

The total number of children in the care of local authorities in England and Wales on 31.3.61 was 62,199 compared with 61,729 on 31.3.60. Comparable figures in Birmingham were 1,492 on 31.3.61 compared with 1,397 on 31.3.60.

The total number of children admitted to the care of the Local Authority during the year ending 31.3.61 was 1,300 compared with 1,137 the previous year and 977 in 1959: the numbers of children discharged from care were 1,205, 1,104 and 889 respectively. Of the 1,205 discharged, 1,081 returned to the care of their parents, relatives or friends, and included the revocation of 9 Fit Person Orders. The number of children living at home on trial with their parents or relatives on 31.3.61 was 69 compared with 66 on 31.3.60.

By the end of 1961 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 1,549. During the year there were 1,411 admissions and 1,292 discharges under the Children Act, 1948, and 59 committals under the Children & Young Persons Act, 1933: 61 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 31.3.61 involved 3,670 children and 1,245 (i.e. 34%) of these were accepted.

The number of children admitted for short term care has risen this year. These admissions are usually because of the illness of a parent or the mother's confinement.

The number of illegitimate children coming into care during the year ending 31.3.61 because their mothers could not provide for them was 27, the same number as in the previous year.

The Matrimonial Proceedings (Magistrates Courts) Act, 1960, came into operation on 1.1.61 and enables Magistrates Courts, in the exercise of their powers to make provision for the welfare of children whose parents are involved in matrimonial proceedings, to commit a child to the care of a local authority if it is impracticable or undesirable for the child to be entrusted to either of the parents or to any other individual.

The health of the children in care during the year under review has been very good on the whole.

There were three deaths.

1. A boy, b. 22.4.60, died in the Children's Hospital, the cause of death being status epilepticus.
2. A boy, b. 1.1.60, died in Whiston Hospital, Liverpool, of broncho-pneumonia. He had been transferred for a short period from Erdington Cottage Homes to Orchard Dene Home, Nr. Liverpool, a short stay home for severely subnormal children.
3. A boy, b. 12.5.61, died in Wychbury House Nursery on 23.11.61 of bronchopneumonia.

Boarded-out Children

The number of children boarded-out in Birmingham on 31.3.61 in terms of the Boarding-Out of Children Regulations, 1955, together with children in lodgings and residential employment was 488 compared with 441 on 31.3.60.

The health of the children has been good. Arrangements were made for most of the younger children to have routine medical examinations at infant welfare centres.

In special cases boarded-out children are medically examined by their own general practitioners or are taken individually by the foster mother to the nearest infant welfare centre.

There has been a rise in the number of children admitted to short term foster homes. It has been found possible to board-out children successfully in spite of difficulties, including those with handicaps of various kinds and children requiring special nursing care.

Twenty-six children have attended or been admitted to hospitals for various reasons and three have had periods of convalescence.

Residential Nurseries

FIELD HOUSE Capacity 40

At the beginning of the year many of the children had heavy colds and coughs and a little Jamaican boy was admitted to Hilltop Hospital, Bromsgrove, with empyema requiring surgical intervention from which he finally made a good recovery.

During April, May and June there were measles and chickenpox epidemics, 24 children having measles and 21 chickenpox. There were 8 cases of German measles.

One child was admitted to Hayley Green Hospital with pneumonia following measles and two children were admitted to the Corbett Hospital with inflamed glands of the neck which proceeded to abscess formation. One child was admitted to the Children's Hospital with acute bronchitis and anaemia.

One student nurse developed jaundice while at home on leave in November and the Nursery Warden developed jaundice in December. Eleven nurses and the assistant cook were given prophylactic injections of gamma globulin and no further cases developed.

FLINT GREEN Capacity 25

For the greater part of the year, from February to August, there were recurring cases of measles and German measles, 14 children having measles and 13 German measles. Two children with measles were transferred to Little Bromwich Hospital for treatment.

One Jamaican child, who has suffered with eczema from birth, was admitted to the Children's Hospital on two occasions with an abscess of the groin.

The following children were also admitted to hospitals: one with diarrhoea and dehydration, one with greenstick fracture of left upper arm, one for repair of inguinal hernia, one with sub-arachnoid haemorrhage, and one with convulsions (birth injury).

HAWTHORNE HOUSE Capacity 40

Apart from seasonal upper respiratory or virus infections and ten mild cases of mumps, the children have been well.

One small child was found to be deaf but improved when a hearing aid was supplied and she commenced attendance at a school for the deaf.

One child had a tonsillectomy in Dudley Road Hospital.

Four nurses developed jaundice but none of the children were affected.

OAKLANDS Capacity 40

A measles epidemic from August to November affected all the children.

A severely subnormal child was investigated in Worcester Royal Infirmary. He is a blind and deaf spastic child and he has also been examined at Condover Hall.

The following children were admitted to Worcester Royal Infirmary: one with a strangulated hernia, one with a fracture of right humerus, and one with extensive osteomyelitis of the right heel and ankle: this child was later transferred to the Woodlands Orthopaedic Hospital, Birmingham, for observation and education.

WYCHBURY Capacity 22

There were ten cases of measles during the period August to October. Seasonal upper respiratory infections were reported, some complicated with ear discharge.

One little boy, b. 12.5.61, died on 23rd November with acute bronchopneumonia.

The following children were admitted to hospital: four with broncho-pneumonia, one with convulsions, and one with acute otitis media. One nursery student developed jaundice but there were no further cases.

PYPE HAYES Capacity 35 school children and infants

There have been 18 cases of chickenpox, 7 of measles and 8 of German measles from March to October, and one case of scarlet fever. Respiratory infections showed a seasonal prevalence. Two student nurses and a staff nurse developed jaundice.

One boy, b. 22.4.60, a spastic child, was admitted to the Children's Hospital on 13th March and died on 20th March, the cause of death being status epilepticus.

Two children attended the General Hospital Out-Patient Department with fractures of the right arm.

Boys' Hostel

COPELEY HILL Capacity 28

The health of the boys has been very good indeed. One boy attended Uffculme Clinic because of stammering and improved tremendously. One boy sustained mild burns to his hands and face at work, but fully recovered. One boy attended All Saints Hospital Clinic because of epilepsy.

Approved School and Remand Homes

SHAWBURY APPROVED SCHOOL Capacity 80

The health of the boys has been good throughout the year. Seasonal visitations of upper respiratory infections necessitating short periods in the Sick Bay have not been heavy. Where hospital treatment has been advised and is in the best interest of the boy, this has been arranged. (See attached table for details).

A general practitioner visits once weekly and on request.

All boys have been X-rayed following admission.

There has been a fairly good response to requests for parents' signatures for prophylactic injections.

Phenylketonuria tests have been carried out and all were negative.

FORHILL REMAND HOME—SENIOR BOYS Capacity 50

In spite of heavy admissions throughout the year, the health of the boys has been very good indeed. Four boys had mild upper respiratory infections.

One boy was admitted to hospital with suspected appendicitis but no operation was necessary, one boy was admitted to hospital because of a swollen jaw associated with a previous operation, and one attended hospital with a fracture of the collar bone.

Phenylketonuria tests have been carried out and all were negative.

MOSELEY ROAD REMAND HOME—JUNIOR BOYS Capacity 30

The health of the boys has been very good indeed and the number of admissions to this home has increased this year.

The following boys have been admitted to hospital: one with jaundice, one with pneumonia, two with suspected appendicitis—no operation necessary in either case, and one regarding mental disturbance. Three boys attended hospitals by request as they had already been examined there prior to admission to the Remand Home: one with a urinary infection, one with eczema and one with a swollen knee (in plaster on admission).

Phenylketonuria tests have been carried out and all were negative.

THE LIMES GIRLS' REMAND HOME Capacity 18

The health of the girls has been good throughout the year. Three girls developed mild attacks of mumps.

The following girls were admitted to hospital: one for an operation on her jaw, one with an ear abscess, one with a miscarriage, one with a severe cut of the right leg—sustained while attempting to abscond, and one regarding mental disturbance.

It is regrettable that the incidence of venereal disease amongst the girls being admitted to the Remand Home is increasing.

Phenylketonuria tests have been carried out and all were negative.

Summarised Information

Details follow of medical circumstances in the Children's Home, as well as in the Residential Nurseries, Remand Homes, Approved School and Boys' Hostel.

REMAND HOMES, APPROVED SCHOOLS AND BOYS' HOSTEL

Capacity	Forhill 50	Moseley Road 30	The Limes 18	Shawbury 80	Copeley Hill 28
Admitted to hospital:	1 suspected appendicitis— no operation. 1 fracture of collar bone. 1 swollen jaw- old operation.	1 jaundice 1 pneumonia 2 suspected appendicitis- no operation. 1 mental disturbance.	1 jaw operation 1 otitis media 1 miscarriage 1 severe cut of leg. 1 mental disturbance.	1 tonsillectomy 4 orthopaedic deformities. 1 hernia 1 stomach wash- out—swallowed aspirins. 1 investigation prior to heart operation. 1 undescended testicle.	1 burns to face and hands— accident at work.
Prophylactic injections : B.C.G. vacc.				33	
Polio. vacc.					21
Smallpox vacc.				58	
Medical Examinations : Routine					All boys annually
On admission	685	393	312	62	
On discharge				44	2
Phenylketonuria tests :	220 all neg.	258 all neg.	139 all neg.	41 all neg.	
Dental Inspections/Treatment :			11	72	4

RESIDENTIAL NURSERIES

	Field House	Flint Green	Hawthorne House	Oaklands	Pye Hayes	Wychbury
Capacity	40	25	40	40	35	22
Admitted to Hospital:	1 empyema 1 bronchitis and anaemia 1 measles and pneumonia 2 cervical abscesses.	1 diarrhoea and dehydration 2 measles 1 fractured arm 1 groin abscess 1 hernia 1 convulsions 1 subarachnoid haemorrhage.	1 tonsillectomy	1 observation severely sub-normal. 1 stangulated hernia 1 cracked humerus 1 osteomyelitis of heel.	1 status epilepticus died in hospital-severely sub-normal.	4 broncho-pneumonia 1 convulsions 1 otitis media.
Prophylactic injections: B.C.G. vacc.		2	3			
D.P.P.	7	12	4	8	2	17
Smallpox vacc.	6		3	30	28	4
Polio. vacc.	56	6	6		4	20
Infectious diseases: Children	24 measles 21 chickenpox 8 German measles 1 jaundice	14 measles 13 German measles.	10 mumps 13 virus infections	measles all children.	18 chickenpox 7 measles 8 German measles 1 scarlet fever	10 measles
Nursing Staff:	2 jaundice	1 measles 5 German measles	4 jaundice		2 jaundice	1 jaundice
Medical examinations: Routine	155	118	134	133	152	130
On admission	6	20	24	7		1
On discharge	31	32	45	82	14	19
Phenylketonuria tests:	2 both neg.	10 all neg.	9 all neg.	18 all neg.	3 all neg.	13 all neg.
Dental inspections/treatment:		17	2	24	33	13

ADOPTION OF CHILDREN

Where an infant has been placed by or on behalf of a registered adoption society in the care and possession of a person proposing to adopt him:—

(a) a serological test of the infant's blood for syphilis must be carried out and a report thereon obtained from a fully registered medical practitioner as soon as practicable after the infant is placed and has attained the age of six weeks:

(b) if the infant has not attained the age of two years, an examination of his urine for phenylpyruvic acid must be carried out by, and a report thereon obtained from, a fully registered medical practitioner as soon as practicable after the baby is placed for adoption and has attained the age of six weeks.

These tests have been carried out on all children placed in prospective adoption homes, either prior to placing or while with the prospective adopting parents, during the three months probationary period.

Statistics

During 1961 the Adoption Clinic was held fortnightly until May; thereafter a weekly clinic became necessary.

(a) <i>Preliminary Examinations</i>	...	...	...	...	...	...	86
Fit for placing	...	...	...	...	...	...	86
Unfit for placing	...	...	...	...	...	...	0
 (b) <i>Final Examination</i>	...	...	...	...	...	...	179
Children's Department placings	...	...	...	...	...	102	} 179
Other adoption societies	...	...	...	...	...	62	
Private and third party placings	...	...	...	...	...	13	
In residential care	...	...	...	...	...	2	
Healthy	...	...	...	...	...	...	143
Adoption deferred—for fostering and review later	...	...	...	...	...	...	2
Withdrawn by natural mother	...	...	...	...	...	...	2
Removed from adopting mother because of her unstable mental state	...	...	...	...	...	...	1
Refused by adopters because of asthma (returned to care)	...	...	...	...	...	...	1
Major Defects:							
Lumbo dorsal scoliosis	...	...	...	...	...	...	1
(Unfit for adoption and returned to care)							
Dorsal scoliosis	...	...	...	...	...	...	1
(Accepted by adopters in spite of defect)							
Minor Defects: (No contra-indication to adoption)	...	...	...	...	...	...	28

Undescended testes	...	...	2	Abnormality of intraphalangeal				
Hypospadias	...	...	1	joints, webbed toes, clubbing nails,				
Phimosis	...	...	1	hands and feet	...	...	...	1
Abnormality of fourth rib	...	...	1	Enlarged thymus	...	...	...	6
Abnormality of fifth rib	...	...	1	Naevus	...	...	...	3
Abnormality of seventh rib	...	...	1	Right inguinal hernia	...	...	...	1
Abnormal rib and spina bifida occulta			1	Cyst of scalp	...	...	...	1
Dorsal lumbar scoliosis	...	...	1	Dwarfism	...	...	...	1
Left dorsal scoliosis, rib deformity				High carotene blood level	...	...	...	1
and thymus	...	...	1	Retarded speech	...	...	...	2
				Skin conditions	...	...	...	2

(32 defects in 28 children)

(c) *Reviews in 1961 from 1958-1960* 11

Three children with enlarged thymus—passed fit.

One child under review since 1958—no speech.

One child under review since 1958—no speech. Under the care of Mr. Crabtree (speech therapy).

One premature baby? deaf—passed fit.

One child mental defective—passed fit.

Two children reviewed for mental ability—passed fit.

One child of 2nd generation mental defective—adoptors willing to adopt.

Two children, poor speech—adopted.

TOTAL EXAMINATIONS 276

NATIONAL ASSISTANCE ACTS, 1948 & 1951

COMPULSORY REMOVAL

During 1961 there was a decrease in the number of cases referred for removal under the National Assistance Acts. Twenty-eight cases were investigated (26 women and 2 men).

In the majority of cases it was possible to provide adequate facilities in their own homes, and two were persuaded to enter a Welfare Home. Two cases, however, needed hospital admission, and it was necessary to remove them compulsorily, one is reported below

An elderly widow, aged eighty-six, lived alone, with several cats. She had kept a small tobacconist and sweet shop, and lived in the room at the back. Owing to failing health she became unable to look after the shop, and the business deteriorated. Being a very determined old lady, she refused to accept the situation, being quite sure that she would be able to start it up again. However, her general condition became worse, and hospital treatment was considered necessary. It was impossible to look after her adequately at home, and as she refused the offer of a bed, it was necessary to remove her under the emergency powers.

INCIDENCE OF BLINDNESS

Statistics

The total number of registered blind persons remains virtually static.

<i>Year end</i>	<i>Total Registered Blind</i>	<i>Blind Children</i>	<i>Blind Men</i>	<i>Blind Women</i>	<i>Blind over 65 years</i>
1956	1,730	61	720	949	953
1957	1,721	61	706	954	965
1958	1,703	62	698	943	970
1959	1,705	62	698	945	961
1960	1,704	61	698	945	951
1961	1,711	58	700	953	970

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

	1955	1956	1957	1958	1959	1960	1961
<i>Additions to Register</i>							
Certified Blind ...	257	232	169	144	189	172	191
Immigrants to B'ham ...	13	20	18	24	21	23	30
Reincluded on the register							1
<i>Deletions from Register</i>							
Through death ...	163	150	162	158	180	165	173
Left Birmingham ...	28	27	30	21	25	30	35
Sight improved ...	1	3	4	7	3	1	3
Removals from Register for administrative reasons							4

Among those newly certified blind in 1961 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	...	37	Congenital syphilis	...	...	1
Congenital cataract	...	5	Trauma	...	...	1
Glaucoma	...	20	Diabetes	...	...	18
Other congenital and hereditary defects	...	7	*Other causes	...	...	86
Myopia	...	8	* These include senility, cause unknown, arterio-sclerosis, hypertension, cerebral tumour.			

The following statement prepared by Mr. H. T. Salter, Chief Welfare Officer, shows the arrangements for care, education and employment of the blind.

1st Jan. 1961	31st December, 1961			
	Men	Women	Children	Total
4 Babies at home	—	—	7	7
— Babies in Sunshine Homes	—	—	2	2
30 Children at school—resident	—	—	28	28
2 Children at school—day	—	—	2	2
2 Children school age in Sunshine Homes	—	—	2	2
12 Children school age at home	—	—	8	8
— Child school age in Ellen Terry Home	—	—	1	1
11 Children school age in Regional Board Hospitals	—	—	8	8
4 Adults in training—resident	1	5	—	6
9 Adults in training—day	6	1	—	7
2 Undergoing rehabilitation	—	2	—	2
1 Undergoing training for open employment	—	—	—	—
117 Workers in open employment	97	16	—	113
167 Workshop workers	113	44	—	157
6 Occupation Centre	4	2	—	6
20 Other blind employees	10	8	—	18
25 Homeworkers	13	11	—	24
35 St. Dunstan's	38	1	—	39
18 Working on own account	17	2	—	19
1,066 Unemployable at home	347	731	—	1,078
96 Unemployable in Regional Board Hospitals	32	63	—	95
55 Unemployable in Welfare Homes	22	46	—	68
22 Unemployable in Cowley Home	—	21	—	21
<hr/> 1,704	<hr/> 700	<hr/> 953	<hr/> 58	<hr/> 1,711

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 1961 the number had risen to
256 persons—69 men ; 144 women ; 43 children.

and by the end of that year to

276 persons—73 men ; 147 women ; 56 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	...	15	Ophthalmia neonatorum	...	1
Congenital cataract	...	5	Retinitis pigmentosa	...	1
Glaucoma	...	12	Diabetes	...	2
Other congenital and hereditary defects	...	8	*Other causes	...	30
Myopia	...	2	* These include senility, cause unknown, nystagmus, arterio sclerosis, stroke, albinism, corneal abscess.		

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
1961	8	9	6	4	6	5	13	25	28	27	88	39	1	259

Persons over sixty-five years of age accounted for 71 per cent. of the new cases in 1961 as compared with 66 per cent. for 1960.

The causes of loss of vision and the treatment recommended were :

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which Section " F " of the form B.D.8 recommends :				
(a) No treatment ...	16	6	—	42
(b) Treatment (Medical, Surgical or Optical)	46	26		123
(ii) Number of cases at (i) (b) above which on follow-up action at the year end had received treatment ...	10	10	—	56

The thirty-two glaucoma patients, prior to registration as blind or partially sighted, had received treatment as follows:—

Treatment failed	12
Treatment incomplete	3
Condition not amenable to treatment	4
Condition not amenable to treatment for left eye but successful for right eye	4
No treatment left eye, failed right eye	1
No treatment right eye, failed left eye	1
Treatment successful	2
Treatment successful until November, 1960	1
Treatment incomplete left eye, failed right eye	1
No previous treatment	2
No information re treatment	4

At the examination for registration it was recommended that twenty-six glaucoma patients should receive treatment and, before the year end ten of them had in fact received it.

Ophthalmia Neonatorum

There were 353 notifications (see page 111)

The Deaf-Blind

In 1961 there were one hundred and forty-five deaf-blind persons residing as follows:—

	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
In own home	41	63		104
In homes and institutions	6	31	4	41
	47	94	4	145

The one hundred and four living in their own homes were

	<i>Men</i>	<i>Women</i>	<i>Total</i>
Unemployable ...	31	62	93
Employed in the Work-shops for the Blind	9	1	10
In open employment	1	—	1

The two specialist home teachers give instruction to the deaf-blind in Manual Alphabet, Braille and Moon Reading. Assistance is also 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. To those deaf-blind persons who were suitable the transistor hearing aid has been supplied. These services are also available to those persons at work and those in homes and institutions.

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. A summer outing to the country and a Christmas party were also arranged. A fortnight's holiday for the deaf-blind at St. Leonards-on-Sea was arranged under the care of the two specialist home teachers.

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 759 SPASTICS IN 1961

CHILDREN UNDER 5 YEARS

Attending normal nursery schools	...	...	...	...	2
Attending the Cerebral Palsy Nursery Unit at Carlson House					9
In hospital	...	...	...	...	2
At home— out-patient treatment	...	...	...	...	25
no treatment	...	...	...	...	15
					—
Total known cerebral palsy patients under 5 years	...	...	...	...	53
					—
Estimated population under 5 years	...	...	...	...	93,800

CHILDREN AGED 5 TO 15 YEARS.

Attending day schools				
Cerebral Palsy School, Carlson House	...	...	...	33
Schools for physically handicapped	...	...	...	88
Other special schools (deaf school 9, open air school 3, partially sighted school 1, E.S.N. 9)	...	...	...	22
Schools primarily for normal children	...	...	...	88
Home tuition and training	...	...	...	19
Training centre	...	...	...	18
Attending residential schools				
Cerebral Palsy School, Carlson House	...	...	...	1
Schools for the physically handicapped	...	...	...	3
Other special schools (open air school 2, E.S.N. 4, hospital school 5, Blind School 1)	...	...	...	12
In institutions for the mentally subnormal	...	...	...	18
Remaining at home—ineducable	...	...	...	18
Remaining at home—educable, and awaiting placement	...	...	...	6
Total known cerebral palsy patients 5 to under 15 years				<u>326</u>
Estimated population 5 to under 15 years	...	...	...	169,200

PERSONS 15 YEARS AND OVER

Still at school or receiving home tuition	...	...	...	21
Training centre	...	...	...	27
Outwork—part-time work, housewives	...	...	...	14
Sheltered work	...	...	...	7
Normal work	...	...	...	147
Midland Spastic Association Work Centre	...	...	...	23
Other craftwork classes	...	...	...	14
Institution for mentally subnormal	...	...	...	44
In cripples' or spastics' homes	...	...	...	8
In hospital	...	...	...	3
At home	...	...	...	72
Total known cerebral palsy patients aged 15 years and over				<u>380</u>
Total cerebral palsy patients of all ages in Birmingham				<u>759</u>

The Welfare Committee of the City Council maintained six spastics in special homes, assisted fifteen spastics with holidays and five had the loan of television sets. Twenty-seven spastics took part in the Handicraft Scheme and eight spastics were doing outwork which the Welfare Committee arranged. Ninety-nine spastics also took part in the activities of the Birmingham Fellowship of the Handicapped.

EPILEPSY

The Welfare Committee gave direct assistance to epileptics during 1961 as follows:—

Epileptics maintained in colonies	...	...	...	...	...	23
Participating in handicraft scheme	...	...	...	...	...	25
Outwork arranged by the Welfare Dept.	...	...	...	...	...	14
Loan of a television set	...	...	...	...	...	3
Assisted by Welfare Committee with holidays	...	...	...	...	...	5

Twenty-three 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, one hundred and forty-two epileptic children of school age were known to the Education Department. Of this number twenty-eight 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 first full year spent at the Medical Examination Centre and Surgery at Bush House has shown a steady increase in the number of patients attending for advice and/or treatment, due partly, no doubt, to the realisation that a much better service is now available than was possible in the severely restricted accommodation at Baskerville House, Civic Centre.

At the Council House too, the figures are up on last year's total, indicating that patients have complete confidence in the skill and personal attention given by the nursing staff.

Visits were made to several Corporation Departments and sub-sections in connection with their First Aid and Staff Welfare arrangements and improvements were recommended where necessary. On the whole, the facilities provided were of a high standard.

The vacancy caused by the voluntary resignation of the Sister-in-Charge, after more than five years valuable service, was filled by a State Registered Nurse, with Industrial Health Service experience.

SURGERY ATTENDANCES

				1961	1960	
Council House	...	...	...	3,952	3,733	
Bush House	...	...	...	1,984	1,363	Baskerville House
				—————	—————	to the 7th June
				5,936	5,096	then Bush House
				—————	—————	from 8th June.

Medical Examinations

The Corporation has over 45,000 employees and thirty separate Departments.

The figures given below relate only to the Medical Examinations carried out by the Medical Officer for Corporation Staff Welfare and do NOT include those done by:—

1. The School Health Service Medical Officers on behalf of the Education Department.
2. The panel of General Practitioners.
3. Other doctors with whom certain Corporation Departments have special arrangements.

MEDICAL EXAMINATIONS CARRIED OUT BY THE MEDICAL OFFICER
FOR CORPORATION STAFF WELFARE

	1961	1960
Non-manual	1,115	1,107
Manual	988	891
By the Medical Officer for Staff Welfare on behalf of other Local Authorities	31	21
By other Local Authorities on our behalf	24	14

Cremations

An exacting and very time-consuming part of the Medical Officer's work is acting as Medical Referee to the two Municipal Crematoria.

Since his appointment ten years ago, he has authorised personally about 40,000 cremations and his deputies nearly 5,000.

CREMATIONS AUTHORISED

	1961	1960
Lodge Hill	3,158	3,240
Yardley	2,009	1,753
	5,167	4,993

FOOD AND DRUGS

A summary of the work of the Analytical Laboratory in connection with the sampling of food and drugs for quality examination is contained earlier in this report.

This chapter deals in the main, with the purity of food stuffs, with particular reference to the supervision of the premises, equipment and persons engaged in the preparation and serving of food.

It has already been demonstrated that incidents of infection resulting from the consumption of food continue to occur—even in the most up-to-date establishments—and there is ample proof that these incidents result either from some faulty technique of preparation etc., as described in last year's report or through fault of the individual by reason of neglect of one or more of the regulations imposed, notably that of notification of the various infections listed as notifiable in the Food Hygiene Regulations, 1960.

In the circumstances, therefore, it is logical that all food preparation premises and, indeed, all "food handling" should continue to be subjected to close supervision and that those foods in the preparation of which a greater risk of contamination with pathogenic bacteria may occur, should be given greater attention.

No reference will be made to retail food shops, these being delegated to the Markets and Fairs Committee and their supervision resting with the Food Inspection Department.

While co-operation is readily obtained from managements in regard to faulty structure, the investigation of outbreaks of infection illustrates only too often that the hygiene of food handling is left to look after itself, and that continuous education is required both at managerial level and on the "kitchen floor". With frequent staff changes and employment of untrained handlers, it is imperative that either the manager himself or a senior employee, suitably trained, briefed and empowered, should exert a daily influence on all the kitchen staff. For that reason the introduction of a Food Hygiene Course into the annual curriculum of the College of Food and Domestic Arts has been welcomed. This course is now in its third year and will continue for there has been no lack of demand from industrial canteens, and, recently hospitals in the region.

During the year inspectors engaged on district duties made a total of 7,653 visits to premises as follows:—

Visits to cafes, hotels, restaurants, eating houses, clubs, school meals canteens, etc.	5,327
Visits to factories	854
Visits to bakehouses	127
Visits to licensed premises where food is sold	669
Special visits to licensed premises	571
	7,548
Visits to milk shops	105
	7,653

The figure for visits made by these inspectors shows a decrease compared with the total of 11,095 visits made in 1960 and this can again 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. In addition, the duty of making visits to milk shops was transferred back to specialist inspectors of the Milk and Dairies Section at the beginning of the year. This step helped to ease the pressure of work on the inspectors engaged on district duties and, at the same time, duplication of effort was avoided as it had been found that, in a number of cases, milk shops were also visited by Milk and Dairies Inspectors in connection with ice-cream legislation.

Persuasion and education continued to play a major role in the work of inspectors on their visits to food premises and legal proceedings were only necessary in two instances. In the first case a fine of £70 plus costs was imposed whereas the other case was dismissed.

Other food premises inspected included:—

Breweries	...	...	...	...	...	...	...	...	6
Sweet manufacturers	...	...	...	...	...	...	...	...	17
Biscuit manufacturers	...	...	...	...	...	...	...	...	2
Mineral water factories	...	...	...	...	...	...	...	...	9
School canteens (with kitchens)	...	...	...	...	...	...	...	...	235
School canteens (with serveries)	...	...	...	...	...	...	...	...	259

Licensed Premises

The routine survey of licensed premises continued and during the year two hundred and nineteen premises were visited. 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 day time visits. In the case of ninety-three licensed premises deficiencies of equipment, repair or other conditions were found and were the subject of letters to the respective breweries.

The purpose of the evening inspections has been to examine methods of handling and serving drinks with special attention being paid to the collection and disposal of waste beer. In the average public house it is estimated that between a half and one and a half gallons of spilled beer are collected daily and in most instances this is re-served. Draught beer drawn into brim measure glasses invariably overflows and is collected in a drip tray underneath the draw off taps. Observations show that this spillage is from time to time emptied into a bucket in the bar from where it is taken down into the cellar and put back in the barrel. The bucket of beer may have been standing, often uncovered, for considerable periods

before being returned to the barrel and breweries have admitted that bacteria and wild yeast have affected or spoilt the bulk beer in the barrel. To avoid this happening certain breweries have fitted to the beer pumps suction pipes which are placed direct into the bucket in the bar and the spilled beer is blended at a controlled rate with the freshly drawn beer.

The main defect of returning overspill beer for sale is the possibility of bar tenders adding waste beer from service trays and customers' glasses to the overspill by way of the drip tray or bucket. There is also risk in refilling customers' glasses from which they have been drinking, for the outside of such glasses usually receives a washdown in beer which drains into the drip trays.

Malpractices in connection with the service of beer have been observed on a number of occasions by inspectors and have been taken up with the licensee. In ten cases it was necessary to write to the brewery concerned and in one case legal proceedings were authorised.

There is little doubt that the reservice of spilled beer is aesthetically as well as hygienically undesirable—a fact which has now been recognised by at least one large brewery firm who discourage its sale and make an allowance for spillage to their licensees.

The solution is not an easy one in view of the factors involved but it is felt that the use of glasses with line measures instead of the present brim measure would be a major improvement and would reduce spillage. In some countries the sale of spilled or waste beer is forbidden by law and colouring matter such as methyl violet is required to be placed in any drip tray or other receptacle for waste beer.

Mobile Canteens

A hawker of food, which term includes the operator of a mobile canteen, must be registered under the provision of Section 42 of the Birmingham Corporation Act, 1948, before he can operate in the City. There were eight new applications for registration and one cancellation of existing registration during the year so that there were fifty-one 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 the inspectors in remedying any deficiencies.

Factory Canteens

Regular visits of inspection are made to 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 eight hundred and four canteens known to be operating in the City in 1961 compared with eight hundred and eight at the end of 1960.

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 1,159 registered eating houses compared with 1,165 at the end of 1960. During the year the registration of thirty eating houses had been cancelled at the request of the proprietors and twenty-four 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 them and of the Food Handling Byelaws, 1950, and that a good standard of food hygiene is maintained.

MILK AND DAIRIES

In the Milk and Dairies Section, operating under direction of the Administrative Medical Officer of Health (General Purposes), there was one staff change during the year caused by the resignation of one inspector.

The following details summarise the visits paid in the supervision of premises and plant:—

Pasteurising plants	675	Ice cream retailers	6,068
Sterilizing plants	675	Iced lollipop manufacturers	521
Wholesale milk purveyors ...	490	Iced lollipop retailers	6,084
Retail milk purveyors	799	Milk bars	184
Bottled milk shops	1,680	Principal bakehouses	636
Ice cream manufacturers	896	(bread and confectionery)	
Other visits 429	Unsuccessful visits 920	Interviews 429	

Milk Licences

The following licences were in operation at the end of the year:—

Pasteurising plants—H.T.S.T.	6
Holder	1
Sterilising plants	8
Distribution depots operated by the larger dairy firms	17
Retail purveyors	24

Tuberculin Tested Licences were issued to the seven dairies licensed to pasteurise, for the production of Tuberculin Tested (Pasteurised) milk. It is worthy of note that approximately 95 per cent. of all milk processed in the city dairies is tuberculin tested milk, and it would seem logical that the specific designation, "Tuberculin Tested" should become obsolete in the near future.

With the introduction of the Milk (Special Designation) Regulations, 1959, under which licences are granted at five yearly intervals, the inspection of shops selling bottled milk reverted to the milk and dairies section during the year, and at the end of the year 2,590 licences in respect of the sale of bottled milk had been issued, an increase for the year of one hundred and sixty-seven. Two farmers, moreover, were granted licences in respect of tuberculin tested milk sold from vending machines.

Complaints

The following complaints were received during the year:—

GENERAL

Dirt and foreign matter in bottles	...	...	...	...	...	...	...	23
Glass in bottles	...	...	...	...	...	...	...	2
"Watery" sterilised	...	...	...	...	...	...	...	11
Bacteriological spoilage	...	...	...	...	...	...	...	3

FROM SCHOOLS

Dirt and foreign matter in bottles	...	...	...	...	...	...	...	3
Glass in bottles	...	...	...	...	...	...	...	5
Cap in bottle	...	...	...	...	...	...	...	1
"Peculiar taste"	...	...	...	...	...	...	...	1

One bottle suspected of bacterial contamination by the complainant revealed no specific cause for complaint, while six, sent from a school with a complaint of peculiar chalky taste, were found to be perfectly satisfactory.

The introduction during the year of a deposit charge on milk bottles had the effect of securing a more rapid return of empty bottles from the ordinary householder but those returned to the dairies from factories, building sites, etc., still show an unduly high proportion which have been mis-used or are in such a condition that washing by means of the ordinary washers is not effective. These suspect bottles either have to be destroyed or hand-washed as a preliminary to ordinary washing, involving the dairy firms in a great deal of expense and exposing them to the risk of an occasional bottle escaping the vigilance of the viewers on the bottle lines. One dairy firm has installed detectors to detect the presence of caps in the bottles and these operate very effectively, but the dairy trade is still awaiting a detector which will automatically reject a bottle showing any form of contamination.

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... ..	188	18 (9.57%)

The increase in the percentage of failures over that for 1960 (4.29 per cent.) may possibly be attributed to the increased severity of the Methylene Blue Test as compared with that carried out under the former Regulations.

In addition to the above, six cartons of unlabelled milk taken from a vending machine were submitted for examination to determine the nature of the milk. It was established that the milk was, in fact, Tuberculin Tested milk cartoned by a farmer and the correct labelling was enforced.

Five samples not included in the above figures were declared "void" on account of excessive atmospheric shade temperature.

(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.	729	12 (1.64%)	763	1 (0.13%)
From schools	195	3 (1.53%)	166	Nil
From vending machines	151	20 (13.24%)	153	Nil
From "Tetrapak" machines	15	Nil	15	Nil
<i>From Dairies outside City</i>				
From rounds, etc.	209	9 (4.30%)	217	1 (0.46%)
From schools	21	Nil	22	Nil
From vending machines	28	1 (3.57%)	29	Nil
TOTALS	<u>1,348</u>	<u>45 (3.33%)</u>	<u>1,365</u>	<u>2 (0.15%)</u>

Investigation of the phosphatase failure revealed no definite cause. In the case of that from a dairy outside the City, a new H.T.S.T. plant had been installed and the failure may have been due to teething troubles. Biological examination of these two samples proved negative for tuberculosis.

The increase in the number of Methylene Blue failures appears to have been due to the increased severity of the conditions laid down in the 1960 Regulations. The number of Methylene Blue failures from all sources during 1960 was twenty-seven as compared with forty-five during 1961.

This increase of eighteen was wholly accounted for during the period when samples are required to be kept overnight at a temperature of 65°F. (i.e. during the period 1st November to 30th April) as against the former requirement that they should be kept overnight at atmospheric shade temperature until examined.

Samples taken from vending machines again showed the greatest proportion of failures. Except in two instances in which the refrigeration was defective, these failures were due to the lack of care on the part of the firms concerned in ensuring that old milk was removed from the machines.

A total of sixty-seven samples (not included in the above figures) were declared "void" owing to excessive 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>	70	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 gave the following results:—

(i) BOTTLES

A total of sixty bottle samples were taken and of these fifty-three gave a plate count of two hundred or less. One of these, with a plate count of twenty, showed the presence of B. Coli. Repeat sampling after investigation of those samples showing unduly high counts produced satisfactory results.

(ii) CHURNS

A total of fifty-one churn samples were taken. These are 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	48
More than 50,000 and less than 250,000	Fairly satisfactory	3*

*This figure includes one churn which had a plate count of nil but was a "wet" churn and was, in consequence, down-graded to the next category. B. Coli tests were negative in all cases.

Cream

A total of three hundred and ninety-three samples of fresh cream was submitted to the provisional methylene blue test with the following results:—

	<i>Unsatisfactory</i>									<i>Satisfactory</i>
	0	$\frac{1}{2}$	1	$1\frac{1}{2}$	2	$2\frac{1}{2}$	3	$3\frac{1}{2}$	4	
Hours taken to decolourise methylene blue										More than 4
No. of samples	19	7	0	0	2	3	1	0	51	310
Samples taken Jan.-March and Oct.-Dec.	4	2	0	0	0	0	0	0	21	175
Samples taken Apr.-Sept.	15	5	0	0	2	3	1	0	30	135

Atmospheric shade temperature is once again shown to have a marked effect upon the results of investigation of cream samples.

FROZEN CONFECTIONS

Ice Cream

During the year ten manufacturers' licences were cancelled—in six cases the premises changed hands and the new occupiers were registered for sale only, in two cases the business was transferred to other premises, in one case the business changed hands and the nature of the trade carried on was also changed and in the remaining case the premises became void. Four new registrations were granted in respect of both person and premises, leaving a total of seventy-two manufacturers on the register at the end of 1961.

In addition to the above, nineteen registrations were granted to owners of ice-cream manufacturing vehicles operating from premises within the City—these registrations being in respect of person only.

The number of premises registered for sale only at the end of the year was 3,362 compared with 3,338 at the end of 1960. There were one hundred and fifty-eight new registrations and one hundred and thirty-four cancellations—the premises being demolished under re-development schemes or the occupiers ceasing to sell ice-cream.

In addition to these figures, ten registrations were granted to persons only in respect of ice-cream sales vehicles.

Four temporary registrations were granted for the manufacture and sale of ice-cream during exhibitions at Bingley Hall.

Sampling has been carried out as follows, using the provisional methylene blue test:—

<i>Grade</i>	<i>Samples of ice cream manufactured on premises in the City</i>	<i>Samples of ice cream manufactured on premises outside the City</i>	<i>Total samples 1961</i>	<i>1960 Results</i>
1	426 (91.22%)	369 (96.09%)	795 (93.42%)	610 (88.66%)
2	26 (5.56%)	15 (3.91%)	41 (4.82%)	64 (9.30%)
3	5 (1.07%)	Nil	5 (0.59%)	9 (1.31%)
4	10 (2.14%)	Nil	10 (1.17%)	5 (0.73%)
TOTALS	467	384	851	688

A considerable number of the four hundred and sixty-seven samples taken from "inside city" sources were in connection with the manufacturer of soft ice-cream, either on vehicles or on premises in the City. A break-down of the figure gives the following results:—

<i>Grade</i>	<i>Total samples taken</i>	<i>Normal ice-cream samples</i>	<i>Soft ice-cream samples including mixes</i>	<i>Soft ice-cream samples excluding mixes</i>
1.	426	239	187	111
2.	26	14	12	6
3.	5	Nil	5	2
4.	10	Nil	10	5
	467	253	214	124

Informal sampling of ice-cream carried out under the Food Standards (Ice Cream) Regulations, 1959, gave the following results:—

	<i>No. of samples</i>	<i>No. falling below standard</i>
Ice cream manufactured inside City ...	189	Nil
Ice cream manufactured outside City ...	101	Nil

Of the above, a total of nineteen were of "dairy" ice-cream.

No artificial sweetener was found in any sample.

The table below gives the average composition of the samples taken:—

<i>Average Composition</i>	<i>Fat</i>	<i>Milk Solids not fat</i>
All samples (excluding "Parev") (288) ...	9.06%	12.47%
Ice-cream manufactured in city (189 samples) ...	8.20%	12.42%
Ice-cream manufactured outside city (99 samples) ...	10.70%	12.57%
"Parev" ice-cream (2 samples) ...	13.9%	Nil

Iced Lollipops

Of thirty-four premises registered at the beginning of the year, five were removed from the register, leaving a total of twenty-nine at the end of the year registered for manufacture.

Premises registered for sale only at the end of the year numbered 3,200 compared with 3,167 at the end of 1960. There were one hundred and fifty-four new registrations and one hundred and twenty-one cancellations during the year.

In addition to the above, twenty-nine registrations were granted to persons only in respect of sales vehicles.

Three hundred and twenty-four samples were submitted for B. Coli estimation and of these seven gave positive results. Six of these came from premises outside the City and the Medical Officers of Health of the districts concerned were notified. Subsequent re-sampling of the lollipops concerned gave satisfactory results.

Iced lollipops were also submitted to either the methylene blue or the plate count test (the plate count test being superseded by the pH test in September) 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 162 samples of lollipops containing ice cream:

Grade 1-153;

Grade 2-9

Plate Count Test on one hundred and thirty-six samples of fruit juice lollipops.

Colony Count per 1 ml of lollipop after 48 hours incubation at 37°C.

Nil	...	...	...	...	25	501-1,000	...	...	1
1-100	...	...	...	...	105	over 5,000	...	...	2
101-500	...	...	...	...	1	uncountable	...	...	2

pH Test on 28 samples all gave a reading less than 4.5.

The samples reported as giving a count of over 5,000 or uncountable came from one outside city manufacturer. After reference to the Medical Officer of Health of the area concerned, subsequent samples were satisfactory.

BAKEHOUSES AND CONFECTIONERY BAKEHOUSES

The general standard of hygiene of these premises has been well maintained, the ready co-operation on the part of managements having been accorded where improvement was deemed necessary.

The number of premises operating in the City continued to decline during the year, there being seventy-seven at the end of the period as compared with eighty-two in the previous year.

Thirty-three premises are solely engaged in the manufacture of cake confectionery, two restrict their activities to the baking of bread and the remaining forty-two manufacture 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 public health inspection, while thirteen larger establishments have been under more constant supervision by the Milk and Dairies Section. The extensive use in the confectionery bakery of imitation cream and of dried and frozen egg or egg albumen and the laboratory record of these commodities require their handling to be under the strictest supervision, and three or four inspections of these establishments are normally made every month.

Imitation Cream

Routine sampling, (a) at the larger confectionery bakeries, supervised by the Milk and Dairies Section, and (b) at the smaller bakeries under 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	28	13
	1— 1,000	82	32
	1,001— 10,000	11	3
	10,001—100,000	2	Nil
	100,001—500,000	2	Nil
	Over 500,000	Nil	1
		125	49
Mixing Bowl	Nil	24	11
	1— 1,000	71	33
	1,001— 10,000	7	3
	10,001—100,000	1	2
	100,001—500,000	1	1
	Over 500,000	1	Nil
		105	50

Investigation for presence of *B. Coli*, carried out on all samples, gave a positive result in one instance, the corresponding plate count being four hundred and fifty. This sample had been taken from the mixing bowl at one of the larger bakeries, and pointed to contamination after sterilisation of the equipment had been carried out. Subsequent samples from these premises were satisfactory.

Egg

The sampling of dried and frozen egg and egg-albumen etc., was continued during the year.

WHOLE EGG			
	<i>Country of Origin</i>	<i>No. of samples taken</i>	<i>No. showing pathogenic salmonella infection</i>
Frozen Whole Egg	Britain	102	Nil
	Israel	31	2
Dried Whole Egg	Britain	1	Nil
	Poland	5	Nil
	Unknown	5	Nil
	Totals	144	2
EGG ALBUMEN, ETC.			
Frozen Liquid Egg Albumen Crystals and Powder	France	1	Nil
	Denmark	1	Nil
	U.S.A.	2	Nil
	Unknown	12	Nil
	Totals	16	Nil
	Total Egg Samples	160	2

The two samples of frozen whole egg from Israel were reported as contaminated with salmonella typhimurium and came from a consignment of eighty tins, twenty-eight of which were sampled, the remainder having been used before the first sample was taken.

While fewer samples were taken than in the previous year, there has been a striking improvement in results of sampling of home-produced frozen liquid egg, the percentage unsatisfactory being nil in the period under review, as against a fraction over twenty.

Desiccated Coconut

Three samples, taken or voluntarily submitted for examination because of suspicion of connection with an outbreak of paratyphoid fever in the area of a neighbouring authority, were reported as satisfactory, no pathogenic organisms being found.

SHELLFISH

No infection is known to have occurred from the consumption of shellfish during the year.

Three samples of oysters and fifty-eight samples of purified mussels were taken by the Food Inspection Department and submitted to bacteriological examination.

The oyster samples proved to be most satisfactory—no *B. coli* Type I being reported.

The result of mussel examinations, expressed as an average of two pools of five mussels each, was as follows:—

<i>B. coli</i> Type I per 1 ml of fish	Number of Samples			Total
	A	B	C	
Nil	28	3	19	50
0.25	2	0	1	3
0.5	2	—	0	2
0.75	1	0	0	1
1.0	1	0	0	1
2.75	0	1	0	1
	34	4	20	58

WATERCRESS

Twenty-four samples of watercress, representing nineteen different sources of supply spread over seven counties, were taken by the Food Inspection Department.

Bacteriological examination gave the following results:—

<i>Bact. coli</i> Type I per 100 gms. of watercress	Number of samples
Nil	12
1-50	5
51-100	1
101-240	2
241-480	3
over 480	1
	24

It is imperative that the purity of supplies of watercress reaching the Birmingham market should be kept under review. Limited sampling only, however, was carried out in view of the inability to take any effective action under existing legislation—as noted in previous annual reports.

A further number of sources which had given rise to suspicion have been eliminated through the co-operation of the wholesale trade, and it is satisfactory to note that only six of the nineteen sources gave a figure of more than one hundred coliforms of faecal type per 100 gms. of watercress.

No positive evidence of watercress having caused outbreaks of disease came to light during the year.

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 thirteen slaughterhouses (eight of which were connected with bacon factories) were renewed on 1st February. One slaughterhouse closed in May, when the business was transferred to new premises at Redditch.

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, 1961, there were ninety-eight slaughtermen's licences in force, of which fourteen 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 2,613 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 ...	50,236	46,258	251,337	71,720	419,551
Bacon Factories ...				161,744	161,744
Private Slaughterhouses	1,174	248	11,036	807	13,265
1961 ...	51,410	46,506	262,373	234,271	594,560
1960 ...	48,925	46,936	239,862	238,466	574,189

Note:—96 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, was 0.86, compared with 2.6 in 1960.

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.

At the request of the Medical Officer of Health, samples of peanuts, dates and figs were submitted for examination for food poisoning organisms. The sampling was spread over the period October to December, fourteen samples of each being taken. No food poisoning organisms were found.

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, 1961, registration had been effected in three hundred and sixty-one cases. During the year 22,746 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; eighty-six visits were made for this purpose during the year.

Shops. The following retail shops were visited:—

	<i>Visits during 1961</i>
Butchers	20,102
Grocers and hucksters...	7,396
Greengrocers	8,014
Fishmongers	5,647
Fish friers	831
Horseflesh shops	14
	<hr/>
	42,004
	<hr/>

Bubble Gum Machines. As a result of complaints about the condition of some of these machines, a number were examined and samples of their contents were taken, but in only one case was any further action necessary. The machine involved appeared to have been abandoned by its owner, who could not be traced, and it was removed and the contents were formally condemned by a Justice of the Peace. In the absence of any claim by the owner, the machine will be destroyed in due course.

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 1961</i>
Sausages, cooked meat and pork pie manufacturers	256	5,705

In eight cases registered food preparation premises changed hands and the register was amended accordingly.

School Meal Centres etc. The premises visited included:—

	<i>Number</i>	<i>Visits during 1961</i>
Public Health Department	24	231
Children's Department	28	215
Welfare Department	21	224
Education Department	234	2,559
Others	2	26
	<hr/>	<hr/>
	309	3,255
	<hr/>	<hr/>

In cases where food supplies or storage conditions are found to be unsatisfactory, reports are sent to the appropriate departments. Special checks are made with regard to meat, to see that quality and price are according to the condition of contract.

Complaints and Request Inspections. During the year complaints and request inspections numbered 3,439.

Food 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>
9,261	Meat and Offal	354	16	0
449	Fish	27	14	2
136	Poultry, etc.	7	11	2
663	Fruit and Vegetables	300	18	0
2,041	Miscellaneous	70	17	3
<hr/> 12,550	1961	<hr/> 761	<hr/> 17	<hr/> 3
<hr/> 12,452	1960	<hr/> 947	<hr/> 10	<hr/> 2

Prosecutions

FOOD AND DRUGS ACT, 1955. Proceedings were taken in respect of thirty-two 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.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960. Proceedings were taken in respect of two contraventions of these regulations and a fine of £1 was imposed in each case.

BIRMINGHAM CORPORATION ACT, 1948. SEC. 42. Proceedings were taken against one hawker of food who had failed to register under this Act. He was fined 30/-.

CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE
OR IN PART

	CITY MEAT MARKET (C.M.M.). PRIVATE SLAUGHTERHOUSES (P.S.)					BACON FACTORIES
		Cattle	Calves	Sheep & Lambs	Pigs	Pigs
Number killed ...	C.M.M.	50,236	46,258	251,337	71,720	161,744
	P.S.	1,174	248	11,036	807	
Number inspected ...	C.M.M.	50,236	46,258	251,337	71,720	45%
	P.S.	1,174	248	11,036	807	
<i>All Diseases except Tuberculosis and Cysticerci</i>						
Whole carcasses condemned ...	C.M.M.	16	222	634	217	280
	P.S.	—	—	—	—	
Carcasses of which some part or organ was condemned ...	C.M.M.	585	161	15,775	3,240	4,031
	P.S.	1	—	30	50	
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	C.M.M.	1.20	0.83	6.53	4.82	2.67
	P.S.	0.09	—	0.27	6.20	
<i>Tuberculosis only</i>						
Whole carcasses condemned ...	C.M.M.	4	—	—	8	9
	P.S.	—	—	—	—	
Carcasses of which some part or organ was condemned ...	C.M.M.	426	—	—	1,984	5,973
	P.S.	—	—	—	3	
Percentage of the number inspected affected with tuberculosis ...	C.M.M.	0.86	—	—	2.78	3.70
	P.S.	—	—	—	0.37	
<i>Cysticercosis.</i>						
Carcasses of which some part or organ was condemned ...	C.M.M.	80	—	—	—	—
	P.S.	—	—	—	—	
Carcasses submitted to treatment by refrigeration ...	C.M.M.	96	—	—	—	—
	P.S.	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)

City Dairy Herds

Regular monthly inspections are made of all city dairy herds, of which there were eleven at the end of 1961. The total number of cows kept was three hundred and twenty-five and there were twenty-eight cowsheds. The normal monthly visits were not made during March due to foot-and-mouth 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 eleven herds mentioned above, there are three 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, seventeen heifer calves were vaccinated during 1961. 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	140 " " " "

ENVIRONMENTAL HEALTH SERVICES

HOUSING

Although one of the most noticeable features of Birmingham today is the wholesale replacement of obsolescent industrial and commercial properties, the quantitative improvement in the City's housing situation is, by comparison, most unsatisfactory.

The number of new dwellings provided during 1961, by new building or by the conversion into flats of large houses or other premises, was 3,389. Of these, 1,141 (or one third) were provided by private enterprise and 2,248 (or two thirds) by municipal building. But in the same period not less than 2,633 dwellings were lost to the City's housing pool by demolition or final vacation, so that the net gain during the year was only seven hundred and fifty-six dwellings.

Although no one will deplore the loss of these houses, the great majority of which ought, in any case, to have been demolished many years ago, that loss must be measured against an estimated increase in population of 17,130 bringing the City's population up to 1,110,290. Comparable figures for a five-year period are set out below:—

	<i>New Dwellings</i>	<i>Dwellings Lost</i>	<i>Net Gain</i>	<i>Estimated Population</i>	<i>Population: Variation for year</i>
1957	3,423	1,422	2,001	1,103,000	— 7,800
1958	3,526	1,578	1,948	1,095,000	— 8,000
1959	3,183	1,892	1,291	1,091,500	— 3,500
1960	3,516	2,606	910	1,093,160	+ 1,660
1961	3,389	2,633	756	1,110,290	+ 17,130

Although it would be a misleading over-simplification to conclude that the housing situation worsened during the year with only seven hundred and fifty-six houses being made available for a 17,130 population increase, i.e. one house for twenty-three persons, some such reflection will undoubtedly spring to the mind of those familiar with districts in which the multi-let house flourishes! For while the low net gain of houses is sufficiently disturbing in itself, it also contributes to a most alarming acceleration, in some areas, of the gradual deterioration normally to be expected with the passage of time. This accelerated decay results from the increasing number of large houses which are let off in grossly overcrowded lodgings without regard to any standard other than a high financial return for their owner, a situation easily recognised by the characteristic squalor both within and without, which distinguishes such a house from its unfortunate neighbours.

Although this very serious and most unwelcome feature of the City's housing difficulties will be cut to manageable proportions only when houses sufficient in number for the needs of its population have been provided, the introduction, under the Housing Act, 1961, of a Code of Management applicable to the multi-let house will be of value during what is likely to be the long intervening period.

In fact, although experience suggests that there will always be a certain demand for accommodation of this type, there is now hope that enforcement of the regulations being drafted under the new Act may remove from the house-let-in-lodgings, in due course, its reputation for often concentrating under one roof all that is deplorable in sub-standard housing.

Elsewhere in the City, general deterioration in living conditions, due to the ageing of property, becomes more noticeable now that amenities previously regarded as luxuries are rightly being regarded as essentials.

But several factors are operating in varying degree to arrest or reverse that deterioration and foremost among these is the Corporation's renovation of houses whose demolition will be delayed for several years. This scheme continues to make steady progress; a further 2,866 unfit houses passed into Corporation ownership during the year and will be put into a condition regarded as "adequate for the time being" pending their demolition.

Although such houses remain basically unfit, the tenants' outlook is brightened both literally and psychologically by the repairs and decorations which have been carried out. Of some importance also to the tenants is this evidence that their homes are no longer merely an "investment property". It is worthy of note that in January of this year the re-conditioning, to this modified standard, of the 20,000th house was completed.

I am indebted to Mr. J. P. Macey, the Housing Manager, for the following table:—

1. (a) The number of houses renovated during 1961 :—		
(i) In Redevelopment Areas	... ..	232
(ii) In Clearance Areas	... ..	1,422
		1,654
(b) The total number of houses renovated up to 31st December 1961:—		
(i) In Redevelopment Areas	... ..	17,150
(ii) In Clearance Areas	... ..	4,426
		21,576
(c) The number of houses at which renovation was in progress at 31st December, 1961	... ..	1,269
(d) The number of houses in respect of which repair schedules or contracts were prepared or were in course of preparation at 31st December, 1961	... ..	1,322
2. The average cost of renovation per house during 1961	...	£277
3. The average number of initial tenants' complaints per week during 1961	... ..	1,510

Improvement Grants

The above table relates to slum houses owned by the Corporation and due for ultimate demolition under the Slum Clearance programme, but with regard to privately owned houses, classed as essentially sound but lacking modern amenities, it must be admitted that the policy of encouraging the provision of those amenities by giving the owner up to one half of the cost thereby incurred has fallen short of its sponsor's expectations.

In fact, the hoped-for improvement by estate owners and landlords generally of whole blocks of property has simply not materialised, the majority of improvement grants being paid to the individual owner-occupier. Nevertheless, the City has gained much from the introduction of the scheme, for without it most of those houses which now have modern amenities, although built without them, would have continued in their original state. Moreover, that undoubted gain is increased by the owner's carrying out at the same time such works, in addition to those of improvement, as are necessary to put the house into good general condition, in the absence of which grant would not be payable.

Since the inception of the scheme in 1949, £702,132 has been paid towards the improvement of 7,287 houses, which includes £186,537 paid towards the improvement of 1,677 houses in 1961.

"Do it yourself"

The pride of home ownership, which explains why most applications for Improvement Grants come from owner-occupiers, has its counterpart in the attitude to their home of a growing number of tenants. So much so that the "Do it Yourself" habit cannot be disregarded when considering the factors which at present operate to retard the advance of obsolescence.

The availability of completely new materials and methods, increased leisure and higher wages, linked not infrequently with a philosophical acceptance of the scarcity of better accommodation, have continued to bring about a marked change in the living conditions of many thousands of families, astonishing to those familiar with conditions thirty years ago.

One effect of this change is noted when, in making the preliminary survey of properties provisionally included in the Slum Clearance programme, a judgment based on a dingy, depressing and neglected exterior must be revised if the cosy, light and attractive interior is given due weight in assessing how far the house is "reasonably suitable for occupation in that condition".

Clearance Areas

The houses on which the Corporation carries out interim repairs, to a standard modified according to the expected "life" of the property, come into Corporation management as a result of Clearance Area action under Part III of the Housing Act, 1957.

It may be said, in passing, that the retention of the term 'Clearance Area' serves as a reminder, if such is needed, that in the opinion of the Council the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings. Deferment of that demolition until replacement housing becomes available is a regrettable necessity, but one which obviously makes repair and maintenance, in the meantime, essential.

During 1961, one hundred and eight Clearance Areas, containing 2,549 houses, were declared by the Council and later included in Housing Compulsory Purchase Orders submitted to the Minister of Housing and Local Government for confirmation.

Notice of the Corporation's intention to submit an Order to the Minister is given by public advertisement in the local press and by personal notice to each owner affected, together with information as to the manner in which objections to the Order may be made. Each owner has the right, at the ensuing Public Inquiry, to amplify his objection and to examine and cross-examine witnesses.

It is also open to an owner, at any stage prior to acquisition by the Council, to prepare proposals for making a house fit for human habitation and so retain its ownership.

During the year, in compliance with a statutory obligation, four hundred and ninety-two schedules setting out the defects at their houses, which made inclusion in a Clearance Area necessary, were sent to various objecting owners but unfortunately proposals for dealing with those defects were received in respect of only forty-eight houses.

In any case where the proposals are such as to deal adequately with the defects which make the house unfit, there is no difficulty in securing the exclusion of the house from the Order so that those defects may be remedied by the owner.

The interest of the tenant is fully safeguarded by the adoption of a procedure which facilitates acquisition of the house by the Corporation should the agreed works not be carried out.

The Individual Unfit House

Action under Part II of the Housing Act, 1957, is applied to a house which is unfit but so situated that it cannot be included in a Clearance Area. In these circumstances, also, there is full opportunity for an owner

to submit a scheme of works to make the house fit for human habitation, failing which it may be demolished, its use may be restricted to purposes not involving human habitation, or it may be acquired and repaired by the Corporation.

During the year, among the seventy-eight dwellings dealt with under this heading were a "house boat", little better than a tarpaulin-covered packing case anchored to the canal bank for which a rent of 22/- per week was charged; a two-roomed 'flat' let at £5 a week, one room of which was a wringing wet unlighted cellar; two low-ceilinged cottages built two hundred years ago in a rural district but long since hidden by Edwardian villas; and a rambling old lodging-house whose outstanding unsuitability for occupation was recognised by the owner only when it hindered the development of a valuable site.

The following table gives particulars of action taken under Sections 16 and 18 of the Housing Act, 1957, during the year:—

(1)	Houses represented as unfit for human habitation	...	...	73
(2)	Owner's undertaking accepted:			
	(a) Not to relet for human habitation	...	...	2
	(b) To make fit for human habitation	...	...	10
(3)	Demolition Orders made	...	...	31
(4)	Closing Orders made as demolition would affect adjacent buildings	...	...	6
(5)	Houses to be acquired by Local Authority	...	...	2
(6)	Demolitions following representation only (no Orders made)			4
(7)	Demolitions following making of an Order or undertaking	...	...	41
(8)	Undertaking to make fit complied with	...	...	6
(9)	Houses made fit after the making of Closing Orders	...	...	2
(10)	Parts only of buildings represented as unfit for human habitation	...	...	5
(11)	Closing Orders made on parts of buildings	...	...	4
	Total number of individual dwellings dealt with between September, 1939 and 31st December, 1961	...	...	1,818

Unfit but Repairable Houses

If inspection indicates that one or more unfit houses, tentatively included in the Slum Clearance programme, are nevertheless in such condition as to justify a reasonable expenditure by the owner, rather than inclusion in a Clearance Area, a Notice under Section 9 of the Housing Act, 1957 is served on the owner.

Results of that policy are only moderately encouraging so far for while the tenants ultimately benefit, the standard of workmanship and rate of progress are such as to call for constant supervision by a much depleted staff.

It must also be recorded that very few owners take advantage of this opportunity to modernise the property with the aid of an Improvement Grant, several deciding in fact, after considerable delay, to offer the property to the Corporation.

Advice to Intending House Purchasers

There has been no slackening in the number of enquiries from prospective house purchasers and vendors as to whether or not a house will be affected by Council action under the Housing Act, but fewer cases have come to the Department's notice during the year where a serious position, often involving considerable financial loss, has been caused by failure on the part of the purchaser to make proper enquiry.

It is to be hoped that this decrease indicates that more notice is now being taken of warnings, periodically repeated, of the danger of purchasing sub-standard houses without full enquiry as to their future.

During the year 27,679 enquiries, relating to 39,133 houses, were dealt with as compared with 22,513 and 37,032 respectively in 1960. There is also a steady increase in the number of enquiries where the answer cannot be given from existing records but requires a visit to the property by an Inspector able so to judge the probabilities of the situation as to give the enquirer helpful information.

While the usefulness of this service to the prospective purchaser or vendor of property cannot be doubted, it is unfortunately taking up a very significant proportion of the time of a depleted staff.

Mortgage Applications

Information as to the likelihood of future Housing Act action is supplied to the City Treasurer on every house in respect of which he receives an application for a mortgage. A schedule of repairs is also forwarded in those cases where the condition of the property calls for it, the City Treasurer being informed if and when the work is completed.

Enquiries relating to 3,128 houses were dealt with during 1961.

Part IV, Housing Act, 1957—Overcrowding

It is the duty of the Local Authority, on demand, to give information in writing to the applying landlord or tenant as to the number of persons who may occupy a house on the standard laid down in the Sixth Schedule of the Housing Act, 1957.

During the year 4,276 certificates setting out the "permitted number" were supplied, the majority necessitating a visit to measure new or converted accommodation or to bring existing records up-to-date.

Liaison with the Housing Management Department to prevent further overcrowding, once it has been abated as a result of action by that Department, has been maintained.

On receiving advice of impending rehousing, the Clerk Enumerator, attached to the district concerned, visits the address and obtains the occupancy details of the whole dwelling. A letter then calls the attention of the person in control to any overcrowding, with a warning not to permit any future overcrowding of the room shortly to be vacated. Such cases, visited from time to time in the ensuing twelve months as a check, give evidence that this scheme serves a good purpose.

Partial Control of Immigration

The scheme initiated last year in co-operation with the City's Liaison Officer for Coloured People has continued. It ensures that the entry of West Indian nationals in certain age groups is made contingent on their having satisfactory housing accommodation to come to.

Investigation of the proposed letting arrangement and the existing occupancy details, at the house given as the prospective immigrant's future address, calls for a combination of persistence and tact which is learnt only by experience.

Such enquiries are made by the Clerk Enumerator attached to each district and in about thirty per cent. of the three hundred and seventy-three cases investigated it was recommended that a passport be not issued

How far this small experimental scheme will be affected when the Commonwealth Immigrants Bill becomes law remains to be seen, but to date, within its limited field, it has proved itself to be of very great value indeed.

Staff

Difficulties arising from shortage of staff have continued during the year, with no sign of their growing less in the future.

Not every qualified Inspector chooses, in preference to more general duties, to specialise on the clearance or repair of sub-standard houses in a big industrial City and it is regrettable that inability to promise housing accommodation to applicants, in the event of their being appointed, has accounted in the past year for the withdrawal of a number of otherwise interested candidates.

The combination of staff shortage with the deterioration of houses whose condition, hitherto, has not justified their inclusion in the Slum Clearance Programme, threatens an undue extension of that programme with adverse effects on the tenants concerned.

Six thousand seven hundred and forty-one visits were made by the District Staff during the year and, of those visits, a good proportion were made in connection with advice to intending house purchasers in accordance with Ministry Circular 54/55. This number of visits also includes site discussions with owners or agents seeking general guidance as to the works necessary to make a property fit for human habitation. These consultations save time on both sides by helping to ensure the submission of a scheme whose carrying out will make action by the Corporation under the Housing Act unnecessary or, if the property is already included in a Compulsory Purchase Order and the works proposed justify it, will secure Corporation support at the Public Local Inquiry for the exclusion of the property, so that those works can be put in hand.

Periodic visits were also made to the two hundred and thirteen premises which are the subject of Closing Orders or of Undertakings by their owners to limit the use of the property to purposes not involving human habitation.

PUBLIC HEALTH INSPECTION

Staff

New legislation delegated to the Health Committee has added further duties and responsibilities to the public health inspectors during the year. Unfortunately, these increased duties have not been met by an increase in the qualified staff and so there has been continual pressure on the existing staff to cope with the added powers given by the Housing Act, 1961, which deals with houses in multiple occupation, and to a lesser extent, the Public Health Act, 1961.

Applications for improvement grants remained at about the same level as in the previous year and there was a slight increase in the amount of work undertaken under Section 9 of the Housing Act, 1957. The volume of this class of work is to a large extent limited by the availability of experienced inspectors. As in the past six years, no qualified inspectors were recruited from outside sources, the Department having to rely for replacements and additions to the staff on the intake of inspectors who qualified through the student training scheme.

Three inspectors left the service of the Corporation to take up appointments with other authorities and two left the Department to join the Veterinary and Food Inspection Department. During the year twelve students qualified and the services of one superannuitant were retained throughout the year.

The strength of inspectors on district duties on the national salary scales was twenty-five at the end of 1960 compared with twenty-seven at the end of 1961.

One qualified inspector having completed his national service returned to the Department and is included in the details below, but another, on completion of his national service, secured an appointment with another authority.

	<i>Actual</i>	<i>Establishment</i>
District Inspectors	10	10
Assistant District Inspectors	18	20
Public Health Inspectors	27	50
Student Public Health Inspectors	19	40

Seven pupils were appointed during the year to commence the four year course of training, leading to the examination for the Diploma of the Public Health Inspectors' Education Board. These are not shown in the figures above as being on district duties because their training in the first year is within the office. One pupil who had already completed her first year of the course was not successful in passing her examination and was, therefore, included in the total of first year pupils below.

The strength of students at 31st December, 1961, was as follows:—

<i>Year</i>					<i>Year of Qualifying Exam</i>	<i>Number of Pupils</i>
First year	...	...	...	...	1965	8
Second Year	...	...	...	...	1964	8
Third Year	...	...	...	...	1963	4
Fourth Year	...	...	...	...	1962	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 number of visits made by the inspectorial staff on the districts was 181,847. This included 20,611 visits made by students under instruction who visited premises whilst accompanying qualified inspectors.

Comparative figures for recent years are as follows:—

<i>Year</i>	1957	1958	1959	1960	1961
<i>Visits</i>	171,598	192,419	188,056	188,143	181,874

During the year the Public Health Act, 1961, the Housing Act, 1961 and the Factories Act, 1961, received Royal Assent, and on the coming into force of the two former Acts, considerably wider powers were given to the Department over a large field of work. In particular, the Housing Act, 1961, increased the powers to deal with houses in multiple occupation, and enabled the Minister of Housing and Local Government to make regulations to deal with the management of this class of premises. These regulations, however, were not to come into force until the 22nd May, 1962.

The number of house inspections showed a slight decrease over the 104,164 carried out in 1960. This figure included 11,696 visits paid to houses believed to be let-in-lodgings and made as a result of a survey to ascertain the extent of the problem in the twilight areas.

The decline in the number of inspections made under the Rent Act, 1957, continued. The drive to secure improvement grants for private house property continued throughout the year.

Owing to a redistribution of work the duty of inspection of milk shops reverted to the specialised Milk and Dairies Inspectors.

The total of visits by staff engaged on general district duties during 1961 was made up as follows:—

		<i>% of total</i>
House inspections	101,381	55.74
Inspections of food premises	6,977	3.84
Visits re infectious disease	3,041	1.67
Inspections of milk shops	105	0.06
Inspections of outworkers' premises	1,670	0.92
Inspections of tents, vans and sheds	72	0.04
Inspections of stables and pigsties	549	0.30
Inspections of tips	331	0.18
Visits to burials, exhumations, etc.	18	0.01
Inspections of pleasure fairs and circuses	91	0.05
Visits re sampling of water	289	0.16
Visits re taking of rag flock samples... ..	35	0.02
Inspections of offensive trade premises	42	0.02
Inspections of factory premises	4,328	2.38
Inspections of surface air-raid shelters	69	0.04
Inspections of common lodging houses	177	0.10
Inspections of premises re Town and Country Planning applications	1,342	0.74
Inspections of public houses	571	0.31
Visits by Students under instruction by qualified inspectors	20,611	11.33
Joint visits made by qualified inspectors	2,658	1.46
Other successful visits	15,231	8.38
Unsuccessful visits	19,656	10.81
Visits to general practitioners to deliver supplies of poliomyelitis vaccine	2,495	1.37
Visits re lectures and demonstrations to visitors	113	0.06
Inspections of agricultural units	22	0.01
	<u>181,874</u>	<u>100.00</u>

Total visits made by inspectors, including those engaged on certain special duties:—

Visits by public health inspectors on district	181,874
Visits by Shops Act inspectors :	
Conditions in shops	15,452
Hours of trading and special visits	14,242
	<u>29,694</u>
Visits by rodent control inspectors	19,277
	<u>230,845</u>

These separate totals as percentages of the whole are as follows:—

	%
District visits	78.8
Shops Act inspectors	12.9
Rodent control inspectors	8.3
	<u>100.0</u>

Infectious Diseases

A total of 3,041 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 2,495 compared with 2,111 in 1960.

House to House Inspections

In the case of those houses which, although unfit for human habitation, can in fact be made fit at a reasonable cost, notices under Section 9 of the Housing Act, 1957, can be served on the owners requiring them to carry out the necessary works. Prior to the service of these notices, inspections of the houses must be carried out bearing in mind the provisions of Section 4, which defines the standard of fitness to be observed in determining whether a house is unfit.

During 1960, the rate of inspection was slightly accelerated and a total of seventy-two properties became the subject of notices, involving five hundred and eighty-nine visits by the public health inspectors in inspection and re-inspection of the properties.

For the year under review, however, further progress has been achieved and an additional one hundred and ninety-five houses have become the subject of notices served on their respective owners. The total number of visits amounted to 1,203 comprising two hundred and sixty-six inspections and nine hundred and thirty-seven re-inspections of properties.

It is regretted that in only three cases did owners make application for an improvement grant following the service of the above notices. This further supports the view already held, that the majority of owners concerned are still reluctant to take advantage of the improvement grant schemes, and thereby deny the provision of amenities to their properties for which such grants are payable.

Houses let-in-lodgings

Throughout the year inspections were made of houses in multiple occupation and a form of register was set up so as to enable early action to be taken as soon as the new law with respect to this class of premises came into operation. In fact it was not until the end of November that the Housing Act, 1961, came into force giving added powers enabling the local authority to:—

- (1) Require the provision of additional facilities where these are found to be inadequate.

- (2) Limit the number of persons who may occupy a house having regard to the number of facilities provided.
- (3) Abate overcrowding.
- (4) Secure proper standards of management.

The penalties for failure to comply with the requirements have been substantially increased. The local authority has been given power to carry out work at default and when the regulations, which are to be made by the Minister of Housing and Local Government, come into force there will be effective powers to control management and also to enable the local authority to execute the work in this respect at the default of the owner.

The picture revealed by the survey was that the majority of houses let-in-lodgings are established in the older Victorian houses in what were formerly quiet, residential areas, now termed twilight areas and the average number of lets in each house is a little over five. The number of persons in occupation is about eleven, one quarter of the houses are defective in management and two thirds are deficient in facilities and amenities. Overcrowding is widespread.

Conditions in many houses let-in-lodgings are deplorable, there being virtually no management or control of the tenants, many of whom having recently arrived in the City seem to have little regard for the feelings of their neighbours. The photographs following this page show the destruction and sordid condition of properties of this class.

During 1961, 11,696 visits were made to houses let-in-lodgings compared with 1,199 in 1960. Notices served and summonses issued were as follows:—

<i>Housing Act, 1957</i>	1960		1961	
	<i>Notices</i>	<i>Summonses</i>	<i>Notices</i>	<i>Summonses</i>
Section 36	19	13	52	28
Section 90	15	2	37	10

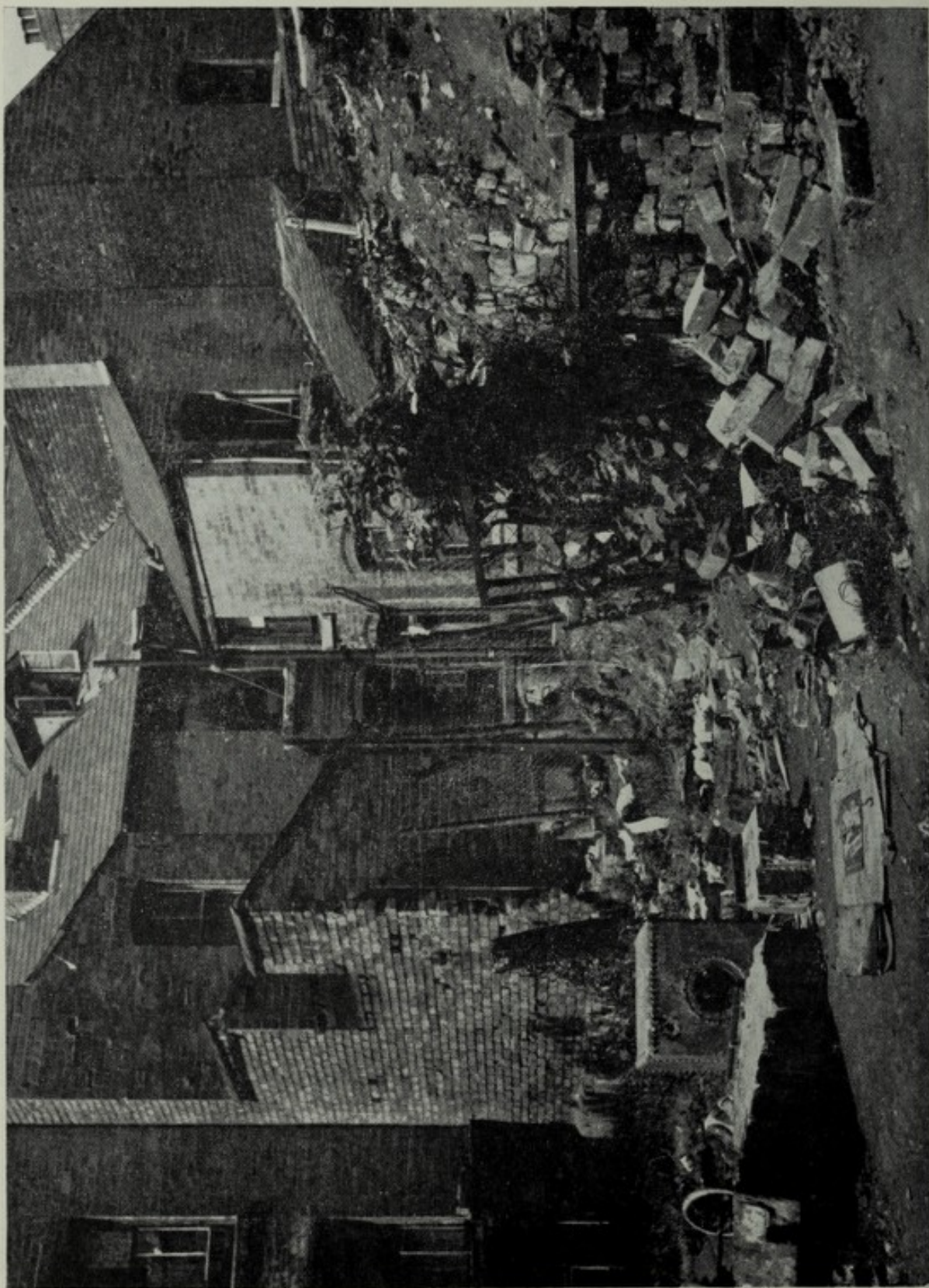
As in previous years in a high percentage of instances it was necessary to institute legal proceedings to enforce the requirements of the notices served, and despite heavy penalties imposed and the amount of work involved in bringing these cases before the courts, it is very doubtful whether there is material benefit to the original complainants. The powers then existing being inadequate to cope with the problem.

Certificates of Disrepair

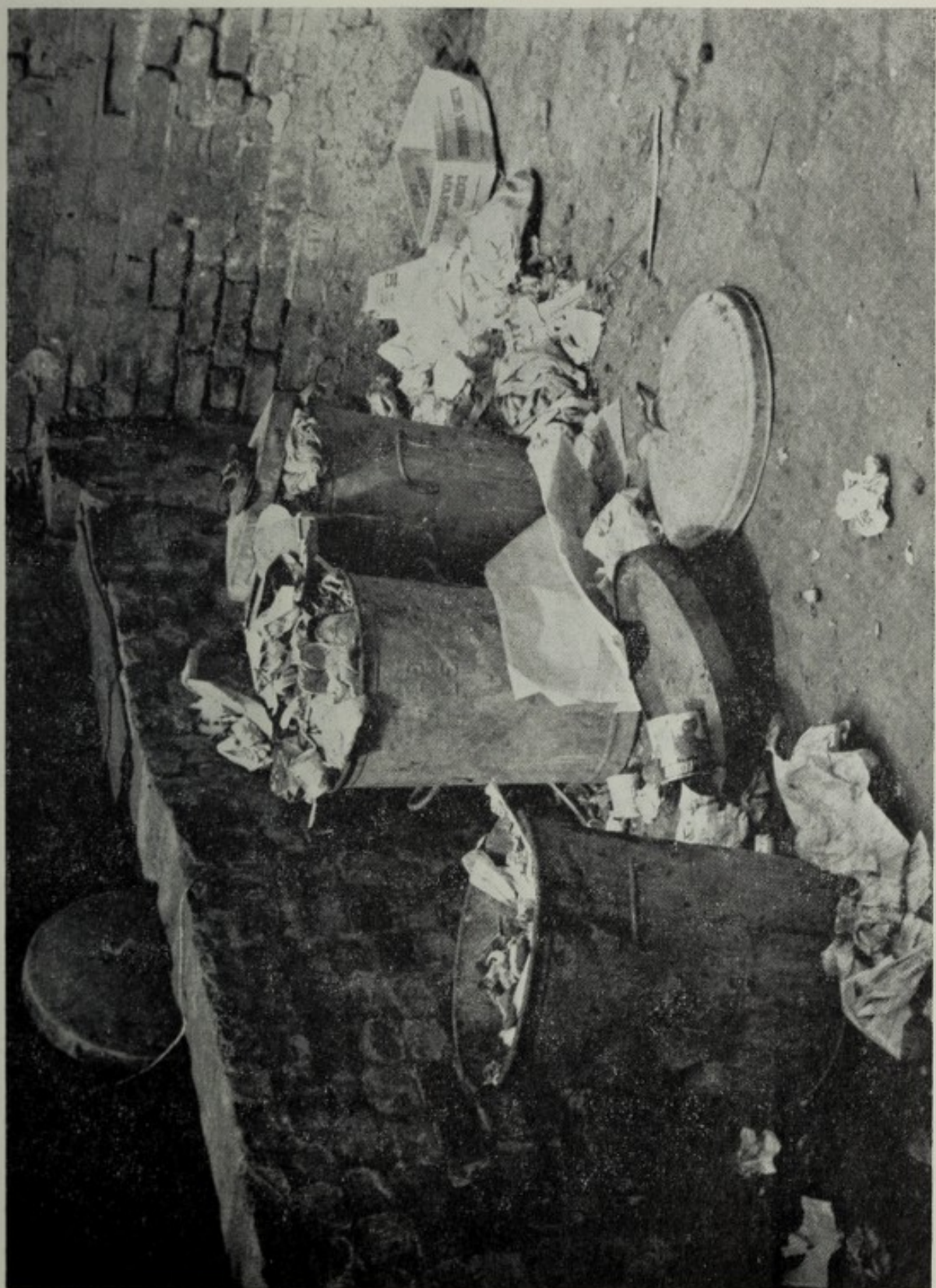
Although only four years have elapsed since the passing of the Rent Act, 1957, it appears that the majority of tenants are unmindful of it or reluctant to use it to enable them to require their landlord to effect the necessary repairs. The decline in the number of applications for certificates of disrepair from tenants of controlled houses has continued.



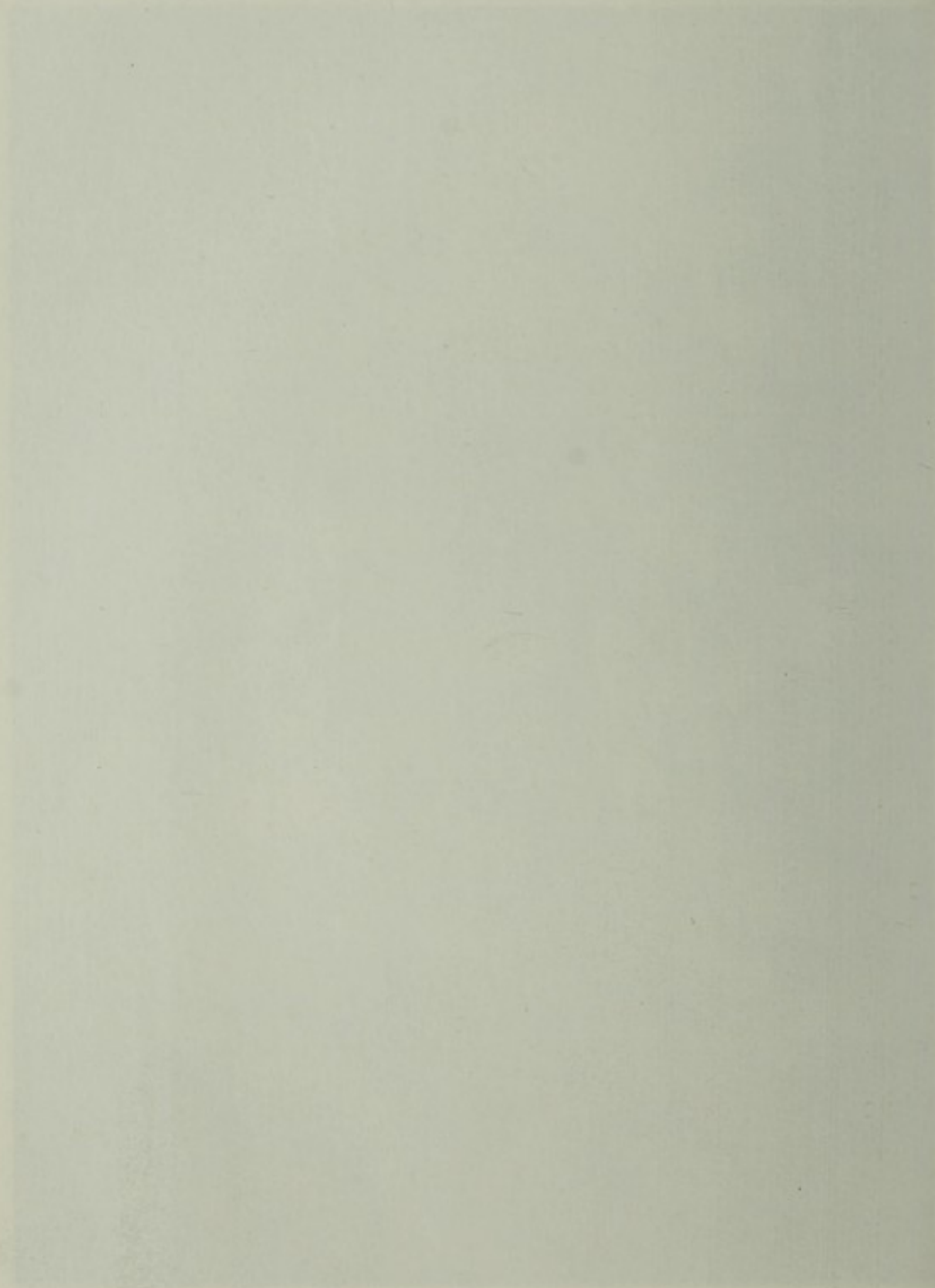
Typical Houses Let-in-Lodgings.



Houses Let-in-Lodgings, rear view.



Rear yard, House Let-in-Lodgings.



The number of applications made during the year was one hundred and eighty-one, and the following figures indicate the action taken in 1961:—

Part I—Applications for Certificates of Disrepair

1. Number of applications for certificates	...	...	...	181
2. Number of decisions not to issue certificates	...	...	...	2
3. Number of decisions to issue certificates	...	...	...	165
(a) in respect of some but not all defects	...	...	...	101
(b) in respect of all defects	...	...	...	64
4. Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	...	118
5. Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	...	...	...	—
6. Number of certificates issued	...	...	...	47

Part II—Applications for Cancellation of Certificates

7. Applications by landlords to Local Authority for cancellation of certificates	...	...	...	...	41
8. Objections by tenants to cancellation of certificates...	...	...	...	...	4
9. Decisions by Local Authority to cancel in spite of tenant's objections	...	...	...	...	1
10. Certificates cancelled by Local Authority	...	...	...	...	35
Number of visits made under the Act	...	...	...	669	
Number of re-visits made under the Act	...	...	...	539	
Total number of visits	...	...	...	...	1,208

The total number of visits made under the Rent Act in 1960 was 1,773.

In every case where an application for a certificate of disrepair is received, an inspection of the house is made and if nuisances exist requiring abatement by action under the Public Health Act, 1936, appropriate action is taken. It should be stressed that tenants of controlled houses are able to require the landlord to carry out certain types of repair which may not constitute nuisance.

Rent Restriction Acts

The Chief Public Health Inspector is Registrar for the purposes of the Furnished Houses (Rent Control) Act, 1946.

During the year two hundred and twelve notifications were received from the Rent Tribunal, resulting in one hundred and forty entries being made in the 1946 Register, and ten certified copies from this Register were issued on payment of one shilling each.

Improvement Grants

HOUSING (FINANCIAL PROVISIONS) ACT, 1958

HOUSE PURCHASE AND HOUSING ACT, 1959

1961 has proved to be another very successful year in the drive to secure the improvement of dwellinghouses by the provision of essential

amenities, such as bath, hot water supply and indoor sanitation and 1,952 applications for grants were approved during the year. This figure is virtually twice the number of applications approved in 1958 prior to the introduction of the standard grant scheme.

It is pleasing to report that applications from landlords are now increasing and whereas approvals of grants to landlords represented only one quarter of the total in 1960, one third of the total grants approved was made to landlords in 1961.

Amending legislation came into force at the end of the year which facilitates procedure and permits the provision of indoor sanitation even though existing sanitation is contiguous to the dwelling. This legislation contained in the Housing Act, 1961, also contains amendment of the Rent Act, 1957 and permits the rent limit under that Act to be increased for improvements by 12½ per cent. per annum of the amount spent. This previously stood at 8 per cent and the increase is obviously intended to induce landlords to bring forward improvement schemes.

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>		
			£	s.	d.
(a) Conversions	38	55	14,349	19	6
(b) Improvements					
Landlords	174	257	24,072	8	2
Owner-occupiers	507	516	41,522	3	0

STANDARD GRANTS—

	<i>Applications</i>		<i>Grants Paid</i>								
	<i>Received (No. of dwellings)</i>	<i>Approved (No. of dwellings)</i>	<i>(No. of dwellings)</i>	<i>Total Amount</i> £ s. d.			<i>Number of amenities provided</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	139	186	127	15,476	17	11	} 866	887	914	802	518
Owner-occupiers	972	938	810	104,332	5	4					

REJECTIONS

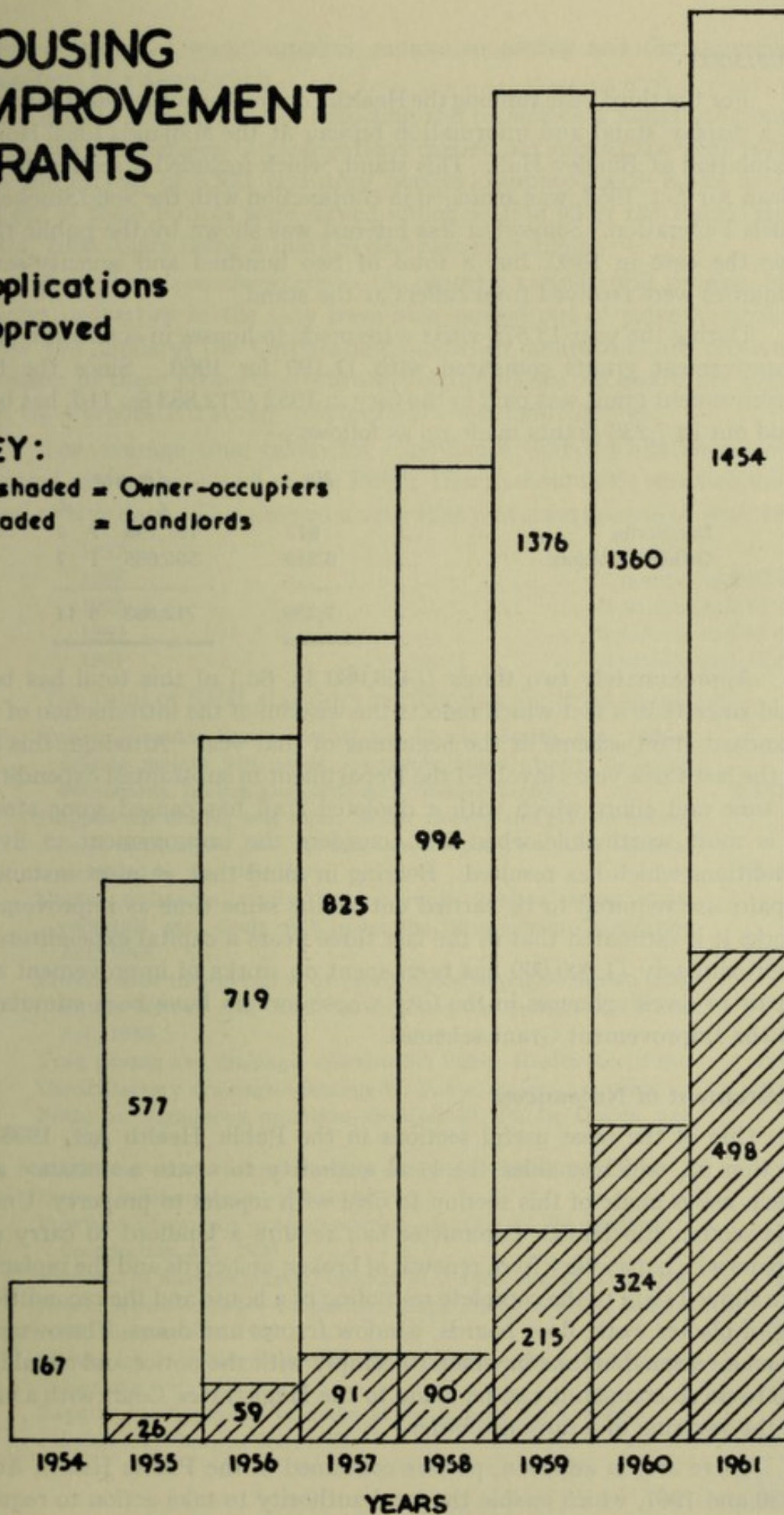
There were nineteen applications for discretionary grants and fourteen applications for standard grants rejected during the year.

HOUSING IMPROVEMENT GRANTS

Applications
Approved

KEY:

Unshaded = Owner-occupiers
Shaded = Landlords



PUBLICITY

For the third year running the Health Committee authorised the taking of a display stand and information bureau at the Midlands Ideal Homes Exhibition at Bingley Hall. This stand, which included a section on the Clean Air Act, 1956, was arranged in conjunction with the Solid Smokeless Fuels Federation. Somewhat less interest was shown by the public than was the case in 1960, but a total of two hundred and seventy-seven enquiries were received from callers at the stand.

During the year 13,575 visits were made to houses in connection with improvement grants compared with 11,199 for 1960. Since the first improvement grant was paid in the City in 1952 £712,883 8s. 11d. has been paid out in 7,236 grants made up as follows:—

	No.	Amount		
		£	s.	d.
Landlords	917	127,198	7	4
Owner-occupiers	6,319	585,685	1	7
	<u>7,236</u>	<u>712,883</u>	<u>8</u>	<u>11</u>

Approximately two thirds (£468,080 1s. 6d.) of this total has been paid since 1959 a fact which reflects the wisdom of the introduction of the standard grant scheme at the beginning of that year. Although this has in the last three years involved the Department in substantial expenditure of time and effort which with a depleted staff has caused some strain, it is most worthwhile when one considers the improvement in living conditions which has resulted. Bearing in mind that, in most instances, repairs are required to be carried out at the same time as improvement works it is estimated that in the last three years a capital expenditure of approximately £1,000,000 has been spent on works of improvement and repair to dwellinghouses in the City whose owners have been stimulated by the Improvement Grant schemes.

Abatement of Nuisances

One of the most useful sections in the Public Health Act, 1936, is Section 93, which enables the local authority to abate a nuisance and much use is made of this section to deal with repairs to property. Under this section the Health Committee can require a landlord to carry out repairs which may vary from renewal of broken sashcords and the replacing of a slipped slate to the complete re-roofing of a house and the reconditioning of plaster work, floor boards, window frames and doors. The owner is given a reasonable time in which to comply with the notice and should he fail to do so complaint can be made to the Magistrates' Court with a view to the securing of a nuisance order.

There are, in addition, powers contained in the Public Health Acts, 1936 and 1961, which enable the local authority to take action to require

improvement of water supplies, repairs to paving and the provision of sanitary accommodation.

Mostly action is taken following the receipt of a complaint from the occupier of premises. Investigations carried out during the year resulted in the service of 5,921 statutory notices compared with 8,589 in 1960. 3,462 of these notices were served under Section 93 of the Public Health Act, 1936, there being a marked decrease over 1960.

As will be seen elsewhere in the report a considerable number of the worst properties in the City have now passed out of private ownership into the hands of the Corporation, and when complaints are received in respect of these properties, statutory action is not necessary nor possible as the Corporation accept responsibility for maintenance.

The average time taken for compliance with an abatement notice served under Section 93 of the Public Health Act, 1936, was two months and twelve days. This showed a very slight increase compared with 1960:—

1957	...	...	...	...	...	...	...	2 months
1958	...	...	...	...	...	...	...	2 months and 22 days
1959	...	...	...	...	...	...	...	2 months and 24 days
1960	...	...	...	...	...	...	...	2 months and 11 days
1961	...	...	...	...	...	...	...	2 months and 12 days

The total of 5,921 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	...	...	3,462
Stopped up drains, soil pipes, water closets and private sewers, dealt with under the Birmingham Corporation Act, 1946, as amended by the 1954 Act	...	...	980
Urgent nuisances, badly leaking roofs, broken water closet pedestals, etc., dealt with under the Birmingham Corporation Act, 1948	...	...	382
Provision or improvement of piped water supply—Section 138, Public Health Act, 1936, as amended by Section 30, Water Act, 1945	...	...	297
Yard paving and drainage—Section 56, Public Health Act, 1936	...	...	134
Unsatisfactory drainage—Section 39, Public Health Act, 1936	...	...	273
Filthy or verminous premises—Section 83, Public Health Act, 1936	...	...	14
Additional water closets—Section 44, Public Health Act, 1936	...	...	4
Byelaw infringements—nuisances	...	...	6
Provision of sanitary accommodation—Section 39, Birmingham Corporation Act, 1935	...	...	4
Removal of noxious matter, Section 79, Public Health Act, 1936	...	...	10
Houses let-in-lodgings—fitness for occupation by families, Section 36, Housing Act, 1957	...	...	52
Houses let-in-lodgings—prevention of overcrowding—Section 90, Housing Act, 1957	...	...	37
Repair of unfit houses to make fit for human habitation— Section 9, Housing Act, 1957	...	...	266
			<u>5,921</u>

To enforce the requirements it was necessary to serve two hundred and eighty-four summonses during the year. Figures for recent years were:—

								<i>Summonses served</i>
1957	...	...	...	...	...	...	...	316
1958	...	...	...	...	...	...	...	769
1959	...	...	...	...	...	...	...	265
1960	...	...	...	...	...	...	...	362
1961	...	...	...	...	...	...	...	284

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 sixty cases.

Summonses taken out during 1961.

		<i>Fines</i>		
		£	s.	d.
General nuisances	... .. 225	—	—	—
Dogs fouling footway	... .. 1	1	0	0
Contraventions of Food Hygiene Regulations, 1955	7	70	0	0
Contraventions of Section 36, Housing Act, 1957	28	38	0	0
Contraventions of Section 90, Housing Act, 1957	10	35	0	0
Contraventions of Section 154, Public Health Act, 1936. (Rag Collectors)	... .. 1	—	—	—
Contraventions of Section 7, Factories Act, 1937 (sanitary accommodation)	... .. 2	—	—	—
Contraventions of Section 54, Birmingham Corporation Act, 1935	... .. 1	—	—	—
Disobeying Magistrates' Orders	... .. 2	—	—	—
Contraventions of Furnished Houses (Rent Control) Act, 1946	... .. 4	20	0	0
Obstruction	... .. 2	10	0	0
Abusive behaviour	... .. 1	5	0	0
	<u>284</u>	<u>£179</u>	<u>0</u>	<u>0</u>

Enforcement Section

It is the responsibility of this Section of the Department to arrange execution of all works required to comply with Statutory Notices under the Public Health Act, 1936, Housing Act, 1957, and associated Acts at the request and default of owners, owner-occupiers and occupiers, and to carry out the requirements of Nuisance Orders made by the City Justices at the Victoria Law Courts when these Orders have not been complied with by the persons concerned.

The preparation of evidence and collation of information of every description necessary for prosecutions to be successfully conducted, and 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 also carried out by this Section.

Weekly attendances at Victoria Law Courts are made by the Enforcement Officer to assist the Corporation's prosecuting solicitor when the cases are presented to the City Justices.

Repairs to properties detailed by this Section in accordance with Statutory Notices served under the Public Health Act, 1936 and the Housing Act, 1957 varied from small minor items of repair, such as replacement of broken sashcords, renewal of common rainwater down-pipes, replacing missing slates on roofs, plaster repairs, removal of refuse and other offensive matters, to the reconditioning of unfit houses under Section 9 of the Housing Act, 1957.

Works of improvement to water supplies have been carried out which necessitated the laying of new water services in both lead and copper piping. Paving works in tarmacadam and concrete paving slabs to access passages and approaches to houses have also been detailed.

During the year all works with the exception of works under Section 9 of the Housing Act, 1957 were carried out on a daywork basis of labour and materials plus costs to include overhead charges as set out in the National Schedule of Daywork Charges for General Building Work.

It has been found from experience that this is the most practical and economical way of execution of these works and results in work being put in hand without undue delay.

Where works have been carried out under Section 9 of the Housing Act, 1957 competitive estimates have been obtained but in no instance did the cost of works exceed £500 for any one house.

The prompt and efficient manner in which works required by Statutory Notices were arranged and executed at a reasonable cost and the fact that there was a daily visit by an inspector while work was in progress which ensured that repairs were satisfactorily carried out under skilled supervision, resulted in owners having confidence in the service provided by the Department and many requests for assistance. This applied particularly where works were of a difficult nature or where the works involved more than one owner and where the cost had to be apportioned between the owners concerned, the apportionment of such costs usually being accepted without question.

In view of the services given by the Department to owners, owner-occupiers, and occupiers, a 5 per cent. establishment charge is made on all works undertaken to help defray administrative expenses.

During the year the building industry suffered from a severe shortage of labour and, in October, 1960, a rise of 6d. in the hourly rate of tradesmen followed by a further 1d. per hour early in 1961 was made in order to retain labour and to attract tradesmen back into the building trade. It was hoped that these rises in pay would stop the drift of labour to better paid jobs in industry enjoying more congenial surroundings, canteen

facilities and welfare services, but there was no appreciable effect. A further drain on the labour force of the small general builder who specialises in property repairs has been to the giant building contractors engaged on mammoth building operations and developments in the City because they offer higher wages with unlimited overtime in order to get their projects completed to a deadline.

This has resulted in some difficulty in placing orders for work but the goodwill of the building contractors on the Department's list of builders has resulted in all works detailed being carried out without undue delay. The increase of wages has of course meant increased costs being incurred.

Many owners experience financial hardship in meeting the costs of repairs to their property following the service of Statutory Notices, and, in requesting the Department to carry out the works required on their behalf, also request financial help to meet the costs incurred.

In these cases it is the policy of the Health Committee to permit repayment of the costs to be spread over a period normally of three years, but in cases of exceptional hardship the time for repayment has been extended beyond this period. The special circumstances of each case are considered on their respective merits before any such action is taken.

During the year five sealed instalment orders for recovery of expenses were made by the Town Clerk. Agreements for recovery of expenses incurred were made by the Secretary-Accountant in thirty-seven cases and collection of rents in recovery of expenses undertaken in one instance. Recovery of costs through County Court Orders was made in one instance.

The total cost of all works carried out during the year was £8,064 11s. 11d. These works required the preparation of two hundred and nineteen specifications respecting five hundred and fifteen houses. Of these, one hundred and nine specifications were for execution of building repairs to abate nuisances at one hundred and twenty-six houses at a cost of £3,509 16s. 9d.

Repairs and improvements were carried out on a total of two hundred and forty-five houses at the request of owners at a cost of £3,869 19s. 10d., which necessitated the preparation of one hundred and ten specifications, and in one hundred and nine cases at the default of the owners at a cost of £4,194 12s. 1d., involving two hundred and seventy houses. In forty-six cases essential works were carried out to comply with Nuisance Orders made by the City Justices at Victoria Law Courts. The cost of this work totalled £1,602 12s. 3d., and the number of houses affected was forty-eight.

The following analysis indicates the work undertaken by the Section during 1961:—

	Jobs	Houses	Cost		
			£	s.	d.
<i>Section 93 Public Health Act, 1936.</i>					
<i>General Nuisances—repairs to defective houses.</i>					
At default of owners—for non-compliance with Nuisance Orders.	46	48	1,602	12	3
By agreement.	63	78	1,907	4	6
<i>Section 56 Public Health Act, 1936.</i>					
<i>Paving of courts, yards and passages.</i>					
At default of owners.	2	17	93	0	4
By agreement.	3	32	188	16	5
<i>Section 39 Public Health Act, 1936.</i>					
<i>Provision of satisfactory drainage.</i>					
At default of owners	22	44	128	5	5
By agreement	17	35	140	5	1
<i>Section 79 Public Health Act, 1936.</i>					
<i>Removal of noxious matter from premises .</i>					
At default of owners	6	11	41	12	9
By agreement	1	1	2	12	6
<i>Section 138 Public Health Act, 1936</i> <i>(as amended by Section 30 Water Act, 1945).</i>					
<i>Houses already having internal water supply but where supply was insufficient—improvement effected.</i>					
At default of owners	26	143	1,825	8	9
By agreement	25	98	1,614	10	3
<i>Section 32 Birmingham Corporation Act, 1948.</i>					
By agreement	1	1	16	11	1
<i>Section 83 Public Health Act, 1936.</i>					
<i>Cleansing of filthy or verminous premises.</i>					
At default	2	2	94	11	1
<i>Section 4 Prevention of Damage by Pests Act, 1949.</i>					
<i>Repairs carried out to premises to prevent spread of rats and mice.</i>					
At default	1	1	6	0	6
<i>Section 9 Housing Act, 1957.</i>					
<i>Repair of unfit houses capable of being rendered fit at reasonable cost.</i>					
At default	4	4	403	6	0

Urgent Nuisances

As in previous years, great benefit was derived by both landlords and tenants from the use of the special powers for dealing with urgent nuisances contained in Section 59 of the Birmingham Corporation Act, 1946, as amended by the Act of 1954, and Section 32 of the Birmingham Corporation Act, 1948.

With the passing of the Public Health Act, 1961, powers similar to those mentioned in the previous paragraph have been given to local authorities throughout the country. The Health Committee resolved to continue to use the powers contained in Section 59 of the Birmingham Corporation Act, 1946, as amended by the Act of 1954, as these enabled the Corporation to act after giving twenty-four hours notice compared with forty-eight hours notice which is required by the Act of 1961.

After service of notice the Corporation is empowered to undertake urgent work remaining undone after a short specified period of time. Provision is made for the recovery of the costs incurred.

Birmingham Corporation Act, 1946—Section 59.

(Defective drains requiring urgent attention)	
Total number of notices served during 1961	980
(involving 805 jobs)	
Work carried out by owners in specified time	462
Orders given by this Department in default of owners' compliance	298
Orders given by this Department at request of owners ...	45
Total cost of work given to the Department's contractors	£1,685 4 5
Average cost per job	£4 18 3
The maximum charge in respect of any one job was	£60 5 9
and the minimum was	16 3

During the year notices were served in respect of obstructions in twenty-three private sewers affecting one hundred and eighty-four houses.

Birmingham Corporation Act, 1948—Section 32.

(Defective houses requiring urgent attention)	
Total number of notices served during 1961 (involving 308 jobs)	382
Work carried out by owners in specified time	185
Orders given by this Department in default of owners' compliance	101
Orders given by this Department at request of owners ...	22
The cost of the work given to the Department's contractors totalled	£1,683 8 4
Average cost per job	£13 13 9
The maximum charge in respect of any one job was	£96 12 8
and the minimum was	16 2

Redevelopment Areas and Clearance Areas

As more and more houses come into the management of the Housing Management Department following slum clearance action, so the Corporation become landlords of more tenants living in unfit dwellings. Many of these tenants have been used to complaining to the Health Department of the existence of unsatisfactory conditions and despite the change of ownership continue to do so. To avoid unnecessary duplication of effort a number of these complaints are passed direct to the Housing Management Department without investigation by a public health

inspector, but if it should appear there has been undue delay or the tenant is experiencing unusual hardship, the complaint is investigated and the attention of the Housing Management Department is drawn to the need for appropriate action.

The Housing Management Department has an immense task to deal with this unsatisfactory housing and the closest co-operation with the Housing Management Department is essential, not only for the wellbeing of the tenants but for the good name of the Corporation.

During the year 1,682 complaints were received in respect of properties in the management of the Housing Management Department. Of these complaints eight hundred and sixty-one were investigated by the health inspectors before being referred to that department. A total of 1,562 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 eighteen visits were made during the year.

Domestic Surface Air Raid Shelters

Arising from the survey carried out in 1954, further consideration was given during 1961 to numbers of shelters which had been the subject of complaints. In eighty-two 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 seven hundred and ninety-four at the 31st December, 1961, as follows:—

	<i>Total shelter structures surveyed</i>	<i>Shelters represented for demolition</i>
Central Wards	822	284
Middle Ring Wards	1,220	431
Outer Ring Wards	2,010	79
	<hr/>	<hr/>
	4,052	794
	<hr/>	<hr/>

Common Lodging Houses

It is the duty of every local authority to maintain a register of all established common lodging houses within their district. This record is required by the provisions of Section 237 of the Public Health Act, 1936, and must contain entries which detail the full names and addresses of all persons registered as "keepers" and similar information regarding any persons who are to act as "deputy keepers". Information must also be recorded as to the situation of every such lodging house and the maximum number of persons authorised to be accommodated therein.

Seven such premises were registered for the year, providing a total accommodation for six hundred and thirty-two men only. This represents a reduction of twenty-six beds on comparison with the figure of six hundred and fifty-eight for 1960, when eight houses were registered.

These beds represented a small free night shelter which had been registered with the Department for many years. For the past six years, however, these premises had been temporarily closed because the religious society who managed it could not find a suitable person to act as registered keeper in return for a very low income. The society informed the Department at the close of 1960 that it was not their intention to apply for further registration.

Routine visits of inspection are carried out both by day and by night, to ensure that the provisions of the byelaws made under the Public Health Act, 1936, are observed.

Public health inspectors made a total of one hundred and seventy-seven visits during the course of the year, details of which are as follows:—

Day visits ...	...	...	...	...	...	...	...	...	78
Night visits	...	...	...	...	...	...	...	...	94
Special visits	...	...	...	...	...	...	...	...	5
									—
						Total	...	...	177
									—

The above inspections revealed that there still remains a positive demand for this type of accommodation within the City. In some cases the hostels were always fully occupied, whilst in others approximately 90 per cent. of the beds available were taken up at the time of visit.

The extent of the total accommodation available will be seriously affected in the near future, in view of the extensive redevelopment taking place within the City. Out of the seven houses at present registered, no less than five are managed by charitable organisations, i.e. The Salvation Army and Church Army, comprising five hundred and sixty beds or approximately 90 per cent. of the total accommodation. Three of these, being the largest and consisting of three hundred and eighty-one beds or 60 per cent. of total accommodation, are scheduled for demolition in the near future, as part of the Inner Ring Road Scheme.

Discussions have already been held between representatives of the Salvation Army and the Public Works Department, with regard to alternative accommodation in respect of these hostels. A permanent site for a new building has already been suggested but the Salvation Army did not feel that they possessed the necessary financial resources to erect a building for themselves. The possibility of finding an old warehouse or similar building which could be easily converted is being investigated, but so far without success.

It is to be hoped that a solution to this problem will be found before long, as the above charitable organisations have proved themselves most capable in the management of such hostels. They operate mainly on a non-profit basis and have done much in recent years to improve general amenities. Furthermore, a definite need for this type of accommodation in the City will no doubt prevail for many years to come.

Tents, Vans and Sheds

During recent years, no considerable variation has occurred in the number of caravan sites within the City. In fact, the position still remains unchanged whereby only four sites contained more than six caravans.

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 legislation whilst controlling the use of land, which is to be regulated by both planning permission and by the licensing of sites for caravans, does not, however, control the owner-occupier of the caravan itself.

Problems, therefore, arising from the siting of single and small groups of caravans on unauthorised sites still confront the Department. It is for this reason that it is most important that the local Act powers are retained.

During the year, seventy-two visits were made by public health inspectors to sites occupied by caravans, but since the provisions of Section 43 of the Birmingham Corporation Act, 1935, have been rigidly enforced, there has been no serious threat to public health from the occupation of caravans within the City.

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 sixty-five, and twenty-two routine visits were paid to this class of premises, which are mainly smallholdings, small farms and land on which produce is grown for sale, such as market gardens and nursery gardens.

Generally speaking, as would be expected, there are no farms employing large numbers of workers. No statutory action was taken under the Act during the year.

Offensive Trades

The position with regard to the Offensive Trades of the City remains substantially the same as during the past few years, the number of premises being still seventeen. Complaints during the past year have been comparatively few and, as previously, referred to two premises in one locality.

It so happens that the premises in question are used for processing organic matter and if the strictest precautions are not taken, or in the event of a mechanical breakdown of plant or equipment, serious nuisances—offensive odours and fly infestation—are bound to occur. The treatment of animal carcasses, condemned meat, offal, bones and hooves leaves no margin for slipshod methods. While it may be appreciated that businesses dealing with such material must of their very nature be offensive—in almost every sense of the word—it is not always realised that they are doing a most important work, for, without them serious conditions would arise. It was found that the complaints referred to above arose from mechanical breakdown, and the Department received the fullest co-operation from the management; in no case was it necessary to resort to statutory powers.

Offensive trade premises were visited on forty-two occasions.

Pig Keeping

Formerly, particularly during the last World War when food production was all important, pig keeping was far more prevalent than it is today. Nowadays the domestic pig keeper has almost vanished from the City and complaints have diminished accordingly.

In fact seven complaints only were received during the year, the first from a resident in the vicinity of a slaughterhouse chiefly because of noise nuisance. The firm concerned has complied with the Department's suggestions to minimise the trouble. The second case was a chemical factory, whose premises were near a plot of land on which pigs had been kept for many years. In this instance a notice was served under the Byelaws regarding certain contraventions. The other cases were dealt with personally, by informal letter and by the service of three notices. No enforcement action was called for. During the year, five hundred and forty-nine visits were made to premises.

Tips and Tipping

During the year the number of established tips in operation remained at thirteen. Routine visits were made by public health inspectors to observe conditions and obtain compliance with the Byelaws. A total of three hundred and thirty-one visits was recorded.

The co-operation of the established tip operators continued to be obtained readily and very few complaints were received in the Department.

While progress in the development of the scattered vacant sites within the City went ahead during the year, large areas of land were cleared in the Central Redevelopment Areas and were almost immediately the object of abuse by the depositing of rubbish and discarded domestic articles. When families are being re-housed they almost inevitably indulge in a certain amount of household refurnishing and it would seem that most of them in the central areas choose to dispose of the unwanted household goods on nearby cleared sites.

The powers of local authorities in dealing with accumulations of rubbish have been strengthened by the introduction of new legislation by the Public Health Act, 1961. Section 34 of this Act is delegated to the Public Works Committee and empowers the Corporation to remove from a vacant site any accumulation of rubbish which is seriously detrimental to the amenities of the neighbourhood.

Twenty-eight days notice of intention to remove must be given to the owner or occupier of the site and there is right of appeal.

There is no provision made, however, for recovery of any expenses in removing the rubbish and the cost therefore falls upon the ratepayer.

Should the accumulation of rubbish be considered a nuisance or injurious to health or be noxious this Department can, and does, exercise the existing powers contained in Section 79 (removal of noxious matter) and Section 93 (abatement of nuisances) of the Public Health Act, 1936.

Pleasure Fairs

Pleasure fairs, in the usually accepted meaning, are undoubtedly on the wane in this City. Figures and statistics, as is not uncommon, can be misleading. The City Byelaws controlling pleasure fairs include in definition: ". . . any circus, exhibition of human beings or performing animals, merry-go-round, roundabout, switchback railway, coconut shy, hoop-la, shooting gallery or swings or anything similar to any of the foregoing". While it will be seen readily that every pleasure fair has most or some of the above attractions, it is not generally appreciated that floral shows, garden fêtes and similar functions, if possessing one or more of these same features, and are also classified as pleasure fairs.

Therefore, it may surprise many residents in this City that during the year no fewer than forty-one notifications of intention to hold pleasure fairs were sent to the Town Clerk and the Chief Constable, in compliance with the Byelaws. To suggest that a pleasure fair had operated in the City almost every week, would be certain to create incredulity among all who visualise a pleasure fair in its normal interpretation.

Most of the larger fair proprietors are fully aware of the City Bylaws' requirements and do comply. It happens occasionally that some smaller firms arrive in the City and, chiefly on account of ignorance, are found to be somewhat deficient. It is worthy of note that until a fair is actually open and operating it is not always possible to determine that all Byelaws are being observed and it follows that in cases of fairs held for one or two days, it is not possible to rectify contraventions of the Byelaws, as and when detected.

Usually, however, the Department does not encounter any serious difficulty. The commonest cause for complaint is minor defects in sanitary accommodation, which are usually remedied immediately on request. Since most sites are distant from dwellings, complaints of noise are infrequent.

Ninety-one visits were made to pleasure fairs during the year regarding Byelaws requirements, but in no case was statutory action needed.

Canal Boats

During the year 1961, the number of boats inspected on the canals within the City area was four hundred and twenty-five, and the number of inspections each quarter as follows:—

First quarter 156; Second quarter 44; Third quarter 59;
Fourth quarter 166.

There has been a marked decrease in the number of boats visiting the City during 1961, resulting in fewer inspections compared with 1960. The London dock strike and major repair projects on the canals during the 2nd and 3rd quarters accounted, in large measure, for this decrease.

The four hundred and twenty-five boats inspected were registered for the accommodation of 1,241 persons, and when inspected were found to be carrying two hundred and eighty-five men, two hundred and fifty-one women and two hundred and eleven children, a total of seven hundred and forty-seven persons—represented in terms of adults as 641½.

Of the four hundred and twenty-five boats inspected during the year, it was found that all but one were in good condition and conforming with the Act and Regulations. One complaint note was issued during 1961 and twenty brought forward from 1960. Seventeen complaint notes were complied with during the year, leaving an outstanding balance of three. It has not been necessary during the year to take any Court proceedings under the Public Health Act, 1936, and 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 ninety-eight, classified as follows:—

Motor Boats 57 Ordinary Boats 41

Prevention of Damage by Pests Act, 1949

COMPLAINTS

As in previous years, the year under review shows a substantial increase in the number of complaints received by the Rodent Control Section of infestations in all types of properties. Each month of the year, with the exception of December, revealed this trend of increased complaints and again the month of May gave the highest total of 1,041.

The above Act came into operation in 1950 and in that year the number of complaints received was 4,843, whilst the year under review totalled 9,684 complaints, representing 100 per cent. increase. During this period of eleven years, the technical staff of the Section has remained virtually unchanged.

1950	1957	1958	1959	1960	1961
4,843	7,235	7,351	7,971	8,336	9,684

Each complaint received is investigated, and detailed inspections are carried out, not only of the complainant's premises but, in a vast number of instances, the adjoining premises have to be inspected also.

In the mainly residential areas of the City the majority of complaints refer to a solitary rat seen in the garden. In this instance, the rat is usually living and nesting under a garden shed and it is not infrequent, therefore, for several neighbours to telephone the Department on the same complaint. What appears to them to be a large infestation is simply one rat "ranging" from garden to garden in search of food. This food usually turns out to be breadcrumbs, scraps, etc., put out for the feeding of birds. This problem is very much aggravated by the fact that during the winter months, the public are encouraged to adopt this practice, and it should be borne in mind by all persons that it is a comparatively simple matter to feed birds without rats gaining access to the food, by the use of a bird table or tray raised off the ground.

INSPECTIONS

The comparative figures for inspections carried out by the Section for the years 1960 and 1961 are as follows:—

			<i>Domestic</i>	<i>Industrial</i>	<i>Total</i>
<i>1960</i>					
Original visits ...	...	...	10,355	2,735	} 18,016
Re-visits ...	...	...	2,904	2,022	
<i>1961</i>					
Original visits ...	...	...	11,849	2,595	} 19,277
Re-visits ...	...	...	2,982	1,851	

Very few "major" infestations have been encountered in comparison with those conditions existing just a few years ago, when infestations of more than twenty rats in a property were an everyday occurrence.

All types of property in the City are covered by the service which the Section provides and no one class of building is more liable to infestation. In fact, all types of properties ranging from small slum houses to the multi-storey flats, or from the small hucksters shop to the largest of the chain stores and factories, may be the subject of an infestation.

Each of the above types of infestation occurred during the year and has been dealt with by poison treatment and rat proofing of the premises.

The following table shows the nature and types of property which the Section has dealt with during the year:—

	<i>Inspections</i>	<i>Re-inspections</i>	<i>Treatments for</i>	
			<i>Rats</i>	<i>Mice</i>
Domestic and bombed sites ...	11,849	2,982	6,058	1,346
Corporation Properties :				
Schools	180	169	127	117
Civic restaurants and bake-houses	12	22	10	14
Corporation tips	17	23	12	—
Allotments, parks, etc. ...	30	68	51	1
Welfare centres and nurseries	42	37	30	16
Destructors		140		
Offices, stores, depots, etc.	48	54	50	26
Industrial :				
Private schools	12	39	26	5
Private tips	—	—	—	—
Hospitals, nursing homes, etc.	20	119	46	31
Cafes, restaurants and hotels	99	91	97	53
Other food premises ...	590	443	382	204
Cinemas and theatres ...	8	28	2	8
Canal and railway banks	7	16		
Non-food shops	220	114	100	55
Non-food factories, offices, etc.	671	470	561	238
Farms, piggeries, etc. ...	2	18	15	
Other visits	637			
Night visits	103			
Smoke tests	193			

These visits resulted in formal action in the following cases:—

Notices served for proofing	14	Reminder letters sent ...	Nil
Notices served for treatment	Nil	Letters sent re proofing ...	Nil
Notices completed ...	13		

All business premises treatments are charged for, the occupier being responsible for the cost of the service. In the case of domestic premises, treatments are carried out free of cost to the occupier, in accordance with the Circular of the Ministry of Agriculture, Fisheries and Food, which was adopted by the City Council.

The service for the regular treatment of all types of business premises, at specified intervals, continues to work well and in many instances the regular inspection of such premises has been eliminated due to the fact that infestation has ceased as the result of the combined treatments and

rat proofing measures carried out. In other cases the intervals between the regular inspections has been considerably lengthened.

Staff sickness and holidays, as in previous years, affected the regular work of the Section and in some instances led to the postponement of treatments and delay in the inspection of complaints. On such occasions, and chiefly in respect of mice infestations, the general public have been requested to carry out treatments and advised to use Warfarin types of poison. In the main the treatments were successful, although some people expect any poison to kill immediately, and cannot appreciate that Warfarin takes several days to achieve this.

RAT PROOFING OF PREMISES

The rat proofing of premises without question is the most important and most difficult aspect of the work of the Section, and it is entirely dependent on the three senior members of the staff. Qualified and experienced public health inspectors are required for this work, particularly as past experience has proved that every possible type of malpractice in building and drainage construction is found to be the root cause of infestations in all types of properties. This work becomes more exacting and places a greater load on the Section, as redevelopment works in general progress throughout the City.

The 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 fourteen cases during the year. Even in the majority of these cases, agents managing the property requested the service of a notice solely for the information of the actual owner. The majority of rat proofing works are carried out without the service of such notices. In addition, rat proofing measures were carried out in a further three hundred and fifty-nine properties of all types.

It has been further apparent during the year that the more detailed supervision by the City Architect to prevent rat infestation in new properties has paid dividends. Only in a few cases were newly erected properties found to be infested shortly after occupation.

SALVAGE DEPARTMENT DESTRUCTORS

The five depots of this Department continue to have the heaviest rat populations in the City, although when present conditions are compared with those which existed a few years ago the rat populations may be considered to be very low.

All possible conditions which encourage the breeding and feeding of rats in comfort and security are found in these depots, and the work of the Section is directed to confining rats to larger centres of infestation such as the firing decks and refuse hoppers.

Of necessity a very close watch has to be kept on the depots, and regular inspections are carried out by day and night. Any noticeable

increase in the rat population at any place is immediately countered by a poison treatment.

The Section works in the closest co-operation with the technical staffs of the Salvage Department and any suggestions regarding elimination of rat harbourage or proofing are quickly carried out. Treatments were carried out at the various depots as follows:—

Tyseley Depot	Week commencing 10th April	Whole depot treated
Brookvale Depot	21st and 22nd June	Portions of works
Rotten Park Street	June	Whole works
Tyseley	Weekend of 11th November	Whole works
Tyseley	Weekend of 23rd 24th December	Whole works

During the year the new salvage depot at Lifford has been completed and the premises opened. The old depot has to remain for several months before demolition, and in order to prevent a migration of rats to the new works, repeated poison treatments have had to be carried out in the old works as the various portions closed down and transfer was effected. The final treatment covered the whole of the works, particular attention being given to the remaining centres of infestation, namely screen rooms, hoppers and charging decks.

Subsequent inspections, both by day and night, showed that the rat population of the whole works was apparently eliminated and that there was no infestation in the new works. As a precautionary measure, substantial quantities of Warfarin were left in position at various points in the old works; these were untouched several weeks later. However, the premises will have to be kept under observation until demolition starts and is completed, when it is expected that further treatments of a precautionary nature will have to be carried out.

The land alongside the river at Castle Bromwich will eventually house a new destructor and the Section was notified that a minor infestation existed. Inspection revealed an extremely heavy rat infestation over the whole of the tip, the river banks and the banks of a stream, and, in fact, some thirty rats were observed in one part of the tip during inspection. Operations were started immediately covering the whole area of the tip and including the river and stream banks and a portion of the railway embankment. The pick up of dead rats was in the region of two hundred and subsequent inspections showed only a very slight infestation.

This tip will have to be kept under continual observation for some considerable time, probably until building operations commence, treatments being carried out as found necessary.

SEWER TREATMENTS

It is more than possible that the sewers of any large city contain

the largest "single" rat infestation which can be encountered. Birmingham was no exception to this fact, and in 1944, the regular treatment and poisoning of the sewers was commenced.

Each manhole had to be plotted and identified, and the City divided into workable areas, whilst consideration had to be given to the boundaries of each in relation to the trunk or valley sewers. These latter can be called "barriers" insofar that the flow in them is so fast that a rat would have extreme difficulty in crossing such a sewer.

Due to the size of the City and the sewer mileage, comprising some 1,600 miles, it can be readily seen that the Department is presented with an outstanding problem, and regular treatment, twice per year, has very considerably reduced the population in many sewer lengths and completely eliminated the rats in other lengths.

The work of baiting and poisoning nowadays is very routine and very unspectacular, nevertheless, it is an extremely important contribution to the work of the Section, and is successful in keeping the rat population in the sewers to a minimum.

Examination of the following short table will show the tremendous drop in "takes" and "types of takes" at the manholes on the system, and is ample justification for the continuance of the scheme.

	SEWER TREATMENTS				
	<i>Complete</i>	<i>Quantity of bait taken</i>		<i>Totals</i>	<i>No "takes"</i>
<i>Good</i>		<i>Small</i>			
Initial treatment, 1944	246	2,227	2,368	4,841	4,734
26th maintenance treatment, 1961	Nil	191	369	560	7,239

The extensive demolitions taking place in the City add to the complications of controlling the sewer rats, for each building so demolished leaves a ready made egress from the sewer via the old drainage systems of the demolished properties.

The Public Health Act, 1961, now provides local authorities with some control over the demolition of properties and can require the removal of old drainage systems from sites and their sealing off. It is to be hoped that these new measures will be fully implemented.

In the City Centre the activities of rats from disused drains are apparent when footpaths and forecourts collapse, and in these instances the agreement with the Public Works Department regarding the excavation and the sealing of the old drains has worked satisfactorily.

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

Two new operatives have been appointed during the year and one operative died during December.

The staff figures have remained fairly constant during the year and at 31st December, 1961 the position was as follows:

Rodent Officers	...	...	3	Storeman	...	...	...	1
Clerks	...	...	4	Operatives—				
Inspectors	...	...	7	Surface	...	...	...	14
Foremen	...	...	2	Sewer	...	...	...	5

The Rag Flock and Other Filling Materials Act, 1951

At the end of 1961 five premises were licensed under the above Act, all for storage of rag flock. One firm, however, in 1961 changed its premises. One new premises was registered in 1961 but there were two cancellations making a total of fifty-six premises registered in 1961 as compared with fifty-seven in 1960.

Regular routine sampling is carried out of materials to which the Act applies, which are stored or used on registered or licensed premises.

Fifty-seven samples in all were taken in 1961 and from all but two, satisfactory reports were received.

Rag flock	...	...	18	Woollen flock	...	1	Kapok	...	...	1
Washed flock	...	—		Jute	...	2	Coir fibre	...	...	8
Cotton felt...	...	13		Synthetic fibres	—		Algerian fibre	...	...	4
Cotton millpuff	...	—		Hair...	...	4	Fibre (not classified)	—	—	
Woollen felt	...	5		Feathers or down	—		Sisal pads	...	...	1

Two informal samples of rag flock (one of 60 per cent. flock) proved unsatisfactory. Both samples showed 2.1 per cent. of soluble extracted matter but only 1.8 per cent. is now allowed by regulations. The formal samples, however, proved satisfactory. Of the sixty-three samples taken in 1960 all were satisfactory.

Unsatisfactory samples taken expressed as a percentage of all samples for the year, were as follows:—

1952	...	...	16.3%	1957	...	...	7.0%
1953	...	...	6.5%	1958	...	...	Nil
1954	...	...	6.2%	1959	...	...	1.3%
1955	...	...	12.6%	1960	...	...	Nil
1956	...	...	2.0%	1961	...	...	3.5%

In 1961 new regulations were passed entitled the Rag Flock and Other Filling Materials Regulations 1961, and came into force on 1st August.

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.

STREETS PATROLLED

Half-day closing	...	...	...	...	...	...	...	8,557
Night closing	...	...	...	...	...	...	...	653
Sunday trading	...	...	...	...	...	...	...	2,485
								11,695

SHOPS ACT FORMS PROVIDED

Early closing day	...	...	...	...	...	...	...	306
Assistants' half-holiday	...	...	...	...	...	...	...	280
Young persons' hours of employment	...	...	...	...	...	...	...	276
Exemption (week-days)	...	...	...	...	...	...	...	138
Exemption (Sundays)	...	...	...	...	...	...	...	328
								1,328

STAFF ACCOMMODATION DEFECTS REMEDIED

W.C. and washing facilities	...	...	...	...	...	...	...	186
Heating, lighting and ventilation	...	...	...	...	...	...	...	20
Facilities for meals	...	...	...	...	...	...	...	32
								238

OFFENCES REPORTED FOR ACTION

Half-day closing :								
Sales after closing time	...	...	...	...	...	...	...	8
Night closing :								
Sales after closing time	...	...	...	...	...	...	...	15
Sunday trading :								
Illegal sales	...	...	...	...	...	...	...	105
Warning letters issued in respect of the above mentioned offences								128

In conjunction with the Staff Training Centre of the Ministry of Labour, this Department was able to accommodate five overseas Labour Officers with studies on the Administration of the Shops Act, 1950. These officers, who came from Burma, India and Pakistan, were anxious to see and learn something of the working conditions in the retail distributive trades, and in particular the conditions of employment of young persons, especially those engaged in restaurants, cinemas and other places of entertainment. Visits were arranged accordingly within the City and the administration of the Shops Act, 1950, was discussed in detail

CITY CENTRE EXEMPTION ORDERS

In August this Department was approached by the Town Clerk for assistance with regard to a formal application by the Birmingham Chamber of Trade for an order exempting all shops within the area bounded by the proposed Inner Ring Road from the provisions of Section 1 of the Shops Act, 1950. Evidence supplied by the Chamber of Trade in support of this application showed that a total of four hundred and sixty-four shops were approached by circular letter and invited to express

opinions on the question. A summary of the replies indicated that two hundred and eighty were in favour of the Order being made and that one hundred and eighty-four were either against or did not reply. The City Council being satisfied that a majority were in favour, but not having the power to make an overall Order, issued instructions for the Chamber of Trades' survey to be checked and split into individual trades so that Orders could be made covering the several trades. The Shops Act Inspectors, on checking the survey, found that fifty-two shops had not been included and, having divided the survey into twenty-seven trades, found that nine trades did not have the majority vote. In view of this conflicting evidence the City Council decided to conduct a poll and to issue voting papers. The Shops Act Inspectors then carried out a detailed survey of all shops within the area as at 18th December, and taking into account the demolition and reconstruction of the City, it was found that five hundred and thirteen shops were entitled to participate in the poll. At the end of the year the information collated from this survey was being summarised for further action.

Disinfestation and Disinfection

The Disinfection and Cleansing Station is situated fairly centrally at Bacchus Road. The station operates under the supervision of a Depot Superintendent who reports daily to the Chief Public Health Inspector.

All complaints of infestation received by the Department from occupiers of domestic and business premises are promptly investigated by the Public Health Inspectors. Such complaints refer to infestations by bugs, fleas, flies, cockroaches, blackbeetles, crickets, ants, etc., and following investigation, the necessary arrangements for treatment are made with the Depot Superintendent.

During the year, 1,414 houses received such treatment as compared with 1,876 in 1960. This represents a decrease of four hundred and sixty-two treatments or 24·6 per cent. over the year, being identical to the decrease of 24·0 per cent. for the previous year.

These figures indicate that a steady downward trend in this type of work continues, due, no doubt, to the extensive use of modern insecticides.

In addition to this work, many treatments have been carried out in business premises, including hospitals, licensed houses and restaurants, public baths, factories and schools. Steam flies and cockroaches proved to be the main source of infestations occurring in food preparation rooms and kitchens. The number of separate treatments involved amounted to one hundred and forty-eight for the year, showing a small increase on the figure of one hundred and twenty-eight for 1960.

Charges are not made for treatments to domestic premises but in all other cases appropriate accounts were submitted, based solely on the cost of labour and materials used.

SERVICES TO THE TUBERCULOUS

The delivery and collection of complete bedding units for tuberculous patients is undertaken by the depot staff. Arrangements for this work are made with the Chest Clinic, and deliveries for the year amounted to eighty-one units, and eighty-seven units were collected from houses and disinfected prior to re-issue.

Disinfection was also carried out in twenty-six houses following the removal of patients to sanatoria or into new housing accommodation.

DISINFECTION

The Department throughout the year continued to assist certain aged people in essential cleansing of their homes, including the removal of rubbish. This service is given free of charge and during the year nineteen such houses were cleansed and seventy-five beds, together with bedding, were removed for destruction.

The steam disinfectors were kept working daily during the year, principally in the disinfection of hospital bedding and blankets. This included similar work for the Workshops for the Blind and for the Blood Transfusion Service.

Charges were rendered to appropriate authorities, where applicable, on the basis of 15/0d. per "stove", which represents one complete operation of a steam disinfectant. The total amount of material put through the steam disinfectors resulted in 1,223 complete stoves in the year as compared with 1,266 for 1960. These figures show the constant use to which the steam disinfection plant is subjected year by year.

CLINIC TREATMENTS

Bathing facilities for the cleansing of scabies cases and verminous persons are available centrally at the Cleansing Station. A day and evening service is provided at the clinic, which remains open until 8.0 p.m. during the week, except Saturday, when it closes at 5.0 p.m. No treatments are provided on Sunday and details of those carried out for the year are as follows:—

<i>Bacchus Road Clinic (men)</i>					<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>
Men	...	...	...	...	242	178	20
Boys	...	...	...	...	36	—	—
Second treatments	...	...	...	...	9	—	—
Total	...	...	...	...	287	178	20

<i>Bacchus Road Clinic (women)</i>					<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>	<i>Head Lice</i>
Women	...	...	...	...	174	8	12	29
Girls	...	...	...	...	143	3	1	71
Boys	...	...	...	...	110			
Second treatments	...	...	...	...	35	—	—	—
Total	...	...	...	...	462	11	13	100

Children referred to in the above figures were treated at the same time as their mothers.

BATHING OF THE AGED AND INFIRM

The facilities provided for the bathing of the aged and infirm were once again extensively used. These aged folk were collected from and returned to their homes in Corporation transport under the care of a health visitor. During the year eight hundred and seventy-six baths were provided for women and six hundred and one for men, making a total of 1,477, which is close to the figure of 1,468 for 1960,

DRAINAGE AND SEWERAGE

The information which follows on the sewerage works carried out by the Public Works Department during 1961 has been kindly provided by the City Engineer and Surveyor, Sir Herbert Manzoni.

Redevelopment Areas

The complete re sewerage of Lee Bank (Units 313-315), Chamberlain Gardens, Nechells Green (Units 20 and 22) and Highgate (Unit 417) Redevelopment Areas is actively proceeding in step with the demolition and rebuilding programme.

Wherever possible, the opportunity has been taken to redrain these old "combined" areas on the "totally separate" system, so as to reduce the load on the main valley sewers and minimise pollution of the rivers and surface water system.

Other Housing Areas

The following Corporation housing estates have been sewered during the year:—

Fox Hollies Hall, Barnes Hill, Gibbins Road and Wyrley Birch part 3, together with various smaller housing sites.

The Bournville Village Trust (private enterprise) has also carried out extensive sewerage work on their Shenley Farm Estate.

General

The reconstruction of certain lengths of trunk sewers has been necessary by reason of condition or redevelopment, and the Coldbath Valley Sewer, the Hockley Main Sewer and the Edgbaston Outfall Sewer have all been replaced in parts by new work.

The realignment of the Hockley Brook in the Newtown Redevelopment Area has also been completed by the construction of over 500 yards of 14 feet by 12 feet culvert under conditions of great difficulty.

A large new sewage pumping station has been constructed at Argyle Street, (Saltley), to replace and increase the capacity of the existing plant serving this low lying area.

The Electric Avenue, (Witton), area which has suffered intermittent flooding from foul water, has now been re sewered with over 1,800 yards of new surface water sewers which will relieve the foul water sewers and do much to reduce this risk.

The Birchfield Road Underpass, now nearly complete, has involved much complicated sewerage work on account of the deep roadworks and similarly at the Holloway Circus Underpass, where most of the necessary sewer diversions have been constructed in tunnel.

In addition to the constructional works already mentioned, some 6,654 Building Plans were examined for compliance with the Byelaws. Similarly, the control of trade effluents, which is now a major activity, has involved 5,098 visits to factories and the taking of 3,529 samples for analysis from the 1,500 industrial premises which regularly discharge trade effluents to the City's sewers.

During the year 1961, 9.01 miles of foul and surface water sewers have been constructed by the Corporation within the City boundary, and in addition, approximately 3.75 miles of sewers have been laid by private estate developers.

Up to the end of December last, the total length of sewers in the City amounts to 1,654.47 miles, of which 1,079.34 miles are foul water sewers and 575.13 miles are surface water sewers, a net increase of 9.29 miles after allowing for old sewers which have been demolished or abandoned.

REFUSE COLLECTION AND DISPOSAL

The collection, utilisation and disposal of house refuse is the responsibility of the Salvage Department and Mr. A. E. Barton, General Manager has kindly supplied the following information. The Department also undertakes the emptying of cesspools and privy pans and the collection and treatment of condemned meat, offal, vegetable and other waste from the City Markets and Abattoir. Assistance is given to traders and industrial concerns by providing a service of collection and disposal of trade refuse on payment of appropriate charges.

Dustbins

Dustbins installed at premises within the City during 1961 totalled 48,754, including 28,002 special type hinged-lid bins for use in connection with the dustless refuse collection system. Since 1950 when the City Council adopted the policy of supplying dustbins as a charge against the General Rate Fund, 426,789 receptacles have been provided.

Refuse Collection

The total quantity of refuse of all kinds dealt with by this Department during the year amounted to over 370,000 tons and the collection and disposal of this tonnage necessitated the employment of a fleet of two hundred and seventy-six vehicles of varying types. The majority are either petrol or diesel engined, although seventy-seven electrically-propelled vehicles are still in use.

Satisfactory progress continues in implementing the decision of the City Council to extend throughout the whole of the City the Continental-style collection system which was first introduced in Birmingham in January, 1959.

Special type vehicles having totally enclosed bodies and equipped with mechanical means for emptying the bins through a sealed aperture at the rear of the vehicle, are used for this system. At the end of 1961, twenty-three of these vehicles were in use and 63,097 premises were covered by the system.

Multi-storey flats, schools and other large industrial and office blocks throughout the City also benefit from another almost entirely dustless collection service. This is carried out through the installation of 1½ cubic yard capacity bulk storage containers which are mechanically emptied into vehicles specially designed for the purpose. Some 1,100 of these containers are now in use, serving 9,400 premises.

Refuse Disposal

The new Refuse Disposal and Salvage Works at Lifford Lane, Kings Norton, officially opened by the Lord Mayor in October, 1961, are now in full operation and deal with the whole of the refuse produced in a district of 14,200 acres with 70,000 premises and an estimated population of 231,000.

The plant at the new works, incorporating the most modern techniques in the separation and incineration of refuse, has been designed with a high degree of mechanisation, which not only eases the burden of manual effort, but provides maximum efficiency in performance. The buildings, also specially designed and executed in modern style, have maximum natural lighting, glass bricks being used extensively.

The welfare of the employees is well catered for at Lifford, as at other works, in the provision of a locker room, clothes drying room, toilets, shower baths and a first-rate dining room. Additionally, special plant has been installed to restrict the amount of dust released into the atmosphere in the main building, and so improve the working conditions of the employees.

Whilst the new works have alleviated the position regarding the controlled tipping of untreated house and trade refuse in the southern area of the City, the Department still faces an acute shortage of suitable sites necessary to deal with the surplus refuse which cannot be handled by the remaining four works, all of which are operating to capacity. In this respect, even with no further increase in total tonnage, tipping accommodation will probably have to be found during 1962 for some 60,000 tons of crude refuse, as well as 154,000 tons of screened dust and clinker produced at the various works. The disposal of house and trade refuse by controlled tipping cannot be completely abolished until the proposed new Refuse Disposal and Salvage Works at Castle Bromwich are in full operation, which it is hoped will be by 1967.

Labour

Whilst the overall situation regarding the labour force in the Department continues to be satisfactory numerically, the high proportion of "turnover" is still a matter of concern.

From a basic establishment of approximately 1,100 manual employees, six hundred and ten left during 1961, representing some fifty-five per cent. Of this number three hundred and eighty-two had less than three months service, and whilst it was not very difficult to recruit an adequate number of replacements for the whole of those who left during the year, it will be appreciated that constant changes in personnel have some effect on the smooth running of the work.

Salvage and By-Products

Particular attention continues to be given to the recovery from refuse of salvage items such as paper, fibreboard, textiles, ferrous and non-ferrous metal—in fact, any material having some residual value for re-use in industry. Markets generally have varied little during the period with the exception of that for ferrous scrap, which declined slightly although the tonnage extracted by the Department increased.

The collection of condemned meat, offal and other refuse from the City Markets and Abattoir continued, the materials being treated in the Organic Plant at Montague Street Works. During the year under review, a total of 1,156 tons of animal feeding stuffs, fertilisers and fat was produced.

One of the most popular of these fertilisers, known as "Veg-U-Mus" and produced entirely from organic material, is in great demand by local gardeners. It is made available to Allotment Associations at reduced rates for resale to their members, and evidence of the results achieved fully justifies the Department's slogan that it "Makes the kitchen garden pay, and the flower garden gay!"

Cesspools and Pans

In these days when the water carriage system of sewage disposal is accepted as an integral part of urban life, it is probably surprising to find this heading still remaining in a report relating to a large, industrial city. Cesspools and sanitary pans continue in use however, in areas of Birmingham not yet serviced by sewers. The number of cesspools receiving attention at the end of the year was one hundred and twenty-seven, serving one hundred and sixty-three premises, and during the period one cesspool was abolished and two new ones added. In addition, ninety-four sanitary pans were being emptied regularly.

Expenditure and Income

The gross expenditure of the Salvage Department during the year under review totalled £1,656,547, and the income from all sources during this period was £210,312.

THE CITY'S WATER SUPPLY

The General Manager and Secretary of the Water Department has provided the following observations for this year's Annual Report.

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 fifteen of the original slow sand filter beds into two rapid gravity type filters. Two further units were completed and taken into commission making a total of thirteen beds so dealt with since the work commenced in 1951. The conversion of the remaining two beds was well advanced at the end of the year.

Aqueduct

The construction of the total length of $36\frac{1}{2}$ miles of Fourth Main of 60 inch diameter concrete-lined steel pipes on the siphon sections of the Elan Aqueduct, which commenced in 1949, was completed.

Frankley

The third instalment of twelve rapid gravity filters with a total capacity of twenty-four million gallons per day was commissioned.

The construction of the fourth instalment continued and was approximately seventy-five per cent. complete at the end of the year. On the commissioning of the fourth instalment, the scheme for filtering the total realisable output of the Elan Valley source will be complete.

Area of Supply

The laying of 4,470 yards of twenty-four inch diameter concrete lined steel main from Parsons Hill to Yardley Wood Road was nearly completed. When this main is brought into service during the Spring of 1962, it will improve the supply to the Aspley Heath, Bentley Heath and Shirley Street areas.

Small diameter mains have been laid to cater for development within the City, to replace old corroded service mains and to improve the distribution system in the various Redevelopment Areas. In a few instances mains have been laid to convey high pressure water to multi-storey development sites where the existing pressure in the mains would be inadequate to reach the top floors of the new buildings. On several

Corporation Housing Estates where multi-storey blocks of flats have been constructed and the above procedure would be either impracticable or uneconomical, booster pumping plants have been installed.

Sections of trunk mains of twelve inch, eighteen inch and twenty-four inch diameter have been laid in conjunction with the Inner Ring Road Scheme and the City Centre Development.

During September reconstruction of an old structurally unsound covered service reservoir situated off Hagley Road commenced. The work will entail the construction of a new covered service reservoir, having a capacity of 4½ million gallons, wholly within the existing reservoir.

Local Works—Whitacre

Chlorination equipment of an increased capacity was installed and is capable of providing super-chlorination followed by de-chlorination by means of sulphur dioxide when the need arises.

Unusually abundant algal growths occurred in Shustoke Reservoir during the summer. The raw water pumped to Shustoke Reservoir from Whitacre Reservoir during September was treated with 0.3 parts per million of copper sulphate in order to control the development of algae.

The water derived from this source is supplied in bulk to Coventry Corporation and to the North East Warwickshire Water Board.

General

All water distributed was chlorinated, generally at a rate of 0.3 parts per million.

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 hot dry weather in June and the early part of July.

Because of the continually increasing demand for water, the Welsh sources of supply will have to be augmented in the very near future and to this end the Corporation is seeking powers to abstract water from the River Severn at Bewdley.

ROUTINE SAMPLING OF CORPORATION WATER

The purification of water by the City Water Department is carried out at both Whitacre and the Frankley Water Works, the latter being responsible for almost all the potable waters supplied to the City itself. Careful sampling is carried out throughout the whole year to check on the efficacy of the treatment carried out at both works and to eliminate the possibility of any illnesses arising from the consumption of the water.

Bacteriological Examination

ELAN VALLEY SUPPLY

This water, draining from the Welsh mountains and impounded in the Elan Valley, continues to be of excellent quality. The practice of treating the mountain water by rapid filtration and chlorination before entering the Aqueduct continues and samples from Steventon half way along it were of the highest standard. In fact on no occasion was E.Coli reported and except for January the total viable counts were extremely low.

Water is discharged from the aqueduct into the Bartley and Frankley Storage Reservoirs. The high degree of purity already referred to may there be affected by contamination due principally to fouling by birds, and is especially likely during the winter months, for example on the 3rd January a sample contained 15 E.Coli per 100 ml., but for the rest of the year, with the exception of the last four months, contamination was insignificant, even during the latter period there was no cause for concern or need for special measures prior to filtration. The water from the reservoirs is filtered by slow sand and rapid gravity filters working in parallel. In general the slow sand filters produced water of high bacteriological quality although in January when the water entering showed the signs of faecal contamination, referred to above, the Slow Sand Filter No. 4 was not satisfactory and was withdrawn from commission. Later samples were satisfactory. Rapid gravity filters on the other hand are less effective in reducing the proportion of bacteria. Following filtration the water receives a final chlorination prior to passing into the general mains supply. The importance of routine testing can readily be understood and this is carried out weekly at the works, after chlorination, from the covered service reservoirs and at domestic taps. The treated water leaving the works has been of excellent quality throughout the whole year. Its general purity is remarkable, for example, samples taken in June on entering, during the storage and leaving, were of first class bacteriological standards. Similar results were obtained from the covered service reservoirs, with the exception of those at Edgbaston and Northfield on two occasions—20th July and 1st August respectively. This cleared up quickly and the sterility of the sampling bottles was suspected. Excellent results were obtained from all samples taken from taps throughout the City.

WHITACRE SUPPLY

Although both the Rivers Blythe and Bourne, which are the sources of water supply to the Whitacre Works, continue to show a high degree of pollution, the latter to a greater extent, routine sampling results indicate an improvement over last year.

<i>Weekly samples taken from</i>	<i>24,000 or more E. Coli Type I per 100 mls.</i>	
	1960	1961
River Blythe	24	9
River Bourne	22	14

From six samples from the River Blythe and two from the River Bourne no coliform bacteria were grown during 1961, while in 1960 every sample contained these bacteria in one form or another.

Water from the River Bourne enters via the Upper Shustoke Reservoir into the larger one at Lower Shustoke, while that from the River Blythe flows into the Whitacre Reservoir and after retention there for a short period is pumped into the Lower Shustoke Reservoir. Considerable improvement in the water is effected by storage, the general improvement reported above was also seen in samples taken at these points in its treatment.

<i>Weekly samples taken from—</i>	<i>240 or more E. Coli Type I per 100 mls.</i>		<i>No Coliform bacteria</i>	
	1961	1960	1961	1960
Shustoke Reservoir Outlet	9	17	6	6
Whitacre Reservoir Outlet... ..	4	17	13	8

The water from Lower Shustoke Reservoir is subjected to micro-straining and rapid gravity filtration, followed by super-chlorination in a concentration varying according to the residual chlorine content of the water entering the contact tank where the water is stored prior to pumping to Coventry and Nuneaton. Upon leaving the contact tank this water is dechlorinated by sulphur dioxide to leave a small residual chlorine content.

One hundred samples were taken from the Pumping Distribution Main and with the exception of two samples, were of good quality. These results indicate a remarkable achievement by way of purification.

These good standards were well maintained in samples from Monwode Lea on the main to Nuneaton, and Packington on the main to Coventry, apart from two occasions, i.e. 24th July, at Packington when there was an extremely high viable count of 3,200 and on the 19th July at Monwode Lea when the sample contained 240 E.Coli Type I per 100 mls. No further signs of contamination were obtained and as these coincided with unexpectedly poor results elsewhere a fault in the sterilisation of the sampling bottles was suspected.

WELLS

During the year under review the samples taken from both wells—at Short Heath and Longbridge—showed the highest degree of purity, even those from the untreated water were virtually sterile on several occasions.

Chemical Examination

The number of samples taken from certain points and their average chemical composition are set out on page 272. Domestic water, in addition to being tested for its bacteriological purity, is also subjected to chemical analysis—the results of which not only yield evidence as to the absence of substances which may be dangerous, but also of the presence of others which, although not harmful in themselves are valuable guides to the sources and nature of any pollution.

The waters from the Elan Valley show little variation in their chemical content from year to year. Special care is taken to observe the plumbosolvent action of this water which is related to its softness and acidity. This remained within normal limits but the maximum figure of 2.0 parts per million obtained at Frankley was slightly higher than that of last year. These figures do not indicate the amount of lead present in the household water supply where the samples were most satisfactory in relation to the possible presence of this substance.

The chemical analysis of the Rivers Blythe and Bourne reflected their high degree of pollution, and there was considerable variation in the substances present throughout the year. Detergents were also noted in all samples from the former and in all but four of the twelve samples taken from the latter. Examination after filtration and chlorination showed that this had effected their removal in nine of the twelve samples taken; the samples for November and December indicated their presence even after treatment but gave no cause for concern.

Results from radioactive estimations of all waters revealed this to be at insignificant levels throughout the year.

AVERAGE RESULTS OF CHEMICAL EXAMINATIONS

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		Nitrogen in Nitrates	Detergent	Permanent Hardness	Temporary Hardness
			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 lead strip)						
12	WELSH WATER: Aquaduct outlet	8.6 (7.1- 9.1)	41 (34- 46)	0 (0)	0.016 (0.000) (0.030)	0 (0)	1.35 (1.0- 1.8)	9 (8- 10)	17 (14- 20)	8 (7) (10)								
12	After storage in Bartley or Frankley Reservoir	7.1 (6.8- 7.6)	40 (35) (48)	0 (0)	0.017 (0.008) (0.036)	0 (0)	1.3 (0.9) (1.7)	9 (8) (10)	18 (16) (20)	8 (8) (9)								
12	After filtration and chlorination	6.8 (6.7) (6.9)	40 (36) (44)	0 (0)	0.017 (0.054) (0.004)	0 (0)	1.1 (0.7) (1.6)	9 (8) (10)	17 (16) (22)	8 (7) (9)	0.9 (0.5) (1.1)	78 (60) (100)						
4	WELLS: Longbridge	6.5 (6.4) (6.6)	282 (275) (287)	0 (0)	0.013 (0.006) (0.028)	2.15 (1.0) (3.0)	0.05 (0) (0.1)	21 (17) (28)	185 (170) (200)	97 (82) (106)					0 (0)	92 (84) (100)	93 (70) (102)	
4	Short Heath (Witton)	7.2 (6.9) (7.4)	503 (448) (574)	0 (0)	0.007 (0.000) (0.012)	10 (8) (11.5)	0.19 (0) (0.48)	32 (29) (34)	307 (270) (360)	107 (80) (164)				0.002 (0)	199 (188) (216)	108.5 (74) (114)		
12	WHITACRE: River Blythe	7.4 (7.3) (7.6)	424.5 (361) (514)	0.396 (0.012) (1.200)	0.258 (0.160) (0.384)	3.0 (1.1) (5.1)	3.5 (2.5) (4.4)	28 (10) (36)	256 (200) (280)	141 (104) (164)				0.07 (0) (0.11)				
12	River Bourne	7.5 (7.3) 7.8	546 (455) (639)	0.283 (2.000)	0.127 (0.048) (0.256)	4.1 (1.8) (6.9)	1.8 (0.7) (3.6)	58 (30) (100)	356 (290) (420)					0.14 (0) (0.41)				
12	After storage in Shustoke Reservoir	8.5 (7.9) (9.1)	479 (422) (503)	0.023 (0.000) (0.072)	0.260 (0.120) (0.480)	1.9 (0.2) (3.4)	1.8 (1.0) (2.8)	49 (40) (58)	302 (260) (340)					0.03 (0) (0.27)				
12	After filtration and chlorination	8.2 (7.5) (8.8)	487 (445) (525)	0.001 (0.000) (0.012)	0.138 (0.024) (0.384)	1.7 (0.6) (3.6)	1.1 (0.2) (2.0)	52 (35) (59)	305 (270) (340)					0.04 (0) (0.26)	132 (108) (160)			

PRIVATE WELLS

INDUSTRIAL

There are now ninety-one 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
Food preparation premises using well water	7
Industrial premises using well water for all purposes	14
Industrial premises using well water for industrial purposes only	58
	91

During 1961, one-hundred and fifty-nine bacteriological samples and eighty-seven chemical samples were taken 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 no reduction in the number of dwellings in the City which have to rely on water from shallow wells for their drinking supply. A bungalow was found during the year with a shallow well, from which samples were taken and, on examination, were found to be contaminated. Since a piped water supply was accessible, the property was connected to it later in the year.

At the end of the years 1957 to 1961, the number of dwellings depending on shallow wells for their water supply were as follows:—

<i>Year</i>	<i>No. of dwellings</i>	<i>Wells</i>
1957	10	7
1958	9	7
1959	8	6
1960	6	5
1961	6	5

During 1961 there were six bacteriological samples taken for examination and the reports obtained indicated that the water from the 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 SUPPLY

With the continuation of the Improvement Grants Scheme, it was fully anticipated that numerous owner/occupiers, and to a lesser extent, landlords, would take advantage of the opportunity to improve their houses by installing bathrooms, and, of course, hot water systems. Such is modern progress that it is now considered that a house without a proper bathroom is definitely sub-standard. Nobody would question this most obvious trend to better conditions, but, what is incredible, is the fact that there still remains in this City a considerable number of houses lacking an internal water supply.

It has been emphasised during the past few years that, whilst a water supply within a dwelling should be an essential, the fact remains that in the majority of cases, the lack of such a supply is entirely the wish of owner-occupiers or tenants, who refuse the necessary installation.

The reason for this is not clear, but it would appear to be that they think a sink, beneath a tap, is something which has no place within a dwelling.

It will be seen in the following table that the majority of houses lacking internal water supply come within the category referred to, the other very minor reasons being also indicated.

1. Houses included in declared Clearance Areas	...	...	6
2. Houses whose life did not justify expense	...	...	10
3. Houses supplied by wells—usually distant from mains supply			6
4. Houses where space limitation, or other reasons, made provision impracticable	...	...	1
5. Houses where occupants did not desire a supply	...	...	642
6. Houses where lack of drainage made provision impracticable			2
			667
			667

This total does not include houses situated in the Redevelopment Areas, which similarly lack internal supplies and in this classification the following figures are quoted:

Houses whose occupants refused a supply	...	...	111
These figures give a total of houses without internal water supply of			778

which reveals a reduction of 32 on last year's figures, since at the end of 1960 the number of houses deficient was

	810
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This reduction of thirty-two is accounted for, not by any new installations, but solely because at the end of 1961, thirty-two houses had been demolished or were void and pending demolition.

SAMPLING OF SWIMMING BATH WATER

The extremely high standard of care and cleanliness maintained throughout the year under review is reflected in the excellent bacteriological results reported from the bath water samples which as usual are taken monthly and without previous notice. Control of contamination is essential and its success is related to the maintenance of efficient sterilisation by means of chlorination. The following table gives an indication of how this is related to satisfactory samples in the bacteriological sense, an arbitrary standard of not more than eleven organisms per 100 mls. and the absence of coliform organisms per 100 ml. being adopted.

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	170 (4)	20 (1)	44 (2)	35 (3)	32 (6)
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	178 (4)	24 (0)	48 (6)	28 (1)	23 (5)

The number of occasions when the samples have failed to come within the adopted requirement is indicated in brackets—the total is comparatively small. During the first five months of the year the best results were obtained, but in the period of heaviest use which followed, the occasional sample fell below the normal high standards with four of them showing evidence of slight faecal contamination between the months of May and September. These results were most satisfactory considering the large crowds bathing at this time of the year. The results obtained in the remaining part of the year were excellent.

Bacteriologically the standards maintained in the swimming bath water were excellent, occasional failures to meet the requirements were noted and usually related to an unavoidable failure in the chlorinating plant. Most important however was the fact that on no occasion was a series of poor samples reported from any one bath.

Mr. J. Moth, General Manager of the Baths Department, states that the results of these bacteriological examinations of the swimming bath water are most satisfactory.

With the new bath 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 City will have eighteen swimming bath establishments containing twenty-eight pools.

Water for the pools is obtained from the Town main supply and is chemically treated, chlorinated and continuously filtered, the turn-over being 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 worn out chlorinators have been replaced and new filtration plants installed at the Monument Road and Sparkhill Baths.

INDUSTRIAL PREMISES

Sanitary Accommodation in Factories

Sanitary matters arising in factories are dealt with under the provisions of Part I of the Factories Act, 1937, and when these are not observed, the factory occupier or other person responsible becomes liable to a fine on summary conviction.

The Act indicates the extent to which the provisions of this part are to be enforced by the local authority and includes general requirements relating to cleanliness, overcrowding, temperature, ventilation, drainage of floors and sanitary conveniences in factories in which mechanical power is not used.

The Chief Public Health Inspector and his staff are responsible for the above duties and the number of visits paid to industrial premises, defined as factories under the Act, totalled 4,328 for the year. Details of this work, including the number of premises registered, are as follows:—

<i>Factories</i>	<i>Number on Register</i>	<i>Inspections</i>	<i>Informal Notices</i>
With power	5,020	3,710	169
Without power	297	129	—
Other premises	380	489	3
TOTALS	5,697	4,328	172

The above figures reveal that a slight decrease has occurred in the total number of premises registered, when compared with the figure for 1960, which was 5,796.

The Department had no occasion to institute legal proceedings during the year, as factory managements continued to co-operate in complying with the requirements of the informal notices referred to above.

As in the previous year, public health inspectors when making the above visits, also dealt with other statutory duties in connection with factory canteens, outworkers, etc., thus exercising the most economical use of available manpower.

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	297	129	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	5,020	3,710	169	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	380	489	3	—
TOTALS ...	5,697	4,328	172	Nil

CASES IN WHICH DEFECTS WERE FOUND

<i>Particulars</i>	<i>Number of cases in which defects were found</i>			
	<i>Found</i>	<i>Remedied</i>	<i>Referred</i>	
			<i>To H.M Inspector</i>	<i>By H.M Inspector</i>
Want of cleanliness ...	—	2	—	1
Overcrowding ...	—	—	—	—
Unreasonable temperature	—	1	—	—
Inadequate ventilation ...	—	—	—	—
Ineffective drainage of floors	—	—	—	—
Sanitary Conveniences —				
(a) Insufficient ...	11	7	—	3
(b) Unsuitable or defective	573	489	—	96
(c) Not separate for sexes ...	1	—	—	3
Other offences against the Act (not including offences relating to Outwork) ...	1	—	1	1
TOTAL ...	586	499	1	104

There were no prosecutions.

Outworkers

The homes of persons who carry out light tasks in connection with the making, ornamenting or finishing of certain classes of goods are referred to as outworkers' premises. The employers of such persons are required under Section 110 of the Factories Act, 1937, to supply the local authority with lists of their names and addresses during the months of February and August in each year.

The August return for 1961, which was submitted to the Ministry of Labour, gave the following particulars:—

LIST OF OUTWORKERS, 1961

<i>Nature of Work</i>	<i>Number of Outworkers in August</i>
Wearing apparel	309
Linen and household linen	39
Furniture making and upholstery work	4
Electro-plate	67
Brass and brass articles	289
Paper bags	10
Box making	100
Making of brushes	5
Buttons, hair pins, etc.	499
Lamp shades	13
TOTAL ...	1,335

The above return reveals a small increase of sixty-seven in the total number of outworkers employed, when compared with the figure of 1,268 for 1960. The Department, once again, sent out reminder letters to many of the larger employers of outworkers.

There were no new classifications of work notified during the year and the total number of visits made by public health inspectors to outworkers' premises amounted to 1,670. No work was observed being carried out in premises found to be injurious or dangerous to health.

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, shops, houses and housing projects, etc.

After preliminary examination, they are then passed on to specialist officers within the Department where appropriate. 1,273 applications were dealt with during the year, which represents a decrease of eighty-two, approximately 6 per cent. when compared with 1,355 for 1960. These applications, together with appropriate plans, were scrutinised by the under-mentioned officers as follows:—

	<i>Number of applications referred</i>
Public Health Inspectors	1,183
Smoke Inspectors... ..	517
Housing Inspectors	296
Milk Inspectors	8
Shops Inspectors	108

Opinions of the various officers were collated and suitable replies prepared by the Chief Public Health Inspector. It was necessary to make comment in seven-hundred and twenty-four cases, or approximately 57 per cent.

Noise Abatement

The Noise Abatement Act, 1960 came into operation on the 27th November, 1960 with the result that the general public appeared to be more noise conscious than before.

The Birmingham Corporation Act, 1958 contained similar clauses to those contained in the Noise Abatement Act, 1960, but no doubt, due to the publicity given to the Act—noises previously accepted, now in some instances, become intolerable.

The Noise Abatement Act, 1960 provides that noise or vibration which is a nuisance shall be a statutory nuisance. The Act restricts with certain exemptions, the operation on the highway of loud speakers, but the Act does not apply to noise or vibration caused by aircraft.

During the year one hundred and forty-four complaints under this Act have been investigated, and in one complaint of vibration from heavy machinery authority was given to mitigate the nuisance. The complaints received were caused mainly by the operation of various types of machinery whilst vehicle movements and banging of doors have caused complaint also.

In April, 1960 the Minister of Science set up a Committee "To examine the nature, sources and effects of the problems of noise and to advise what further measures can be taken to deal with it."

A number of local authorities including the Birmingham Corporation have been asked to assist in providing information relating to noise complaints.

The Act provides that in any proceedings in respect of noise or vibration it shall be a defence for the defendants to prove that the best practical means have been used for preventing and for counteracting the effect of noise or vibration. This means that, where a firm undertake certain works to reduce noise or vibration and claim that the best practicable means have been taken, it will then be up to the local authority, should the nuisance still exist, to prove that by carrying out alternative methods the nuisance could be mitigated. Unfortunately, there is no standard degree of noise which affects every person in the same way, and even certain noises giving pleasure to one person may be of considerable annoyance to another.

Due to the mechanisation of industry, commerce, transport and even in the home, noise to a varying degree is almost inescapable. In most cases it has become possible to live with the general noises and accept them without concern, but certain sounds, because of harshness or loudness, become intolerable and cannot be accepted, they become definitely unwanted sounds which call for some degree of reduction.

Many of the noises giving rise to complaint can be satisfactorily dealt with by fairly simple and inexpensive remedies, but other noises occasioned in certain industries are such that the remedy may mean extensive structural works, and/or the resiting of the source of the noise.

There is no one remedy for overcoming noise, each and every case must be carefully investigated as to the source of noise and the reason for its transmission so as to cause annoyance.

Experience has shown that more often than not managements and owners of premises from which noise is emitted, are sympathetic towards complaints and are willing to spend time and money towards measures to find a remedy.

HEATING APPLIANCES

The Testing of Guards on Oil, Gas and Electrical 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 dwellinghouses or other residential premises, shall be provided with a guard in accordance with the Regulations and conform to 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 possibility of ignition of clothing and other fabrics by reason of direct contact with the heating element or flames is considerably reduced.

Under the provisions of the Heating Appliances (Fireguards) Act, 1952 and the Heating Appliances (Fireguards) Regulations, 1953, inspectional work during the year was as follows:—

<i>No. of Premises Visited</i>	<i>No of Appliances Examined</i>	<i>No. of Appliances found Unsatisfactory</i>
217	1,256	7

Of the seven appliances found unsatisfactory, six electric fires were found to have inadequate guards, and the one gas fire was without a guard.

On being notified of the contraventions to the Act and Regulations, the owners of the premises immediately withdrew the appliances from sale until guards could be fitted.

ATMOSPHERIC POLLUTION CONTROL

The interest in a cleaner atmosphere continues, both from the industrial, and also the domestic viewpoint.

The number of industrial boilers, burning bituminous coal and being hand fired, is steadily declining, due to the difficulty in firing these types of furnaces so as to avoid contravening the provisions of the Clean Air Act, 1956, and industrialists are now becoming increasingly aware of the high costs of fuels, and therefore of the need to ensure more efficient means of burning the fuel.

New installations burning coal are mechanically fired, thereby reducing smoke emissions to a minimum. A very high proportion of new fuel burning installations being installed within the City area are oil-fired, and by correct equipment and careful operation, practically smokeless conditions may be achieved.

Householders too, continue to approve the measures being taken to extend the establishment of smoke control areas, whilst the dense fog which occurred in mid-December, for an almost continuous period of seventy-two hours, made many people realize the evils of air pollution, and the need for urgency in expediting the drive towards a cleaner atmosphere.

Smoke Control Areas

The control of industrial and commercial smoke emissions can be readily achieved by the use of mechanical stokers when burning solid fuels, and the use of gas, oil and electricity. The domestic fire is responsible for about half the total pollution in the atmosphere, and this pollution occurs at a relatively low level.

Unfortunately, many householders who sit enjoying the warmth of their coal burning fires do not realise the immense build up of pollution which occurs when many thousands of domestic chimneys are involved. Considerable amounts of tarry soot and sulphur are also discharged into the atmosphere from each coal burning fire, adding greatly to air pollution and contributing to the formation of that insidious menace to health—"Smog." Therefore, the extension of smoke control areas continues, this being the only way to control the emission of smoke from the domestic fire; to enforce the use of smokeless fuels, being either solid fuel, gas, electricity, or oil.

During the year the staff of the Smoke Abatement Section of the Department was increased by eight in order to cope with the increasing work. Included in this number were four smoke control area advisers, who are carrying out the survey of domestic dwellings in proposed smoke control areas.

On the 1st September, twelve additional smoke control areas came into operation, ten of the areas being development sites for the erection of new dwellings, and with a smoke control order being applied to these areas this will ensure that all the new dwellings will be smokeless when occupied. The areas of these sites total forty-four acres and the orders will ultimately affect a total of five hundred and seventy-six dwellings.

The remaining two areas coming into operation on the 1st September were the No. 4 and the No. 6 Smoke Control Areas.

The No. 4 area covers an area of 218.5 acres between the Bull Ring, Camp Hill, Digbeth and Bristol Street, and will affect some five hundred and sixty dwellings and over nine hundred other premises.

The No. 6 area affects the Nechells Green Redevelopment Area of 266.6 acres and will ultimately affect more than 3,800 dwellings and five hundred and fifty other premises.

Three smoke control orders became operative on the 1st December, one small area adjoining the northern tip of Nechells Green Redevelopment Area, one in Pershore Road, and the other covering the area of Bangham Pit Farm Housing Estate. These areas total one hundred and seventy-two acres and bring 1,128 dwellings under smoke control.

In addition to the orders which became operative during the year a further twenty-four smoke control orders, relating to sites of new development, were submitted to the Minister of Housing and Local Government and have been confirmed, coming into operation on the 1st July, 1962. This means that one hundred more acres and 1,553 dwellings will be covered by the orders.

The City Council have made orders during the year for eight more areas of new development, seven areas of pre-war Municipal Housing Estates, and an order for the No. 5 Smoke Control Area.

The seven areas of pre-war Municipal Housing Estates include areas at Stechford, Alum Rock, Harborne Lane, Quinton, Billesley and Kings Heath, whilst the No. 5 Smoke Control Area covers the district between the Bull Ring and the Coventry Road, and from Digbeth to Lawley Street.

These orders have been submitted to the Minister for confirmation, and will make a considerable contribution towards the cause of smoke abatement by bringing under control more than 6,360 dwellings and approximately nine hundred and fifty other premises, within an area of 1,237 acres.

The Minister of Housing and Local Government, in Circular No. 3/61 has indicated that necessary incidental works of adaptation may now include the provision of electrical means of ignition for solid smokeless fuel and during the year two additional types of electric igniters made their appearance.



Information Bureau, Smoke Control Areas. Ideal Homes Exhibition, Bingley Hall

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Electric igniters provide the answer to those premises burning solid smokeless fuels in smoke control areas, where no gas is available for ignition purposes. The electric igniter directs a stream of hot air at a temperature of 800°C. into the fuel in the fireplace, this temperature being sufficient to ignite all the solid smokeless fuels available for use in the domestic fire.

The Minister has indicated that he does not at present wish to revise the guidance given to local authorities in Circular No. 28/60, about the use of sticks and paper for lighting fires in those premises in a smoke control area that are without a supply of town's gas.

It appears, therefore, that for the time being exemption will still have to be provided in future orders for those premises that are without a supply of town's gas.

The Department is aware of the importance of keeping householders informed of the progress on smoke control areas, as it is essential that the full co-operation of the public is obtained towards achieving the success of the drive towards a cleaner atmosphere. Notices in the Press, posters in smoke control areas, letters and pamphlets on smoke control sent to the occupiers of dwellings in smoke control areas, ensure that the necessary information is given, whilst officers from the Department visit householders to assist in solving any problems that arise in regard to fuels and fuel burning appliances. The West Midlands Gas Board are also giving valuable assistance by providing a demonstration van, where various appliances and fuels are available for inspection. In addition, representatives of the Board visit dwellings where difficulty has been found and demonstrate to the householder the correct use of the appliance and the fuel that should be used.

At the Midlands Ideal Home Exhibition held at Bingley Hall, a stand embodying an information bureau on smoke control areas was arranged in conjunction with the Solid Smokeless Fuels Federation (see photograph facing page 282). The stand, displaying old type coal burning grates which would require replacement, and would qualify for a financial grant if in a dwelling in a smoke control area, attracted considerable attention. Members of the Department who manned the stand were kept busy answering the many queries raised by interested visitors. The photograph shows the stand, with visitors discussing smoke control problems with a member of the Smoke Abatement Section.

The present position in relation to smoke control areas up to the 3rd December, 1961 is as follows:—

Smoke Control Areas in operation	...	...	...	...	...	18
Smoke Control Orders confirmed but not yet in operation	...	...	...	...	...	24
Smoke Control Orders submitted to the Minister for confirmation	...	...	...	...	...	16
Number of dwellings subject to the above orders	...	...	...	...	...	15,468
Acreage of the above areas	...	...	...	...	...	2,356

Atmospheric Pollution by Smoke from Industrial Furnaces

Regular observations on chimneys in every district of the City have been maintained throughout the year. The co-operation between the smoke inspectorate and architects, heating engineers, and manufacturers, has continued, such co-operation assisting in ensuring that the installation of furnaces, boiler plant and ancilliary equipment would not contribute to further excessive pollution of the atmosphere.

The number of observations made on industrial chimneys during the year totalled 2,669 and during these observations thirteen chimneys were observed to be emitting excessive smoke.

The premises were visited, the responsible persons interviewed and informed of the excessive smoke. Seven were serving hand-fired furnaces, two coal burning mechanically-fired furnaces, three oil-fired furnaces, and one served an incinerator.

The details of these emissions were reported to the Health Committee or the appropriate Health Proceedings Sub-Committee, and authorisation to serve notices, lay information and take all necessary proceedings was given under the appropriate legislation.

Prosecutions usually have the desired effect in that considerable care and attention is given to the plant and its use so that further contravention shall not occur.

In addition to the excessive emissions of smoke from chimneys, it was found necessary to report to Committee details of emissions of excessive smoke from the burning of refuse on open ground which resulted in the service of an Abatement Notice under Section 16 of the Act. It was not found necessary to take any further action in these cases for failure to comply with the Abatement Notice.

Summary of Statutory Action

CLEAN AIR ACT, 1956

Dark Smoke Emissions—Section 1

Number of prosecutions	...	...	...	...	...	...	9
Total amount of fines imposed	...	...	...	...	...	...	£175

Smoke Control Areas—Section 12

Total number of prosecutions	...	...	...	...	...	...	2
Total amount of fines imposed	£15

Smoke Nuisances—Section 16

Abatement notices served	4
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BIRMINGHAM CORPORATION ACT, 1954

Smokeless Areas—Section 35

Number of prosecutions	4
Total amounts of fines imposed	...	...	...	...	...	...	£22

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.

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 periods as may be specified, and may also be renewed even after the expiration of these periods.

A limit of seven years from the date of the passing of the Act is given to occupiers of buildings or owners of the plant to effect alterations to the furnace or its equipment so as to enable it to be fully used for the purpose for which it was intended.

In August, the Minister of Housing and Local Government issued Circular No. 42/61 reminding local authorities that the defence against prosecution under Section 1 of the Act will not be available after the 5th July, 1963, and consequently no further temporary exemption certificates will be issued.

The Chamber of Commerce and also the Federation of British Industries were informed accordingly so that their members could be notified that after this date it will no longer be possible to plead a defence in any proceedings brought because of faulty buildings or equipment, that it had not been possible to remedy this.

A number of firms have been engaged on the installation of new furnaces that will enable them to be operated with the minimum emission of smoke, and during the year, six certificates of temporary exemption from Section 1 of the Act were authorised to be issued by the Health Committee. There is no doubt that manufacturers are aware of their responsibilities under the Clean Air Act, 1956 and are endeavouring to minimise the emission of smoke from their chimneys.

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 the 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 one hundred and twenty-two 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 Mech. Fired</i>	<i>Solid Smokeless Fuels</i>	<i>Oil</i>	<i>Gas</i>	<i>Waste Material</i>
6	5	90	14	7

The increase in the use of oil continues, and of proposals notified last year, 71.4 per cent. were oil-fired installations, this year the oil-fired installations amount to 73.7 per cent. of the total. In addition to these oil-fired furnaces may be cited the seven furnaces burning waste materials, which incorporate an oil-fired after burner, thus ensuring the burning of all volatile matter and attaining smokeless operation.

Heights of New Chimneys

The requirements of Section 10 of the Clean Air Act, 1956, in relation to 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 comments 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,

and any other matters requiring consideration in relation to the chimney emissions.

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-six plans were circulated from the City Engineer and Surveyor's Department during the year for comment concerning the heights of proposed chimneys, which would serve fuel burning plants of industrial or commercial premises. Following enquiries from the architects and visits to the sites, the chimneys were considered satisfactory with the exception of eighteen, which it was considered should be increased in height.

Atmospheric Pollution from Railway Smoke

Routine observations have been maintained throughout the year on coal fired locomotives when operating in sidings, engine sheds and at main line stations. On the 5th June an observation was made on a locomotive at the Saltley Motive Power Depot and emissions of black smoke totalling $9\frac{1}{2}$ minutes in half an hour were noted.

The particulars were reported to the Health Committee and authorisation was obtained to take legal proceedings under The Dark Smoke (Permitted Periods) Regulations, 1958. At the subsequent hearing at the Victoria Law Courts the British Transport Commission pleaded guilty to the offence and were fined the sum of fifteen pounds.

A series of observations was made on railway engines at New Street Station and St. James' Road, Edgbaston, between October 1960 and February, 1961.

No excessive emissions of smoke were observed, and it was noted that the footplate staff appeared to be aware of the importance of carefully tending the engine fires and care was being taken to avoid the emission of smoke.

More diesel traction is appearing and with it a reduction in the number of coal fired locomotives. It is encouraging to see the strides being made by the British Transport Commission towards the electrification and dieselisation of the railways throughout the country, thus steadily making their contribution towards the reduction of pollution in the atmosphere.

Fumes and Effluvia

During the year eleven complaints of nuisance from fumes were investigated. These arose from spray painting processes, burning of wax cartons, coke fumes and oil fuel emissions.

After careful investigation, and upon the source of the complaint being established, the owners or management of the firms concerned were interviewed and remedial measures proposed.

A total of three hundred and thirty-four visits have been made, including follow-up visits, and routine observations have been made to ensure the nuisance has ceased.

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

Seventeen complaints of dust emissions caused by processes connected with spray painting, shot blasting, wood-working and polishing of metals, have been investigated.

Some of the lighter dusts may be airborne for a considerable distance, and it may be necessary in certain circumstances to spend some time on investigations before the source of the nuisance can be ascertained.

A total of three hundred and four visits and observations have been made during the year, and it is pleasing to note that by the ready co-operation of the owners and managements in taking the necessary measures to overcome the nuisances, it has not been necessary to resort to statutory action.

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.

Although the previous year's records indicated an increase of both solid deposits and sulphur dioxide pollution, which may have been attributable to the long duration of wet weather, and the lower temperatures which necessitated heating appliances being brought into service earlier than they would have been, the present year's records indicate a favourable decrease in pollution. Tables I and II indicate the monthly record of solid matter deposited and the sulphur determination as collected by the gauges and Table III indicates the yearly total of solid deposits per month per gauge, and the sulphur dioxide expressed as SO_3 per 100 square centimeters of lead peroxide per day, for each gauge.

Table III indicates a considerable decrease in the amount of solid matter deposited in each of the gauges, and also a decrease in the sulphur dioxide pollution and, as shown on the graph (which indicates the average weight of solid matter collected per square mile per gauge per annum and the mean daily average of the sulphur determination) apart from the high points of last year the downward trend of pollution from 1956 continues.

It is to be expected that the amount of solid deposits should decrease as more and more smoke control areas become established, but the sulphur figures will reach and remain more or less at a constant level, and the records of pollution from this source will be to some extent dependent upon climatic conditions, and therefore the results may fluctuate from year to year.

TABLE I
MONTHLY RECORD OF SOLID MATTER DEPOSITED—
EXPRESSED IN TONS PER SQUARE MILE (1961)

Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Great Charles Street	16.34	22.71	12.70	20.10	15.85	18.84	22.08	14.91	17.58	16.47	24.61	22.98
West Heath	9.90	7.07	3.73	8.54	8.04	6.00	5.83	3.50	6.27	6.50	8.04	10.50
Edgbaston Reservoir	11.66	10.17	4.21	12.76	8.05	7.52	7.03	6.76	7.03	7.56	10.97	12.43
Carnegie Institute, Hockley ...	26.85	25.05	13.37	21.67	13.67	16.38	16.61	17.41	13.91	11.90	16.28	14.18
Public Works Department Kingsbury Road	19.42	19.73	8.07	17.90	10.98	11.99	12.09	11.41	18.04	12.94	12.66	11.72
Treatford Lane—Alum Rock ...	14.46	11.71	11.88	14.43	9.16	8.05	9.36	8.36	11.61	7.32	11.88	13.23
Aston Cross	25.49	21.01	10.23	25.12	17.10	14.86	14.83	12.34	17.99	17.65	19.18	26.19
St. John's Restaurant Deritend	25.80	23.30	11.52	26.37	16.48	15.40	15.74	13.85	16.82	17.63	30.27	26.12

TABLE II
MONTHLY RECORD OF SULPHUR DETERMINATION BY THE
LEAD PEROXIDE METHOD—EXPRESSED AS MILLIGRAMS
OF SO₃ PER 100 SQUARE CENTIMETRES PER DAY (1961)

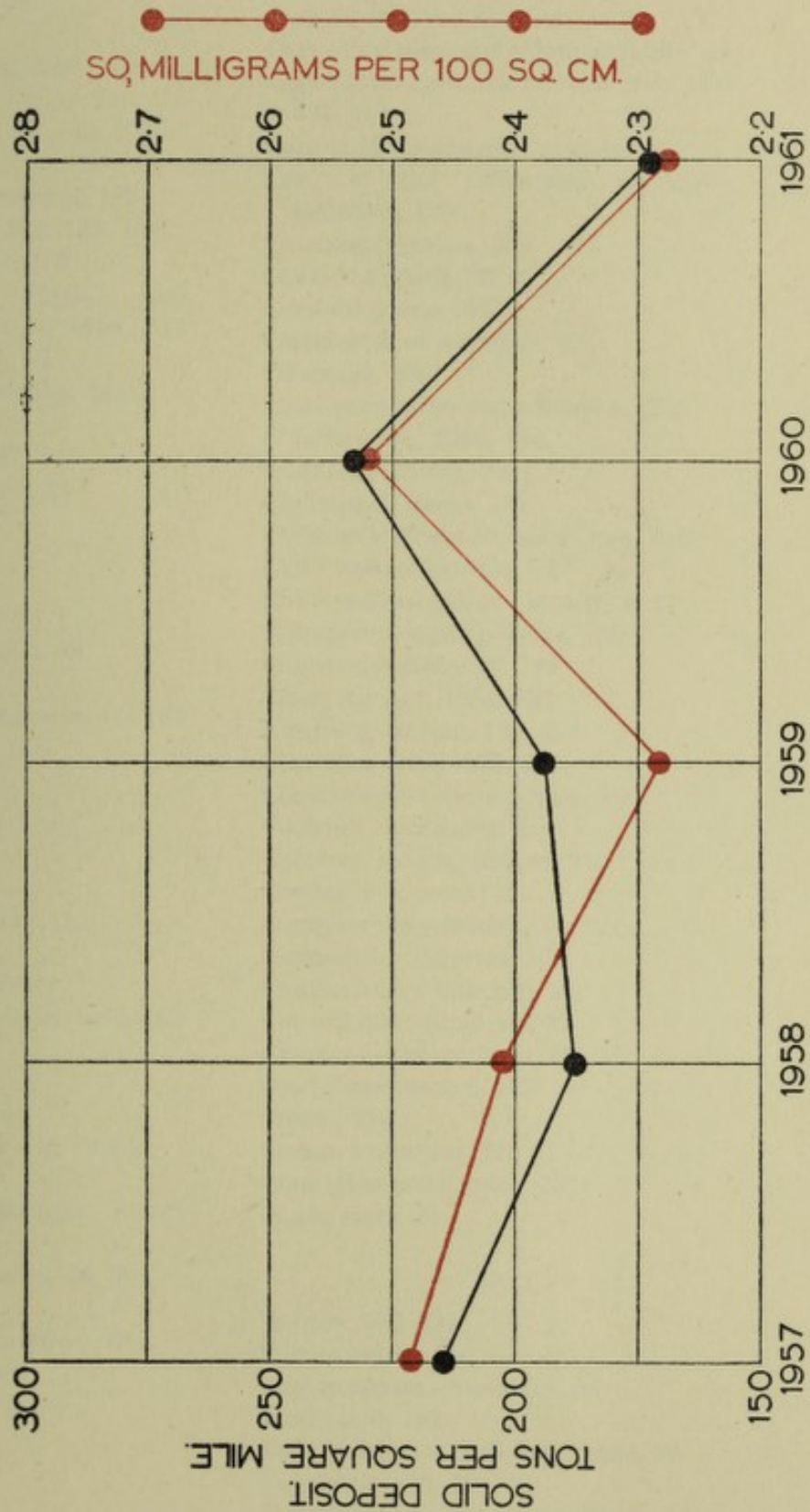
Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Great Charles Street	6.15	4.02	3.76	3.26	1.98	1.75	1.75	2.17	1.78	4.09	5.81	6.70
West Heath	1.77	1.13	1.03	0.73	0.67	0.46	0.74	1.05	0.38	0.66	2.09	2.56
Edgbaston Reservoir	3.97	2.27	1.94	1.90	1.59	0.81	1.05	1.10	1.22	1.79	4.11	4.98
Carnegie Institute, Hockley ...	3.77	2.64	2.20	1.40	1.00	0.57	0.75	2.05	0.84	1.53	2.72	2.98
Public Works Department Kingsbury Road	3.64	3.03	2.38	1.60	0.78	0.75	0.50	1.75	1.55	.19	2.83	3.02
Treatford Lane—Alum Rock ...	2.53	2.18	1.76	1.36	0.68	0.64	0.91	1.86	0.85	1.31	2.11	2.14
Aston Cross	4.72	3.44	2.45	2.23	1.57	1.13	0.83	2.85	1.74	3.29	4.05	4.84
St. John's Restaurant, Deritend	5.54	4.04	3.12	2.93	1.80	1.23	1.30	1.94	1.68	3.40	4.94	5.83

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	
	1960	1961 <i>Incr. or Decr.</i>	1960	1961 <i>Incr. or Decr.</i>
GREAT CHARLES STREET Commercial	305.49	225.17 -80.32	3.83	3.60 -0.23
WEST HEATH Residential	109.52	83.92 -25.60	1.31	1.11 -0.20
EDGBASTON RESERVOIR Residential	134.76	106.15 -28.61	2.73	2.23 -0.50
CARNEGIE INSTITUTE, HOCKLEY Industrial and residential	283.92	207.28 -76.64	2.17	1.87 -0.30
PUBLIC WORKS DEPOT—KINGSBURY ROAD Industrial and residential	202.62	166.95 -35.67	2.09	2.00 -0.09
TREAFORD LANE, ALUM ROCK Residential	158.81	131.45 -27.36	1.54	1.53 -0.01
ASTON CROSS Industrial	293.88	221.99 -71.89	2.90	2.76 -0.14
ST. JOHN'S RESTAURANT, DERITEND Industrial	339.84	238.30 -101.54	3.71	3.15 -0.56

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 SQ PER 100 SQUARE CENTIMETRES.





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