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REPORT OF THE
 MEDICAL OFFICER
 OF HEALTH

FOR THE YEAR

1966

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CITY OF BIRMINGHAM

REPORT OF THE
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1900

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MEMBERS OF THE HEALTH COMMITTEE

Municipal Year, 1966-67

Chairman COUNCILLOR E. J. FRANKLIN

(Chairman of Staff and Staff Discipline Sub-Committee)

THE LORD MAYOR (ALDERMAN H. E. TYLER, J.P.)

ALDERMAN G. C. BARROW

ALDERMAN W. T. BOWEN, J.P.

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

COUNCILLOR MRS. H. M. BARRADELL

(Chairman of Maternity and Child Welfare Sub-Committee)

COUNCILLOR D. W. BELL

COUNCILLOR MRS. M. A. BROWN, J.P.

COUNCILLOR D. R. BULL

COUNCILLOR MRS. J. COLE

COUNCILLOR J. A. DAVIS, J.P.

COUNCILLOR H. EDWARDS

(Chairman of Mental Health Sub-Committee)

COUNCILLOR MRS. E. FINNEY

COUNCILLOR W. E. GRAINGER

COUNCILLOR K. G. HARDEMAN

COUNCILLOR D. F. J. HENRI

COUNCILLOR C. HUXTABLE

COUNCILLOR MRS. J. D. JACKSON

COUNCILLOR W. A. N. JONES

COUNCILLOR MRS. C. B. REYNOLDS

COUNCILLOR A. T. WALKER

COUNCILLOR J. T. WEBSTER

COUNCILLOR MISS O. M. WILLIAMS

SUB-COMMITTEES OF THE HEALTH COMMITTEE

Maternity and Child Welfare Sub-Committee:

Chairman—COUNCILLOR MRS. H. M. BARRADELL

COUNCILLORS MRS. M. A. BROWN, MRS. E. FINNEY, E. J. FRANKLIN, W. E. GRAINGER
K. G. D. HARDEMAN, C. HUXTABLE, W. A. N. JONES, MRS. C. B. REYNOLDS,
J. T. WEBSTER, MISS O. M. WILLIAMS.

RESPONSIBILITIES:

The Public Health Act in so far as it relates to the inspection of Nursing Homes, Nursing Homes Act 1963; 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.

Meetings bi-monthly.

Mental Health Sub-Committee:

Chairman—COUNCILLOR H. EDWARDS

ALDERMEN G. C. BARROW, MRS. A. F. WOOD

COUNCILLORS D. W. BELL, MRS. M. A. BROWN, D. R. BULL, MRS. J. COLE
E. J. FRANKLIN, D. F. J. HENRI, MRS. J. D. JACKSON, A. T. WALKER.

RESPONSIBILITIES:

The National Health Service Act, Section 28 (Prevention of Illness, Care and After-Care related to Mental Health) and Mental Health Act, 1959; Nursing Homes Act, 1963.

Meetings bi-monthly.

Staff and Staff Discipline Sub-Committee:

Chairman—COUNCILLOR E. J. FRANKLIN

ALDERMAN W. T. BOWEN, COUNCILLORS MRS. H. M. BARRADELL, MRS. M. A. BROWN, H. EDWARDS.

Meetings at call of Chairman

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)

Education Committee (administration on behalf of Health Committee of junior special training centres and senior special training centre for females)

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)

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, 1966

Medical Officer of Health:

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

Deputy Medical Officer of Health:

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

Secretary-Accountant:

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

Administrative Medical Officers of Health:

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

S. G. PHILLIPS, M.B., Ch.B., D.T.M. and H., D.Obst., R.C.O.G., D.P.H.

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

K. C. PASI, M.B., B.S., D.P.H.

Deputy to Administrative Medical Officer of Health for General Purposes:

R. S. E. CUTCLIFFE, M.R.C.S., L.R.C.P., D.P.H.

Medical Superintendent for Nurseries and Deprived Children:

Post Vacant

DR. M. HARRISON, M.B., B.S.(Lond.), L.R.C.P., M.R.C.S. occupying post temporarily

Assistant Administrative Medical Officer for Maternity and Child Welfare and Nurseries

J. ELIZABETH PRESTON, M.B., Ch.B. (and Nurseries).

Senior Assistant Medical Officer for Maternity and Child Welfare and Mental Health

O. C. FURLONG, M.B., Ch.B., D.C.H.

Medical Officer for B.C.G. Vaccination:

Post Vacant

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.)

Principal Dental Officer:

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

City Analyst:

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

Chief Veterinary Officer:

W. S. DAVISON, M.R.C.V.S., D.V.S.M., F.R.S.H.

Chief Public Health Inspector:

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

Chief Housing Inspector:

W. H. NOCK, 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...	...	...	...	...	...	...	...	...	104

MATERNITY AND CHILD WELFARE

Administrative Medical Officer of Health	...	...	...	...	...	...	...	...	1
Deputy Administrative Medical Officer of Health	...	...	...	...	...	...	...	...	1
Medical Superintendent for Nurseries and Deprived Children	...	...	...	...	...	...	...	...	1
Assistant Administrative Medical Officers of Health (occupied temporarily)	...	...	...	...	...	...	...	...	2
Assistant Medical Officers for Maternity and Child Welfare (Clinical Medical Officers) (6 full-time, 4 part-time)	...	...	...	...	...	...	...	...	10

Health Visitors and Associated Staff

Superintendent	...	...	...	...	...	...	...	...	1
Deputy Superintendent	...	...	...	...	...	...	...	...	1
Assistant Superintendent (Geriatric Services)	...	...	...	...	...	...	...	...	1

						<i>Whole-time</i>	<i>Part-time</i>		
Health Visitors	...	...	...	...	...	130	17		
Health Visitors (Unmarried Mothers)	...	...	...	...	...	1	1		
Health Visitors (Geriatric)	...	...	...	...	...	3	4		
Student Health Visitors	...	...	...	...	...	12	—		
Clinic Nurses...	...	...	...	...	...	2	8		
Dental Nurses	...	...	...	...	...	4	2		
Chiropodists	...	...	...	...	...	—	5		
Physiotherapists	...	...	...	...	...	—	5		
Psychiatrist	...	...	...	...	...	—	1		

Midwives

Supervisors	...	...	...	...	...	...	...	...	3
Midwives (full-time 123, part-time 17)	...	...	...	...	...	...	...	...	140

Day Nurseries

Senior Supervisor of Day Nurseries	...	...	...	...	...	...	...	...	1
Supervisors of Day Nurseries	...	...	...	...	...	...	...	...	2
Nursery Nurses and other professional staff	...	...	...	...	...	...	...	...	290

Home Nursing Service

Superintendent of Home Nursing Service	...	...	...	...	...	...	...	...	1
Deputy Superintendent of Home Nursing Service	...	...	...	...	...	...	...	...	1
Nursing Staff (full-time 180, part-time 31)	...	...	...	...	...	...	...	...	211

Dental

Principal Dental Officer	...	...	...	...	...	...	...	...	1
Senior Dental Officer	...	...	...	...	...	...	...	...	1
Assistant Dental Officers (part-time)	...	...	...	...	...	...	...	...	12
Dental Nurses	...	...	...	...	...	...	...	...	6
Dental full-time and part-time Assistants	...	...	...	...	...	...	...	...	5
Dental Hygienist	...	...	...	...	...	...	...	...	1
Dental Auxiliaries	...	...	...	...	...	...	...	...	2

Domestic Help

Organiser	1
Assistant Organiser	1
District Organisers	12
Domestic Helps (full-time)	57
Domestic Helps (part-time)	865
Night Watchers	47

John Foster Vince Memorial Home (Mother and Baby Home)

Matron	1
Nursing Staff	3
Domestic Staff	5
Clerical Staff	31
Miscellaneous Staff	
Non-manual (full-time and part-time)	87
Manual	217

MENTAL HEALTH

Administrative Medical Officer (part of duties of Deputy M.O.H.)	1
Chief Assistant	1
Deputy Chief Assistant	1
Divisional Mental Welfare Officers	4
Senior Mental Welfare Officers	10
Mental Welfare Officers	17
Caseworker	1
Trainee Mental Welfare Officers	4
Psychologist	1
Shorthand-typists	2
Clerical Staff	3

Parent Guidance Clinic

Senior Psychiatric Social Worker	1
Social Workers	2
Shorthand-typist	1

Hostels for Discharged Psychiatric Patients

Wardens	2
Assistant Warden and Cook	1
Cook	1
Manual Staff	5

Senior Training Centres (2)

Senior Warden	1
Warden	1
Deputy Wardens	2
Supervisors	4
Assistant Supervisors	16
Trainee Assistant Supervisors	3
Clerical Staff	2
Manual Staff (part-time)... ..	22

GENERAL PURPOSES

Administrative Medical Officer of Health	...	...	...	...	...	...	...	...	1
Deputy Administrative Medical Officer of Health (in conjunction with Health Education and Immunisation)	...	...	...	...	...	...	...	...	1
Clerical Staff	...	...	...	...	...	...	...	...	3
<i>Health Education</i>									
Organiser	...	...	...	...	...	...	...	...	1
Assistant Organiser	...	...	...	...	...	...	...	...	1
Artist	...	...	...	...	...	...	...	...	1
<i>Immunisation</i>									
Medical Officer for B.C.G. Vaccination	...	...	...	...	...	...	...	...	—
Nurse Administrator of the Immunisation Section	...	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	...	2
Medical and Nursing Staff (part-time)	...	...	...	...	...	...	...	...	12
Clerical Staff	...	...	...	...	...	...	...	...	21
Temporary Clerical Staff (full and part-time)	...	...	...	...	...	...	...	...	12

TUBERCULOSIS (Prevention and After-Care)

Medical Director (part-time)	...	...	...	...	...	...	...	...	1
Medical Officers (part-time)	...	...	...	...	...	...	...	...	10
Tuberculosis Visitors	...	...	...	...	...	...	...	...	7
Clerical Staff	...	...	...	...	...	...	...	...	4

STAFF WELFARE SURGERIES

Medical Officer for Staff Welfare	...	...	...	...	...	...	...	...	1
Nursing Staff (1 full-time)	...	...	...	...	...	...	...	...	2

VETERINARY OFFICERS AND FOOD INSPECTORS

Chief Veterinary Officer	...	...	...	...	...	...	...	...	1
Deputy Chief Veterinary Officer	...	...	...	...	...	...	...	...	1
Veterinary Officers	...	...	...	...	...	...	...	...	1
District Food Inspectors	...	...	...	...	...	...	...	...	11
Food Inspectors	...	...	...	...	...	...	...	...	1
Authorised Meat Inspectors	...	...	...	...	...	...	...	...	8
Trainee Meat Inspectors	...	...	...	...	...	...	...	...	8
Clerical Staff	...	...	...	...	...	...	...	...	6
Miscellaneous Manual Staff	...	...	...	...	...	...	...	...	4

PUBLIC HEALTH INSPECTORS

Chief Public Health Inspector	...	...	...	...	...	...	...	...	1
Deputy Chief Public Health Inspector	...	...	...	...	...	...	...	...	1
Senior Divisional Public Health Inspector	...	...	...	...	...	...	...	...	1
Divisional Public Health Inspector	...	...	...	...	...	...	...	...	1
Senior Rodent Officer	...	...	...	...	...	...	...	...	1
Senior Shops Act Inspector	...	...	...	...	...	...	...	...	1
Enforcement Officer	...	...	...	...	...	...	...	...	1
Inspectorial Staff	...	...	...	...	...	...	...	...	52
Assistants	...	...	...	...	...	...	...	...	12
Pupil Public Health Inspectors	...	...	...	...	...	...	...	...	38
Food and Drugs Sampling Officers	...	...	...	...	...	...	...	...	4
Clerical Staff	...	...	...	...	...	...	...	...	24
Miscellaneous Manual Staff	...	...	...	...	...	...	...	...	25

HOUSING INSPECTORS

Chief Housing Inspector	...	...	...	...	...	...	...	...	...	1
Deputy Chief Housing Inspector	...	...	...	...	...	...	...	...	...	1
Divisional Housing Inspectors	...	...	...	...	...	...	...	...	...	2
Inspectorial Staff	...	...	...	...	...	...	...	...	...	10
Assistants	...	...	...	...	...	...	...	...	...	4
Draughtsmen	...	...	...	...	...	...	...	...	...	2
Clerical Staff	...	...	...	...	...	...	...	...	...	13

SMOKE INSPECTORS

Chief Smoke Inspector	...	...	...	...	...	...	...	...	...	1
Deputy Chief Smoke Inspector	...	...	...	...	...	...	...	...	...	1
Inspectorial Staff	...	...	...	...	...	...	...	...	...	4
Smoke Control Area Advisers	...	...	...	...	...	...	...	...	...	20
Clerical Staff	...	...	...	...	...	...	...	...	...	24

MILK AND DAIRIES INSPECTORS

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

ANALYTICAL LABORATORY

City Analyst	...	...	...	...	...	...	...	...	...	1
Deputy City Analyst	...	...	...	...	...	...	...	...	...	1
Research Chemist	...	...	...	...	...	...	...	...	...	1
Laboratory Staff	...	...	...	...	...	...	...	...	...	9
Clerical Staff	...	...	...	...	...	...	...	...	...	2

MISCELLANEOUS STAFF

Manual Workers (Laundry Workers, Drivers, Storemen, Cleaners, etc.)	102
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PUBLIC HEALTH DEPARTMENT,
TRAFALGAR HOUSE,
PARADISE STREET,
BIRMINGHAM, 1.

September, 1967.

*To the Chairman and Members,
Health Committee.*

Preparation of an annual report is the opportunity for a critical self-examination in the course of which one especially studies those fields in which Birmingham appears to lag behind. The infant mortality rate is regarded as a sensitive index of the quality of living conditions, of parental care, of medical services and of environmental hygiene. Until twenty years ago Birmingham infant mortality rates had been almost consistently worse than those of England and Wales as a whole but there followed a ten year period in which they were almost consistently better. During the past ten years, however, the previous adverse state has returned. It was very gratifying, therefore, that, after a six-year period of fluctuation, the rate for 1966, was, at 21·22 per 1,000 live births, the lowest ever recorded in Birmingham. The rate of 21 for the inner group of wards is particularly gratifying as the previous low records were 27 in 1960 and 24 in 1964. The massive redevelopment and a concentration of health visitors in the area appears to be having a good effect. In 1966, for the first time, the middle ring of wards has, at 24 per 1,000 live births, the highest infant mortality rate. Here unfit houses and houses let in lodgings combine serious lack of facilities with varying degrees of ignorance and incompetence which offer the greatest challenge to the health and social services of the City.

The slow progress in suppressing tuberculosis is also a disappointment. The steady fall in incidence among English-born patients was not maintained in 1966, while tuberculosis in immigrants born outside the British Isles remained at 39 per cent. of the whole with a further 10 per cent. born in Ireland. It now seems that women and children from Pakistan are arriving in Birmingham already with the disease.

Control of whooping cough is as yet far from satisfactory. There were 856 notifications and eight deaths. Much of this illness arises in children who have never been protected against it, or whose protection has been inadequate. The same neglect accounted for four cases of diphtheria, one of which was fatal. Although immunisation is free at welfare centres and from family doctors, there are many parents so devoid of initiative and so lacking in discharging their responsibility that they do not walk the short distance required to get the protection that makes their children secure.

The year was notable for the widespread interest in and approval of the City Council's decision, taken in June, 1965, to co-ordinate its welfare

visiting services by dividing the City into twelve areas with an increased degree of autonomy and with facilities to enable social services of all kinds to be administered in close association. Full implementation of the plans is hampered by the inadequate size of existing Corporation-owned buildings to serve as administrative outposts and complicated by the City Council's recent decision that there shall be a single service formed by the fusion of the School Health and Child Welfare Services. The reorganisation, when completed, will enhance efficiency and economy and give a better service.

A unique exercise was undertaken by the Welfare Committee when all persons known to the Birmingham Executive Council and who would be aged 75 or more by the end of 1967 were circulated with a view to determining their needs for services provided by the City Council. There were 39,871 letters effectively delivered and 64 per cent. of the recipients replied. It was revealed that 34 per cent. of the replies were from persons living alone and 32 per cent. from persons living with one other old person only. The Public Health Department was temporarily overwhelmed by the needs which the replies revealed for its services — 949 for home helps, 46 for night watchers, 493 for health visitors, 77 for district nurses, 3,202 for chiropody, 137 for loan of sick room equipment and 158 for loan of fireguards. This was proof of an assertion already made that a large number of elderly people are highly vulnerable to ill health and misfortune through living alone and are out of touch with the sources of supply of social services. It was these findings which demonstrated the wisdom of the earlier decision to strengthen the peripheral co-ordination and administration of the social services and to produce a pattern which would make easier the linkage with voluntary bodies and would stimulate their development.

One undoubted success in the realm of health education has been the promotion of clean air and it is very gratifying to find our massive operation of requiring the conversion of heating appliances in premises has met with so little opposition.

In order to eliminate smoke-producing domestic heating appliances with the greatest speed it is a pity that a local authority may not pay grant to an occupier who volunteers to convert to smokeless appliances in advance of the making of a smoke control order applying to his area. Admittedly it would be difficult to ensure that an occupier was not burning smoke-producing coal after having, with the aid of grant, installed solid smokeless fuel burning grates. Control would be easy, however, if conversion were to electric or gas appliances in such a way that the householder could not possibly burn smoke-producing fuel. Prior to the making of a smoke control order a new owner should then be able to ascertain that grant had already been paid because the fact could be entered in the local land charges registry.

There has been vigorous opposition by the public to the antisocial activity of lighting a smoky garden bonfire especially on a still and sultry summer's evening. The complainants so rightly pointed out the senselessness of filling the air with smoke from ground level when even discharge from chimneys above the rooftops is illegal.

The steadily increasing numbers of approaches to the Health Department by the public making complaints and asking advice on all sorts of matters is taken as an indication that health education is raising the standards demanded and this is all to the good. The newspapers have been most interested and helpful in this sphere and deserve a large share of the credit. One index of the demand for higher standards was the complaints against noise. These have increased fairly steadily year by year and the 263 in 1966 was a record.

It is with the utmost pleasure and satisfaction that I record in this report the completion of 6,434 new dwellings in 1966, being an increase of 1,009 over the previous year. This enabled 4,390 dwellings to be demolished or closed as compared with 3,670 in 1965. I never cease to be amazed by the good standards attained in such a high proportion of homes when facilities and environment are inadequate and depressing in the extreme. The building of so large a number of new houses was surely the City's greatest social achievement in 1966.

E. L. M. MILLAR,
Medical Officer of Health.

CLIMATOLOGY

Mr. A. L. Kelley, Director of the Meteorological Observatory at Edgbaston (University of Birmingham), has kindly provided the following details of the weather during 1966.

On the whole, the year was rather wet, dull and with average temperature.

Except for a rather severe spell of cold weather, the winter period December 1965—February 1966 had a mean temperature a little above normal, excessive rainfall and below average sunshine.

There was an unprecedented cold period in April otherwise the Spring mean temperature and sunshine were near normal whilst rainfall was above.

The summer period, except for June, was cool with rainfall above average but there was a period of summer holiday weather in mid August which ended with heavy rain and there was a loss of 70 hours of sunshine during the period.

After a promising start in September the Autumn became wet in October and rather cold in November, but for the season as a whole, temperature, rainfall and sunshine were close to average, and the Winter began with a rather mild, wet and dull December.

Temperature

The mean for the year 48.9°F. (9.4°C.) was normal. The highest shade maximum 79°F. (26.1°C.), was recorded on the 19th August whilst the lowest shade minimum, 16°F. (-8.9°C.) and grass minimum, 14°F., (-10°C.), were registered on the 19th January. January, April, July, August and November had mean temperatures substantially below average whilst in February, March, June, September and December they were appreciably above. There were 27 air frosts and 71 ground frosts.

Rainfall

The wet trend of 1965 was maintained and the total for the year 35.07 inches was 6.52 inches above average and similar to 1965.

Totals for February, April, May, June, August and October were all above 3 inches, whilst those for January, March and September were appreciably below normal. The wettest month was February with 4.465 inches and the driest, September with 1.06 inches. The wettest day, (0900 hrs. — 0900 hrs.) was 10th June with 1.19 inches.

There were 205 rain days compared with an average of 178.

Sunshine

The total was 1184.7 hours which is 114.8 hours below average. It was the dullest year since 1958. March, May and September were the only months with notable excesses whilst January, February, April, June and July were very much deficient. May was the sunniest month and December the dullest.

Winds

Occasions with a strong easterly component were excessive in January, February, April and to some extent in August, whilst July had an unusually high quota of northerly winds, and December was unusually low on easterly winds.

The mean hourly speed was 10.4 m.p.h. which is 0.7 m.p.h. above normal. The highest gust was 65 m.p.h. registered on the 2nd January.

Miscellaneous

There were 39 days on which snow or sleet was recorded against an average of 22 and snow covered the ground at 0900 hrs on 18 compared with an average of 11. Hail was more frequent than usual, being noted on 26 days. Fog, (vision less than 1,100 yds. at 0900 hrs.), was recorded on only 16 days, the lowest number since 1922. Thunder was registered on 12 days which is about average for Birmingham.

WINDS

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

<i>Month</i>	N	NE	E	SE	S	SW	W	NW	<i>Calm</i>	<i>Mean hourly m.p.h.</i>
Jan.	74	136	98	205	97	59	23	51	1	11.1
Feb.	17	119	96	105	115	200	16	4	0	13.0
Mar.	5	10	7	5	75	223	194	225	0	12.6
Apr.	22	218	120	63	100	126	43	28	0	10.5
May	13	48	78	53	161	208	84	99	0	10.1
Jun.	31	46	47	69	136	223	85	83	0	9.4
Jul.	115	11	6	14	51	210	140	195	2	10.2
Aug.	66	114	44	66	92	154	89	119	0	9.7
Sep.	27	92	84	89	143	160	51	54	20	7.7
Oct.	69	48	40	164	149	121	54	99	0	7.8
Nov.	78	32	27	31	101	124	141	186	0	10.8
Dec.	10	0	2	66	149	234	206	77	0	11.8
YEAR 1966	527	874	649	930	1,369	2,042	1,126	1,220	23	10.4
Average 35 Yrs.	617	911	647	812	1,484	1,785	1,214	1,220	70	9.7

MONTHLY DETAILS OF VARIOUS WEATHER DATA FOR THE
YEAR 1966 COMPARED WITH 75 YEAR AVERAGES

Month	Temperature Shade Deg. F.				Number of Frosts		Rainfall (Inches)			
	Mean 1966	Mean 75 Years	High-est	Low-est	Air	Ground	Totals 1966	Mean 75 Years	Days 0.01 or more	with 0.04 or more
Jan.	36.7	38.3	53	16	11	17	1.385	2.525	16	11
Feb.	41.8	38.9	54	29	8	9	4.465	1.915	18	17
Mar.	43.8	41.9	56	29	2	11	1.37	1.958	15	10
Apr.	44.2	46.5	69	30	4	6	3.19	2.02	23	16
May	52.1	52.3	75	38	0	3	3.145	2.268	14	12
Jun.	59.4	57.6	77	46	0	0	3.37	2.062	17	15
Jul.	58.9	60.7	72	45	0	0	2.83	2.572	17	11
Aug.	58.7	60.1	79	46	0	0	3.75	2.797	16	10
Sep.	57.4	56.2	70	44	0	0	1.06	2.223	8	6
Oct.	50.4	49.7	65	35	0	4	4.305	2.701	19	17
Nov.	41.3	43.3	51	32	0	11	2.29	2.795	17	10
Dec.	41.8	39.8	52	30	2	10	3.91	2.812	25	17
YEAR	48.9	48.8	79	16	27	71	35.07	28.648	205	152

Month	Sunshine (Hours)			Number of days with			
	Total Hours 1966	Mean 75 Years	Sunless days	Snow or Sleet	Snow lying at 09:00 hrs.	Thunder	Fog 09:00 hrs. *
Jan.	26.1	43.6	19	12	9	0	3
Feb.	39.2	57.6	12	7	5	0	2
Mar.	101.9	95.4	7	5	2	0	0
Apr.	80.4	132.9	13	7	1	0	3
May	216.3	171.5	3	0	0	1	0
Jun.	146.4	178.9	0	0	0	4	1
Jul.	128.5	166.3	1	0	0	2	0
Aug.	157.7	157.1	3	0	0	4	0
Sep.	139.0	122.2	2	0	0	0	4
Oct.	73.8	86.4	6	0	0	0	2
Nov.	43.3	49.3	11	4	1	0	1
Dec.	32.1	38.3	11	5	0	1	0
YEAR	1184.7	1299.5	88	40	18	12	16

*Note.
Visibility less than 1,100 yards at 0900 hrs.

VITAL STATISTICS

Area: 51,598 acres which is approximately 81 square miles. The City was reduced by a very small amount when the Solihull Order, 1963, came into force on 1st April, 1964, which was the first alteration in the City Boundary since 1934. On 1st April, 1966, the West Midlands Order 1965 came into operation, and this had the effect of increasing the City area by some 465 acres. The intake embraced small parts of Warwick, Worcester and Stafford Counties, Smethwick and West Bromwich County Boroughs and Sutton Coldfield Municipal Borough:

Population:	Census 1961	..	..	..	..	..	..	1,107,187
	Males	..	544,624	Females	..	562,563		
	Home population estimated by the Registrar						1962	1,115,080
	General as at 30th June (Civilians plus H.M.						1963	1,115,630
	Forces stationed in the Area)	..	..	..			1964	1,106,040
							1965	1,102,660
							1966	1,102,570

As can be seen, the estimated population showed a small decrease while the natural increase of 8,755 in 1966 was less than in the previous year (9,332). The birthrate has fallen slightly from 19.55 to 19.06, but the death rate remained the same as that of 1965, namely 11.12.

Live Births

	1962	1963	1964	1965	1966
Number					
(a) Born in the City ...	21,959	21,708	22,033	21,185	20,616
(b) Born outside the City ...	308	621	353	370	403
	22,267	22,329	22,386	21,555	21,019

LIVE BIRTH RATE. 19.06 per 1,000 population.

Since 1955 the birth rate had risen each year until 1964 when it reached 20.23, but in 1965 it fell to 19.55 and in 1966 it was 19.06. This follows the trend set by England and Wales as a whole when in a similar way the rates were 18.5, 18.1 and 17.7 respectively.

Illegitimate Live Births: These numbered 2,228, being 10.56 per cent. of the total live births. The following table sets out the locally recorded illegitimate live babies compared with total live births.

1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
6.2%	6.4%	6.5%	6.8%	7.7%	8.9%	10.2%	10.4%	10.5%	10.3%	10.6%

The number of illegitimate live births recorded in the City varies from the figures supplied by the Registrar General. From that source the percentage of illegitimate live births was 11·3 of the total live births. This is usually explained by the birth of illegitimate children occurring outside the City and attributed to Birmingham women. It will be noted that these figures have shown no real change since 1962.

PERCENTAGE OF ILLEGITIMATE BIRTHS TO LIVE BIRTHS

	<i>Birmingham</i>	<i>Leeds</i>	<i>Liverpool</i>	<i>Manchester</i>	<i>England & Wales</i>
1963	11·1	9·2	6·9	12·5	6·9
1964	11·2	10·1	7·7	13·4	7·2
1965	10·9	10·8	8·4	14·2	7·6
1966	11·3		Not yet available		

Stillbirths

There were 370 stillbirths and of these 239 (64·6 per cent.) were premature births which was a higher proportion than in 1965.

STILLBIRTH RATE per 1,000 total (live and still) births 17·29.

This rate is slightly higher than that in 1965 when it was 17·23.

Year	...	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Rate	...	21·5	22·0	22·1	19·9	20·15	19·0	18·9	17·5	17·2	17·3

Total Births live and still 21,389.

INFANTY MORTALITY RATE

Infant deaths under one year of age:--

Legitimate	...	...	...	385
Illegitimate	...	...	...	61

Total infant deaths were 446; 29 less than in 1965, giving a rate of 21·22 per 1,000 live births.

1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
24·6	25·05	25·4	22·6	23·8	22·8	23·6	21·4	22·0	21·2

INFANT MORTALITY IN ZONES OF THE CITY

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Inner ...	27	28	34	27	31	30	29	24	31	21
Middle ...	27	27	27	22	24	25	26	23	23	24
Outer ...	22	23	22	21	22	18	18	19	18	18

The infant mortality rate was a little lower than the rate for 1965. A study of the rates in the groups of wards will reveal that the middle ring has the highest mortality rate of the three. The quickened demolition of old and substandard houses in the inner wards has provided for redevelopment and progress in rehousing. The benefit is gradually becoming manifest when it is seen that the rate of 21 deaths per 1,000 live births is a record low one for the inner wards.

The rate for the middle ring has risen from 23 in 1965 to 24 in 1966. Much of the housing conditions in these wards are also sub standard. They contain a good deal of the late Victorian type of large house let off in lodgings and divided into flats creating overcrowded and unsuitable conditions for the younger family.

The rate for the outer ring of wards, where better conditions exist, remained unchanged at 18.

Legitimate infant deaths per 1,000 live births:-

<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>
21·76	22·19	20·52	21·12	20·49

Illegitimate infant deaths per 1,000 live births:-

31·61	35·71	29·26	30·00	27·38
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EARLY-NEONATAL DEATH RATE

(deaths under 7 days old)

<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>
13·97	12·99	12·60	12·53	12·18

NEONATAL DEATH RATE

(deaths in the first 4 weeks)

<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>
16·12	15·27	14·47	14·66	14·23

POST-NEONATAL DEATH RATE

(deaths in the first year,
excluding first 4 weeks)

<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>
6·65	8·33	6·97	7·38	7·00

PERINATAL DEATH RATE

(stillbirths plus deaths in the first week)

<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>
32·73	31·64	29·80	29·63	29·27

INFANT MORTALITY 1966

<i>Cause of Death</i>	<i>Early Neo-natal</i>	<i>7-28 Days</i>	<i>Total Neo-natal</i>	<i>Post Neo-natal</i>	<i>Total Infant Deaths</i>
Whooping cough	—	—	—	8	8
Syphilis	1	—	1	—	1
Meningococcal infection	—	—	—	2	2
Meningitis	—	2	2	—	2
Bronchitis	—	1	1	11	12
Pneumonia (all forms)	6	6	12	43	55
Diarrhoea and enteritis	—	2	2	14	16
Congenital malformations	45	23	68	22	90
Premature birth	138	4	142	—	142
Atrophy, debility and marasmus	3	—	3	—	3
Atelectasis	12	—	12	—	12
Injury at birth	34	1	35	1	36
Otitis media	—	—	—	4	4
Other causes	17	4	21	42	63
All Causes	256	43	299	147	446

Maternal Mortality

NUMBER OF DEATHS (including 1 abortion) 7.

RATES per 1,000 live and still births:

including abortions 0·33
 excluding abortions 0·28

MATERNAL DEATHS (excluding abortions):

1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
9	6	6	10	4	6	3	8	6	6

Death Rate from all causes was 11·12 per 1,000 population, the total number of deaths being 12,264. The death rate was only slightly higher than that of 1965 which was 11·09 and the small increase in the number of deaths was 41.

The principal causes of death are set out in the table below and it will be seen that the only causes showing an increase in mortality were those resulting from respiratory diseases and violence and suicide. The weather conditions experienced during the early part of 1966 included two severe spells of cold. Deaths from bronchitis and pneumonia rose sharply and remained high in numbers in the first six weeks of the year. Of the 1,794 deaths, 70 were due to influenza.

Deaths of infants under one year in 1966 accounted for 3·64 per cent. of all deaths and of those 65 years and over for 66·88 per cent. This latter

rate is higher than in previous years and, in view of the gradually increasing population in the age groups 65 years and upwards, the proportion must be expected to rise in future.

	<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>
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
1962	3,787	2,323	1,697	1,771	490	125	565
1963	3,737	2,390	1,783	1,661	564	147	647
1964	3,442	2,297	1,640	1,451	616	131	614
1965	3,661	2,460	1,781	1,499	598	93	592
1966	3,584	2,451	1,670	1,794	476	66	619
% of all deaths in 1966	29.22	19.99	13.62	14.63	3.88	0.54	5.05

Coronary disease, Angina as causes of death

1961	Male	1,163	
	Female	708	1,871
1962	Male	1,214	
	Female	795	2,009
1963	Male	1,348	
	Female	819	2,167
1964	Male	1,319	
	Female	811	2,130
1965	Male	1,413	
	Female	862	2,275
1966	Male	1,319	
	Female	842	2,161
			12,613

Area Comparability Factors

Births 0.99 Deaths 1.13

In order to make comparisons of birth and death rates between one area and another the device known as the Area Comparability Factor, which eliminates the age and sex differences of the local populations, is applied by multiplying the local crude rate by the factor. The Adjusted Birth Rate was 18.87 and the Adjusted Death Rate was 12.57 per 1,000 population.

CANCER

Total deaths from this cause were 2,451, 9 less than in 1965, giving a mortality rate of 2.22 compared with 2.23 for the previous year.

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Deaths ...	2,428	2,309	2,372	2,260	2,303	2,323	2,390	2,297	2,460	2,451
Rate ...	2.20	2.10	2.17	2.07	2.07	2.08	2.14	2.08	2.23	2.22

There were 633 deaths, or 26 per cent. of the total cancer deaths, resulting from cancer of the lung and bronchus. This is a small improvement compared with 650 deaths which occurred in 1965. Of these deaths 89 were women, an increase of 1 over the number in 1965. There were 341 deaths under 65 years of age, of which 326 were in the age group 45 - 64, while 15 were under 45 years.

Cancer of the digestive organs caused 827 deaths, 423 being men and 404 women. The figure for genital organ cancer was 248, 46 of which were attributed to cancer of the cervix. This latter figure compares with 70 such deaths in 1965. From breast cancer there were 237 deaths, 5 of them being males. There were 64 leukaemia deaths.

Accidents

There were 477 fatal accidents, 283 being to males and 194 to females, producing 3.89 per cent. of all deaths. The total exceeded that of 1965 by 16, the figures including fatalities occurring outside the City to Birmingham residents.

Fatal accidents which occurred at home amounted to 174 or 36.47 per cent. of all accidental deaths; 144 of them involved children under 5 years and adults of 65 years and over.

Road accidents accounted for 188 deaths, 150 of them resulting from incidents in Birmingham. Previous years' figures are set out in the following table:-

1959	1960	1961	1962	1963	1964	1965
145	164	183	130	175	191	193

Accidents occurring on the road and in the course of employment were fatal to 70 males and 8 females between the ages of 5 and 45 years.

Accidents to persons of 65 and over caused 197 deaths, being 41.30 per cent. of all deaths from accidents. There were 48 more deaths in this age group in 1965 than in 1966. There was a reduction in the number of elderly people who were killed by motor vehicles or involved fatally in other road accidents and also those who died as a result of coal gas

poisoning. The table below shows the number of people who died in all accidents classified under various headings.

<i>Type of Accident</i>	(a) <i>Total Deaths</i>	(b) <i>No. in column (a) 65 years and over</i>	(c) <i>(b) as % of (a)</i>
Falls on the same level	130	118	90·8
Falls downstairs	19	13	68·4
Pedestrians killed by motor vehicles ...	96	33	34·4
Other road accidents	92	5	5·4
Coal gas poisoning	21	12	57·1
Burns and electricity	26	5	19·2
Other accidents	93	11	11·8

Column (b) shows falls on the same level to be the greatest cause of fatal accidents among the elderly, accounting for 59·90 per cent. of them. Next in importance for old people is being knocked down by motor vehicles, which resulted in 16·75 per cent. of the accidental deaths among them.

	Stillbirth rate	Early neonatal mortality rate	Perinatal mortality rate	4 weeks neonatal mortality rate	Post neonatal mortality rate	Total infant mortality rate
1966	...	11.71 } 138.0%	29.27	13.68 } 137.79%	6.81 } 125.26%	20.49 } 133.63%
	...	16.16 }		18.85 }	8.53 }	27.38 }
	17.29	12.18		14.23	7.00	21.22
1965	...	11.80 } 159.41%	29.63	13.97 } 147.46%	7.14 } 131.65%	21.12 } 142.04%
	...	18.81 }		20.60 }	9.40 }	30.00 }
	17.23	12.53		14.66	7.38	22.03
1964	...	11.88 } 153.5%	29.80	13.78 } 147.8%	6.74 } 132.0%	20.52 } 142.6%
	...	18.24 }		20.36 }	8.90 }	29.26 }
	17.47	12.60		14.47	6.97	21.44
1963	...	12.30 } 153.9%	31.64	14.45 } 154.9%	7.75 } 172.13%	22.19 } 159.1%
	...	18.93 }		22.38 }	13.34 }	35.71 }
	18.89	12.99		15.27	8.33	23.6
1962	...	13.36 } 144.6%	32.73	15.51 } 138.5%	6.25 } 161.6%	21.76 } 145.3%
	...	19.32 }		21.51 }	10.10 }	31.61 }
	19.03	13.97		16.12	6.65	22.77
1961	...	14.3 } 119.6%	34.4	16.4 } 114.0%	7.1 } 130.2%	23.4 } 119.7%
	...	17.1 }		18.7 }	9.3 }	28.0 }
	20.15	14.6		16.8	7.3	23.9
1960	...	14.0 } 138.65%	34.0	15.4 } 154.3%	4.8 } 143.45%	21.9 } 137.2%
	...	19.4 }		23.2 }	6.9 }	30.1 }
	19.86	14.4		16.0	6.6	22.6
1959	...	14.8 } 195.2%	36.6	17.0 } 182.9%	7.1 } 160.6%	24.1 } 176.3%
	...	28.9 }		31.1 }	11.4 }	42.5 }
	21.14	15.7		18.0	7.4	25.4
1958	...	15.2 } 153.2%	37.8	17.4 } 147.1%	6.7 } 203.0%	24.1 } 163.2%
	...	23.3 }		25.6 }	13.6 }	39.3 }
	21.96	16.0		17.9	7.1	25.1

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

CRUDE RATES

Year	BIRTH RATE		STILLBIRTH RATE		INFANT MORTALITY RATE		DEATH RATE	
	B'ham	England & Wales	B'ham	England & Wales	B'ham	England & Wales	B'ham	England & 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	35.0		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	13.9	29	35	69	60	13.2	13.5
1942	19.3	15.6	28	33	56	51	11.8	12.3
1943	20.9	16.2	27	30	55	49	12.1	13.0
1944	22.8	17.7	25	28	42	45	11.3	12.7
1945	20.2	15.9	24.8	28	49	46.0	11.2	12.6
1946	22.5	19.2	25.6	27	40	42.8	11.3	12.0
1947	22.2	20.5	23.8	24	41	41.3	11.1	12.3
1948	19.5	17.9	21.8	23	32	33.9	9.8	11.0
1949	18.1	16.9	21.7	23	31	32.3	10.7	11.8
1950	16.8	15.8	23.2	23	30	29.6	10.9	11.2
1951	16.5	15.5	22.2	23	30	29.6	11.4	12.5
1952	16.4	15.3	19.6	23	26.8	27.6	10.2	11.3
1953	16.6	15.5	23.5	22	26.1	26.8	10.6	11.4
1954	16.4	15.2	21.6	24	24.2	25.4	10.6	11.3
1955	16.0	15.0	23.0	23	23.7	24.9	11.3	11.7
1956	16.6	15.6	22.9	23	24.6	23.7	10.9	11.7
1957	17.1	16.1	21.5	22	24.6	23.1	11.2	11.5
1958	17.6	16.4	22.0	22	25.0	22.5	11.0	11.7
1959	17.7	16.5	21.1	21	25.4	22.2	11.6	11.6
1960	19.0	17.0	19.9	20	22.6	21.8	11.0	11.5
1961	19.5	17.6	20.1	19	23.8	21.4	11.4	12.0
1962	20.0	18.0	19.0	18	22.8	21.7	11.1	11.9
1963	20.0	18.2	18.9	17	23.6	21.1	11.3	12.2
1964	20.2	18.4	17.5	16	21.4	19.9	10.7	11.3
1965	19.6	18.0	17.2	16	22.0	19.0	11.1	11.5
1966	19.1	17.7	17.3	15	21.2	19.0	11.1	11.7

BIRTH, DEATH AND INFANT MORTALITY RATES IN WARDS, 1966

WARDS	Estimated Population	BIRTHS			TOTAL DEATHS			INFANT DEATHS		
		Number	Rate per 1,000 Populations	Illegitimacy % of live births	Number	Rate per 1,000 Populations	Number	Rate per 1,000 live births		
Aston	29,800	772	25.9	90	315	10.6	15	19.4		
Deritend	28,300	779	27.5	125	298	10.5	21	27.0		
Duddesdon	26,700	619	23.2	78	244	9.1	10	16.2		
Ladywood	17,700	381	21.5	42	210	11.9	5	13.1		
Newtown	21,000	518	24.7	63	255	12.1	15	29.0		
Totals and Average Rates for Central Wards	123,500	3,069	24.9	398	1,322	10.7	66	21.5		
All Saints	22,900	551	24.1	46	332	14.5	16	29.0		
Edgbaston	24,400	546	22.4	84	254	10.4	14	25.6		
Gravelly Hill	29,500	683	23.2	88	440	14.9	13	19.0		
Handsworth	31,900	1,027	32.2	163	331	10.4	13	12.7		
Moseley	29,400	811	27.6	111	366	12.4	19	23.4		
Rotton Park	24,600	693	28.2	93	578	23.5	21	30.3		
Saltley	28,300	565	20.0	58	314	11.1	13	23.0		
Selly Oak	27,600	430	15.6	26	424	15.4	13	30.2		
Small Heath	30,400	801	26.3	87	315	10.4	14	17.5		
Soho	27,800	1,066	38.3	164	274	9.9	31	29.1		
Sparkbrook	29,600	831	28.1	108	303	10.2	18	21.7		
Sparkhill	31,400	768	24.5	78	349	11.1	29	37.8		
Washwood Heath	28,200	504	17.9	50	310	11.0	6	11.9		
Totals and Average Rates for Middle Ring Wards	366,000	9,276	25.3	1,152	4,590	12.5	220	23.7		
Acocks Green	29,200	497	17.0	27	369	12.6	11	22.1		
Billesley	29,500	388	13.5	28	323	10.9	7	18.0		
Brandwood	30,900	402	13.0	41	278	9.0	5	12.4		
Erdington	28,800	398	13.8	35	334	11.6	11	27.6		
Fox Hollies	25,700	294	11.4	29	337	13.1	8	27.2		
Hall Green	29,400	385	13.1	27	318	10.8	3	7.8		
Harborne	25,800	351	13.6	38	308	11.9	12	34.2		
Kingsstanding	24,100	274	11.4	25	304	12.6	9	32.8		
Kings Norton	33,100	600	18.1	35	307	9.3	11	18.3		
Longbridge	33,200	469	14.1	34	412	12.4	12	25.6		
Northfield	34,900	543	15.6	31	282	8.1	11	20.3		
Oscott	26,600	452	17.0	20	203	9.8	4	8.8		
Perry Barr	26,300	383	14.6	21	237	9.0	5	13.0		
Quinton	25,100	284	11.3	15	320	12.7	4	14.8		
Sandwell	29,400	599	20.4	83	330	11.2	10	16.7		
Shard End	32,700	376	11.5	33	275	8.4	5	13.3		
Sheldon	27,600	382	13.8	22	228	8.3	3	7.8		
Stechford	25,300	355	14.0	35	223	8.8	3	8.4		
Stockland Green	30,600	393	12.8	39	376	12.3	3	7.6		
Weoley	36,800	492	13.4	34	281	7.6	11	22.4		
Yardley	28,100	357	12.7	22	282	10.3	9	25.2		
Totals and Average Rates for Outer Ring Wards	613,100	8,674	14.1	673	6,327	10.3	157	18.1		
Ward of Domicile not known	—	—	—	—	25	—	3	—		
Total and Average Rates for Whole City	1,102,570	21,019	19.1	2,228	12,264	11.1	446	91.9		

EPIDEMIOLOGY

Diphtheria

During 1966 there was a small but unfortunate outbreak of diphtheria, four cases being notified, one of whom died. This was a boy aged 7 years who had had three injections of diphtheria/whooping cough antigen in 1961 but no booster dose. The other cases were associated with this boy, and the details are as follows:-

<i>Sex</i>	<i>Age</i>	<i>Type of Diphtheria</i>	<i>Immunisation State</i>	<i>Remarks</i>
Male	7 yrs.	Mitis	3 injections 1961 diphtheria/whooping cough. No booster immunisation.	This boy was admitted to a general hospital on 16th October, 1966, with a sore throat, the onset of symptoms being 13th October. He was transferred to the Isolation Hospital on 19th October. On 21st October he had a heart block and died the same day.
Male	9 yrs.	Mitis	3 injections 1958 diphtheria/whooping cough. diphtheria reinforcing dose given after above diagnosis of diphtheria had been made.	Brother of the above boy and attended the same school. Admitted to the Isolation Hospital on 22nd October. Diphtheria organisms, Mitis type having been isolated from his throat. He was regarded as a mild case.
Female	7 yrs.	Mitis	No record of diphtheria immunisation.	This child was in the same class as the boy who died. She was admitted to hospital on 28th October and diagnosed as a mild case of diphtheria.
Male	35 yrs.	Mitis	Three injections of toxoid/antitoxin mixture in August and Sept., 1942.	Complained of pain and soreness of throat on 27th November. Did not respond to treatment and he was admitted to hospital on 29th November where the diagnosis of tonsillar diphtheria was confirmed. He resided in an area of the City where the above cases had occurred, and two of his children, although not in the same class, attended the same school.

During the course of investigation nine diphtheria carriers, all "Mitis" type, were found. Eight were children who attended the same school as the confirmed cases and one, an adult, whose children attended this school.

These carriers were either treated at home or in hospital until negative throat swabs were obtained. Letters were sent to general practitioners informing them that diphtheria had occurred and special immunisation clinics were held in schools and infant welfare centres in the area and large numbers of children attended both for primary and reinforcing immunisation.

The following table shows the incidence in recent years.

<i>Year</i>	<i>Cases</i>	<i>Deaths</i>	
1961	2	1	Never immunised.
1962	1	0	Mild case overdue for reinforcing injection
1963	0	0	
1964	0	0	
1965	0	0	
1966	4	1	The child who died had only had 3 injections and no booster dose. The brother also had had 3 injections and a booster dose at the time of his brother's illness. There was no record of immunisation in the third case and the last case had been immunised in infancy.

Dysentery

During the year 771 notifications of dysentery were made to the Department; 133 by hospitals, 86 by the Public Health Laboratory Service and 552 by general practitioners. Forty-two of these were subsequently reclassified leaving 729 cases recorded by the Department as clinically confirmed. (In 1965 the Department recorded 704 clinically confirmed cases).

The age and sex distribution of clinically confirmed cases is shown in the table below. As is usual, children were the most frequent sufferers.

CLINICALLY CONFIRMED CASES BY AGE AND SEX

<i>Age</i>	<i>Under 1</i>	<i>1-2</i>	<i>3-4</i>	<i>5-9</i>	<i>10-14</i>	<i>15-19</i>	<i>20-24</i>	<i>25-34</i>	<i>35-44</i>	<i>45-54</i>	<i>55-64</i>	<i>65-74</i>	<i>75+</i>	<i>Total</i>
Male ..	39	78	65	46	19	14	15	39	26	15	9	7	2	374
Female	32	77	44	54	7	23	23	42	17	21	10	4	1	355
TOTALS	71	155	109	100	26	37	38	81	43	36	19	11	3	729

The seasonal incidence (with 1965 figures in brackets) was as follows:-

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>
118 (202)	163 (230)	145 (132)	303 (140)

The rather high number of cases in the 4th Quarter was mainly due to the occurrence of several institutional outbreaks at that time.

Faecal specimens were examined in 345 cases and in 175 of these dysentery organisms were found.

The distribution of the 175 bacteriologically confirmed cases by species and season was as follows:—

	<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Totals</i>
<i>Shigella sonnei</i>	12	39	50	66	167
<i>Shigella flexneri</i>	5	1	1	1	8
TOTALS	17	40	51	67	175

During the last two years *Shigella flexneri* has become, once again, a relatively uncommon cause of dysentery in this City.

Several outbreaks in institutions and other semi-closed communities were investigated during the year.

A prolonged outbreak occurred at three adjacent Housing Management Department half-way houses between August and October. Many of the occupants were affected, all mildly and some on more than one occasion. In all, there were 25 cases and eight were bacteriologically confirmed as due to *Shigella sonnei*. The Health and Housing Management Departments were under considerable pressure from various directions to transfer the occupants to other accommodation. This pressure was resisted lest this should spread the infection throughout the City. Some families were rehoused towards the end of the outbreak but only when they themselves were free from infection. There were no new admissions to these houses until the outbreak had fully subsided. Two outbreaks occurred at half-way houses in other parts of the City during November. At one, 16 people were affected and four were found to be positive for *Shigella sonnei*; at the other, five children were affected, three being positive for *Shigella sonnei* and two for *Escherichia coli* type 0119.

A hospital had a small outbreak of dysentery in March. Investigation of recently discharged patients by the Health Department led to the discovery of three persons whose stools were positive for *Shigella flexneri* 3A.

Outbreaks occurred at three day nurseries. In April, ten children were affected of whom five were positive for *Shigella sonnei*; in May, 36 children were affected, 15 being positive for *Shigella sonnei* and in December, 68 children and members of the staff were affected of whom 21 were positive for *Shigella sonnei*.

In April 18 persons in a Children's Department foster home were affected, seven of whom gave stools positive for *Shigella sonnei*.

There was an outbreak at a Junior Training Centre in December. Seventeen children were affected, five being positive for *Shigella sonnei*.

Advice on hygiene and the control of infection was given in connection with all these outbreaks. With the exception of the one at the three adjacent half-way houses, all came to an end quite quickly.

Encephalitis

(a) INFECTIVE ENCEPHALITIS

During 1966 seven cases of encephalitis (presumably of virus origin) were notified of whom six died. Their ages were:-

Males : one; 22 years; 53 years. (all died)
week

Females : 2 years (died); 18 years;
50 years (died); 57 years (died).

(b) POST INFECTIOUS ENCEPHALITIS, that is encephalitis associated with an infectious disease, was notified three times during the year. Details of these cases were as follows:-

<i>Sex and Age</i>	<i>Initial Infection</i>	<i>Outcome</i>
Male aged 23 months	Measles	Died. (Ia. measles and broncho-pneumonia). (II. post encephalitic spasticity). (see also deaths from measles).
Female aged 15 years	Mumps	Recovered.
Female aged 1 year	Measles	Partially recovered (Not recovered former range of hand movements; may be deaf).

Food Poisoning

The diagnosis of food poisoning was accepted in 162 cases during 1966. These were distributed as follows:-

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Total</i>
24 (19)	40 (84)	22 (23)	76 (19)	162 (145)

The figures in brackets refer to 1965.

OUTBREAKS

An outbreak is defined as a situation where all the cases either probably or certainly are derived from a single contamination or infecting

source. The following is a summary of the outbreaks and single cases which occurred.

	<i>Outbreaks</i>	<i>Cases</i>
	Total 12	Total 124
<i>Outbreaks due to identified agents</i>		
Salmonella indiana	1 group other than a family	61
„ infantis	1 family	3
„ typhimurium	5 families	18
Possibly clostridium welchii	1 group other than a family	32
<i>Outbreaks of undiscovered cause</i>		
	4 families	10
 <i>Single Cases</i>		
Agent identified	21	Unknown 15
		Total 36
	<i>Organism</i>	<i>No. of cases</i>
	Salmonella typhimurium	16
	„ anatum	1
	„ panama	2
	„ kiambu	1
	„ newport	1
	Salmonella infection not food borne	
	„ typhimurium	2
		Total 2

OUTBREAKS

(i) The Salmonella indiana outbreak which occurred around the Christmas period affected 61 persons and was thought to be due to pre-cooked frozen turkeys. Prior to the outbreak, 7,000 frozen turkeys, which had been purchased by a large store, were placed in cold storage and later defrosted prior to consumption or selling to the public; in fact, they formed the main meal at the staff luncheon which over 2,000 members of the staff attended.

As soon as the Department became aware of the possibility of an outbreak investigations were carried out and inspections made at the kitchens, food hall and related personnel and over 200 staff were examined and bacteriological specimens taken. Only 48 members of the staff gave a history suggestive of food poisoning and 43 were subsequently found to be excreting the organism.

As far as the general public were concerned, the Department was only notified of two families suffering from food poisoning related to turkeys purchased from this store.

The outbreak was interesting in that, although many of the staff and public must have been exposed to this infection, a comparatively small number were clinically affected, but there were clearly quite a number who were excreting the organism but symptomless.

(ii) *Clostridium welchii* was thought to be the cause of an outbreak which affected 32 people after eating in the works canteen. Beef bought on the 3rd June was cooked, cooled and put into the refrigerator until the morning of the 6th June, then re-heated, plated up and kept warm in the oven until lunch time. Gravy made on the 3rd June was also re-heated and used on the 6th June.

(iii) Three people were taken ill after eating dates which had come from Iraq. Their illness was very mild and no organisms were isolated from specimens of faeces but *Salmonella infantis* was isolated from the dates.

(iv) Infected chicken was suspected as being the cause of four members of a family being taken ill from the 9th to 13th February, 1966, with diarrhoea, abdominal pain and vomiting. The chicken (not frozen) was bought on the 4th February and placed in a refrigerator. It was cooked and left in a warm stove until used on the 7th February, then put back in the stove until used again on the 8th February. The conditions under which the chicken was stored were not satisfactory. *Salmonella typhimurium* was isolated from three of those affected.

In regard to four other families from whom *Salmonella typhimurium* had been isolated, they were unable to remember what food had been eaten.

SINGLE CASES

Of the 38 single cases *Salmonella typhimurium* accounted for eighteen, two of which were not associated with food.

Leprosy

PUBLIC HEALTH (LEPROSY) REGULATIONS, 1966

These regulations came into operation on 1st March, 1966. The effect is to apply to leprosy the provisions of the Public Health Acts 1936 and 1961 for the prevention of the spread of disease. In particular they set out requirements for the notification of leprosy to the Medical Officer of Health instead of to the Chief Medical Officer of the Ministry of Health as was the case under the Public Health (Leprosy) Regulations, 1951.

At the time the new regulations came into operation there were nine cases of leprosy living in the City. All were suffering from a non-infectious form of the disease and all were already known to the Health Department. Between 1st March and 31st December two other cases came to reside in the City. One was a woman who had formerly resided in the City and returned here after hospital treatment. The other came to Birmingham from a town in the south east of England. Both are suffering from a non-infectious form of the disease.

Malaria

Four cases of malaria were notified during 1966 (2 males and 2 females), all having acquired their infection abroad.

Measles

For the year 1966 there was a slight drop in numbers notified – 6,839 as compared with 8,233 for 1965. The trend, however, seems to continue, not only in Birmingham but nationally, of a more consistent and even spread throughout the year, a phenomenon which has been apparent over the last three year period.

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
Male ...	160	1058	980	1209	35	9	5	1	1	1	—	—	—	3459
Female	191	966	994	1167	36	12	6	6	1	1	—	—	—	3380

Two children died. The details are as follows:–

Sex	Age	Date of Death	Remarks
Male	23 mths.	29.4.66	Baby died from 1a measles and broncho-pneumonia; II post encephalitic spasticity (see also encephalitis)
Female	12 years	10.3.66	Severely spastic child who had been excluded from school permanently since 1963. Died from 1a broncho-pneumonia and b. measles.

Meningococcal Infection

During 1966 there were nine cases of meningococcal infection of whom three died. The ages and sexes of these were as follows:–

MALES

4 mths., 10 mths. (died), 3 yrs. (died), 5 yrs.

FEMALES

3 mths. (died), 7 mths., 5 yrs., 7 yrs., 16 yrs.

Paratyphoid

There were five cases of paratyphoid fever during 1966 – four males and one female – all of whom recovered.

A second year student and a technician, both aged 20 years and working in a University Bacteriology Department, were admitted to hospital on the 13th and 23rd June respectively and were found to be suffering from

paratyphoid fever phage type 3A. On enquiry it was established that they had been handling paratyphoid cultures (phage type 3A) in the Laboratory. No other cases occurred.

A boy aged 5 years became ill on the 29th August with diarrhoea and a raised temperature and was admitted to hospital on the 7th September, paratyphoid B. organisms, phage type I, having been isolated from his faeces. Investigations at his home revealed that his brother aged 6½ years and sister aged 4 years were both excreting the same organism in their faeces. At the time of their admission to hospital on the 15th September they were in good health but the boy later developed mild symptoms and was regarded as a case. The sister, however, had no symptoms and was therefore regarded as a carrier. No other person in the house was affected and despite extensive enquiries the source of infection remained unknown.

A 17 year old girl was taken ill with diarrhoea on the 21st August whilst on holiday in Italy from the 14th to 23rd August. Her illness continued on her return to England and she was admitted to hospital on 20th September; paratyphoid B organisms, phage type taunton were isolated from her faeces.

Pneumonia

Under the Public Health (Infectious Diseases) Regulations, 1953, pneumonia is notifiable when the disease is primary or when it occurs as the result of an attack of influenza. There were 175 notifications of primary pneumonia and 38 of the type following influenza, during the year 1966. The age incidence was:-

Age	0	1-2	3-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Notifs. of Primary pneumonia	4	7	7	11	4	3	8	15	9	21	29	27	30	175
Pneumonia following influenza	3	—	—	—	—	—	2	3	2	4	13	5	6	38

The monthly incidence is given below:-

Month	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Notifs. of Primary pneumonia	30	23	24	5	9	12	7	11	5	14	19	16
Pneumonia following influenza	8	13	8	1	—	—	—	—	1	1	1	5

The week ending 12th February had the highest number of notifications - 20, and for the weeks ending 21st May, 2nd July, 13th August, 10th and 17th September no notifications were received.

Unless occurring in association with influenza, bronchopneumonia, which is by far the commonest type of pneumonia, is not notifiable.

Deaths from all types of pneumonia totalled 676 and the age distribution was as follows:-

DEATHS FROM PNEUMONIA (ALL FORMS) 1966									
Age	0-	1-	2-	5-	15-	25-	45-	65-	75-
Deaths	55	3	3	0	5	11	76	128	395

32 per cent. of all the notifications related to persons 65 years of age and over; 77 per cent. of the deaths were in this group.

Poliomyelitis

There were no confirmed cases of poliomyelitis during 1966. The following sets out the numbers of confirmed cases recorded in previous years.

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
442	52	48	40	17	84	7	35	43	9	22
			1961	1962	1963	1964	1965	1966		
			18	5	Nil	Nil	Nil	Nil		

Scabies see page 259.

Scarlet Fever

There were 544 cases of scarlet fever during 1966 as compared with 696 and 598 in 1965 and 1964 respectively. There were no deaths. The five to nine age group accounted for 54 per cent. of the cases.

The week ending 12th March recorded the highest number of notifications received — 27, only one notification being received for the week ended 30th July.

Smallpox

Although there were no cases of smallpox in the City during 1966, cases of variola minor occurred in surrounding areas. The first known case, retrospectively diagnosed, was a photographer (not vaccinated), working in Birmingham, but living at Stone, Staffs. who became ill on the 18th February whilst staying at his fiancée's house in Cannock. Subsequent cases in the West Midlands appeared at Stone, Walsall, Warley, Stoke-on-Trent and Cheadle.

During May and June further cases appeared in Pontypool but no connection could be established with the West Midlands cases. Subsequently three members of a family residing in Solihull, Warwickshire, developed variola minor and cases were also recognised in Salford, but again no direct connection could be established with cases occurring in the West Midlands and Monmouthshire.

Although Staffordshire and Monmouthshire were free from known infection by mid-July, the appearance of the disease in Solihull and Salford suggested that unrecognised cases may have been occurring in different parts of the country.

The clinical picture was that of an influenza-like illness with the patient complaining of lethargy, headache, backache and sometimes sore throat. There was fever and in some cases sweating was a marked feature with intense pain in the back. This state continued for two to three days, after which a rash appeared, first on the head and face, then on the back, arms and down the legs. It was most profuse on the back, particularly over the shoulder blades and buttocks, and sometimes on the soles of the feet. It was possible by examination of smears by electron microscopy to make a confirmative diagnosis of variola within a matter of an hour. In this respect the Department is entirely grateful to the staff of the University of Birmingham's Department of Virological Studies.

The last patient suffering from variola minor in the West Midlands was discharged from the Isolation Hospital on the 1st August; terminal disinfection of the hospital was completed by the 5th August.

There were no deaths.

SMALLPOX VACCINATION. See Immunisation Page 55.

Typhoid

During 1966 eight cases of typhoid fever occurred amongst Asians who for the most part had not long resided in Birmingham. There were no deaths.

The age and sex distribution was as follows:-

MALES	5 years, 11 years, 14 years, 15 years, 33 years.
FEMALES	14 years, 14 years, 23 years.

The details are chronologically set out below:-

An 11 year old boy who arrived from New Delhi on the 19th February was admitted to hospital on the 25th March with chest symptoms. *Salmonella typhi* organisms, phage type I (Eastern strain), were isolated from his faeces. The boy had a history of having been ill for a week (or possibly more) before admission to hospital.

A 14 year old girl, whose illness began with abdominal pain on the 20th May, was admitted to a general hospital on the 3rd June. She had recently returned with her sister from Pakistan. She was operated upon for Crohn's Disease but was later found to be excreting *Salmonella typhi* organisms (untypeable Vi strain) in her faeces. Specimens of urine and faeces taken from the unaffected sister contained *Salmonella typhi* organisms of the same strain.

On the 14th June the 15 year old boy was admitted to hospital with fever and abdominal pain having arrived in England from Karachi on the 20th May. He was found to be suffering from typhoid fever phage type E.I.

Salmonella typhi phage type "A" was isolated from the faeces of the 33 year old man who arrived in England on the 20th June. His onset was the 10th July and he was admitted to hospital on the 13th July with a pyrexia of unknown origin.

A girl aged 14 years and her brother aged 5 years arrived from India on the 27th June, both having a history of being ill for a week before admission to hospital on the 22nd July. *Salmonella typhi* organisms, (untypeable Vi strain) were isolated from both children.

The boy aged 14 years was taken ill on the 16th August, having come to England from Pakistan on about the 7th August. He was admitted to hospital on the 21st August with diarrhoea and vomiting and was later diagnosed as a case of typhoid fever, phage type E.1.

In the case of the 23 year old woman, she too had only arrived in England on the 23rd August. She was taken ill with fever on the 17th September and admitted to hospital on the 21st September where a diagnosis of typhoid fever was made. The phage type was E.I.

It was assumed that the infection in these cases was acquired abroad. No further cases arose and there appeared to be no spread of the infection.

Venereal Diseases

Dr. W. Fowler, Consultant in Venereology, has once again supplied the following valuable information concerning all patients attending the General Hospital

In 1966 the incidence of early syphilis decreased markedly. However, the incidence of both gonorrhoea and non-gonococcal urethritis increased while the total number of new cases attending the clinic was 5 per cent. greater than in 1965.

GONORRHOEA

The incidence curve which had been declining since 1963 took an upward turn and there were 11 per cent. more cases than in the previous year. Male cases increased by 7 per cent. and female cases by 25 per cent. (It will be recalled that as applied to gonorrhoea the term "case" refers to one attack of the disease and not to one individual and that one individual can be responsible for a number of "cases" in the course of a year.) Actually there were just under 5 per cent. more male patients and 15 per cent. more female patients than in 1965. It is worth noting that this is the highest incidence of both cases and patients ever recorded in this clinic.

New Cases

	<i>Male</i>	<i>Female</i>	<i>Total</i>
1965	1,632	503	2,135
1966	1,751	629	2,380

New Patients

1965	1,419	476	1,895
1966	1,485	548	2,033

RACIAL INCIDENCE

This was unchanged in Southern Irishmen, increased slightly in British males (3 per cent.) and men from the West Indies (5 per cent.) and increased markedly in men from Asia. This is the first time since 1962 that there has not been a decrease in the incidence of gonorrhoea in men from the West Indies. Of the total male cases 35 per cent. were born in the United Kingdom (36·8 per cent. in 1965).

So far as females were concerned the incidence increased by 17 per cent. in patients born in this country and by 45 per cent. and 65 per cent. respectively in women from the West Indies and Southern Ireland. Females born in this country accounted for 75 per cent. of the total female cases compared with 80 per cent. in 1965.

RACIAL INCIDENCE (Cases)

			<i>Male</i>		<i>Female</i>	
			<i>1965</i>	<i>1966</i>	<i>1965</i>	<i>1966</i>
British	...	...	602	622	410	477
W. Indian	...	...	536	564	40	58
S. Irish	...	...	172	176	48	79
Asiatics	...	...	264	312	5	8
Others	...	...	58	77	—	7

TEENAGE INCIDENCE

There were 24 per cent. more male cases and 37 per cent. more female cases than in the previous year. So far as the males were concerned there was only one youth under 16 compared with 4 in 1965, while there were 22 females under this age as against 6 in the previous year.

NEW CASES

<i>Age</i>	<i>Male</i>		<i>Female</i>	
	<i>1965</i>	<i>1966</i>	<i>1965</i>	<i>1966</i>
under 16 ...	4	1	6	22
16 — 17 ...	24	33	48	72
18 — 19 ...	65	82	114	136
	<hr/>	<hr/>	<hr/>	<hr/>
	93	116	168	230
	<hr/>	<hr/>	<hr/>	<hr/>

The proportion of the total female cases accounted for by teenagers increased from 33·3 per cent. to 36·5 per cent. The proportion of the male cases accounted for by youths was much the same as in 1965 (6·6 per cent. in 1966, 6 per cent. in 1965).

PENICILLIN SENSITIVITY

As in previous years penicillin insensitive strains of gonococci presented no problem and the initial cure rate with penicillin remained at over 95 per cent.

NON-GONOCOCCAL URETHRITIS

The incidence curve which showed a downward trend in 1965 for the first time in many years, resumed an upward curve in 1966 when there were 859 new cases as against 836 cases in the previous year. The etiology of this condition or, more properly, group of conditions remains obscure and it is impossible to identify any factors which might affect the incidence of the disease.

SYPHILIS

1. EARLY INFECTIOUS

The incidence of early syphilis which has increased markedly in 1965 showed an equally marked decline in the year under review.

	<i>Male</i>		<i>Female</i>	
	<i>1965</i>	<i>1966</i>	<i>1965</i>	<i>1966</i>
Primary ...	96	42	11	4
Secondary ...	21	7	18	11
Early latent ...	4	3	2	14
	<hr/>	<hr/>	<hr/>	<hr/>
	121	52	31	29
	<hr/>	<hr/>	<hr/>	<hr/>

(a) RACIAL INCIDENCE (Primary and Secondary Syphilis only)

As will be seen from the following table there was a considerable decrease in primary and secondary syphilis in Asiatic males and in men and women born in this country.

	<i>Male</i>		<i>Female</i>	
	<i>1965</i>	<i>1966</i>	<i>1965</i>	<i>1966</i>
British	30	14	27	12
West Indian	6	4	1	—
Asiatic	77	17	—	1
S. Ireland	8	3	3	1
Others	—	1	—	1

(b) AGE INCIDENCE (Primary and Secondary Syphilis only).

Six patients were under 20 years of age compared with 13 in 1965.

AGE INCIDENCE

<i>Age</i>	<i>Male</i>		<i>Female</i>	
	<i>1965</i>	<i>1966</i>	<i>1965</i>	<i>1966</i>
Under 16	—	1	—	—
16 — 17	1	—	2	—
18 — 19	7	1	3	4
20 — 24	20	16	16	6
25+	93	31	10	15

(c) PLACE OF INFECTION

14 of the female patients and 40 of the male patients contracted syphilis in Birmingham, 1 female and 3 males were infected in other parts of Britain, while 4 males contracted the disease overseas. In the remaining cases it was impossible to determine whether the disease had been contracted in Birmingham or elsewhere in the British Isles.

2. LATE SYPHILIS

Diagnosis of late syphilis was made in 64 cases compared with 70 cases in the previous year. Most of these patients were immigrants.

3. SYPHILIS IN PREGNANCY

Of the female patients treated for syphilis 19 were pregnant when the diagnosis was made. (The corresponding figure in 1965 was 23). Of these patients 9 were West Indians, 5 were English, 3 were Indians, one patient was a Pakistani and the remaining patient was from Nigeria.

The Nigerian aborted, and one of the West Indians had a stillbirth. In neither instance was the syphilitic disease thought to be implicated. In other cases there were healthy offsprings.

CONGENITAL SYPHILIS

There was 1 case of congenital syphilis in infancy. The mother had not sought any antenatal care and did not come under medical attention until she was in labour. Apart from this case there were only 2 of congenital syphilis, 1 under 15 years of age and 1 over 15 years of age.

CHANCROID, GRANULOMA INGUINALE, LYMPHOGRANULOMA VENEREUM, YAWS

There was 1 case of chancroid, but no cases of granuloma inguinale or lymphogranuloma venereum. The incidence of yaws continued to decline and there were 34 cases (45 cases in 1965).

OTHER CONDITIONS

This category includes patients with diseases of the genitalia or lower genito-urinary tract which have to be differentiated from the venereal diseases, patients who have been in contact with venereal disease and individuals who require a certificate of freedom from venereal disease. The number of patients in this category increased by 5 per cent.

	1965	1966
Cases requiring treatment ...	852	1,041
Cases not requiring treatment ...	2,731	2,721
	<hr/>	<hr/>
	3,583	3,762
	<hr/>	<hr/>

CASE HOLDING AND CONTACT TRACING

As in previous years the high proportion of false names and addresses given by patients resulted in considerable wastage of health visitors' time. Nevertheless case holding was much more successful than in previous years.

Contact tracing was no more successful than in the past. Most of the contacts brought for examination were individuals who had been infected, or might have been infected, by the patient issued with the contact slip. It was very seldom that the person responsible for the initial infection was brought for treatment. However, it is hoped that this state of affairs will be improved in future as in November additional staff were employed with the primary purpose of tracing the individuals responsible for spreading venereal disease.

	<i>No. of patients</i>	<i>Contact Slips issued</i>	<i>Contacts examined</i>	<i>Contacts infected</i>
1965 ...	1,895	1,174	495	266
1966 ...	2,033	1,183	510	277

So far as syphilis is concerned, in 1965 it was thought worth while to give contact slips to 77 of the 152 cases of early syphilis and 14 contacts were found to be suffering from the disease. In 1966 contact slips were given to 26 of the 81 patients and 8 of these 26 contacts were found to have syphilis.

Prostitutes continued to play a minor role in the spread of gonorrhoea and were responsible for only 13 per cent. of the male cases (15 per cent.

in 1965). On the other hand prostitutes were still responsible for much of the early syphilis in males (56 per cent.) but less so than in 1965 (75 per cent.)

Gonorrhoea is more prevalent in Birmingham now than ever before. The increase in incidence, in part, may be allied to the industrial situation with the marked increase in leisure time and possible movement of men into the area in search of work. However, there is no real proof of this. Indeed it is impossible to discover with any certainty why gonorrhoea should have become so prevalent. It is equally impossible to attempt to determine future trends but with such a cosmopolitan population as this city now has it would seem unlikely that there will be any significant decrease in the incidence of gonorrhoea in the immediate future.

So far as early syphilis is concerned the position is very much better than in 1965. The incidence of the disease has declined in the country generally as well as in Birmingham, and it would seem unlikely now that infectious syphilis will present any serious threat to the public health. However, there are still foci of infection in the town and small outbursts of the disease can be expected from time to time.

Late syphilis remains rare in the white population and has a low incidence now among immigrants but will certainly increase unless early syphilis can be brought under control.

Non-gonococcal urethritis is more common than previously. In the absence of etiological knowledge it is impossible to say why the incidence of this disease has increased or to discern future trends.

The other venereal diseases present no problems now and are very unlikely to do so in the future.

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

<i>Year</i>	<i>Syphilis</i>	<i>Soft Chancre</i>	<i>Gonorrhoea</i>	<i>Other Cases</i>
1950	295	—	462	2,978
1951	208	—	525	2,366
1952	188	—	676	2,364
1953	148	—	571	2,352
1954	135	—	446	2,275
1955	156	—	463	2,431
1956	188	—	875	2,492
1957	192	—	1,138	2,213
1958	133	—	1,223	2,106
1959	129	—	1,244	2,189
1960	112	—	1,559	2,680
1961	157	—	2,091	3,286
1962	137	—	2,099	3,292
1963	114	—	2,018	3,579
1964	109	—	1,943	3,746
1965	176	—	1,915	3,798
1966	129	—	2,125	4,005

VENEREAL DISEASE TREATED IN BIRMINGHAM HOSPITALS

	<i>Name of Hospital</i>	<i>Syphilitic conditions</i>	<i>Gonorrhoea</i>	<i>Other conditions</i>
New cases coming under treatment during 1966	General	146	2,380	4,696
	Children's	—	—	8
TOTAL number of attendances during 1965	General	3,860	10,821	16,601
	Children's	—	—	8
Cases discharged after completion of treatment and for observation	General	311	2,014	2,968
	Children's	—	—	—
Cases transferred from other centres	General	10	11	2
	Children's	—	—	—

Weil's Disease

A man of 28 years became ill on the 17th October with pyrexia and vomiting; he became jaundiced about the 22nd October when he was admitted to hospital where a diagnosis of Weil's disease was made.

On the 7th October he was beaten up and robbed, then thrown into a brook, and although investigations were made along the course of the brook there was extremely little evidence of rat infestation. Neither was there evidence of rats at his home.

Whooping Cough

856 notifications of whooping cough were received during the year 1966 as compared with 419 for 1965; 760 for 1964; 1,068 for 1963 and 319 for 1962.

Of the notified cases 845 were children under fifteen years of age. 12 per cent. of the cases were under one year of age and 71 per cent. under five years of age.

The notifications reached their peak in the week ending 24th September when 45 were received.

Eight children died from whooping cough. Details were as follows -

<i>Sex</i>	<i>Age</i>	<i>Date of Death</i>	<i>Remarks</i>
Male	7 months	9.1.66	Died in Hospital. Unable to obtain any details regarding home conditions, etc.
Female	2 months	22.6.66	Sister aged 3 years admitted to hospital suffering from whooping cough. Three days later baby developed cough and also admitted to hospital where whooping cough was diagnosed. After five weeks in hospital the mother stated baby developed vomiting and diarrhoea and had severe loss of weight. Post mortem performed — cause of death 1a Whooping cough.
Female	2 months	11.8.66	This baby vomited several times for three days before doctor was consulted on the 3rd May when she was admitted to hospital where she was nursed in an incubator. The baby was 5 lbs. 13 ozs. at birth and was kept in the premature baby unit at the hospital. Mother stated child was never as energetic or robust as her other children.
Female	2 months	3.10.66	Baby's two brothers ill with whooping cough. Cause of death 1a bronchitis, b. whooping cough. Good home.
Male	5 months	2.10.66	Not many details available. Died in hospital from 1a. whooping cough and II epilepsy.
Female	2 months	8.12.66	Baby saw doctor on about 12th Nov. with a cold. On 20th Nov. developed a cough, sweating and a little bit blue around mouth. Seen by doctor who sent baby to hospital where for a while she improved, then condition deteriorated and she died on the 8th Dec. from 1a. anoxia, b. severe pertussis, II superadded broncho-pneumonia.
Female	1 month	22.12.66	Baby died from 1a bronchopneumonia, b. pertussis, c. bronchiolitis. Home conditions were good. Child became ill on the 10th Dec. She was admitted to hospital on the 13th when whooping cough was diagnosed.
Female	8 months	28.9.66	Baby died from 1a. bronchopneumonia, b. whooping cough. Lived in a caravan on a fairground and unable to obtain any details. Child died in hospital on 28.9.66.

Public Health (Aircraft) Regulations 1952

Health control of 263 aircraft arriving at Birmingham Airport Elmdon, during 1966 from outside the "excepted area" was carried out uneventfully.

International Certificates of Vaccination

During 1966, under the International Sanitary Regulations, 1952, 55,004 International Certificates of Vaccination against smallpox and cholera, were checked, stamped and countersigned. In recent years the number dealt with were as follows -

1957	1958	1959	1960	1961	1962	1963
7,587	4,205	4,073	5,207	7,005	*30,243	9,569
		1964	1965	1966		
		11,465	15,116	*55,004		

* increase due to occurrence of smallpox in the country.

INFECTIOUS DISEASES

CONFIRMED CASES 1966

AGES

Wards	Sex	0	1-2	3-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75 up	Totals
Anthrax ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	M	—	—	—	2	—	—	—	—	1	—	—	—	—	3
	F	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Dysentery ...	M	39	78	65	46	19	14	15	39	26	15	9	7	2	374
	F	32	77	44	54	7	23	23	42	17	21	10	4	1	355
Encephalitis Acute Infective ...	M	1	—	—	—	—	—	1	—	—	1	—	—	—	3
	F	—	1	—	—	—	1	—	—	—	1	1	—	—	4
Encephalitis Post Infectious ...	M	—	1	—	—	—	—	—	—	—	—	—	—	—	1
	F	—	1	—	—	—	1	—	—	—	—	—	—	—	2
Erysipelas ...	M	1	—	—	—	—	—	1	—	2	4	8	3	2	21
	F	—	1	—	—	—	1	—	1	2	6	1	1	3	16
Food Poisoning ...	M	3	9	1	7	1	3	11	25	19	4	5	—	1	89
	F	2	3	5	1	1	6	8	6	12	12	14	—	3	73
*Leprosy ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Malaria ...	M	—	—	—	—	1	—	—	1	—	—	—	—	—	2
	F	—	—	—	—	—	—	1	1	—	—	—	—	—	2
Measles ...	M	160	1,058	980	1,209	35	9	5	1	1	1	—	—	—	3,459
	F	191	966	994	1,167	36	12	6	6	1	1	—	—	—	3,380
Meningococcal Infection ...	M	2	—	1	1	—	—	—	—	—	—	—	—	—	4
	F	2	—	—	2	—	1	—	—	—	—	—	—	—	5
Ophthalmia Neonatorum ...	M	124	—	—	—	—	—	—	—	—	—	—	—	—	124
	F	125	—	—	—	—	—	—	—	—	—	—	—	—	125
Paratyphoid Fever ...	M	—	—	—	2	—	—	2	—	—	—	—	—	—	4
	F	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Poliomyelitis Paralytic... ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis Non-Paralytic ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	M	2	5	5	6	2	3	5	13	7	15	34	16	10	123
	F	5	2	2	5	2	—	5	5	4	10	8	16	26	90
Puerperal Pyrexia ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	36	42	52	15	—	—	—	—	145
Scarlet Fever ...	M	1	29	64	145	22	9	3	—	1	—	1	—	1	276
	F	5	26	55	149	22	8	1	1	1	—	—	—	—	268
Smallpox ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever ...	M	—	—	—	1	2	1	—	1	—	—	—	—	—	5
	F	—	—	—	—	2	—	1	—	—	—	—	—	—	3
Whooping Cough ...	M	60	141	100	107	10	1	—	—	—	—	1	—	—	420
	F	47	140	121	99	20	1	1	2	1	—	4	—	—	436

* Notifiable as from March 1966.

IMMUNISATION

(Section 26 and 28 National Health Service Act, 1946)

During 1966 there was no new development in immunisation in infancy and childhood; primary immunisation by the concurrent use of triple antigen and oral poliomyelitis vaccine was practised in the majority of cases.

In November a school child died from diphtheria, the first case in the City since 1962 and the first death since 1961. He had received primary immunisation in infancy but no reinforcing dose at school entry. An intensive effort was made, extending into the following year, in the schools and welfare centres in the part of the City where the child lived, to bring the immunisation state of all children up to date.

The immunisation statistics for the year are a mixture of good and bad. The number of completed primary immunisations against diphtheria was 17,897, the highest number for five years. This figure is not influenced to any extent by the case of diphtheria in the City since primary immunisations begun as a consequence of this case were not completed until the following year. It is disappointing that there were only 11,140 reinforcing immunisations against diphtheria during the year. In 1965 reference was made to a letter sent to parents of four year old children; figures were quoted which suggested that it had been at least a modest success in that 4,172 four year old children received reinforcing immunisation against diphtheria and tetanus compared with 1,321 in 1964. Alas, this success has not been fully maintained for the corresponding figure in 1966 is only 3,296. This is reflected in the overall total of children receiving reinforcing immunisation, which is 1,045 fewer than in 1965 and only slightly higher than the average of the last six years.

Fewer primary and reinforcing immunisations against poliomyelitis were done than in 1965.

	1966	1965
Poliomyelitis, completed primary immunisations ...	21,153	25,674
„ reinforcing immunisations	10,745	14,024

Overall figures of completed primary immunisations can be misleading for they do not indicate the age at which immunisation is performed. To say that 17,897 primary diphtheria immunisations and 21,153 primary poliomyelitis immunisations were performed and to set these figures against the yearly total live births in the City, which in the last seven years have averaged 21,693 is to suggest that a fairly substantial number of children in the City complete this primary immunisation. Indeed they do so eventually, but many are unprotected until school entry and are left at risk throughout infancy.

B.C.G. VACCINATION

					1966	1965
Total number of vaccinations	...	...	...	...	13,855	11,525
Total number of injections	...	...	...	...	34,597	28,224

School Children (13 years old)

During the year 11,470 children had B.C.C. vaccination in schools, as compared with with 9,815 in 1965.

The parents of 15,446 children were approached and of these 14,130 (91.5 per cent.) accepted the skin test and vaccination with B.C.G.

During the period 14,729 were skin tested. Of these 704 had been previously vaccinated either through contact clinics or by special request in this city or elsewhere. (The number skin tested during the year is greater than the number who accepted because there is always a "carry over" from one year to the next).

Table 1 - Children not previously vaccinated

Number skin tested	...	...	...	...	...	14,025
Number positive	...	...	...	...	...	1,397
Number doubtful	...	...	...	...	...	121
Number who failed to attend for reading of test	...	...	...	...	...	828
Number negative	...	...	...	...	...	11,679
Number vaccinated with B.C.G.	...	...	...	...	...	11,470

Two hundred and nine children who gave a negative reaction to skin test were not vaccinated for various reasons; swimming, illness, etc. A number of these were later tested and vaccinated.

Table 2 - Children who had previously been vaccinated

Number skin tested	..	..	..	..	..	..	704
Number positive	..	..	..	..	..	..	682
Number doubtful	..	..	..	..	..	..	7
Number who failed to attend for reading of test	..	..	..	..	..	..	9
Number negative	..	..	..	..	..	..	6
Number re-vaccinated with B.C.G.	..	..	..	..	..	..	4

The percentage of positive reactors amongst those not previously vaccinated is greater than last year:-

1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
13.0%	11.9%	9.4%	8.9%	7.9%	7.5%	8.1%	10.4%	8.8%	10.6%

A sample of children from each school, vaccinated with B.C.G. during the previous year, was given a conversion skin test:-

Number skin tested	904
Number of skin tests read	832
Number converted	784 = 94.2%
Number negative	43*
Number doubtful	5
Number who failed to attend for reading of test	72

*15 children who gave a negative reaction to the conversion test were re-vaccinated at the request of their parents.

Fifteen members of staff at schools were skin tested:-

Six were vaccinated with B.C.G.
 Seven gave a positive result
 One negative not vaccinated
 One failed to attend for reading of test

School Children X-rayed during 1966

Of the 14,729 initially skin tested 2,079 were found to give a positive reaction 682 children who had been previously vaccinated and 1,397 who had not been previously vaccinated.

Of these children 1,983 were offered X-ray during 1966, the rest will be given appointments during 1967.

Also 39 children who were found to give a positive reaction in 1965 were X-rayed in 1966.

X-ray appointments offered	2,022
Failed to attend	181
X-rayed during preceding 12 months	31
Abnormal	23
Normal	1,787

The children whose parents refused skin testing or vaccination were offered X-ray. Also 16 children whose parents refused in 1965 were offered X-ray during 1966. There were 1,316 refusals during 1966 and 1,301 were offered X-ray appointments. The rest will be offered during 1967:-

X-ray appointments offered	1,317
Number who failed to attend	463
Number X-rayed during preceding 12 months	31
Number abnormal	4
Number normal	819

There were 1,193 children who were absent from school during the visit of the B.C.G. team and who did not attend the special clinics arranged during the school holidays. 784 were offered X-ray appointments during 1966 and the rest will be offered during 1967.

Number of appointments offered	784
Number who failed to attend	490
Number X-rayed during preceding 12 months	5
Number abnormal	1
Number normal	288

Appointments for X-ray were offered to children for whom vaccination with B.C.G. was inadvisable.

Number of appointments offered	171
Number who failed to attend	99
Number X-rayed during preceding 12 months	2
Number abnormal	1
Number normal	69

A case of tuberculosis occurred in each of two city schools and entailed extra visits for the purposes of testing all contacts and vaccinating, where necessary.

X-rays were offered to positives in the usual way, but in the case of one of these schools the Mobile X-ray Unit visited the school.

Notifications in 1966 of Tuberculosis in School Children previously Tuberculin tested of vaccinated with B.C.G.

One who was	tuberculin positive in	1950
One who was	" "	1951
Two who were	" "	1959
One who was	" "	1960
Two who were	" "	1961
One who was	" "	1962
One who was	" "	1964
One who was	" "	1965
Three who were	" "	1966
One who was vaccinated with B.C.G. in		1952
One who was	" "	1957
Two who were	" "	1958
Four who were	" "	1960
One who was	" "	1961
One who was	" "	1965

One child was notified in 1966 whose parents refused skin test, etc., in 1965.

Three Year Follow-up by X-ray of Mantoux Positive Children

Mid 1962 - Mid 1963

Appointments given	749
Attended	283
Normal	281
Abnormal	2

Colleges of Further Education

Only one person attended from a College of Further Education -
Skin test = Positive

Contacts of Tuberculous Patients, Hospital and Public Health Staffs

Ninety-four clinics were held during 1966 at the Public Health Department.

Number Mantoux Tests	1,948
Number positive	177
Number doubtful	8
Number who failed to attend for reading of test	100
Number negative	1,663
Number vaccinated with B.C.G.	1,680

Fifteen Mantoux negative not vaccinated for various reasons.

The number vaccinated included 32 babies direct from Maternity Hospital without preliminary Mantoux testing.

The number vaccinated at the Maternity Hospital = 3.

Conversion tests to check the efficiency of the vaccination are carried out on this group who are at greater risk than the normal population.

Number of conversion tests	1,507
Number converted	1,270
Number negative	57(21 re-vaccinated)
Number doubtful	25
Number who failed to attend for the reading of test	155

During the year B.C.G. vaccination was again offered to Asian immigrants and babies of Asian parents.

Number of Mantoux tests	1,041
Number positive	265
Number doubtful	4
Number who failed to attend for reading of test	108
Number negative	664
Number vaccinated with B.C.G.	656

Visitors

Nineteen visits were paid to the Section by doctors and nurses of other authorities for the purpose of observing the clinics.

VACCINATION AGAINST SMALLPOX

Records were received of the following **vaccinations by general practitioners** in the City of children under the age of 16 years:—

Successful primary vaccinations	...	...	...	...	...	8,519
Re-vaccinations	...	...	...	...	...	640

In addition there were 1,398 persons **vaccinated by the staff of the Department**, which was an increase of 981 over the previous year due to the occurrence of smallpox in the City. 857 school children were vaccinated or re-vaccinated prior to travelling abroad on holiday. The remainder were members of the Public Health Department, ambulance staff, teachers and members of the general public who were at immediate risk, or persons travelling abroad at short notice who were unable to arrange vaccination by a general practitioner. The **total numbers**, by age group, vaccinated in Birmingham were as follows:—

<i>Age at date of vaccination</i>	<i>Under 1 year</i>	<i>1 year</i>	<i>2 - 4 years</i>	<i>5 - 15 years</i>	<i>16 years and over</i>
No. of primary vaccinations	1,118	4,817	2,045	770	46
Number of re-vaccinations	—	9	97	1,160	495

Reactions

A child aged 3 years **who had not been vaccinated**, but whose sister had on the 5th May, became ill on the 19th May and was diagnosed as a case of eczema vaccination. She had a history of atopic eczema since birth. She made a full recovery.

Eczema vaccinatum also occurred in two vaccinated children as follows:—

<i>Sex</i>	<i>Age</i>	<i>Vaccinated</i>	<i>Remarks</i>
Female	1½ yrs.	Primary Vaccination 22.5.66.	Had a history of eczema and, at the time of admission to hospital on the 1st June (onset 29th May), the skin was dry and scaly. Child was not very ill and was discharged on 17th June.

Male 2 yrs. Primary Vaccination 21.5.66. Had a history of infantile eczema. Four to five days after being vaccinated a rash appeared in the elbow flexures and later behind the knees and on the head and face. He was admitted to hospital on the 30th May, where vaccinia virus was isolated on egg culture from an outlying pustule.

International Certificates of Vaccination

During 1966, under the International Sanitary Regulations, 1952, 59,477 International Certificates of Vaccination against smallpox and cholera were checked, stamped and countersigned. This was an increase of 44,361 over the previous year which was due to the occurrence of smallpox in the country. In recent years, the numbers dealt with were as follows:-

1955	1956	1957	1958	1959	1960	1961	1962
3,291	4,113	7,587	4,205	4,073	5,207	7,005	30,243*
		1963	1964	1965	1966		
		9,569	11,465	15,116	59,477*		

* increase due to occurrence of smallpox in the country.

YELLOW FEVER VACCINATION

As in previous years yellow fever vaccination clinics were held on Wednesday afternoons between 1400 and 1500 hrs. Appointments are not necessary for these clinics. An International Certificate is issued at the time of vaccination and a charge of £1. 1. 0. is made.

During the year, 2,121 persons were vaccinated against yellow fever. Of these, 553 attended from addresses within the City and 1,568 from outside. Vaccination was performed at times other than the normal clinic sessions for the benefit of 77 people who had to travel at very short notice. Thirty-five members of H.M. Forces and 40 members of their families attended the Birmingham clinic for yellow fever vaccination.

	<i>Under 9 months of age</i>	<i>9 months- 5 years</i>	<i>6 - 21 years</i>	<i>22 - 70 years</i>	<i>Over 70 years</i>
Persons vaccinated	1	179	399	1,504	38

DIPHTHERIA, PERTUSSIS, TETANUS, POLIOMYELITIS

NUMBER OF PERSONS WHO COMPLETED A PRIMARY COURSE DURING 1966

Birth																	Children Total	Adult Total
	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951		
DIPH.	1	2	9	2	2	8	9	5	4	1					1	1	45	—
DIPH. TET.	95	894	360	143	261	346	182	87	52	31	20	10	8	2	1		2,492	—
DIPH. PERTUS.		2	7														9	—
TRIPLE	1175	4,230	729	125	2	2											6,263	—
TET.	2	1	3	1	54	330	170	76	50	33	24	43	24	19	10	10	850	102
POLIO	1533	6,136	846	548	529	586	240	119	87	59	27	45	29	9	5	15	10,813	153
DIPH.																	—	—
DIPH.- TET.		9	7	3	6	2											27	—
DIPH.- PERTUS.																	—	—
TRIPLE	25	81	24	6													136	—
TET.					2	1											3	—
POLIO	25	102	29	10	8	4											178	—
DIPH.																	—	—
DIPH.- DIPH.- TET.							1	1	2								4	—
DIPH.- PERTUS.																	—	—
TRIPLE			2														2	—
TET.						3	2	5	3	7	10	4	17	27	16	10	104	17
POLIO			1	2	4	8	10	10	6	10	8	5	11	15	15	5	110	2
DIPH.																	—	—
DIPH.- TET.			1			5	1	3	1	1							12	—
DIPH.- PERTUS.																	—	—
TRIPLE		2															2	—
TET.						19	67	91	98	125	106	63	3	6	1	1	580	—
POLIO							2	1	1	1	1						6	—

DIPHtheria, PERTUSSIS, TETANUS, POLIOMYELITIS
NUMBER OF PERSONS WHO COMPLETED A PRIMARY COURSE DURING 1966 (CONT.)

Year of Birth	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	Children Total	
Council House	DIPH.																—	
	DIPH.-TET.					1	1										2	
	DIPH.-PERTUS.																—	
	TRIPLE	3	8	5													16	
	TET.					5	7	4	5	3	3				2		28	
	POLIO		2	3	1	5	6	3	7	3	2	1	2	3	2	1	3	44
Meat Market	TET.																—	
Offices, etc.	POLIO																—	
Hospitals	TET. POLIO																—	
General Practitioners	DIPH.		1	2		1	7	6	1							1	18	
	DIPH.-TET.	10	50	29	27	20	35	15	11	7	2	3	1	2	4	2	3	221
	DIPH.-PERTUS.	1	9	16	7	2	4	1	1									41
	TRIPLE	1,460	5,229	1,081	217	142	104	56	28	7	3	6	8	8	4	2	1	8,354
	TET.		14	29	41	58	93	129	128	160	139	128	175	153	173	146	106	1,673
	QUAD	12	150	39	26	17	2	2		1	1							250
	POLIO	1,009	4,856	1,137	393	291	293	137	68	56	39	33	41	46	47	35	33	8,511
Totals	DIPH.	1	3	11	2	3	15	15	6	5	1				1	1	6	
	DIPH.-TET.	105	953	397	173	288	389	199	102	62	34	23	11	10	6	3	3	2,750
	DIPH.-PERTUS.	1	11	23	7	2	4	1	1									50
	TRIPLE	2,663	9,540	1,846	353	144	106	56	28	7	3	6	8	8	4	2	1	14,771
	TET.	2	15	32	42	119	453	372	305	314	307	268	285	197	227	173	127	3,230
	QUAD	12	150	39	26	17	2	2		1	1							250
	POLIO	2,567	11,096	2,016	954	837	897	392	205	153	111	70	93	89	73	56	56	19,666
Grand Totals	5,351	21,768	4,364	1,557	1,410	1,866	1,037	647	542	457	367	397	304	310	235	188	40,807	
Under 1 year 5,351		1 - 4 years 29,099				5 - 15 years 6,350											Gr. Tot. 57	

DIPHtheria, PERTUSSIS, TETANUS, POLIOMYELITIS
NUMBER OF PERSONS WHO RECEIVED REINFORCING INJECTIONS
AND DOSES DURING 1966

of Birth																		Children Total	Adults Total
	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951			
es	DIPH.		1	12	23	48	33	31	29	23	14	26	18					258	—
	DIPH.- TET.		1	1	9	2,841	2,042	503	223	86	46	28	16	9	4			5,809	—
	DIPH.- PERTUS.																	—	—
	TRIPLE																	—	—
	TET.			2	4	22	1,135	679	185	132	79	42	31	35	23	13	13	2,395	140
	POLIO		2	4	11	2,846	1,787	419	217	76	54	58	90	45	17	6	2	5,634	27
ries	DIPH.																	—	—
	DIPH.- TET.				1	25	15											41	—
	DIPH.- PERTUS.																	—	—
	TRIPLE																	—	—
	TET.					1	3	1										5	—
	POLIO				1	30	16											47	—
tions	DIPH.																	—	—
	DIPH.- TET.					3	8	4	4	2	4	8						33	—
	DIPH.- PERTUS.																	—	—
	TRIPLE																	—	—
	TET.							1						2	5	4	3	15	—
	POLIO					2	4	4	1	3	3	3	1	5	5	3	2	36	—
s	DIPH.				2	1	3	32	1	1	2	2			1			45	—
	DIPH.- TET.		1	21	26	44	149	176	155	154	175	148	72	1				1,122	—
	DIPH.- PERTUS.																	—	—
	TRIPLE																	—	—
	TET.								1		3		1	1				6	—
	POLIO			4	1	4	79	116	131	138	140	108	37	3				761	5

DIPHtheria, PERTUSSIS, TETANUS, POLIOMYELITIS
 NUMBER OF PERSONS WHO RECEIVED REINFORCING INJECTIONS
 AND DOSES DURING 1966 (CONTINUED)

Year of Birth																	Children Total	As Tc	
	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951			
Council House	DIPH.																—		
	DIPH.- TET.								1	1	1	1					4		
	DIPH.- PERTUS.																—		
	TRIPLE																—		
	TET.							1	2	3	2	3	2	5	3		21		
	POLIO						4	2		1	1	1					2	11	
Meat Market	TET.															—			
Offices, etc.	POLIO															—			
Hospitals	TET, POLIO															—	—		
General Practitioners	DIPH.		3	7	9	42	166	74	29	16	8	5	8	6	3	3	379		
	DIPH.- TET.		16	53	26	384	878	291	82	28	19	18	12	7	7	3	7	1,831	
	DIPH.- PERTUS.		1		1	10	30	10	5	2						1	60		
	TRIPLE		126	262	68	466	920	210	73	36	25	13	10	7	4	2	3	2,225	
	TET.	1	7	27	37	47	100	166	131	108	127	122	153	127	136	103	80	1,472	2,7
	QUAD		1	18	5	15	34	18	4	3	1	1	1				1	102	
	POLIO		51	86	78	715	1,612	528	189	98	50	49	24	32	24	11	13	3,560	
Totals	DIPH.		4	19	32	92	200	108	90	40	23	33	28	6	4	3	682		
	DIPH.- TET.		18	75	62	3,297	3,092	974	465	271	245	203	100	17	11	3	7	8,840	
	DIPH.- PERTUS.		1		1	10	30	10	5	2						1	60		
	TRIPLE		126	262	68	466	920	210	73	36	25	13	10	7	4	2	3	2,225	
	TET.	1	7	29	41	70	1,238	848	319	243	211	167	187	170	167	120	96	3,914	2,
	QUAD		1	18	5	15	34	18	4	3	1	1	1				1	102	
	POLIO		53	94	91	3,597	3,502	1,069	538	316	248	219	152	85	46	20	19	10,049	
Grand Totals		1	210	497	300	7,547	9,016	3,237	1,494	911	753	636	478	285	232	150	125	25,872	3,
0 - 4 Years							5 - 15 Years							Grand Tot					
8,555							17,317							29,066					

LABORATORY SERVICES

(a) ANALYTICAL LABORATORY

Samples examined during the year totalled 8,302 and were made up as follows:-

Samples taken under the Food and Drugs Act, 1955:

Milks	...	...	...	...	...	...	...	...	1,790
Other Foods	...	...	...	...	...	...	...	...	2,298
Drugs	...	...	...	...	...	...	...	...	632
									4,720
Special Drugs (research section)	...	...	...	...	...	...	...	...	196
Miscellaneous samples	...	...	...	...	...	...	...	...	3,386
									8,302

During the period under review, the most important single event was the introduction of a National Pesticides in Food Survey sponsored by local authorities, including Birmingham, and the Association of Public Analysts. The necessary apparatus, a gas chromatograph, was purchased in May and testing began in August and will last two years. Special attention is being paid to the "persistent" organochlorine pesticides such as aldrin, dieldrin, D.D.T., B.H.C. and heptachlor. The first two of these pesticides have already been banned for general agricultural use.

Following an outbreak of illness among beer drinkers in Canada, the practice of adding traces of cobalt salts to lager and pale ale to prevent foaming came under suspicion. Analysis of thirty-five samples of various branded lagers and pale ales on sale in Birmingham was made, and cobalt to the extent of from 0.3 to 0.7 p.p.m. was found in five samples. The facts were reported to the Ministry of Health.

Food and Drugs Act, 1955

FOODS. Apart from a slight increase in milk adulteration, the number of incorrect foods reported during the year remained at a very satisfactory low level. Out of a total of 4,088 samples of food, 172 or 4.2 per cent. received adverse reports, but of these 124 were of genuine though sub-standard milk, i.e. the real rate of "adulteration" was only 1.2 per cent.

MILK. Because of the Milk Marketing Board's "Payment by Quality" Scheme necessitating periodic testing of farmers' milk by the Board, the number of samples of churn milk taken under the Act has been gradually reduced from a total of 2,783 in 1963 to 1,790 in 1966. The average composition of these samples was 3.69 per cent. fat and 8.64 per cent. solids-not-fat, making a total solids content of 12.33 per cent. Milk

from individual cows varies considerably in composition, breed of animal and the time of year being the chief factors responsible for the variation, but in dairy bulked milk these differences are eliminated. Presumptive minimum limits of quality are laid down 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 **until the contrary is proved**. Proof of genuineness is given by the freezing point test, if necessary combined with the taking of "Appeal to Cow" samples.

In 1965, for the first time for many years, no sample of milk contained extraneous water, but in 1966, 29 samples out of a total of 1,790 were so adulterated. Three farmers were involved. In the first case routine informal sampling of a four-churn consignment of a farmer's milk showed all four churns to contain amounts of extraneous water varying from at least 0.2 per cent. to 4.9 per cent. Formal sampling rapidly followed over three successive days and, on the second day, the farmer discovered a small defect in the cooling system. This was quickly put right, with the result that, on the third day of sampling, all samples were shown to be genuine. A cautionary letter was addressed to the farmer concerned by the Medical Officer of Health.

The second case was more serious in that out of a total of 30 informal and formal samples, 15 contained from 0.9 to 7.9 per cent. extraneous water. The case was taken to Court, was vigorously contested, but resulted in fines and costs totalling £23 15s. 0d.

The third case was very similar to the first in that only small quantities of water (0.4 to 0.9 per cent.) were discovered in five churns, the offence being traced to a fault in a new stainless steel pipe line milker. The farmer was cautioned.

A recent innovation in the collection of farmers' milk for transport to the dairies has been the introduction of refrigerated containers, at the farms, capable of holding a few days' supply of milk, and the collection of this milk by large tankers. Samples taken from one such tanker at a dairy gave the following results:-

	<i>Gallons present</i>	<i>S.N.F.%</i>	<i>F.P.D.°C.</i>
Front compartment of tanker ...	1,350	8.4	0.529
Rear Compartment of tanker ...	1,200	8.5	0.537

Bulk milk of this quantity should contain at least 8.5 per cent. S.N.F. (solids-not-fat) and have an F.P.D. (freezing point depression) of at least 0.540°C. Although the deficiencies of the two samples appear marginal, they could, because of the large volume of milk involved, represent quite a substantial quantity of extraneous water. The facts were reported to the Milk Marketing Board and, as a result, visits were paid to a number of producers. In particular, advice was given concerning some of the equipment used, especially pipeline milking systems, some of which had not been drained efficiently after cleaning.

Samples of milk sub-standard from natural causes numbered 124, of which 59 were deficient in fat, 58 in solids-not-fat and 7 in both fat and solids-not-fat. Except in borderline cases, the farmers concerned were notified by the Medical Officer of Health and usually advised to seek the help of their local Agricultural Advisory Officers.

OTHER INCORRECT FOODS. Only 19 specimens out of a total of 2,298 received adverse reports — a tribute to the comprehensive food legislation now in force and, of course, to food manufacturers.

Unless clearly stated to be used for flavouring purposes only, "blackcurrant syrup" should, in the opinion of the City Analyst, contain the B.P.C. minimum of 0.055 per cent. w/w vitamin C (20 mg. per fluid ounce). In two cases of imported syrup, the vitamin C was seriously deficient. In one instance, only 8.5 mg. vitamin C per fluid ounce was present and the sugar content was 20 per cent. less than that of the B.P.C. product. In the other instance only 6 mg. vitamin C per fluid ounce was present. In both cases the syrup had not been preserved with sulphur dioxide, and this would hasten the decomposition of vitamin C. There would be no objection to both these incorrect samples being described as "blackcurrant cordial" or "blackcurrant drink" or "blackcurrant juice with sugar".

A blackcurrant health drink stated to contain 80 mg per fluid ounce of vitamin C, was found to contain only 60 mg. per fluid ounce. The manufacturers undertook to increase the amount of vitamin C added to allow for the deterioration which inevitably occurs with this product. Another blackcurrant health drink of the "low calorie" variety and a vitamin food supplement were both judged to be incorrectly labelled. These matters were taken up with their respective manufacturers with satisfactory results.

Pork sausage should contain a minimum of 65 per cent. meat, of which not less than half (i.e. 32½ per cent.) should be lean meat. A sample examined contained only 59 per cent. meat of which only 24 per cent. was lean. A repeat sample, however, gave 69% meat of which 37% was lean. The manufacturers were advised to ensure that the quality was maintained at all times. Another specimen contained only 47 per cent. meat of which only 19 per cent. was lean. A repeat sample was genuine, and it would seem a distinct possibility that beef sausage had been sold in error in the first instance (the standard for beef sausage is a minimum of 50 per cent. meat).

Proposed standards for canned luncheon meat require a minimum of 80 per cent. meat and for meat loaf a minimum of 65 per cent. meat. A product described as "Luncheon Meat Loaf" containing 60 per cent. meat presented rather a problem which it was decided to resolve when official standards, now pending, come into operation.

A sample of cayenne pepper contained an excess of sandy or earthy matter, 3.75 per cent. being present whereas a reasonable maximum is

1.0 per cent. (U.S.A. standard is 1.25 per cent., but no standard exists in this country). Similarly a specimen of curry powder contained 1.8 per cent. sandy matter, found on investigation to be due to the turmeric present. Greater care was promised in the future by both suppliers.

A sample of canned prunes contained 300 parts per million of tin, whereas a reasonable maximum is 250 parts per million. It is well known that prunes cause internal corrosion of cans, and shop turnover of this commodity should therefore be fairly rapid. The prunes in question had been in stock for a year, which is too long a time unless the cans are lacquered internally, and unfortunately lacquering is said to spoil the flavour of this particular fruit.

A bottle of mango squash contained 460 parts per million of benzoic acid (57.5 per cent. of the allowed maximum of 800 parts per million) and also 250 parts per million of sulphur dioxide (71 per cent. of the allowed maximum of 350 parts per million). The combined preservative content was thus 128.5 per cent. of the maximum amount permitted — an excess of 28.5 per cent. and contrary to the Preservatives in Food Regulations, 9 62. It was discovered that the vendor of the squash, being dissatisfied with the supplier, had recently ceased to trade in the particular article. No further stock remained.

A specimen of "beef spread with butter" was found to contain a negligible amount (less than 0.5 per cent.) of butter fat whereas at least 6 per cent, should be present. Two repeat samples gave similar results. All stocks were removed from sale at all the firm's branches.

A can of imported melon and ginger jam contained only 61.4 per cent soluble solids ("sugar") and a minimum of 65 per cent is required. It was noticed that the complaint sample became mouldy within days of opening, so proving the necessity for the official standard. The importers were notified.

The Bread and Flour Regulations, 1963, require plain flour to contain between 235 and 390 milligrams of chalk per 100 grams flour whereas a sample examined contained only 170 milligrams. Chalk is a difficult material to mix homogeneously with flour, and about one sample in ten of plain flour is found to be inadequately fortified. The millers were informed.

The Labelling of Food (Amendment) Regulations, 1955, require margarine to be so labelled that it does not "bear any brand or descriptive name or pictorial device which refers to or is suggestive of butter or of anything connected with the dairy interest". A sample of margarine received bore a brand name judged clearly to contravene these Regulations. In extenuation it was argued by the manufacturers that the brand name applied to a wide range of other foodstuffs and was well known to the general public. Further, the labelling of the margarine in question was such that the word "margarine" was printed in letters of equal size to those of the brand name and there was little risk of misrepresentation. These arguments were accepted.

INCORRECT DRUGS. Those drugs taken informally under the Food and Drugs Act are representative of the ones obtainable without a doctor's prescription. Specimens in this category numbered 632, of which only eight were classed as unsatisfactory. Drugs requiring a doctor's prescription such as barbiturate sleeping tablets, antibiotics and hormones can be taken **formally** under the Food and Drugs Act, but this procedure has several drawbacks and, in Birmingham, testing of this important section of drugs has been carried out under a voluntary scheme organised with the full co-operation of local pharmacists — the Birmingham Drug Testing Scheme (see later).

A sample of compound juniper pills was found to have a deficiency (18 per cent.) of potassium nitrate and to have poor disintegration properties. Both faults were speedily remedied by the manufacturers and faulty material replaced by fresh stock which was tested and found to be greatly improved.

A specimen of tonic tablets was labelled with greatly exaggerated claims concerning, for instance, their value in neurasthenia and in the giving of stamina. Protracted correspondence ensued but, as a result, the firm is considerably modifying both the claims and the composition of the tablets.

A chest and lung linctus was not labelled with a list of ingredients, as required by the Pharmacy and Medicines Act, 1941. A formula slip had inadvertently been omitted from the label.

A bottle of spirit of sal volatile was labelled "B.P." instead of "B.P.C." and had seriously deteriorated. Only 0.04 per cent. free ammonia was present instead of between 1.12 and 1.25 per cent., and the ammonium carbonate content was 1.18 per cent. instead of between 2.76 and 3.24 per cent. A repeat sample was of similar composition. The remaining small stock of this article was removed from sale.

The morphine content of a proprietary cough mixture which was tested agreed with the amount (0.084 per cent.) calculated from the formula on the label. This amount, however, is more than four times the morphine content of Gee's Linctus and almost twice that of Paregoric. In the dosage recommended 13 mg. of morphine could unknowingly be consumed daily, and it was felt that this could constitute a danger to health. In reply to a query from the pharmacist concerned, it was suggested that the morphine content be reduced to one-tenth of the present level.

Parrish's Chemical Food should contain between 0.40 and 0.45 per cent. w/v iron, but a sample examined had deteriorated and contained only 0.31 per cent. Appropriate action was taken. It is relevant to note that this article has little sale nowadays.

An influenza mixture labelled as containing 1.25 per cent. sodium salicylate did in fact contain only 0.95 per cent.

Four years ago it was found that tiny metal particles were not infrequently found in eye ointments packed in small collapsible metal tubes, and in one case in 1964 a prosecution resulted in a fine of £10 being inflicted. Intensive research which followed in an attempt to find a suitable alternative to a metal container at last produced a plastic tube, and samples of eye ointment packed in tubes of this type were examined and shown to be completely free from particles of any description.

Local Drug Testing Scheme. The Research Section suffered a severe blow in August, 1966, with the sudden death of Mr. F. G. Stock, Research Chemist. It is, however, hoped to maintain the close links established and built up by Mr. Stock with local pharmacists and hospitals over the past few years. Samples of drugs tested during the year were as follows:—

Retail samples	132
Hospital samples	4
Research samples	60
	<hr/>
	196
	<hr/>

The retail samples obtained on a co-operative informal basis from local pharmacies included barbiturates, amphetamines and trinitrin preparations and, apart from a few minor faults such as the pitting of tablets, results showed that the good quality of drugs supplied to the City was being maintained. The research samples were specimens from a number of drug preparations liable to deterioration on storage, which had been kept in the laboratory for a number of years: they were assayed with a view to assessing the degree of decomposition likely to take place when shop-stored beyond their "recommended shelf life".

Miscellaneous Samples not taken under the Food and Drugs Act. These totalled 3,386 and were made up as follows:—

PUBLIC HEALTH DEPARTMENT	
Pasteurised (1,122) and sterilised (259) milks ...	1,381
Ice cream (272) and ice lollies (21)	293
Atmospheric pollution... ..	192
Waters	713
Samples submitted by Food Inspection Section ...	49
Miscellaneous	146
	<hr/>
	2,774
OTHER CORPORATION DEPARTMENTS AND COMMITTEES	
Waters	241
Miscellaneous	132
	<hr/>
	373
MISCELLANEOUS PRIVATE SAMPLES	239
	<hr/>
	3,386
	<hr/>

MILK, ICE CREAM AND ICE LOLLIES. The pasteurised and sterilised milks were examined for adequacy of heat-treatment: two samples of pasteurised milk from Sutton Coldfield failed the official test and were probably raw milk; a further experimental pasteurised milk also failed the test. Of the 272 samples of ice cream tested, only one failed to satisfy legal compositional requirements, being 10 per cent. deficient in both fat and skim milk solids. Ordinary non-dairy ice cream must also satisfy stringent labelling requirements. Five specimens received adverse reports, four for only minor offences but the fifth for a more serious one. In this latter case the description of the sample as "Super-Cream" was judged to be quite misleading and as a result of official complaints, the labelling was drastically revised. All twenty-one ice lollies were found to be free from metallic contamination.

WATERS. The Public Health and Water Departments combined in submitting a total of 954 samples of water and effluents, mostly from various parts of the distribution systems of both Birmingham Elan Valley Supply and the Whitacre Supply to certain Midland towns. Fluoridation of the Birmingham supply is now firmly established, and no difficulty was encountered in maintaining the silicofluoride dosage at the equivalent of 1.0 p.p.m. fluorine.

SAMPLES OTHER THAN WATER. Samples from the Food Inspection Section included dried prawns which had an odour of fish manure (!), a tin of fruit cocktail containing numerous "black bits" (found to be charred sugar), and a candy strawberry sweet with a bitter taste. The fault in the sweet was shown to be confined to the outer red coating, and was due to a very strong application of permitted red colour, Orange RN. No less than 0.14 g. pure solid colour was calculated to be present on the strawberry. A can of imported apricot puree was examined and the contents proved to be free from preservatives, added colour and metallic contamination. The labels, however, were printed in Italian and would not be understood by the average purchaser. Other foodstuffs received included dates, alleged to have caused sickness, and subsequently found to be contaminated bacteriologically; cake alleged to contain coal, but shown to contain lumps of charred sugar; and foreign lard with an objectionable "animal" odour.

MISCELLANEOUS. Eleven tinned steel frying pans were examined to discover whether the "tin" coating consisted of pure tin (as is desirable) or a mixture of tin and lead. Four of the eleven pans tested were found to be coated with a solder consisting of approximately 50 per cent. lead and 50 per cent. tin. There is no law in force which prohibits this practice, but

it is obviously undesirable in view of the possible ingestion of lead from food cooked in the pans. The matter was taken up with the manufacturers concerned by the Medical Officer of Health, and the firms undertook to use pure tin coatings in the future.

A baby's rattle submitted because of its unpleasant odour was found to be cracked and to contain inside some baby's dried vomit.

Some soft drinks packed in strip cellophane sachets for freezing into ice lollies had grown a mould and fermented to an alcoholic strength of 5·8 per cent. proof spirit — a strength equal to that of beer. The sealing process employed on the sachets was obviously ineffective. Various vitamin C products, such as concentrated orange juice, were tested for pH and the amount of monosaccharides, which are thought to be concerned in causing dental caries.

During 1966 a new investigation was undertaken — that of the detection of amphetamine and methylamphetamine in urine by ether extraction and subsequent gas chromatography. Thirty-five specimens of urine were tested, but a positive result was obtained in only one case.

OTHER CORPORATION DEPARTMENTS. Apart from the 241 waters received from the Water Department and already mentioned, a wide range of samples totalling 132 was received from the Central Purchasing Department and other departments of the Corporation. The greatest proportion of these consisted of soaps, detergents and paints submitted for contract purposes.

PRIVATE INDIVIDUALS AND INSTITUTIONS. Eighty-three cases of suspected foreign matter were received during the year. For the most part the adventitious matter consisted of the usual mould, insect infestation and fragments of metal, but a louse on some herring roes and pieces of white hard water scale in a tin of carrots were unusual. Quality complaints numbered 56 and in many cases, especially those of a sample of whisky containing 50 per cent. water and a cucumber with a bitter taste, were fully justified. In the latter case the fault was due to the reversion of species and formation of a bitter substance "cucumin".

Several foodstuffs (chiefly sausages and milk) were submitted by local hospitals for checking, and a number of special investigations undertaken for trades union organisations involved complex chemicals used in the various trades in the City.

NEW OR PROPOSED LEGISLATION. During 1966 revised regulations were issued for colouring matter, antioxidants and mineral hydrocarbons in food and for butter and salad cream. Of these, only the first two deserve special mention, changes in the other regulations being of a relatively

minor nature. As regards food colours, six coal tar dyes have been removed from the permitted list, the most important and controversial being Blue VRS (the only blue colour in the list and one widely used for mixing with tartrazine and other yellow colours to give a green such as is used in canned peas). The new Antioxidant Regulations prohibit antioxidants in infants' foods, permit a new antioxidant, ethoxyquin, to be used on the skin of apples and pears to prevent "scald", but rather surprisingly, in view of previous adverse comment, retain B.H.T. as a general antioxidant. The first regulations ever controlling the composition and labelling of cheese were issued early in 1966, but were officially amended just before the operative date of 1st February, 1967. The new regulations are both complex and comprehensive, and govern most types of English and foreign cheeses and their processed counterparts.

Proposals for revised regulations for fish and meat pastes and other spreadable products were published, two points of interest being the requirement for 6 per cent. butter fat in those products labelled "with butter", and an increase in the standard for meat paste, from 55 to 70 per cent. meat, to bring it up to the retained standard of 70 per cent. for fish paste. Two important food groups, those of solvents and flavours, hitherto subjected to little control, received attention. Following a Food Standards Committee Report in February, proposals for regulations for solvents were issued in November and included a list of permitted solvents. It is difficult to see the reason for the inclusion of the rarely used mono, di and tri acetins in the list of nine solvents.

Other Food Standards Committee Reports issued during 1966 included those for cyclamates, flavouring agents, and one on claims and misleading descriptions. Cyclamates received a clean bill of health for the sweetening of foods generally. Flavouring agents pose a massive problem because of the hundred of synthetic chemicals used in making up various synthetic flavours. First considerations had suggested a prohibited list as desirable, but later a permitted list of flavours was recommended. This list is being compiled but will take some considerable time.

The report on claims and misleading descriptions dealt with many difficult labelling topics and, in a world in which so much under-nourishment and actual starvation exist, it is ironic to see the topic of overweight and obesity treated as a current problem in this country. The manufacture of slimming foods (the description is really a contradiction in terms) is an expanding industry, and control of the labelling of such products is essential to prevent the public from being misled. Moderate proposals to this end are made and it is recommended that these should be reviewed in five years' time.

(b) PUBLIC HEALTH LABORATORY

SPECIMENS EXAMINED FOR THE CITY OF BIRMINGHAM
FROM JANUARY 1ST TO DECEMBER 31ST, 1966

Type of specimen	Totals
Throat swabs	596
Swabs, various	449
Sputa for tubercle bacilli	75
Faeces for pathogenic organisms	2,649
Bloods for agglutination	138
Urines for pathogenic organisms	572
Milks for Hygienic assay	1,243
Milks for tubercle bacilli	36
Milks for brucellosis	41
Ice creams for hygienic assay	765
Synthetic creams for hygienic assay	241
Creams for hygienic assay	359
Waters for hygienic assay	1,720
Foodstuffs for pathogenic organisms	66
Shellfish for hygienic assay	84
Milk churns and containers for hygienic assay	74
Specimens for virus culture	8
Miscellaneous specimens	30
	9,146

VENEREAL DISEASES EXAMINATIONS FOR BIRMINGHAM
FOR THE YEAR ENDING 31ST DECEMBER, 1966

Specimens	Examinations
Bloods 38,425	For Wassermann Test ... 34,479
	„ Gono. Fixation Test ... 940
	„ Kahn Test ... 24,286
	„ Laughlen Test ... 136
	„ Reiter Protein C.F. Test 562
	„ Paul Bunnell Test ... 6
C.S. Fluid 550	For Wassermann Test ... 550
	„ Cell count ... 184
Films 13,081	For Gonorrhoea ... 13,081
Cultures 13,395	„ Gonorrhoea ... 13,395
	„ Sensitivity ... 118
TOTAL ... 65,451	TOTAL ... 87,737

Blood specimens for Wassermann Reactions, examined during the Year ending 31st December, 1966, from Birmingham antenatal centres and maternity hospitals.

	Number of Specimens	'Diagnostic' Reactors
From Antenatal centres	5,509	7
„ maternity hospitals	7,826	49

TUBERCULOSIS

Notifications

The downward trend of new notifications was broken in 1966 as there were 692 new notifications during the year compared with 673 in 1965. Both these figures are lower than for any preceding year. The notification rate rose fractionally from 0·61 to 0·63 per thousand. The increase in notifications occurred entirely in the respiratory form of disease, the non-respiratory forms remaining virtually unchanged. There were no very striking changes in respect of other features, but the more detailed changes are discussed below.

TUBERCULOSIS IN IMMIGRANTS

The overall picture with regard to tuberculosis in immigrants remained unchanged with 39 per cent. of all notifications being of persons born outside the British Isles and 10 per cent. born in Ireland, (Table 8). However, within the notifications of immigrants, there have been some changes of pattern not fully recorded in Tables 8 and 9. The tendency noted last year for the number of notifications of women of immigrant origin to increase has been continued and there has been a further increase in the number of notifications of young immigrants of school age or less. The notifications of women from Pakistan increased from 18 to 27 and of children from Pakistan from 7 to 20. The number of notifications of women born in India was unchanged, but the number of notifications of children born in India increased from 14 to 26.

These changes probably only reflect the changing pattern of immigration with far fewer adult male immigrants entering the country, but an increasing number of dependants, that is women and children. This lends some support to the belief that a large part of the tuberculosis in these immigrants is detected relatively soon after arrival, and that tuberculosis is present amongst them at the time of their arrival.

The number of notifications amongst individuals born in the West Indies fell from 26 to 13 and there does not seem to be any persisting problem amongst this group.

Table 9 continues for 1966 the table started in 1965 indicating the place of birth of parents of children notified as suffering from tuberculosis, as well as indicating how many of these children were born in the United Kingdom. All 21 of the children of Irish parentage who were notified in the year were born in the United Kingdom, and 11 out of 12 of those born to parents of British Caribbean origin were also born in the United

Kingdom. This is in contrast to the groups from India and Pakistan, where only 5 were born in this country out of a total of 47 notified. This tendency has been noted above as indicating the fact that an increasing number of dependants are entering the country, with a consequent rise in the number of notifications in these sub-groups.

RESPIRATORY TUBERCULOSIS

The increase in notifications occurred wholly in this form of the disease, the total rising from 563 to 586; the increase is shown in both men and women. The main increases amongst males were in ages 0-4 and 10-19 years, probably reflecting the changes in immigration pattern noted above. From age 20-64 years, the changes were comparatively minor and some decreases occurred, but at age of 65 years and over the number of notifications of males rose from 28 to 44. Amongst females, the increases occurred mainly at ages 5-9 years and 20-24 years, again presumably reflecting the changes in immigration pattern.

NON-RESPIRATORY TUBERCULOSIS

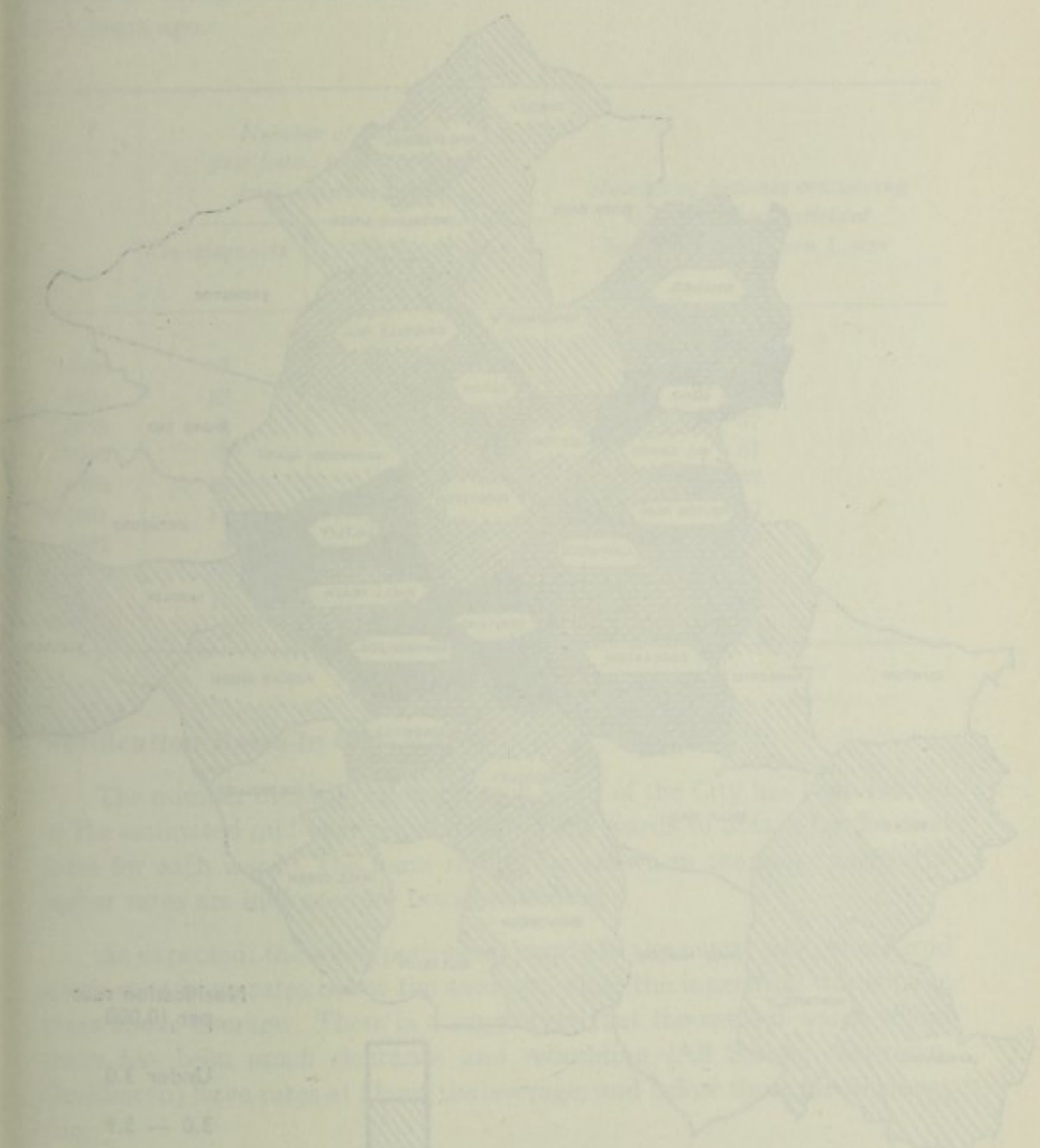
The position here was virtually unchanged with 106 notifications instead of 110 in 1965. The age and sex distribution of the persons notified was essentially similar to that of the previous year and there was no striking change in the various forms of the disease notified, tabulated in Table 6. It is satisfactory to note that there were only 2 instances of the more serious forms, that is disseminated and meningitis, compared with 5 in the previous year.

BACTERIAL DRUG RESISTANCE

The laboratory tests on which these results depend are available only after an interval of some months, and accordingly the information in the table below is complete only to the end of 1965.

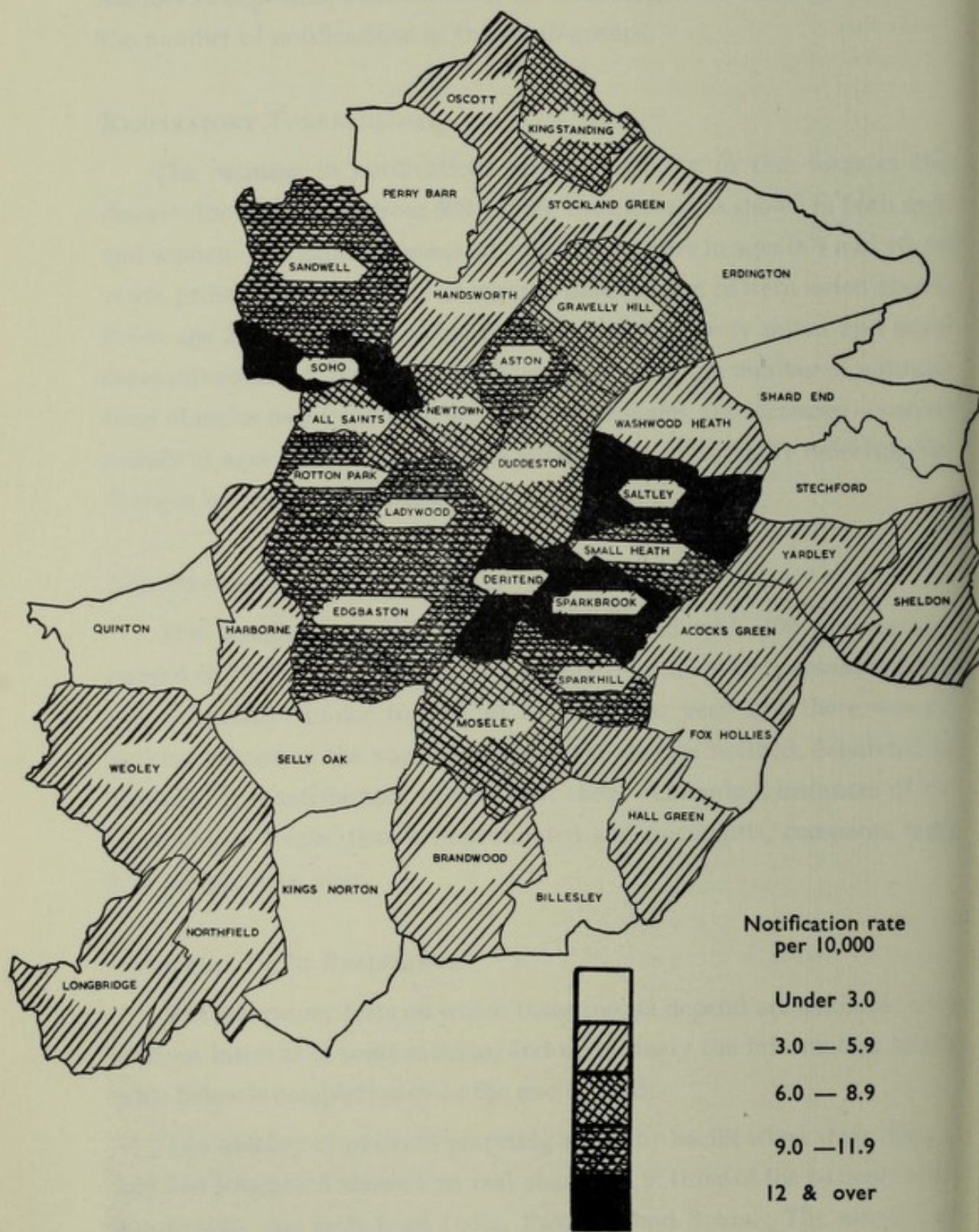
The number of patients excreting resistant bacilli when their disease was first diagnosed showed no real change at 9: three of the patients were immigrants, one each from India, Pakistan and Spain. The number of patients found to be excreting resistant bacilli during or after treatment for tuberculosis also showed no real change at 16.

TUBERCULOSIS NOTIFICATION RATES BY WARD - 1934



Under 10
10 - 20
20 - 30
30 - 40
40 - 50
50 - 60
60 - 70
70 - 80
80 - 90
90 - 100

TUBERCULOSIS NOTIFICATION RATES IN WARDS — 1966



Notification rate per 10,000

Under 3.0

3.0 — 5.9

6.0 — 8.9

9.0 — 11.9

12 & over

There was a slight but not important increase in the number of patients continuing to excrete drug resistant bacilli for more than one year — 34, compared with 31. This represents a serious reservoir of chronic infection, and it is to be hoped that the downward trend will be resumed, though the present situation is more satisfactory than that of 6–8 years ago.

	<i>Number of patients first found to be excreting drug-resistant bacilli</i>		<i>Number of patients continuing to excrete drug-resistant bacilli for more than 1 year</i>
	<i>On diagnosis</i>	<i>During or after treatment</i>	
1956	7	90	—
1957	13	101	46
1958	8	39	67
1959	7	19	61
1960	10	18	67
1961	12	29	47
1962	9	15	45
1963	6	16	41
1964	11	19	31
1965	9	16	34

Notification Rates in City Wards

The number of notifications in each ward of the City has been related to the estimated mid-year populations of the wards to obtain notification rates for each ward. The main results are shown in the map, where the higher rates are indicated by heavier shading.

As expected, the more peripheral wards to the north, east, south and south-west have rates below the average, while the inner ring wards have rates above average. There is a suggestion that the central wards where there has been much clearance and rebuilding (All Saints, Newtown, Duddeston) have rates at about the average, and below those for the inner ring.

There is a close association between the notification rates of the wards and the proportion of notifications of immigrants in them. In general, where the notification rate is substantially above average (9.0 per 10,000 or over), more than half the notifications were of immigrants. Even if the notifications of immigrants are omitted, the general pattern is not greatly altered: the highest rates still occur in the inner ring, but the differences from the outer wards are less marked.

Mortality

The number of deaths attributed to tuberculosis in 1966 was virtually unchanged at 49 in place of 50 in 1965. Both these totals are substantially less than the figures for all previous years and very much less than those of ten or more years ago. The tuberculosis death rate was 0.04 per thousand.

RESPIRATORY TUBERCULOSIS

The reduction of 1 in the total number of deaths occurred for this form of disease, the number of deaths being 45. There were again no deaths under the age of 15 years and the only death in the age-group 15-24 years was of a Pakistani immigrant: this was a girl who died from advanced tuberculosis in 1966 at the age of 17 years, having entered the country in 1963; she was not notified as having tuberculosis until after her death.

As usual, the majority of the deaths were in the older age-group of men and in fact in 1966 the largest group of deaths occurred in those aged 65 and over, with a substantial fall in the number of deaths at age 45-64 years.

NON-RESPIRATORY TUBERCULOSIS

There were again 4 deaths from non-respiratory forms of the disease, but no deaths under the age of 25 years. 2 were from meningitis in the age-group 25-44 years and the other 2 were in people aged 65 years or more. The only death of a person aged less than 30 years was that of a male Pakistani immigrant from tuberculous meningitis: he entered the country in 1963 and again there was no notification until after death.

DEATHS OF PERSONS NOT NOTIFIED BEFORE DEATH

There was some improvement in the situation, in that there were only 28 instead of 38 instances in which tuberculosis was mentioned on the death certificate, although no notification had been received. For the majority of these (24), no formal notification was received even after death. In 18 of the 28, tuberculosis was not the main cause of death, leaving a hard core of 10 instances of deaths attributed to tuberculosis for whom no notification of tuberculosis was received.

Tuberculosis Health Visitors

The number of tuberculosis health visitors remained at seven during 1966 and the general pattern of their work was unchanged. The trial of general duty visitors carrying out the tuberculosis health visiting, started in one small area in 1964, was continued and has proved practicable and useful in indicating the minor problems involved in making this change.

During the year, 619 first visits were made to patients' homes, and arrangements made concerning the examination of 3,400 contacts: both these figures show an increase on the previous year, related to the increase in notifications. A total of 14,319 follow-up visits were made, an appreciable fall on the previous year's figure as the period of routine follow-up by health visitors has been reduced. However, the number of visits to the homes of children giving a positive tuberculin test at age 13 years increased to 2,122, and the visits now include tuberculin testing of the other children in the household, with x-ray examination only for those giving a positive reaction. A further 1,021 visits were made to immigrant households in connection with tuberculin positive new arrivals and the B.C.G. vaccination of babies born into Asian households.

The number of contacts x-rayed at the Chest Clinic fell to 1,483 and the number x-rayed at the Chest Radiology Centre was also reduced slightly at 1,879. A further 494 individuals from the households of tuberculin positive school children were x-rayed at the Chest Radiology Centre.

Material help was arranged for patients in the following ways: the number of grants of free milk was virtually unchanged, and the other three items all show substantial reductions.

Issues of beds, bedding and nursing materials	...	...	...	16
Food grants (free milk)	...	...	...	664
Grants of clothing, etc. (Tippett's Bequest)	...	...	...	19
Disinfections	...	...	...	5

Rehousing

As in previous years, assistance in rehousing was given to patients notified as suffering from tuberculosis both by the allocation of additional points on health grounds, and from the special quota of homes for tuberculous patients. The tendency shown in recent years for the number rehoused under the points scheme to increase, while the special quota cases decreased, was continued. 352 applications for help in rehousing were considered, 246 being given additional points and 57 being recommended for rehousing from the quota. 134 were rehoused under the points scheme and 32 under the quota scheme, a total of 166 which is an increase on the figure for the previous year.

Rehabilitation

The fall in the number needing special help with return to work continued during 1966. Only 11 were actually interviewed by the Disablement Resettlement Officer, but a further 81 were helped with written reports on their capacity for work. The number at the Remploy factory fell from 44 to 37, with no new admissions. The special annexe for tuberculous patients was closed towards the end of the year.

Nine patients completed courses at the Industrial Rehabilitation Unit, and two were still attending at the end of the year.

TABLE 1

TUBERCULOSIS—ALL FORMS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1966

	<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	888	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
1962	757	0.68	80	0.07
1963	725	0.65	84	0.08
1964	742	0.67	65	0.06
1965	673	0.61	50	0.05
1966	692	0.63	49	0.04

TABLE 2

RESPIRATORY TUBERCULOSIS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1966

	<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
1962	671	0.60	74	0.07
1963	625	0.56	75	0.07
1964	633	0.57	61	0.06
1965	563	0.51	46	0.04
1966	586	0.53	45	0.04

TABLE 3

NON-RESPIRATORY TUBERCULOSIS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1966

	<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
1962	86	0.08	6	0.01
1963	100	0.09	9	0.00
1964	109	0.10	4	0.00
1965	110	0.10	4	0.00
1966	106	0.10	4	0.00

TABLE 4

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS BY SEX
AND AGE GROUP

<i>Age Group Years</i>	<i>Males</i>					<i>Females</i>				
	<i>1953/55 (Mean)</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1964/66 (Mean)</i>	<i>1953/55 (Mean)</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1964/66 (Mean)</i>
0—4	39	31	15	24	23	32	25	24	25	25
5—9	34	21	11	11	14	36	18	10	18	15
10—14	29	14	5	18	12	29	11	7	8	9
15—19	64	9	16	27	17	75	8	12	7	9
20—24	64	54	35	34	41	73	20	19	27	22
25—34	114	92	95	81	89	112	26	34	21	27
35—44	101	74	60	48	61	53	24	31	29	28
45—54	112	72	76	76	75	30	15	12	17	15
55—64	92	56	56	50	54	23	16	11	7	11
65+	34	38	28	44	37	14	11	6	14	10
All Ages	683	461	397	413	423	477	174	166	173	171

TABLE 5

NOTIFICATIONS OF NON-RESPIRATORY TUBERCULOSIS
BY SEX AND AGE GROUP

Age Group Years	Males					Females				
	1953/55 (Mean)	1964	1965	1966	1964/66 (Mean)	1953/55 (Mean)	1964	1965	1966	1964/66 (Mean)
0-4	5	2	2	5	3	8	0	1	3	1
5-9	12	5	1	0	2	7	3	2	2	2
10-14	5	2	3	1	2	7	3	0	1	1
15-19	6	2	4	4	3	10	5	2	5	4
20-24	9	7	8	7	7	11	4	7	6	6
25-34	14	26	23	22	24	15	8	12	10	10
35-44	3	12	13	11	12	6	6	10	10	9
45-54	5	6	9	5	7	4	3	4	3	3
55-64	2	3	2	3	3	2	1	4	1	2
65+	2	4	1	2	2	2	7	2	5	5
All Ages	63	69	66	60	65	72	40	44	46	43

TABLE 6

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

Disseminated	...	...	...	...	...	...	...	...	...	1
Meningitis	...	...	...	...	...	...	...	...	...	1
Bones, joints and spine	...	...	...	...	...	...	...	...	...	15
Abdomen	...	...	...	...	...	...	...	...	...	8
Glands	...	...	...	...	...	...	...	...	...	55
Other sites	...	...	...	...	...	...	...	...	...	26
TOTAL	...	...	...	...	...	...	...	...	...	106

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	1
25-44	...	...	...	...	...	5	2
45-64	...	...	...	...	...	12	2
65+	...	...	...	...	...	17	6
ALL AGES	...	...	...	...	...	34	11

TABLE 8

PLACE OF BIRTH OF INDIVIDUALS NOTIFIED AS SUFFERING FROM TUBERCULOSIS IN BIRMINGHAM

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
<i>British Isles</i>											
England ...	886	660	706	546	550	513	455	411	394	316	332
Scotland ...	19	12	9	7	13	12	14	12	9	10	9
Wales	20	18	16	17	13	9	10	22	12	9	11
Ireland ...	132	129	153	90	124	97	91	81	83	73	67
<i>Rest of Europe...</i>	13	12	13	7	9	8	9	6	8	8	5
<i>Asia</i>											
India ...	26	29	31	22	21	17	26	39	56	73	91
Pakistan ...	19	33	60	59	91	90	109	111	132	137	141
Others ...	6	12	16	10	1	12	6	14	13	12	6
	(All Aden)										
<i>Africa</i> ...	4	4	4	1	2	4	3	5	4	4	7
<i>America</i>											
West Indies	9	12	12	14	27	25	20	11	15	26	13
Others ...	1	2	3	0	1	0	0	1	1	0	2
<i>Not Known</i> ...	1	51	16	20	18	22	14	12	15	5	8
TOTALS ...	1,136	973	1,039	793	870	809	757	725	742	673	692

TABLE 9

NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS)
IN CHILDREN IN BIRMINGHAM 1966

<i>Place of birth of parents</i>	<i>Age group of children notified (years)</i>				<i>No. of children born in U.K.</i>
	<i>0-4</i>	<i>5-9</i>	<i>10-14</i>	<i>0-14</i>	
U.K. ...	20	9	7	36	36
Ireland ...	12	8	1	21	21
Pakistan ...	6	4	11	21	1
India ...	9	9	8	26	4
British Caribbean ...	10	1	1	12	11
	57	31	28	116	
No. of children born in U.K. ...	45	20	8	—	73

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22 - National Health Service Act, 1946)

DAY NURSERIES

On the 31st December, 1966 there were 955 places in twenty day nurseries and on the same date there were 935 children on the register, which number tended to be less than in other years. This is partly due to increasing unemployment and, in respect of two nurseries, to extensive demolition of properties in their catchment areas. However, in the inner ring of the City the waiting lists have increased. Their accuracy is to be doubted as so many mothers enter the child's name on the waiting list when a place is not available and, when offered immediate work, make arrangements as a rule with a registered or an unregistered minder to look after the child. Many leave the area without notifying the nursery that a place is no longer required. Generally, the size of the waiting lists point to the amount of need. Again, as in preceding year, the number of non-priorities on the registers has fallen and at the end of the year all the non-priority children were those of teachers, nurses and doctors. It is readily seen that the admission of children in the latter category means that a class in a school may be staffed, a hospital may have a nurse in a key position they so badly need or that the local authority may have the services of a health visitor, midwife or district nurse.

Outbreaks of infectious illness, especially whooping cough, measles and enteritis were common. However, with a higher percentage of priority children on the register, the average daily attendance tends to fall. This is understandable because illness, temporary unemployment or some slight mishap to the mother which keeps her at home means that her child does not attend on that day.

Handicapped Children

There is now at least one severely handicapped child in each nursery, some have two and a few have three. As well as the grossly handicapped child, many nurseries have accepted children with a minor handicap who nevertheless need some extra attention. Case histories of these children are usually interesting. One three year old spastic child when admitted could not sit up unaided and clinically appeared to have lost the use of his left leg. Within six weeks he was sitting unsupported, four months later was walking and using his left leg moderately well. His speech is still poor but becoming slightly more intelligible to staff and his playmates. He finds great pleasure in music, clapping his hands in rhythm. At another nursery a child aged two, who appeared to be retarded and unresponsive, lay in his cot on admission dummy-like and without expression. After the first week he began to sit up and look around but made no attempt to

move his legs other than occasionally. He is now, after two months, attempting to walk and can feed himself. His speech is slow but improving. Before admission this child lay in a cot unregarded and unstimulated. Twin spastic children aged two and a half years admitted to yet another day nursery had little speech and could not walk. A baby walker has worked wonders, and they both mix with others and engage now in creative and communal play. The weaker twin, who was regarded as mentally sub-normal, is in fact brighter than his brother who was judged to be mentally normal.

It is a pity that these facilities of mixing the handicapped with the normal at an early age cannot be extended to a much greater degree.

Nurseries and Child Minders Regulation Act, 1948.

In its present form this Act is difficult to enforce. When the Bill was being formulated it is probably that it was not envisaged that the housing shortage would be so acute or that there would be such a flow of immigrants to cities where employment is readily obtainable.

One difficulty not previously referred to is when a person found minding children claims that they are her relatives. One immigrant in fact, in such circumstances, claimed that all the eleven children she was looking after were her grandchildren. To say the least this was indeed doubtful. It would require an amount of time and detection far beyond the resources of the Department to prove her story untrue, yet the onus on the Health Authority is to do exactly this.

Despite the increase in female unemployment, there is still an amount of casual, irregular, sessional work so that there is an increase in those registered and indeed one can surmise an increase in the unregistered. However, most social workers and those who enter houses for various purposes, are alert to the problem so that many cases are referred for investigation. In 1966, 2,031 visits were paid either as routine supervisory or investigatory or as a follow up to those who had received a warning letter to cease unregistered minding.

One cheering factor has been the continuing increase in numbers of playgroups founded by committees of mothers. There are now 41 registered with 811 places. As many of these meet on two or more sessions per week and different sets of children attend, some thousands are deriving benefit from pre-school activities. Other facts worthy of record are that some playgroups now accept a handicapped child and a Pre-School Playgroup Association branch is about to be formed in the City.

One registration of a daily minder was cancelled because her own child was taken into care. It is fair to state that she was in no respect guilty of maltreatment, neglect or lack of care or love for the children she looked after.

A matter of concern to those interested in child health is that some few children are now found to be showing some of the symptoms of autism without being autistic. In fact one consultant refers to them in a special class as being "pseudo autistic". Pre-school children who are locked in all day or who are minded in circumstances where they have no opportunity to play or communicate do not develop normally. They lack communication and are listless and apathetic. Two such children were admitted to the day nurseries this year. They had not developed a vocabulary nor could they play, but within a matter of months had developed both a vocabulary and play ability. Unfortunately, it was not possible to find out the details of their environmental circumstances before admission.

REGISTERED MINDERS AND PRIVATE NURSERIES

	<i>Persons</i>		<i>Premises</i>	
	<i>Number Registered</i>	<i>Places</i>	<i>Number Registered</i>	<i>Places</i>
As at 1.1.66	248	1,246	43	982
New applications ...	91	453	21	407
Applications for registration of additional places	2	2	—	—
Resignations	55	272	—	—
Registrations cancelled	1	5	—	—
As at 31.12.66	283	1,424	64	1,389

Included in the number of premises registered are 41 play groups with 811 places

CITY DAY NURSERIES

(1) NUMBER OF CHILDREN ON DAY NURSERY REGISTERS

	<i>0— year</i>	<i>1— year</i>	<i>2—5 years</i>	<i>Total</i>	<i>Average daily attendance s</i>
1st January, 1966	133	243	557	933	722·8
31st December, 1966	138	241	556	935	710·9

(2) ANALYSIS OF CHILDREN ON REGISTERS

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

Unmarried mothers	443
Widows	30
Women separated from husbands	233
Husbands in prison	9
Husbands sick or disabled	8
Mothers' long term illness	39
Mothers' short term illness	12
Mothers' confinement	1
Mothers' death	7
Mothers' desertion	19
	801
	801

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

National Service, deaf or blind parents, financial difficulties, etc.	23	
Housing	23	
Problem families	2	
Handicapped children or children failing to progress normally	16	
	64	64
GROUP 3. Non-priority cases	64	64
Out-of-City cases	6	6
	70	935
	70	935

NUMBER OF CHILDREN ON WAITING LISTS

	0— <i>year</i>	1— <i>year</i>	2—5 <i>years</i>	<i>Total</i>
1st January, 1966				
Priority	118	134	159	411
Non-priority	127	189	254	570
31st December, 1966				
Priority	111	124	274	509
Non-priority	84	184	244	512

CARE OF THE UNMARRIED MOTHER

The total number of illegitimate babies born in the City to residents was 2,228, a very slight decrease on 1965. The proportion of illegitimate live births per 1,000 was 106·11 as compared with 103·6 in 1965. The higher proportion recorded was accounted for by the lower birth rate (19·04). The trends since 1959 are given by the following table:—

<i>Year</i>	(1) <i>Proportion of live illegitimate births per 1,000 live births</i>	(2) <i>Death rate of illegitimate infants</i>	(3) <i>Mothers interviewed at Public Health Department</i>	
			<i>Mothers with one illegitimate baby</i>	<i>Mothers with more than one illegitimate baby</i>
1959	67·80	42·52	540	266
1960	76·77	30·11	664	386
1961	89·23	28·02	762	598
1962	102·30	31·65	856	731
1963	104·08	35·71	764	597
1964	105·33	29·26	666	623
1965	103·59	30·04	606	655
1966	106·11	27·38	842	308

During 1966 there were 1,227 applicants seeking advice as compared with 1,362 in 1965 and 1,410 in 1964. Of these 842 were having their first baby, 308 had one or more illegitimate children and 77 were married women. There were 46 girls under the age of consent and 82 were aged sixteen.

The number of west Indian girls who applied for help during 1966 was 202, compared with 404 in 1965, 338 in 1964 and 598 in 1963. This number is decreasing steadily. Of these girls none were pregnant on arrival in this country — again a very marked decrease from 1962 when there were 29.

For a time now there has been evidence that parental attitudes have changed towards unmarried daughters as a result of society's more moderate views. Furthermore, it is being recognised that it is unfair to penalise children who are completely blameless for their parents' action. The stigma, however, is still there and although in the last twenty years some efforts have been made legally to abolish this stigma, yet the law appears not to have kept pace with the changing attitudes of society. Each year there are about 65,000 such illegitimate children born and at a very conservative estimate there must be about 2,000,000 persons alive born outside marriage. Some have never had relatives and have had no right to inherited property; some have better conditions if their parents marry and for others adoption has removed the stigma. Indeed, the growing number of adoptions has discredited the term illegitimate as a legal concept. The Russell Commission (1966) made some recommendations which would help greatly in relieving much unhappiness and adverse circumstances for those who endure conditions for which they are in no way accountable. At the least the whole matter is a grim legal paradox.

There are still many mothers who are completely rejected by their families and deserted by the putative father. After delivery the mother is faced with the heart-breaking and unnatural decision as to whether adoption is the best solution. This is a most valuable measure and may offer the best solution but it should never have to be made if there is no other provision for keeping the mother and child together. The unmarried mother who is received by her family may cope very well but the girl who keeps the baby, remaining unsupported by her family, may give up the unequal struggle and may ask for an adoption against her natural wishes. This can be a two-fold tragedy for the mother as she will miss her baby as a mother would and then have guilt feelings through her life, and a tragedy for the child when the growing mother-child relationship is broken. In this particular context suitable accommodation is the greatest problem. Unmarried mothers with their babies move from room to room, each time they move it is often to a poorer room and a poorer part of the City. Some try for residential posts but this proves unsatisfactory

and the posts are few. The provision should be hostel accommodation with self-contained flatlets. It is gratifying to report that one such hostel has been opened during the year by the Birmingham Diocesan Council. It is hoped that a further two will be in operation in the not too distant future.

Many unmarried mothers are brave and eager enough to raise their children given the chance, but the problems are formidable. They require a degree of courage and pertinacity that the average person has little knowledge of and who, if asked to endure, would fail in the attempt, perhaps miserably.

Since 1959 the following number of girls aged 16 and under came to the Department for help:-

1959	...	...	...	...	66	1963	...	...	...	...	123
1960	...	...	...	...	39	1964	...	...	...	...	138
1961	...	...	...	...	110	1965	...	...	...	...	106
1962	...	...	...	...	120	1966	...	...	...	...	128

Beechcroft Mother and Baby Home

This Mother and Baby Home is the responsibility of the Health Committee. During 1966, 84 mothers and 76 babies were admitted, 86 mothers and 80 babies discharged. The general health of mothers and babies was exceptionally good. Only one mother was admitted to hospital - with blood pressure. Six mothers were discharged prior to their confinement, and a further two absconded without their babies. There were 31 babies adopted, 20 went to foster homes, 27 went home with their mothers and a further two went to residential nurseries.

Denominational Homes

Our grateful thanks are again expressed to the committees, proprietors, matrons and nursing staff of these homes, without whose valuable help our work would be immeasurably more difficult. In all, 152 unmarried mothers were referred to and accepted by these homes.

MATERNITY AND CHILD WELFARE CENTRES

General Practitioner facilities at Welfare Centres

A number of general practitioners now use welfare centres as their main or branch practice premises; at Carnegie Welfare Centre, there are two practices, one single handed, the other a partnership of two; at Holyhead Road a partnership of two and at Lansdowne Street a further partnership of two. The Health Committee took over two general practice houses at Hillmeads Road and Holloway both on municipal estates, and incorporated

the nearby welfare centre into each. Varying degrees of reconstruction of the premises or the welfare centres were needed depending on the circumstances. A further four practices will be accommodated at two welfare centres from the first of January, 1967, three at Northfield Welfare Centre and the other at Tower Hill. At Northfield the eight doctors in the three practices will share four surgeries, some as the main practice premises, others as a branch surgery. Two doctors in a partnership will use Tower Hill as their sole premises. Furthermore, it is hoped to purchase a house in the same terrace at the combined welfare centre and school clinic at Monument Road and convert it to general practitioner use to house three practices. In all, by late Spring 1967, 50,000 to 60,000 citizens will attend at nine such combined premises for general practitioner facilities. This figure does not include those attending at health centres.

On 31st December, 1966, there were 55 welfare centres, including Nechells Green Health Centre. Due to boundary changes Cofton Clinic in Worcestershire was included within the City's boundaries. The clinic at Fourlands Road was closed and a combined welfare centre and general practitioners' surgery opened at No. 65 Holloway on 2nd September to serve the area. The clinic at Westcote Avenue was closed on 28th November and the activities were absorbed into the combined general practitioner premises with welfare centre at St. Helier's Road. Subsidiary clinics were held weekly at Elmwood Congregational Church Hall, Handsworth Wood, and St. Augustine's Church Hall, Edgbaston, and fortnightly at Culmington Hall tenants' room, Longbridge, and Deelands Road tenants' hall, Rubery.

At all the welfare centres the number of sessions, including antenatal clinics, at which a medical officer was available for consultation, totalled 5,302 compared with 5,574 in 1965. There were 1,487 health visitors' advisory clinics as compared with 1,268 in 1965. During the year a total of 298 children living outside the City attended local authority clinics and 180 attended the general practitioners' clinics held at welfare centres. One hundred and fifty-seven individual mothers living outside the City attended the general practitioners' antenatal clinics in welfare centres.

There were 61 parents' evening meetings held at welfare centres and 1,760 attendances were made – an average of 29 per meeting.

Infant welfare centres continued to be used by the Regional Hospital Board, by Corporation departments and voluntary organisations. The Family Planning Association expanded their activities and held a total of 514 sessions at clinics at Balsall Health, Carnegie, Farm Road, Handsworth, Ladywood Middleway, Selly Oak, Small Heath, Trinity Road, Treaford Lane and Yardley Wood Centres. The times of these clinics

varied between morning, afternoon and evening to suit the needs of the area and those in the central areas of the city were particularly busy.

The consultant psychiatrist from Hollymoor Hospital held 43 out-patient clinics at Greet centre at which he saw 254 patients with the health visitor in attendance. The clinic clerk arranged the appointments and case discussions were held with the psychiatrist, mental welfare officers and health visitors.

Day Centres for old people were run by the staff of the Birmingham Council for Old People, twice weekly at Stirchley and weekly at Acocks Green and Kingstanding centres.

The Women's Royal Voluntary Service ran two weekly Darby and Joan Clubs at Farm Road and Treaford Lane centres and continued their weekly family clubs at Carnegie, Highfield Lane, Kings Heath, Maypole and Yardley Wood clinics.

The Birmingham Association for the Sheltered Employment of the Elderly used accommodation daily at Small Heath and Bromford clinics.

The Birmingham Society for Mentally Handicapped Children held weekly sessions for groups of handicapped children at Yardley Wood and Erdington centres. The health visitors at Oscott School Lane and Farm Road held weekly training sessions for similar groups of children. All the groups have had the services of a physiotherapist and advice from the Assistant Medical Officer of Health. One of the greatest difficulties experienced was the problem of transporting severely afflicted children to the clinic and thanks are due to our voluntary helpers who have tried to assist us with this problem.

The Welfare Department used Erdington Centre weekly for sessions of occupational therapy for handicapped persons and Lancaster Street clinic continued to be used as an examination centre for blind persons.

The Probation Service ran a weekly evening report centre at Wentworth Road and Acocks Green clinics. The Education Department speech therapist held 88 sessions at Lea Hall welfare centre. The child care officers from the Children's Department continued weekly family advice centres at Balsall Heath, Carnegie, Nechells Green Health Centre and Northfield centre.

As an extension of maternity and child welfare work, pre-school play groups were held at Mapledene, Wentworth Road, Handsworth, Highfield Lane, Maypole, Tower Hill, Hollybank, Hillmeads Road, Carnegie, East Meadway, Kings Heath, Dreghorn Road and Yardley Wood welfare centres. The health visitors organised the mothers in the area on a rota system. Some were fortunate to have former nursery teachers or nursery nurses and other mothers attended lectures arranged by this Department

and spent one day in the local nursery school to obtain ideas on how to run the group efficiently and economically.

Regular committee meetings were held and it was found that the centre play groups were most beneficial to flat dwellers, shy children, children with speech defects and those with anti-social behaviour. Play consisted of group work such as happy families, shopping, singing and team games. There were creative facilities for cake and pastry making, painting, scrap book pasting plus the usual dolls, books, cars and other toys. Sand and water play and climbing frame facilities were provided outside whenever possible. These groups provided a meeting point and stimulus for many young mothers needing companionship and an exchange of ideas from people of their own age. A marked improvement in behaviour and speech was observed in many children, particularly in the handicapped children who were included whenever possible.

Physical activity classes for the elderly were held weekly at Carnegie, Greet, Quinton Lane, Kingstanding, Weoley Castle, Nechells Green Health Centre, Erdington and Kettlehouse centre. The average attendance per class ranged from 10 - 40 and the ages varied from 65 - 88 years. Although the classes were intended for both sexes it was found that only ladies attended. The usual programme was 1400 hrs. to 14.45 hrs. - Exercises; 14.45 hrs. to 1500 hrs. - cup of tea; 1500 hrs. to 15.30 hrs. - old time dancing or skittles; 15.30 hrs. to 1600 hrs. - health talk by a health visitor. A number of elderly ladies reported a decrease in chilblains and an increase in the mobility of their knee joints which made walking easier. Many referrals were made by general practitioners who found this a valuable service to the elderly. The physiotherapists visited the classes in turn in order to introduce new exercises and dances.

Nechells Green Health Centre

This centre, which was opened in April 1960, continued to be staffed by eight general practitioners in six practices, one full-time and one part-time district nurse, six health visitors, one geriatric team under the supervision of a senior health visitor, one district home help organiser and dental staff.

At the local authority clinics 1,049 individual children made 3,894 attendances at consultation sessions, and five expectant mothers made 20 attendances at antenatal clinics to which general practitioners referred 551 expectant mothers for blood tests. The midwives held 96 antenatal clinics at which 171 mothers made 954 attendances. Four general practitioners held a weekly antenatal clinic by appointment at which there were 1,159 attendances and 129 postnatal examinations were carried out. The psychiatric consultant from Chelmsley Hospital visited the health centre monthly in order to examine mentally subnormal children.

A total of 544 visitors were taken round the health centre. This visit was of particular value to the fifth year medical students who were interested to see this concept of community care.

(6) **ORTHOPTIC SCREENING:**

Two orthoptists were employed part-time for a total of four sessions weekly. This enabled every welfare centre to receive a minimum of two sessions during the year for a wide screening programme of children who attended normal clinic sessions. Additional visits were paid to day nurseries whenever possible.

Work at Local Authority Clinics

(1) **ANTENATAL CLINICS:**

The number of expectant mothers who attended clinics staffed by our medical officers was 315 compared with 339 in 1965. The vast majority of these were also receiving periodic supervision by maternity hospitals, but their private doctors do not undertake midwifery practice. At these clinics the number of blood samples taken from general practitioners' antenatal patients was 5,022 compared with 4,473 in 1965.

(2) **RELAXATION CLASSES:**

Classes were held at 44 centres. Three part-time physiotherapists were employed for this purpose but the majority of the classes were taken by midwives and health visitors. One thousand eight hundred and forty-two mothers made 8,900 attendances at these classes.

(3) **POSTNATAL EXAMINATIONS:**

Primary postnatal examinations totalled 79 and 16 re-examinations were made.

(4) **APPOINTMENT CLINICS:**

Special appointment clinics for the medical examination of children over the age of one year continued to be held in conjunction with antenatal clinics.

(5) **SPECIAL CONSULTATION CLINICS AT CARNEGIE CENTRE:**

Dr. B. S. B. Wood, Consultant Paediatrician, resumed his fortnightly clinics on 2nd May. He saw 66 children during 13 sessions. These children were referred by clinic medical officers all over the City for specialist advice and early treatment. Some of the referrals included cases of autism, hypoglycaemia, idiopathic epilepsy, diastematomyelia, rickets and coeliac disease.

The adoption clinic continued for two sessions weekly at which 321 children were examined and 184 referred to Dudley Road Hospital for x-ray. Here also the local health visitor reported on the Mantoux reaction of the children following the test injection given at the adoption clinic.

(7) SEWING CLASSES:

Sewing classes were held weekly at 40 centres and 11,760 attendances were made by mothers who were appreciative of the tuition they received and of the play sessions organised for any children who accompanied them.

(8) HEALTH TALKS:

The number of mothers who were present at health talks given during clinic sessions was 7,234 in addition to the 8,493 attendances made at mothercraft sessions after relaxation classes. The health visitors at Carnegie centre were particularly successful in running a weekly education class for Asian immigrant mothers in conjunction with the Welfare Officer from the Indian High Commissioner's office. A total of 1,754 attendances was made by parents at special evening meetings at which films were shown. Health visitors were responsible for 16,837 individual interviews at their centres outside normal clinic sessions.

(9) CHIROPODY TREATMENT:

Expectant mothers made 131 attendances and children made 47 attendances during 34 treatment sessions provided by two part-time chiropodists.

(10) SCREENING TESTS FOR DEAFNESS:

Health visitors carried out a total of 10,655 hearing tests on young children during 1966 as compared with 10,538 during 1965. Particular attention was paid to children on the observation register and home visits were made to carry out the test when the child was not brought to the clinic.

(11) VOLUNTARY ASSISTANCE AT WELFARE CENTRES:

Valuable assistance has been given to a number of welfare centres by these able ladies and the staff expressed appreciation of their work

Audiology Clinic and Hearing Tests

During 1966 there were 192 children referred for further investigation after their initial screening by health visitors. In all 10,655 hearing tests were carried out by health visitors, mostly on children on the observation register. The waiting list for the Audiology Clinic has been maintained at two months.

The testing of young children may be a slow and painstaking process and requires several sessions in doubtful cases. Despite many explanations parents show reluctance to take their children for follow up and training.

There is a limit to the provision of transport. Twelve more health visitors were trained by Professor Ian Taylor of Manchester during the year. This trained group has been used to advantage to visit homes when parents were unable to attend or reluctant to travel to the clinic at Canterbury House.

Thanks are due to Dr. G. B. Simon, Consultant Psychiatrist at Lea Castle Hospital, who has given the staff enthusiasm and inspiration and who has helped in the differential diagnosis of children with handicaps. As well our thanks are due, as always, to Mr. Crabtree, Consultant, to Miss Hall and staff at Canterbury House for their co-operation.

STATISTICS

Audiology Clinic

Children on the register on 1st January, 1966	...	...	...	88
Children on the register on 31st December, 1966	...	...	...	129

Comprising -

Children from 1965 under supervision or training	...	...	46
Children from 1966 under supervision or training	...	...	83
New children seen for testing during 1966	...	...	192

1966 disposal (192).

Discharged hearing normal	11
Taken for training	36
Children under supervision or training at year end	...	...	...	83
Children referred to School Health Service	...	...	...	34
Children referred to Children's Hospital	...	...	...	16
Children referred as mentally subnormal	...	...	...	10
Children referred to other specialists	...	...	...	1
Died	1

1965 disposal (88).

Discharged	...	...	...	...	42
Still under training or supervision	...	...	...	...	46

Child Welfare Clinics

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

<i>Year</i>	0-12 months	1 year	2 years	3 years	4 years
1964 ...	64.3	53.2	27.3	18.1	13.2
1965 ...	64.4	53.0	26.7	17.5	12.7
1966 ...	65.0	56.4	2.62	16.8	12.3

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

<i>Children who made:</i>	0—12 months			1 year			2—5 years		
	1964	1965	1966	1964	1965	1966	1964	1965	1966
1—5 attendances	64·9	68·1	68·0	71·7	71·6	73·1	96·4	96·7	96·6
6 or more attendances	35·1	31·9	32·0	28·3	28·4	26·9	3·6	3·3	3·4

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

Number of Clinics held:

(1) With doctor attending	...	...	...	...	...	2,930
(2) Without doctor attending	...	...	...	...	...	1,487
New children attending	...	...	...	...	...	13,714
Total attendances	...	...	...	...	...	105,273
Average attendance per clinic	...	...	...	...	...	23·8
Total examined by doctor	...	...	...	...	...	35,401
Average seen by doctor per consultation clinic	...	...	...	...	...	12·1

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

Number of combined clinics	...	...	...	...	...	2,348
New children attending	...	...	...	...	...	4,400
Total attendances	...	...	...	...	...	35,774
Average attendance per clinic	...	...	...	...	...	15·2
Total number seen by doctor	...	...	...	...	...	20,289
Average seen by doctor per combined clinic	...	...	...	...	...	8·6

(In addition the average number of expectant mothers examined at these clinics was 0·6 and the number of blood specimens obtained from general practitioners' cases was 5,022, an average of 2 per clinic).

(5) INFANT WELFARE CLINICS WITH GENERAL PRACTITIONERS

(a) *At Welfare Centres:*

(i) Individual children attending general practitioners' clinics only:

Under 1 year	530	} 1,541
1 year	...	...	513
2—5 years	...	...	498

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	351	66.2	367	71.5	465	56.5
6 or more attendances	179	33.8	146	28.5	358	43.5
TOTALS ...	530	100.0	513	100.0	823	100.0

(ii) Individual children attending both general practitioners' clinics and local authority clinics:

under 1 year	321	} 839
1 year	...	...	340
2-5 years	...	...	178

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	233	72.6	214	62.9	150	84.3
6 or more attendances ...	88	27.4	126	37.1	28	15.7
Totals	321	100.0	340	100.0	178	100.0

Total attendances:

Under 1 year	6,118	} 9,080
1 year	...	...	1,629
2 - 5 years	...	...	1,158
over 5 years	...	...	175

Examined by general practitioners	...	...	...	5,759
Seen by health visitors only	...	...	...	3,321
Attendances for immunisation	...	...	...	6,519
Attendances at health talks given by health visitors	...	...	...	5,991

(b) *At General Practitioners' Surgeries :*

Total attendances:

under 1 year	4,423	} 6,030
1 year	804	
2—5 years	742	
over 5 years	61	
Examined by general practitioners	3,285	
Seen by health visitors only	2,745	
Attendances for immunisation	7,722	
Attendances at health talks given by health visitors	3,025	

(6) 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	4
b. Partially sighted	27
c. Totally deaf	7
d. Partially hearing	20
e. Educationally subnormal (mentally backward)	141
f. Epileptic	26
g. Maladjusted (emotional instability or psychological disturbance)	6
h. Physically handicapped	79
Spastic condition	21
i. Defective speech (not due to deafness)	33
j. Delicate	158
(diabetes 4; tuberculosis 46; haemophilia 1; asthma 32; bronchiectasis 2; congenital heart disease 29; coeliac disease 3; other disorders 41).	
k. No. of children with a combination of defects (included above)	54

(7) INCIDENCE OF ASTHMA

<i>Year of Birth</i>	<i>No. of children reported during 1966</i>
1961	7
1962	12
1963	6
1964	6
1965	1
TOTAL	32

SUMMARY OF ATTENDANCES AT WELFARE CENTRES

<i>Clinic Attendances</i>	1965	1966	<i>Increase</i>	<i>Decrease</i>
TOTAL INDIVIDUAL CHILDREN WHO ATTENDED CENTRE:-				
Percentage of visited children 0-12 months	64.4%	65.0%	0.6%	
who attended centres				
1 year	53.0%	56.4%	3.4%	
2 years	26.7%	26.2%		0.5%
3 years	17.5%	16.8%		0.7%
4 years	12.7%	12.3%		0.4%
FREQUENCY OF ATTENDANCE IN AGE GROUPS:-				
(a) 1-5 attendances 0-12 months	68.1%	68.0%		0.1%
1 year	71.6%	73.1%	1.5%	
2-5 years	96.7%	96.6%		0.1%
(b) 6 or more attendances 0-12 months	31.9%	32.0%	0.1%	
1 year	28.4%	26.9%		1.5%
2-5 years	3.3%	3.4%	0.1%	
Children's consultation clinics				
Number held 1. With doctor	3,166	2,930	—	236
2. Without doctor	1,268	1,487	219	—
New children attending	14,216	13,714	—	502
Total attendances	108,258	105,273	—	2,985
Average attendance per clinic	24.4	23.8	—	0.6
Total examined by doctors	39,536	35,401	—	4,135
Average seen by doctor per clinic	12.5	12.1	—	0.4
Children referred elsewhere	1,093	910	—	183
Antenatal and children's combined clinics				
Number held	2,340	2,348	8	—
New children attending	3,713	4,400	687	—
Total attendances	33,495	35,774	2,279	—
Average attendance per clinic	14.3	15.2	0.9	—
Total number seen by doctors	21,784	20,289	—	1,495
Average seen by doctor per clinic	9.3	8.6	—	0.7
Children referred elsewhere	463	379	—	84
Infant welfare clinics with general practitioners				
Individual children attending 0-12 months	408	530	122	—
1 year	361	513	152	—
2-5 years	327	498	171	—
Total attendances	10,311	9,080	—	1,231
Examined by general practitioners	6,613	5,759	—	854
Seen by health visitor only	3,605	3,321	—	284
Attendances for immunisation	5,757	6,519	762	—
Attendances at health talks given by health visitors	4,736	5,991	1,255	—
Attendances for remedial exercises				
Individual children attending	102	73	—	29
Total attendances	1,464	725	—	739
Hearing Tests	10,538	10,655	117	—
Antenatal and postnatal clinics				
(a) Local Authority:-				
1. No of separate clinics with medical officers present	68	24	—	44
New expectant mothers attending	16	4	—	12
Total attendances	107	20	—	87
2. Combined with children-				
New expectant mothers registered	317	311	—	6
Total attendances	1,974	1,517	—	457
Total individual mothers attending both types of clinics	333	315	—	18

SUMMARY OF ATTENDANCES AT WELFARE CENTRES (CONT.)

<i>Clinic Attendances</i>	1965	1966	<i>Increase</i>	<i>Decrease</i>
3. Antenatal clinics with midwives only	830	852	22	—
New expectant mothers	2,277	2,528	251	—
Total attendances	7,401	7,856	455	—
4. Primary postnatal examinations ...	122	79	—	43
Total postnatal examinations ...	156	95	—	61
5. Mothers attending for blood test only	4,473	5,022	549	—
<i>(b) General practitioner clinics at welfare centres:-</i>				
<i> Antenatal</i>				
Total examinations of mothers ...	13,720	16,372	2,652	—
New mothers registered	2,479	2,884	405	—
Rhesus tests	1,537	} 1,497	—	178
Wasserman reaction tests	76			
Haemoglobin tests	62			
<i> Postnatal</i>				
Primary postnatal examinations ...	1,102	1,226	124	—
Re-examinations	127	83	—	44
<i>Relaxation classes</i>				
Individual mothers attending	1,944	1,842	—	102
Sessions held (relaxation only)	1,495	1,584	89	—
Sessions held (combined with rem. ex.) ...	250	185	—	65
Total attendances	9,627	8,900	—	727
Attendances at associated mothercraft classes	9,579	8,493	—	1,086
<i>Chiropody clinics for antenatal cases</i>				
Total sessions held	75	34	—	41
Total attendances	341	178	—	163
Average number patients called per session ...	8	8	—	—
Average number attendances per session ...	4	5	1	—

Care of the Unmarried Mother

(1) <i>Arrangements for new cases in 1966</i>	<i>First cases</i>	<i>Multiple cases</i>	<i>Married women</i>
<i>Accommodated in Mother and Baby Homes</i>			
Beechcroft	78	3	3
Francis Way	30	—	—
Woodville	39	—	—
Lyncroft House	38	—	—
The Grange	43	—	—
Sunnyside	2	—	—
<i>Accommodated elsewhere</i>			
Homes out of City	—	—	—
Own home entirely	23	—	—
Own home except for confinement	278	173	74
Left City before confinement	39	—	—
TOTAL	570	176	77

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

Antenatal cases:	<i>No. of cases</i>
In homes awaiting delivery	21 } primipara
	388 } multipara
 Postnatal cases:	
Miscarriages	2
Babies stillborn	4
Babies died	12
Babies adopted	140
Babies with foster mothers	38
Babies in residential nurseries	9
Mothers at home with their babies	481
Mothers married	60
Mothers living with putative fathers	60
Mothers and babies having left the City	11
Not pregnant	—
No trace	—
Mother died (not associated with pregnancy)	1
	1,227
	1,227

(3) *Work of Administrative and Social Worker Staff*

Home visits paid re unmarried mothers	770
Mothers visited in hospital	7
Office interviews — applications	1,227
Office interviews — other than applications	537
Office interviews re V.D.	—
	2,541
	2,541

(4) *Age grouping of applicants*

12 year olds	1	18 years old	145
13 years old	5	19 years old	158
14 years old	12	20 – 25 years old	441
15 years old	28	26 – 30 years old	135
16 years old	82	31 – 35 years old	64
17 years old	118	36 years old and over	38
		TOTAL	1,227
			1,227

(5) *Multiparae (excluding married women)*

1st child died (including stillbirth and miscarriage)	11
1st child in residential nursery	5
1st child in care of relatives	50
1st child fostered	4
1st child with mother	108
1st child adopted by relatives	2
1st child adopted	35
	TOTAL
	215

Of these 215 cases, 27 are living with the putative fathers and 10 are married to the putative fathers.

One hundred and twenty-three were para two, 38 para three, 14 para 4, 18 para five and 22 were para six and over.

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

Separated from husband	...	...	...	...	...	...	...	...	52
Divorced	...	...	...	...	...	...	...	...	19
Widowed	...	...	...	...	...	...	...	...	2
Living with husband	...	...	...	...	...	...	...	...	4
									Total	77

Of these :

Baby died	...	...	...	...	...	...	...	...	—
Mother at home with baby	...	...	...	...	...	...	...	...	57
Baby adopted	...	...	...	...	...	...	...	...	4
Baby fostered	...	...	...	...	...	...	...	...	1
Mother antenatal	...	...	...	...	...	...	...	...	14
Mother left the City	...	...	...	...	...	...	...	...	1
									Total	77

(7) *Nationality*

(a) *Mothers*

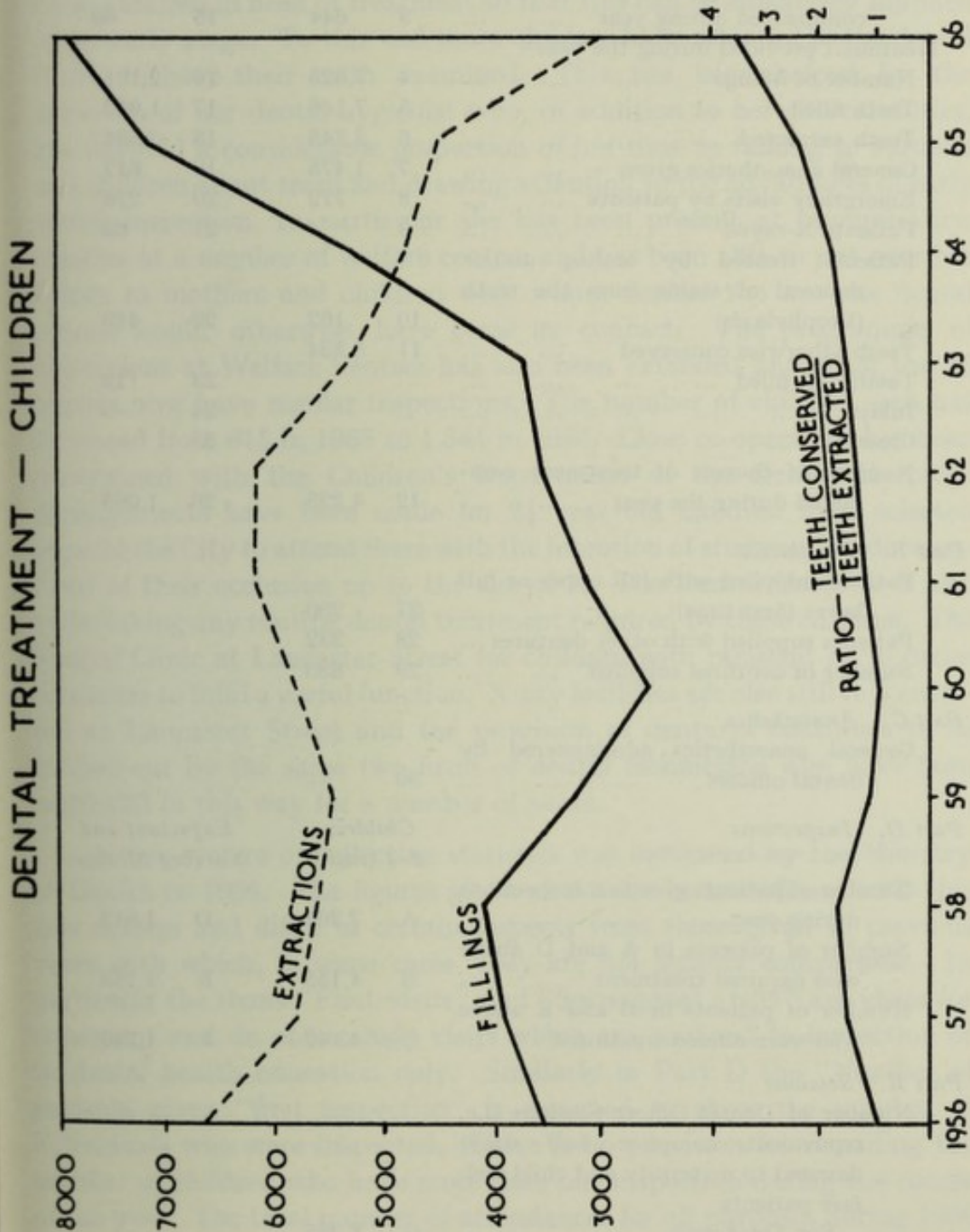
British	...	...	...	...	...	...	...	...	813
Irish	...	...	...	...	...	...	...	...	197
West Indian	...	...	...	...	...	...	...	...	202
European	...	...	...	...	...	...	...	...	15
									TOTAL	1,227

(b) *Putative fathers*

English	...	...	...	...	...	...	...	...	636
West Indian	...	...	...	...	...	...	...	...	245
Irish	...	...	...	...	...	...	...	...	237
Asiatic Indian	...	...	...	...	...	...	...	...	38
Arabian	...	...	...	...	...	...	...	...	17
Mediterranean countries	...	...	...	...	...	...	...	...	17
African	...	...	...	...	...	...	...	...	6
European	...	...	...	...	...	...	...	...	15
Other Nationalities	...	...	...	...	...	...	...	...	15
Far Eastern	...	...	...	...	...	...	...	...	1
									TOTAL	1,227

DENTAL TREATMENT

During 1966 the trends which were becoming apparent during the previous years continued steadily. The treatment provided for mothers showed a further decline. In the case of fillings this was very slight and attendances for treatment were also not far below the 1965 level. There was, however, a substantial decline in the number of teeth extracted and in the number of dentures supplied. This would appear to be in line with experience in other fields of dentistry.



Statistics

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

	<i>Children</i> 0-4 (incl.)		<i>Expectant and</i> <i>Nursing Mothers</i>	
<i>Part A. Attendances and Treatment</i>				
Number of visits for treatment during year				
First visit	1	4,270	13	1,591
Subsequent visits	2	5,711	14	3,121
Total visits		9,981		4,712
Number of additional courses of treatment other than the first course commenced during year				
	3	644	15	69
Treatment provided during the year-				
Number of fillings	4	7,828	16	2,101
Teeth filled	5	7,146	17	1,992
Teeth extracted	6	3,745	18	3,594
General anaesthetics given	7	1,475	19	617
Emergency visits by patients	8	772	20	278
Patients X-rayed	9	4	21	62
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	10	102	22	419
Teeth otherwise conserved	11	5,534		
Teeth root-filled			23	12
Inlays			24	—
Crowns			25	—
Number of courses of treatment completed during the year	12	4,225	26	1,095
<i>Part B. Prosthetics</i>				
Patients supplied with full upper or full lower (first time)	27	200		
Patients supplied with other dentures	28	332		
Number of dentures supplied	29	886		
<i>Part C. Anaesthetics</i>				
General anaesthetics administered by dental officers	30	—		
<i>Part D. Inspections</i>				
	<i>Children</i> 0-4 (incl.)		<i>Expectant and</i> <i>Nursing Mothers</i>	
Number of patients give first inspections during year	A	7,261	D	1,812
Number of patients in A and D above who required treatment	B	4,155	E	1,758
Number of patients in B and E above who were offered treatment	C	4,149	F	1,740
<i>Part E. Sessions</i>				
Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients:				
For Treatment	G	2,385		
For Health Education	H	14		

As far as treatment of pre-school children is concerned it has been possible to show an increase of approximately 10 per cent. in the number of fillings inserted. As in the case of mothers, extractions show a marked decline and, taken with the increase in teeth conserved by fillings or by other means, the ratio of teeth conserved to those extracted has improved to the figure of 3·4 : 1. Whether this is due to the early effects of fluoridation of the water supply or to the long standing efforts in dental health education or to a combination of both it is yet too early to say.

One of the duties of a Local Authority Dental Service is to identify those children in need of treatment so that this can be effectively supplied at an early stage. To this end more children have attended at the dental clinics to have their teeth examined. This has been helped by the activities of our dental hygienist who, in addition to her clinical duties, has devoted a considerable proportion of her time to talking to mothers and children about teeth and drawing attention to the advantages of early dental inspection. In particular she has been present at immunisation sessions at a number of welfare centres and has been able to put over her points to mothers and children with whom neither she nor the dental service would otherwise have come in contact. The programme of inspections at Welfare Centres has also been extended and 35 of the 55 centres now have regular inspections. The number of children seen has increased from 615 in 1965 to 1,344 in 1966. Close co-operation has been maintained with the Children's Department of the Dental Hospital. Arrangements have been made for 2½ year old children from selected areas of the City to attend there with the intention of studying the development of their occlusion up to the age of 7. The Dental Hospital is also undertaking any routine dental treatment required by these children. The Special Clinic at Lancaster Street for children with rampant early caries continues to fulfil a useful function. X-ray facilities are also still concentrated at Lancaster Street and the provision of dentures continues to be carried out by the same two firms of dental technicians who have been employed in this way for a number of years.

A new system of collecting statistics was instituted by the Ministry of Health in 1966. The figures given above are in accordance with this new system and differ in certain respects from those given in previous years with which, in some cases, they are not strictly comparable. In particular the items "First visits" and "Subsequent visits" are visits for treatment and do not include visits which are confined to inspection or to dental health education only. Similarly in Part D the "Number of patients given "first inspection" is designed to show the number of individuals who were inspected. There is no provision for recording the number of children who have more than one inspection during the course of the year. The total number of attendances for all purposes during 1966 in the case of children was 17,446 and in the case of mothers 7,192. The

number of sessions per week held at various clinics at the end of the year was as follows:-

<i>Dental Clinic</i>	<i>End of 1965 Total</i>	<i>End of 1966</i>			
		<i>Dental Officer</i>	<i>Dental Auxiliary</i>	<i>Dental Hygienist</i>	<i>Total</i>
Lancaster Street ...	17	9	3	3	15
Carnegie ...	16	11	6	2	19
Treaford Lane ...	18	10	4	—	14
Northfield ...	6	6½	—	—	6½
Kingstanding ...	2	3	—	—	3
Quinton Lane ...	2	2	—	—	2
Farm Road ...	14	9	4	2	15
Nechells Green ...	6	3½	1	—	4½
TOTAL SESSIONS PER WEEK ...	81	54	18	7	79

The number given represents the number in a normal week and these of course are subject to variation from time to time due to change of circumstances. The School Dental Service ceased using the dental clinic at Nechells Green during the year.

Professional Staff

Three part-time dental officers resigned during 1966 and one new part-time dental officer was appointed. There were also other alterations in the number of sessions worked by individual dental officers and the end result was a net increase of three sessions per week. One of our dental auxiliaries resigned at the end of November and it has not yet been possible to replace her. She was, in fact, working half-time with the Maternity and Child Welfare Dental Service and half-time in the School Dental Service.

Accommodation

It has proved possible in 1966 to complete the provision of a new dental surgery at Carnegie and to equip it to modern standards. Although small, this surgery has been designed as something of a breakaway from the traditional layout and should provide all the normal requirements of a dental surgeon within easy reach when seated at his operating position. This second surgery also enables full use to be made of a dental auxiliary at Carnegie without difficulty.

Dental Health Education

It is extremely difficult to separate dental health education from dental treatment since a great deal, perhaps the most effective part, is carried out by means of chair-side talks by dental surgeons or dental auxiliaries or the dental hygienist to patients in the dental clinics. This has been, of course, continued as have also displays in the waiting rooms of the dental clinics. Reference to activities outside the dental clinics is included in the section on health education.

DOMICILIARY MIDWIFERY

(Section 23 – National Health Service Act, 1946)

There were 21,019 live births and 370 stillbirths to residents of Birmingham in 1966. Of these 403 live births and eight stillbirths occurred outside the City. There were 3,443 out-of-City mothers confined at City hospitals – 3,265 in 1965.

The total number of confinements has fallen this year for the second year in succession, but the decrease was not as great as anticipated. The babies whose births produced the post-war bulge are now themselves of reproducing age. Hence the birth rate remains high.

The succeeding text and statistical tables refer to confinements of Birmingham mothers unless otherwise stated.

During the year, 14,929 women were delivered at city hospitals and Marston Green Maternity hospital compared with 15,017 in 1965, a marginal decrease and accounted for by the fact that wards at these maternity units were closed for a period while undergoing alterations. However, as the total number of confinements had decreased, the percentage of hospital deliveries increased and probably would have reached a figure of 75 per cent. were it not for this happening. During the past two years the emergency list for admission had dwindled to a negligible figure but, again as a result of the closure of the wards, the number placed on the list rose to 138. Domiciliary confinements noticeably decreased to 5,584 and have been gradually falling from the peak year of 1962 when 8,168 were delivered. In comparison, the number of early discharges reached a record total of 12,937 so that the domiciliary midwives looked after, either at delivery or after early discharge, 90 per cent. of the total confinements. The out-of-City cases delivered at city hospitals showed an increase over the years but with the falling number of births this number assumes a correspondingly even greater proportion of the total.

The table on page 2 with the histogram shows the general trend in the disposal of maternity cases in the City.

Perinatal Mortality Rate 1966 – 29.38

The perinatal mortality rate had been dropping only very slowly over the past four years despite the increased hospital delivery rate and full antenatal facilities at doctors, surgeries or at clinics held by general practitioners at welfare centres. Contributory causes of perinatal mortality would appear to be social, economic, ethnic and environmental. Although housing conditions are improving, this cannot be said of all areas of the City. Probably the main factors that have decelerated the rate of fall are the number of mothers from other countries with their high birth rate, with some living in squalid conditions, and the increase in numbers of the "new poor".

	(1) <i>Total No. of confinements at city hospitals, Marston Green and at home</i>	(2) <i>Total No. of confinements at city hospitals and Marston Green</i>	(3) <i>Total No. of domiciliary confinements</i>	(4) <i>Total No. of early discharges needing attention of midwife</i>	(5) <i>Hospital confinements as percentage of total</i>	(6) <i>(3) and (4) as percentage of (1)</i>
1959	19,237	12,429	6,808	4,424	64.6	58
1960	20,674	13,118	7,556	6,691	63.4	69
1961	21,432	13,493	7,939	7,089	62.95	70
1962	22,107	13,939	8,168	9,585	63.1	80
1963	21,850	14,195	7,655	11,115	65.0	86
1964	22,188	15,006	7,082	11,992	68.1	86
1965	21,156	15,017	6,139	12,624	71.0	89
1966	20,619	14,929	5,590	12,937	72.4	90

The principal dangers to foetal life in labour are asphyxia and birth injury. These hazards can be reduced by hospital delivery where the patient is under supervision during labour.

It has been the purpose of all concerned with the obstetric services to urge antenatal care at the earliest stage possible in pregnancy but still the "high risk" mother is often the person who presents herself for antenatal care at a late stage. In the British Perinatal Mortality Survey, 1963, it was found that the higher income and professional groups of mothers attended earlier and more frequently than the lower income groups. From what figures are available, the well-to-do or professional class mother has increased her chances of having a living child and a healthy baby, while the mother in the lower social and economic groups had hardly improved her chances at all. The gap appears to be widening instead of decreasing. This must still be attributed in part to the fact that the mother who is intelligent and more comfortably off, makes use of the wide range of maternity services.

The following criteria according to the Survey, place a mother "at risk" - age, high parity, small stature, poor obstetrical history, interval between births, low intelligence, lower social and economic classes. It would seem, to reduce the perinatal mortality further, that there must be an intelligent selection of cases for hospital delivery together with early antenatal referral of those selected. Given proper selection the low risk mother can be delivered with a high degree of safety at home if for some years there will be insufficient maternity hospital beds for all deliveries. Further points that need attention are - education in antenatal care especially for social classes IV and V, education of the immigrant, the

making available of hospital beds for the women "at risk" who seek antenatal care later in pregnancy and the alleviation of social, economic and environmental conditions which place expectant mothers at a disadvantage.

Early Discharges from Hospital

The following table gives the number of early discharges together with the percentage of early discharges under nine days in three day periods:-

Day of Discharge	1962	1963	1964	1965	1966
First	135	141	137	120	110
Second	513	742	888	906	1,025
Third	724	850	1,155	1,347	1,511
	11%	16%	19%	18%	20.5%
Fourth	374	463	605	672	677
Fifth	321	374	476	555	534
Sixth	447	454	584	826	1,240
	12%	11%	14%	16.2%	18.9%
Seventh	1,633	1,486	1,816	1,959	1,529
Eight	3,289	4,087	3,957	3,965	5,288
Ninth	2,149	2,518	2,374	2,274	1,023
	74%	73%	67%	65%	60.6%
	9,585	11,115	11,992	12,624	12,937
====	====	====	====	====	====
Ten days and over ...		560	649	667	855

The proportion of early discharges is rising in the first three days, to a lesser extent in the second three days and is decreasing in the last three days. This is a satisfactory trend. On the whole, the domiciliary midwife prefers a discharge of 48 hours and under and, if this is not possible, on the seventh day and over. A system such as this encourages breast feeding and, with the very early discharge, permits the domiciliary midwife to educate the mother to settle into a family routine suitable for looking after her baby.

Congenital Dislocation of the Hip

The scheme in operation in the Selly Oak sector of the City was extended to the City as a whole towards the end of November. The final stage in the introduction of the scheme was a series of showings of Mr. Barlow's film to general practitioners. An orthopaedic surgeon introduced the film and answered any questions. Of the 820 babies born at home and screened in 1966, seven went forward for further examination.

Maternity Liaison Committees

Each maternity unit in the City holds a liaison meeting at least once a year. Until quite recently these meetings had concerned themselves to great extent with early discharges. Now a wide range of subjects and problems is discussed with benefit to the three branches of the maternity services.

Emergency Maternity Service

With the fall in the number of cases delivered at home there has been a decrease in the number of calls in the City on the services of the Flying Squad over the year. During the year 109 calls were made, of which 38 were to cases outside the City. An analysis of the Birmingham cases from 1963 to 1966 is given:-

	1963	1964	1965	1966
Postpartum haemorrhage with placenta retained	40	39	15	13
Postpartum haemorrhage with placenta expelled	20	27	17	13
Retained placenta	16	11	25	25
Abortions	7	3	4	5
Antepartum haemorrhage	2	3	5	8
Other causes	16	7	3	7
	<hr/>	<hr/>	<hr/>	<hr/>
	101	90	69	71
	<hr/>	<hr/>	<hr/>	<hr/>

Most of the calls to the group "other causes" were for toxæmic conditions. It is interesting to note that the number of cases of retained placenta without haemorrhage has increased relative to the number of deliveries since 1964 when syntometrine was introduced.

The Grange and Lyncroft Nursing Homes

The domiciliary midwife attends both of these homes on a relief basis and when the Management Committee have had difficulty in recruiting midwives.

Training Midwives and Refresher Courses

The usual complement of district midwives have had their refresher courses. A further new Part II training school had been established at Dudley Road Hospital and their pupils placed on the district for training. On the district, 172 pupil midwives completed training and 46 were placed with outside authorities.

Instruction in emergency midwifery is given weekly for seven months each year to recruits and personnel of the Ambulance Service by the midwives.

Investigation of anaemias of pregnancy

This exercise has now been carried on since 1962 and our thanks are expressed to Mr. A. B. Neale, B.Com., Corporation Statistician, Mrs. G. Burton, Ph.D., and to the City Treasurer's Department for their help in

the compilation of the accompanying table and for their analyses of results. The main conclusions of Mr. Neale's report are –

“Anaemic conditions among expectant mothers tend to become more prevalent as parity and age increases and as the duration of pregnancy lengthens and social background worsens. The portion of the table concerned with repeat examinations suggests that, with one important exception (dealt with below), there is the same set of relationships among women undergoing retests although the numbers are too small for a completely reliable conclusion. There is an implication from the data that the classes of women most prone to an anaemic condition are also the ones most difficult to treat successfully.

Treatment yields moderately satisfactory results. However 9·5 per cent. of the 1,491 retests were of women who still had a low haemoglobin level. It is probably not without relevance that among the retests of women who had been pregnant for 33 or more weeks, only 9·2 per cent. had a low level, compared with 10 per cent. for those at an earlier stage of pregnancy. Women coming towards the end of term would tend to include a higher proportion of successfully treated cases and also a higher proportion that had been retested more than once. These factors account for the apparent exception of the relationship between haemoglobin level and pregnancy term to the general pattern of similarity between the first and repeat examinations.

Now that a satisfactory analysis of repeat examinations has been accomplished there are good grounds for believing that in the City as a whole over the years 1962–1966 the percentage of low haemoglobin cases in like groups of expectant mothers had a general tendency to decrease, though by 1966 the period of decline may have come to an end”.

It is not unjustifiable to claim that some part of this more satisfactory position is due to the facilities to general practitioners at welfare centres for the withdrawal and despatch of blood specimens to hospital laboratories. It is mentioned in another part of the report how the number of iron injections given by district nurses to antenatal mothers had increased and this is particularly true of the domiciliary midwife where the increase in the number of iron injections given had been much more marked. Mr. Neale's analysis emphasises the occurrence of anaemia in the multiparous woman of poor social background with many children. Sociologists have termed many of this class as the “new poor”. It may be that, with many children, she cannot afford the right type of foods or, indeed, with her large family and poor cooking equipment, she cannot prepare suitable meals. Man has to some extent controlled biological evolution by various means, of which education and health are but a part. It would perhaps be opportune at this time and it is growing more important, that greater attention should be paid to social evolution or, indeed to a psycho-social

BLOOD HAEMOGLOBIN IN SAMPLES OF BLOOD FROM PREGNANT WOMEN
BY PARITY, MATERNAL AGE, TIME PREGNANT AND SOCIAL BACKGROUND

1966

Factor Analysed		First Examinations						Repeat Examinations					
		Haemoglobin - Gms. (%)				Total		Haemoglobin - Gms. (%)				Total	
		Under 10.3 (Under 69%)		10.3 & Over (70% & Over)				Under 10.3 (Under 69%)		10.3 & Over (70% & Over)			
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
PARITY*	0	43	6.2	648	93.8	691	100.0	9	4.3	198	95.7	207	100.0
	1	97	6.3	1,443	93.7	1,540	100.0	42	8.6	448	91.4	490	100.0
	2	81	7.6	987	92.4	1,068	100.0	31	8.7	324	91.3	355	100.0
	3	74	10.9	604	89.1	678	100.0	27	11.6	206	88.4	233	100.0
	1-3	252	7.7	3,034	92.3	3,286	100.0	100	9.3	978	90.7	1,078	100.0
	4	32	8.6	340	91.4	372	100.0	16	15.0	91	85.0	107	100.0
	5	17	11.2	135	88.8	152	100.0	7	14.9	40	85.1	47	100.0
	6 & OVER	26	18.3	116	81.7	142	100.0	9	20.5	35	79.5	44	100.0
	4 & OVER	75	11.3	591	88.7	666	100.0	32	16.2	166	83.8	198	100.0
	UNKNOWN	1	5.9	16	94.1	17	100.0	1	12.5	7	87.5	8	100.0
YEARS OF AGE	UNDER 20	28	8.5	300	91.5	328	100.0	5	7.5	62	92.5	67	100.0
	20-29	217	7.1	2,826	92.9	3,043	100.0	90	9.1	899	90.9	989	100.0
	UNDER 30	245	7.3	3,126	92.7	3,371	100.0	95	9.0	961	91.0	1,056	100.0
	30-39	110	9.4	1,063	90.6	1,173	100.0	44	10.7	367	89.3	411	100.0
	40 & OVER	11	12.9	74	87.1	85	100.0	1	5.6	17	94.4	18	100.0
	30 & OVER	121	9.6	1,137	90.4	1,258	100.0	45	10.5	384	89.5	429	100.0
UNKNOWN	5	16.1	26	83.9	31	100.0	2	33.3	4	66.7	6	100.0	
WEEKS OF PREGNANCY	UNDER 14	7	1.3	521	98.7	528	100.0	—	0.0	3	100.0	3	100.0
	14-21	93	5.5	1,607	94.5	1,700	100.0	2	9.1	20	90.9	22	100.0
	22-32	138	8.4	1,506	91.6	1,644	100.0	43	10.1	381	89.9	424	100.0
	UNDER 33	238	6.1	3,634	93.9	3,872	100.0	45	10.0	404	90.0	449	100.0
	33 & OVER	129	17.2	623	82.8	752	100.0	95	9.2	937	90.8	1,032	100.0
	UNKNOWN	4	11.1	32	88.9	36	100.0	2	20.0	8	80.0	10	100.0
SOCIAL BACKGROUND	GOOD	106	5.8	1,734	94.2	1,840	100.0	35	6.4	512	93.6	547	100.0
	MIXED	172	8.5	1,853	91.5	2,025	100.0	87	11.3	680	88.7	767	100.0
	BAD	28	13.7	176	86.3	204	100.0	5	7.0	66	93.0	71	100.0
	MIXED & BAD	200	9.0	2,029	91.0	2,229	100.0	92	11.0	746	89.0	838	100.0
	UNKNOWN OR NOT RECORDED	65	11.0	526	89.0	591	100.0	15	14.2	91	85.8	106	100.0
TOTAL		371	8.0	4,289	92.0	4,660	100.0	142	9.5	1,349	90.5	1,491	100.0

* Number of previous live and still births.

evolution. The first stage in this would be an intensive Family Planning campaign and the offer of convenient and free facilities for Family Planning to mothers who need it most.

Maternal Mortality

In 1966 there was a total of 7 maternal deaths. The maternal mortality rate including abortions was 0.33 per thousand total births. There were no deaths due to associated conditions. The following table gives the information regarding these maternal deaths:-

<i>No.</i>	<i>Age</i>	<i>Cause of Death</i>	<i>Remarks</i>
1	23	Internal haemorrhage due to ruptured left ectopic gestation.	—
2	27	Cerebral anoxia resulting from acute haemorrhage due to ruptured ectopic pregnancy.	Patient refused, on religious grounds to have a blood transfusion.
3	42	Post partum septicaemia and sterilization operation.	Patient had a normal confinement and delivered a full term baby.
4	24	Pulmonary embolism due to left femoral vein thrombosis associated with pregnancy.	—
5	27	Toxaemia due to septic abortion. <i>Clostridium welchii</i> infection.	Procured miscarriage by use of instrument — self induced abortion.
6	30	Pulmonary oedema due to ruptured tubal pregnancy.	—
7	21	Eclampsia.	—

Administration

Mrs. Jakeman, supervisor of midwives, who gave many years of valued service to the domiciliary maternity services, retired during the year. This gave an opportunity to review the administrative structure. In recent years the supervisory staff have been more and more concerned with the early discharge system. This caused some concern as there was little time to supervise the domiciliary midwives in their daily rounds, antenatal techniques, etc. It is hoped now to replace the three non-medical supervisors with two non-medical supervisors and two assistant

non-medical supervisors. With the marked decrease in domiciliary confinements the number of domiciliary midwives will be gradually reduced over the years. This may seem an anomaly with the overall increase in their work but due regard must be paid to the fact that their work is more regular and more capable of organisation.

Analgesia

Analgesia was administered to the following patients by domiciliary midwives:-

<i>As midwives</i>		<i>No. of patients</i>	<i>With doctor present</i>		<i>No. of patients</i>
Gas and air	...	895	Gas and air	...	111
Gas, air and trilene	...	3	Gas, air and trilene	...	—
Gas, air and pethidine	...	1,063	Gas, air and pethidine	...	169
Trilene	...	296	Trilene	...	20
Trilene and pethidine	...	273	Trilene and pethidine	...	35
Pethidine	...	1,083	Pethidine	...	145
Gas, air, trilene and pethidine	...	20	Gas, air, trilene and pethidine	...	4

Puerperal pyrexia

There were 141 cases notified during the year.

Bed Bureau and Emergency Lists

The number of applications to the Bed Bureau was 3,569, of which 1,329 were investigated by the domiciliary midwife. In all, 2,240 were booked for a hospital bed.

There were 138 cases referred to the Regional Hospital Board on the emergency list as compared with the last two years when the number referred had dwindled to below 20. The December demand accounted for most of these when, as previously reported, wards at three maternity units were closed for alteration.

Local Authority Clinics (Maternity)

The number of general practitioners holding separate antenatal clinics at welfare centres during 1966 was 29. In addition to this, 21 general practitioners held an antenatal clinic combined with children's examinations. (Clinics for children's examinations and immunisation only were held by nine general practitioners).

	<i>Assistant M.O.H. attending</i>		<i>Midwife attending</i>		<i>General Practitioners attending</i>	
	<i>New cases</i>	<i>Attendances</i>	<i>New cases</i>	<i>Attendances</i>	<i>New Cases</i>	<i>Attendances</i>
1961	1,323	8,141	1,234	4,841	1,626	10,644
1962	942	6,032	1,363	5,556	1,793	11,704
1963	615	4,190	1,741	6,608	1,776	11,419
1964	508	3,307	2,301	7,748	2,112	13,108
1965	333	3,081	2,277	7,401	2,479	13,720
1966	315	1,517	2,528	7,856	2,884	16,372

Statistics

(1) ANTENATAL AND POSTNATAL CLINICS

(a) Local Authority Clinics

(1) Separate antenatal clinics held with medical officer present	24
New mothers attending	4
Total attendances	20
(2) Expectant mothers attending combined antenatal and children's clinics:-	
New mothers attending	311
Total attendances	1,517
Total individual mothers attending both types of clinics (1) and (2)	315
(3) Antenatal clinics with midwife only	852
New expectant mothers registered	2,528
Total attendances	7,856
(4) Primary postnatal examinations at clinics	79
Total postnatal examinations	95

(b) General Practitioner Clinics at Welfare Centres

Antenatal:

New mothers registered	2,884
Total attendances	16,372
Blood tests taken	1,497

Postnatal:

Primary postnatal examinations	1,226
Re-examinations	83

(2) PRACTISING MIDWIVES

During the year 1966, 426 midwives notified their intention to practise in the City:—

City domiciliary midwives	133
City domiciliary day midwives	22
Independent domiciliary midwives	10
Midwives in institutions	256
Midwives in private nursing homes	5

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

Domiciliary midwives and day midwives who left the City in 1966	10
Independent domiciliary midwives ceasing to practise	5
Hospital midwives ceasing to practise	87
Midwives in nursing homes ceasing to practise	1

(3a) DOMICILIARY MIDWIVES IN ACTIVE PRACTICE

	No. in practice 31.12.65	Number retired during year	Number resigned during year	Transfers	New appointments	No. in practice 31.12.66
<i>Employed by local authority :</i>						
(1) Midwives ...	128	—	7	—	5	126
(2) Day midwives	22	1	2	—	—	19

(3b) VISITS MADE BY DOMICILIARY MIDWIVES*Antenatal visits*

Doctor booked	45,508
Midwife booked	843
Hospital booked	430
Investigations	7,308
Useless visits	10,752
Other visits	7,469
	<hr/>
	72,310

Postnatal visits

In own area (a) home delivery	60,878
(b) hospital delivery	38,925
In other	
Midwives' areas (a) home delivery	26,040
(b) hospital delivery	17,255
	<hr/>
	143,098
	<hr/>
TOTAL	215,408

(3c) CLINICS ATTENDED

(a) At general practitioners' surgeries	2,797
Attendances of patients	28,777
(b) General practitioners at welfare centres	2,027
Attendances of patients	16,231
(c) Assistant Medical Officer of Health at welfare centres	584
Attendances of patients with doctor	2,921
Midwife only - attendance of patients... ..	1,255
(d) Midwife only - at welfare centre	1,655
General practitioners' bookings - attendances of patients	11,072
(e) Relaxation classes - attendances of patients	1,532
(f) Mothercraft classes	229

(3d) AMBULANCE SERVICE

Patients accompanied in ambulance	311
Hours away from district on ambulance duty	313½

(4) CHEST RADIOGRAPHY OF ANTENATAL CASES 1966*Number X-rayed (full-sized films)*

Welfare Centres	361
Sorrento Hospital antenatal clinic	1,114
Lordswood Hospital antenatal clinic	480
	<hr/>
TOTAL	1,955
	<hr/>

Analysis of results:

(1)	Normal cases	...	...	...	...	...	1,909
(2)	Pulmonary tuberculosis						
	(a)	Referred to Chest Clinic (for assessment and/or treatment)	...	...	...	...	8
	(b)	Referred to family doctor only	...	...	...	...	1
	(c)	No action necessary	...	...	...	...	16
		TOTAL	...	...	...	...	25
(3)	Non-tuberculous conditions of heart or lungs:						
	(a)	Referred to hospital or clinic	...	...	...	...	9
	(b)	Referred to family doctor only	...	...	...	...	7
	(c)	No action necessary	...	...	...	...	4
		TOTAL	...	...	...	...	20
(4)	Failed to attend	...	...	...	...	...	1

(5) RELAXATION CLASSES

Classes were taken by physiotherapists weekly at four centres and fortnightly at two centres; each week by midwives at 15 centres and by health visitors at 23 centres.

Individual mothers attending	...	...	...	...	...	1,842
booked for hospital confinement	...	...	...	...	1,162	
booked for domiciliary confinement	...	...	...	...	680	
Sessions held (relaxation only)	...	...	...	...	...	1,584
Sessions held (relaxation combined with children's remedial exercises)	...	...	...	...	...	185
Total attendances	...	...	...	...	...	8,900
Attendances at associated mothercraft classes	...	...	...	...	...	8,493

(6) CHIROPODY CLINICS FOR ANTENATAL CASES

Total sessions held	...	...	...	...	...	34
Total attendances	...	...	...	...	...	178
Average number of patients called per session	...	...	...	...	...	8
Average number of attendances per session	...	...	...	...	...	5

(7) ANALYSIS OF DOMICILIARY CONFINEMENTS ATTENDED BY MIDWIVES

		<i>City</i>	<i>Private</i>
		<i>Midwives</i>	<i>Midwives</i>
1.	(a) Number of deliveries booked by general practitioner and midwife...	5,335	6
	(b) Number of 1 (a) attended by general practitioner at birth	1,020	—

2.	(a) Cases supervised by welfare centre and midwife	31	—
	(b) No. of 2 (a) for which medical aid was called ...	7	—
	(c) Number of 2 (a) attended by general practitioner at birth	1	—
3.	Cases which were hospital bookings	149	—
4.	(a) Cases not booked by hospital or midwife ...	53	—
	(b) No. of 4 (a) for which medical aid was called ...	18	—
	(c) Number of 4 (a) attended by general prac- titioner at birth	11	—
5.	Number of babies born in ambulances	7	—
	(a) Hospital booked	2	—
	(b) Not booked	5	—
6.	Number of cases on emergency list for hospital con- finement, but delivered at home	9	—
	Total number of deliveries attended by general practitioner	1,032 (18%)	—

(8) REQUESTS FOR MEDICAL AID BY DOMICILIARY MIDWIVES
UNDER C.M.B. RULES, ANALYSED BY CAUSE

					<i>Doctor booked for antenatal and postnatal care</i>	<i>Midwife booked and solely responsible</i>
(a)	Mothers					
	1. Ante-partum haemorrhage				40	3
	2. Chest conditions				1	—
	3. Essential hypertension				29	—
	4. Hydramnios				4	—
	5. Malpresentation				39	1
	6. Multiple pregnancy				1	—
	7. Other antenatal conditions				5	2
	8. Poor general condition				1	1
	9. Toxaemia				6	—
	10. Urinary conditions				29	1
	11. Varicose veins				1	—
	12. Difficult or prolonged labour				63	4
	13. Foetal distress				45	3
	14. Post partum haemorrhage				25	—
	15. Laceration of perineum				261	3
	16. Obstetric shock				—	—
	17. Premature labour				40	1
	18. Retained placentae				23	2
	19. Inflamed breast				4	1
	20. Other postnatal complications				8	3
	21. Puerperal pyrexia				51	6
	22. Thrombosis of leg veins				16	4
	23. Abortion				11	2
	24. Social conditions				1	1
	TOTAL				704	38

(b)	Children						
25.	Ophthalmia neonatorum	...	...	...	75	4	
26.	Premature birth and debility	...	...	...	6	—	
27.	Convulsions	...	...	...	6	—	
28.	Deformity of malformation	...	...	...	6	—	
29.	Jaundice	...	...	...	13	—	
30.	Umbilical inflammation	...	...	...	1	—	
31.	Inflamed breasts or abscess of	...	...	...	4	—	
32.	Skin eruption, pemphigus	...	...	...	12	—	
33.	Unsatisfactory condition	...	...	...	30	5	
34.	Asphyxia	...	...	...	17	—	
	TOTAL	...	...	...	170	9	

DOMICILIARY CARE OF PREMATURE INFANTS

In 1966, there were 1,122 premature infants in the following categories and a total of 1,063 were cared for by the nine premature baby midwives.

1. *Home confinement and baby care at home* 107

There were two sets of twins and two babies of twin deliveries.

Birth weight distribution:

2 lbs. 3 ozs. and under	...	...	...	...	—
2 lbs. 4 ozs.—3 lbs. 4 ozs.	...	...	...	...	—
3 lbs. 5 ozs.—4 lbs. 6 ozs.	...	...	...	...	2
4 lbs. 7 ozs.—4 lbs. 15 ozs.	...	...	...	...	20
5 lbs.—5 lbs. 8 ozs.	...	...	...	...	85

Three neonatal deaths:— 1 respiratory syndrome, 2 hyperplasia of lungs and kidneys.

2. *Home confinement with subsequent admission to hospital* 42

Birth weight distribution:

2 lbs. 3 ozs. and under	...	...	...	...	3
2 lbs. 4 ozs.—3 lbs. 4 ozs.	...	...	...	...	2
3 lbs. 5 ozs.—4 lbs. 6 ozs.	...	...	...	...	8
4 lbs. 7 ozs.—4 lbs. 15 ozs.	...	...	...	...	11
5 lbs.—5 lbs. 8 ozs.	...	...	...	...	18

Reasons for admission to hospital— prematurity (17), hospital bookings (6), poor condition (8), cyanosis (5), congenital malformations (2), cold syndrome (2), cerebral irritation (1), enteritis (1).

Eight neonatal deaths:— respiratory failure (5), pneumonia (1), immaturity (1), cerebral haemorrhage (1).

3. *Home confinement, admission to hospital, care by premature baby midwife on discharge* 50

There were three sets of twins and a baby of a twin delivery.

Birth weight distribution:

2 lbs. 3 ozs.—3 lbs. 4 ozs.	...	...	...	...	5
3 lbs. 5 ozs.—4 lbs. 6 ozs.	...	...	...	...	21
4 lbs. 7 ozs.—4 lbs. 15 ozs.	...	...	...	...	10
5 lbs.—5 lbs. 8 ozs.	...	...	...	...	14

Reasons for admission to hospital:— prematurity (25), hospital bookings (15), poor condition (10).

No neonatal deaths.

4. *Home confinements not transferred to premature baby midwife* ... 23

No neonatal deaths.

5. *Hospital delivery, after-care by premature baby midwife* ... 900

There were 31 sets of twins and 36 babies of multiple births.

No neonatal deaths.

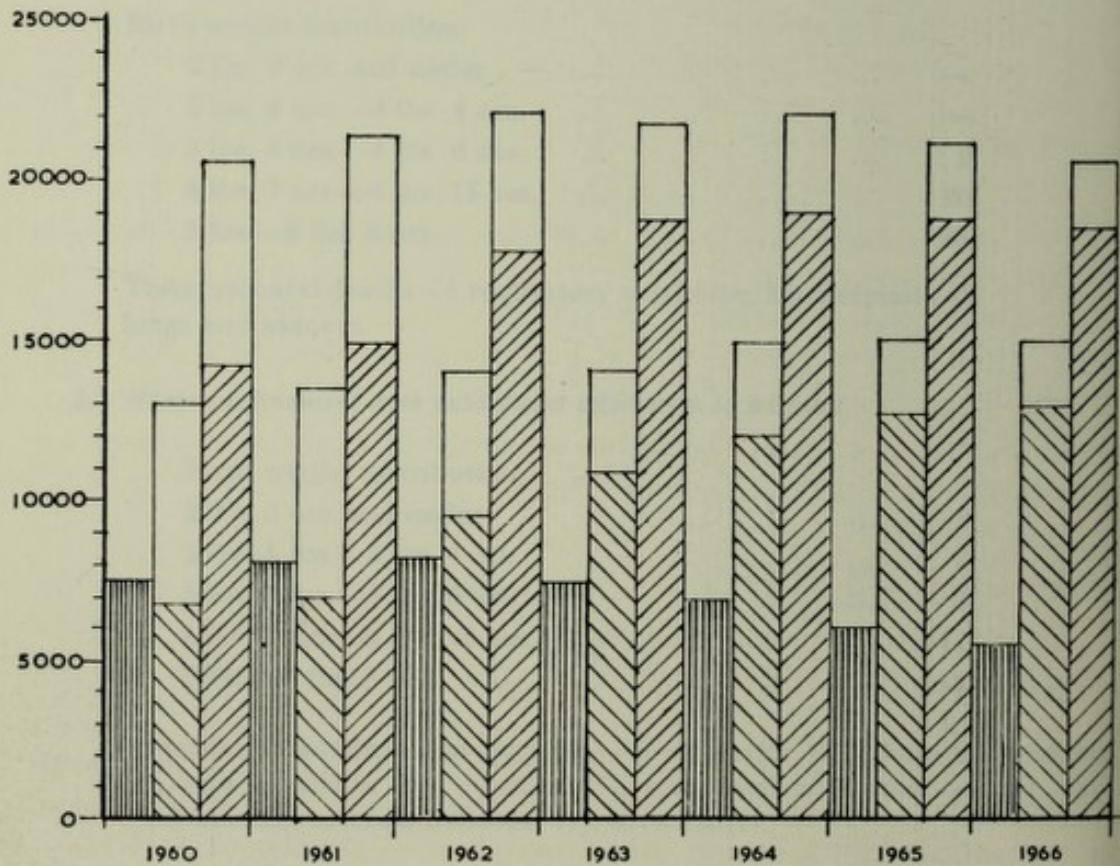
TOTAL 1,122

MATERNITY SERVICES 1960 — 1966

DOMICILIARY CONFINEMENTS.

CONFINEMENTS AT CITY HOSPITALS AND MARSTON GREEN, THE HATCHED PORTION REPRESENTING EARLY DISCHARGES.

CONFINEMENTS AT CITY HOSPITALS, MARSTON GREEN AND AT HOME, THE HATCHED PORTION REPRESENTING THE NUMBER OF PATIENTS DEALT WITH BY THE DOMICILIARY MIDWIFE EITHER ON HOME CONFINEMENT OR ON EARLY DISCHARGE.



HEALTH VISITING

(Section 24 – National Health Service Act, 1946)

On 31st December, 1966, the Department employed the equivalent of 132 health visitors (121 whole-time and 20 part-time). This was an increase of seven on the 1965 figures.

A full-time equivalent of 1.4 health visitors was seconded to the Unmarried Mothers Section, 1.2 to the Geriatric Section and 0.9 was employed on visits to daily minders.

Visited children under the age of five years totalled 95,801 as compared with 96,007 in 1965. The average basic case load was 743 (a decrease of 25 on the 1965 figure). In addition, regular visits were paid to 912 persons over the age of 65 years and 81 mentally disturbed persons. Of the visited children under five years, 15.4 per cent. were of the coloured population (13.9 per cent. in 1965).

Although the average case load per health visitor was slightly less than in 1965, some health visitors had case loads of 1,200 children when it is generally recognised that this should be about 500. The present intake to the health visitor training school is the lowest for many years and there will be a considerable number of retirements in 1967 and the following years. This fluctuation in recruitment year by year makes planned progress very difficult, particularly in relation to attachment schemes to general practitioners. With inadequate numbers and with the problems of this large city, time must be conserved by health visitors working by district for many years to come and all that can be hoped for is a sessional attachment to general practitioners for consultations or for clinics held at surgeries. Again work by district is of paramount importance in the middle and inner rings where conditions are often Victorian, overcrowded and unhygienic and where the loss of infant life is far too high. The problems of the health visitors have increased in these areas, as, with the full case loads of overworked general practitioners, there is a constant stream of people to welfare centres seeking advice on medical, social and personal problems.

Co-operation with General Practitioners

During 1966 health visitors gave assistance to 52 general practitioners in 35 practices with sessions at their surgery premises. Work undertaken was with antenatal, postnatal, well baby, well old people and combined antenatal and baby sessions, including immunisations. This type of work had led to many more requests for partial attachment of health visitors to group practices on a sessional basis. Despite staff shortages, all requests have been met and a more effective community service follows. As well, health visitors attended on a total of 73 general practitioners at welfare

centres. The most favoured type of clinic held by the general practitioners was the combined well baby, immunisation, antenatal clinic.

The total number of sessions given to general practitioners, whether at welfare centres or at surgeries, was 297 monthly and the total number of general practitioners involved was 125. In addition a further 10 sessions monthly were held with general practitioners and midwives. Over 60 per cent. of the health visiting staff are now involved in these sessional attachment schemes.

Health Visitors' Training Centre

From September, 1966 this course was transferred to the College of Commerce (Education Department) and although closely linked it is no longer one of the Health Department's activities. Fourteen students were sponsored by the Health Department. The Administrative Medical Officer of Health attends the meetings of the Standing Conference of Representatives of Health Visitor Training Centres.

Visitors to Welfare Centres

There was a total of 1,615 visitors to welfare centres. The majority of the visits were part of training programmes when a day was spent with a health visitor in order to accompany her on a session of home visiting and participate in a clinic session. There were 448 student nurses, 103 student district nurses, 113 medical students, 161 pupil midwives, 26 child care officers in training and 20 social study students. Medical and nursing officers visited from Finland, Bolivia, Holland, Ghana, Nigeria, India, Japan and the United States of America.

Health Education and the Health Visitor

The health visitors continued to give group teaching to schools, youth and adult groups and to elderly people, in addition to their individual health teaching. A drive was made to attract Asian immigrant mothers to regular classes in the Handsworth area where the percentage of immigrant children, both Asiatic and West Indian, under five years was 56.5. We are indebted to the Indian High Commissioner's Welfare Officer who was of great assistance to the health visitors concerned with this work. In addition one health visitor was seconded to the B.B.C. on a part-time basis to help the producer of the weekly television programme for Indians and Pakistanis. She was able to provide valuable material for the programmes devoted to health and welfare and also conducted a survey on the methods used by other local health authorities concerned with the health education of Asian immigrants.

Refresher Courses and In-Service Training

Approved refresher courses arranged by the Royal College of Nursing and the Health Visitors Association were attended by 26 health visitors and fourteen health visitors were able to undertake an intensive course of training in screening for deafness. Forty health visitors were able to attend the General Hospital in order to perfect their technique in withdrawal of blood samples from antenatal patients. Six staff meetings were held during the year when guest speakers advised this large staff on a variety of topics. These meetings were of great value to all concerned as they afforded an opportunity to meet together and discuss new developments and departmental arrangements.

Surveys

RICKETS AND SCURVY

A survey was continued into the incidence of rickets and scurvy in pre-school children and the following cases were notified by the health visitors (figures for 1965 in brackets).

<i>Nationality</i>	<i>Rickets</i>	<i>Scurvy</i>
English ...	3 (6)	0 (0)
West Indians ...	5 (6)	1 (1)
Asiatic Indians ...	5 (4)	0 (1)
Mediterranean Countries ...	2 (0)	
	+1 doubtful	

PHENYLKETONURIA

Total number of phenylketonuria tests in 1966	...	...	...	20,807
Refusals to permit test	...	...	...	18
Number of children who left the City before the test	...	...	...	510
Number of children who died prior to the test	...	...	...	30

All the tests were negative to phenistix but in two cases it was necessary to refer specimens of urine for full examination which proved negative.

The child born in 1965, who gave a positive reaction to the phenistix test, is still undergoing out-patient treatment at the Children's Hospital but appears to be developing normally.

Housing Management Department Hostels

The health visitors continued to pay regular visits to the hostels for the homeless. The hostel wardens welcomed the health visitors' efforts to teach hygiene and infant care to mothers in these distressing

circumstances. The following table shows the number of individual mothers and children visited during 1966.

<i>HOSTELS</i>	<i>No. of children visited</i>	<i>No. of expectant mothers visited</i>	<i>No. of families visited</i>	<i>Total No. of visits to hostels</i>
80 Westley Road, Acocks Green ...	212	24	73	42
43 Trinity Road, 20	124	15	58	50
1 Oakland Road, 13	399	21	218	38
112 Moseley Street, 12	168	11	99	20
306 Station Road, Stechford ...	273	14	187	36
10 Soho Road, Hockley	259	11	149	32
TOTALS ...	1,435	96	784	218

Observation register: Special play groups for handicapped children: Training of medical officers in developmental paediatrics

Certain adverse factors in pre-, peri- and post-natal life predispose a child to mental and/or physical handicap. About 1 per cent. of all children born are handicapped in some way. When defects occur, they must be detected as early as possible so that attempt may be made to help in the development of residual abilities of such children.

The purpose of the observation register is to keep a list of all children so predisposed, and assess their progress. This is essential if early diagnosis of handicapping conditions is to be achieved. However, in 1965 over 33 per cent. of children born in the City had been placed on the register and adequate follow-up of such large numbers was not possible because of inadequate clerical and medical resources. Therefore, in 1966 the scheme was reorganised and the number of adverse factors qualifying for admission to the register was reduced to eleven.

Notification from maternity hospitals and the midwives continued to give useful information but the primary visit of the health visitor to the home often elicits the most valuable evidence. Too often the information obtained from these sources conflicts and it is difficult to assess the risk to the child. Negotiations were begun with the Regional Hospital Board to obtain through their computer a notification of children at risk delivered in hospital. It is felt that this will provide accurate information. Discussions on this matter are still continuing.

All children attending a welfare clinic for the first time are examined by the medical officer. Children on the observation register are watched particularly, and tests carried out to check their developmental progress. Hearing assessment is undertaken. In the case of children not attending the clinic, the health visitor calls at the home to test the hearing.

Special training in developmental assessment of very young children is being given to the clinic medical officers, so that this work may be efficiently carried out. Two doctors were sent to the "Griffiths Course" during 1966, and two to a refresher course organised by the Society of Medical Officers of Health. More trained doctors are needed and it is planned to send two more for training in 1967.

The help with the preliminary screening of the large numbers of children involved, a plan is being formulated for 1967 whereby the health visitors will be given basic training in simple developmental tests. Not only does developmental assessment help to detect abnormalities but very often it gives valuable clues as to the best approach for stimulating the child's development. Mothers are accordingly advised by the clinic medical officer. This advice is always much appreciated, and when acted upon can often produce surprisingly good results. Successful rehabilitation in the community of many handicapped children can be achieved in this manner.

The special play group units for handicapped children held at four of the clinics were continued. Plans to increase the number in 1966 had to be held in obedience, but it is hoped to increase their number in 1967. Apart from the financial implications in the provision of equipment, the main difficulties in this field are lack of transport, voluntary help and adequate professional resources.

Congenital Abnormalities

Notification of congenital abnormalities appears to be becoming more accurate. The following is a complete list as used in a joint study by the Public Health Department and the Department of Social Medicine, Birmingham University. For comparison purposes the numbers in brackets are of that particular abnormality as notified under the Ministry of Health Scheme. The discrepancy between the two series of figures is explained by the fact that the Ministry figures are collected within the first month of life and are not subject to reappraisal after a short interval.

MALFORMED BIRMINGHAM CHILDREN BORN IN 1966

(DEFECTS NOTIFIED SOON AFTER BIRTH)

	<i>Children with one malformation</i>	<i>Children with two or more malformations</i>	<i>Total</i>
Number of children affected ...	370	45	415
Number of malformations :			
Mongolism... ..	23	3	26 (19)
Anencephalus	30	9	39 (31)
Spina bifida (without anencephalus)	27	8	35
Hydrocephalus (without spina bifida)	12	3	15
Exomphalos	2	4	6
Oesophageal atresia, etc. ...	2	—	2 (1)
Gut obstruction	3	3	6
Imperforate anus	6	2	8 (4)
Renal agenesis	—	1	1 (3)
Hypospadias	13	1	14 (9)
Other genito-urinary	11	12	23
Cleft lip (with or without cleft palate)	16	4	20
Cleft palate (without cleft lip) ...	8	2	10
Congenital heart disease (without mongolism)	43	13	56 (49)
Polydactyly	31	4	35 (37)
Syndactyly	13	1	14 (16)
Talipes (without other defects) ...	55	—	55 (63)
Unstable hip	20	—	20 (17)
Other limb defects	13	4	17
Cataract	1	1	2
Other eye defects	1	2	3
Accessory auricle	8	1	9 (8)
Other ear defects	3	1	4
Diaphragmatic hernia	5	4	9
Malformations other than above	24	19	43

This list only includes children with well-established macroscopic abnormalities of structure attributable to faulty development and present at birth. 139 other children who were reported to be malformed have been excluded because the conditions reported did not meet these criteria.

Some children who would have died some years ago from a moderate or severe abnormality now survive as normal people, some survive with surgical intervention with a lesser degree of handicap compatible with a

normal life, others survive who hitherto did not do so but with a considerable mental handicap and considerable bodily abnormality. It is for society to give those with severe handicaps the best possible education, not forgetting the aspect of socialisation. Indeed, society has expressed a fear of the economic burden which a complete education would involve, taking into consideration the length of survival. Considered, too, must be the revulsion which a severe abnormality, with mental handicap, evokes in many people. Yet in the city day nurseries handicapped children with severe abnormalities are accepted naturally by their coevals. Maybe the fault lies with medicine for not trying to educate society into acceptance.

SUMMARY OF VISITS BY HEALTH VISITORS 1965 AND 1966

<i>Home Visiting</i>	1965	1966	<i>Increase</i>	<i>Decrease</i>
No. of area health visitors	125	132	7	—
Average case load of children under 5 years	768	726	—	42
No. of Phenylketonuria tests	21,221	20,807	—	414
<i>(a) Routine visits to children under 5 years</i>				
Primary visits	22,572	22,135	—	437
Routine visits 0-12 months	66,136	64,106	—	2,030
1 year	47,369	47,706	337	—
2- 5 years	98,615	100,090	1,475	—
TOTAL	234,692	234,037	—	655
<i>(b) Special visits</i>				
0-12 months	10,342	10,195	—	147
1 year	3,275	2,764	—	511
2- 5 years	5,380	5,012	—	368
<i>(c) Visits to expectant mothers - Primary visits ...</i>	2,000	1,859	—	141
Revisits and special visits	2,389	2,071	—	318
<i>(d) Visits to recently delivered women ...</i>	211	210	—	1
Neo-natal deaths	76	68	—	8
Stillbirths	45	50	5	—
<i>(e) Miscellaneous visits :-</i>				
Scabies	221	410	189	—
Domestic helps	20	30	10	—
Children of school age	563	937	374	—
Adults (other than AN and PN)	1,676	1,971	295	—
Old people (women 65+: Men 65+)	3,649	4,707	1,058	—
Mentally disordered persons	303	323	20	—
Hospital follow-up (by area health visitors)	536	682	146	—
Infectious diseases (other than T.B.)	546	532	—	14
To general practitioners	267	191	—	76
Re insanitary conditions	62	74	12	—
Housing	64	87	23	—
GRAND TOTAL	266,317	266,394	77	—
TOTAL USELESS CALLS	55,954	52,568	—	3,386
<i>Hospital follow-up visits by special visitors ...</i>	3,051	2,376	—	675
<i>Hostels for the Homeless</i>				
No. of children visited	1,810	1,435	—	375
No. of expectant mothers visited	159	96	—	63
No. of families visited	1,165	784	—	381

Cervical Cytology Clinics

The first local authority cervical cytology clinic was started in August, 1965. During 1966, further clinics were commenced and by the end of the year there were three centres where such clinics were held, the number of clinic sessions being five per fortnight. An evening clinic is operative for women who are unable to attend during the day. It is envisaged to extend the clinics during 1967 which, of course, will be dependent upon the facilities available from the hospital pathological laboratories to screen the smears.

The following table gives the number of smears examined up to the 31st December, 1966.

(a)	<i>Completed tests</i>			2,148
(b)	<i>Results</i>			
	Grade 1	Normal smear	...	187
	.. 2	Atypicality other than malignancy	... ..	1,931
	3	Abnormal cells but not obviously malignant...		23
	.. 4	Cells suggesting malignancy	... ..	7
	.. 5	Cells with malignant characteristics	...	Nil

The number of women on the waiting list for smear test was 1,433 on the 31st December, 1966

The follow-up of the suspicious and positive smears is undertaken by the pathologists who liaise with the general practitioners. Appropriate investigations are arranged by general practitioners at the obstetric units of hospitals.

At the cytology clinics, health education in personal hygiene is given by the clinic nurse on requests and leaflets on "Personal Hygiene in Marriage" are available for distribution. It is anticipated that during 1967, sessions of instruction on breast self examination will be given to women attending cytology clinics. This scheme is likely to develop in conjunction with these clinics and will take the form of a film-talk with a demonstration on a dummy.

HOME NURSING SERVICE

(Section 25 – National Health Service Act, 1946)

The total number of cases nursed during 1966 was 19,304, a slight decrease on the previous year. The visits of home nurses and bathing attendants totalled 621,808 as compared with 636,923 in 1965. One would have expected this number of be much lower as the winter had been mild and there has not been a major epidemic of respiratory illness. An increasing number of attachments of district nurses to general practitioners will no doubt, in years to come, affect the number of visits as more injection, therapy, dressings, etc., will be carried out at surgeries or health centres.

In the last two years a number of experiments have been carried out in attachments and liaisons in co-operation with general practitioners. These schemes have been a marked success and have given a better service to the patient and enthusiasm to the general practitioners and nurses for this type of partnership. One result has been an orientation of both parties involved to the idea of medico/social care. Unfortunately in Birmingham the total number of district nurses is not half the number of practices in the City nor equal to a third of the number of general practitioners. Despite this it is hoped within the next year to begin a scheme of attachment in a district nursing area of groups of nurses to groups of doctors in a ratio of about six doctors to four nurses. From this experience it may be possible to extend the scheme to the City at large within two to three years.

The number of new cases by age groups is given below for the years 1961 to 1966 (cases on the books at the end of the preceding year given in brackets):—

<i>Age groups</i>	<i>1961</i>	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>
0 – 4	1,327 (63)	1,243 (52)	1,430 (47)	1,470 (30)	1,495 (54)	1,351 (51)
5 – 15	641 (23)	683 (27)	748 (39)	478 (24)	576 (27)	601 (31)
15 – 64	6,128 (1,113)	6,085 (1,041)	6,246 (1,029)	6,265 (1,017)	6,400 (1,021)	6,517 (1,075)
65"	6,636 (2,715)	6,619 (2,680)	7,074 (2,716)	6,619 (2,913)	6,832 (2,958)	6,595 (3,080)
New cases ...	14,732	14,630	15,498	14,832	15,303	15,064
Total cases ...	18,646	18,430	19,329	18,816	19,363	19,304
Visits by nurses and home attendants ...	619,828	616,074	622,343	631,836	636,923	621,808

It is significant that the number of cases on the books at the end of each year in the 65+ age group continues to increase.

Referrals by source from 1961 to 1966:-

	1961	1962	1963	1964	1965	1966
General practitioners ...	13,243	12,741	13,226	12,228	12,501	12,092
Hospitals ...	1,079	1,511	1,771	2,078	2,255	2,449
Others ...	408	378	501	526	547	623
...						

Referrals by some types of illness or disorder:-

	1960	1961	1962	1963	1964	1965	1966
Respiratory conditions:							
Bronchitis ...	2,327	1,655	1,545	1,734	1,450	1,301	1,340
Pneumonia ...	638	510	507	415	320	250	278
Cardiac conditions ...	1,096	987	996	1,021	949	901	741
Diabetes ...	407	434	408	417	459	414	378
Antenatal conditions ...	32	35	129	119	212	193	260
Surgical (post-operative) ...	718	676	1,063	1,244	1,519	1,740	1,688
Ulcerated legs	338	336	363	326	392	428	449

These statistics relate in some small way to the advances in treatment and improving public health standards. Thus the number of cases of bronchitis and pneumonia nursed are gradually falling due to the use of broad spectrum antibiotics and possibly the Clean Air Act. With antenatal complications the main reason for referral is a course of iron injections for anaemia. The facilities to general practitioners for the withdrawal of blood at welfare centres and the dispatch of specimens to laboratories has had some influence on the diagnosis of anaemia of pregnancy. With ulcerated legs more general practitioners are leaving the complete care of this condition to district nurses. The number of cases of tuberculosis nursed has been constant for the past seven years. Despite widespread advertising and the number of very effective laxatives available there has been no change in the number of enemas given for constipation over the years. Although the number of cardiac cases has decreased, several district nurses, after initial instruction in hospital, supervise patients who have had cardiac pacemakers supplied for their hearts. Surgical cases

discharged from hospitals have shown a significant rise due to co-operation between hospital staff and the domiciliary services which resulted in early discharge of patients.

Elderly patients – percentage of visits paid

As seen from the following table, despite a variation in the number of visits paid by qualified staff, the percentage paid to the different age groups shows a tendency towards increasing emphasis on the care of the elderly.

	<i>0 – 4 yrs.</i>	<i>5 – 14 yrs.</i>	<i>15 – 64 yrs.</i>	<i>65+</i>	<i>Total visits</i>
1960	2%	1%	31%	66%	631,375
1961	2%	1%	31%	66%	593,292
1962	2%	1%	30%	67%	591,262
1963	2%	1%	29%	68%	597,551
1964	2%	1%	29%	68%	609,035
1965	2%	1%	29%	68%	607,982
1966	2%	1%	29%	68%	592,674

As a number are incontinent the domiciliary laundry service and the provision of incontinence pads assists in their care; sick room equipment is available for their use and by the loan of mechanical hoists, many frail relatives have been assisted in the lifting of heavy patients. In addition nurses are instructed in methods of lifting which put less strain on their back musculature and make movements easier for the patient; the relatives too are taught the correct methods of lifting so that in the nurse's absence they know how to handle the patient. Perhaps one of the greatest factors in helping the patient who has suffered a stroke or is crippled with arthritis to return to an independent way of life is the exercise of weak muscles and the movement of stiff joints. So that the nurses might include this in their routine care of the patient, a qualified physiotherapist gives a series of lectures to the nurses on how to carry out simple rehabilitative exercises.

Night Service

Each night, on a rota, members of the day staff undertake late visits to ill patients and emergency cases. Telephone messages for these nurses were received previously at the eight District Nursing centres, so that one nurse had to be on telephone duty to receive them. This was proving an uneconomic use of staff and the Telephone Manager of the General Post Office was approached regarding the installation of a transfer call system. Step by step this was put into operation until all calls received from 1730 hrs. to 2200 hrs. were channelled through one District Nursing centre. Some telephone exchanges are able to do this automatically, in others it is

necessary for the operator to intercept the calls; this inevitably causes some delay, but it is hoped that the automatic system will soon be in operation for all areas.

At 2200 hrs. a state-registered nurse comes on duty for the night; she visits ill patients at the request of the doctor or the day nurses; if continuous care is needed she obtains the services of a nurse attendant, who remains with the patient throughout the night. Continuity of care is assured by reporting night cases to the day staff.

NIGHT NURSING SERVICE FOR 1966

<i>Month</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total</i>
Cases ...	—	3	1	2	5	8	2	5	1	2	—	5	34
Visits ...	—	12	2	5	35	20	13	15	1	2	—	29	134
Night attendant called ...	—	1	1	—	—	1	1	—	1	—	—	—	5

District Nursing Equipment

For a long time this Department was conscious of the need for packs of pre-sterilised dressings to be made available for the use of domiciliary patients. It was with satisfaction that it was learned that the Ministry of Health had included sterilised dressing packs in the list of items which can be prescribed by general practitioners.

When the procedure for using pre-sterilised glass syringes was introduced it was then thought that the time would come when disposable syringes would become cheaper and therefore more economic to use than the glass syringes. In June pre-sterilised disposable syringes were issued to the nursing staff and the use of pre-sterilised glass syringes discontinued.

Co-operation with General Practitioners

(a) MINISTRY OF HEALTH SCHEME ON HOME NURSING

The Home Nursing Service participated in this scheme in 1965, but the result of the Survey was not published during 1966.

(b) DISTRICT NURSES WORKING WITH GENERAL PRACTITIONERS

During 1966 eleven district nurses worked with general practitioners; this is the same number as in 1965 but the help they gave was increased. Two visited the general practitioner monthly for consultations. Five visited once or twice weekly to treat ambulant patients at the doctor's surgery, afterwards paying domiciliary visits to patients whom the doctor especially wished them to see. These attendances at the doctor's surgery provided an opportunity for discussing matters relevant to patients whom both the doctor and nurse visited.

The most interesting development was the secondment of four Queen's nurses full-time to four group practices. The nurses generally plan their day's work along similar lines. The first half of the morning is spent in visiting the doctor's cases who require domiciliary nursing care. About 1100 hrs. they go to the surgery and there meet the doctors and discuss any matters relating to patients. After this they treat ambulant patients in the surgery – the table in the text shows the variety of work they undertook in 1966. During the afternoon another round of domiciliary nursing cases is undertaken. One of the most valuable contributions the nurses make are special visits paid at the doctor's request, where their observations can either save a doctor's visit or alternatively, by reporting the patients symptoms, show that a doctor's visit is really necessary.

One district nurse seconded to a group practice is assisting a doctor in a survey of elderly persons who attend either at the surgery or are visited at home by the doctor and nurse. The following tests are carried out by the nurse:– eyesight, urine, blood pressure, weight and height measurement and a specimen of blood is taken. The thoroughness of the examination is shown by the fact that only two elderly people are examined at each afternoon session, but the value of this painstaking work is clearly demonstrated when a malignant face ulcer was diagnosed in its early stages and in time for it to be completely cured. Two cases of myxoedema were diagnosed and the aged person returned to health.

This integrated care given by doctor and nurse has not only resulted in a more efficient service but has saved the doctor wasting his skills on unnecessary work and has provided the nurse with patient care well within her capacity and for which she is well qualified by her training and experience. Perhaps the greatest evidence of its success is the enthusiasm which the nurses show for this method of community care.

The table below shows the treatments and follow-up visits undertaken by these district nurses:–

<i>Immunisation and Vaccination</i>	<i>Taking specimens of blood</i>	<i>Blood pressures urine tests etc.</i>	<i>Special bandages, dressings</i>	<i>Injections</i>	<i>Follow-up visits</i>	<i>Total</i>
421	90	318	554	909	506	2,798

Nechells Green Health Centre

The work carried out by the district nurses attached to the Nechells Green Health Centre appears to have stabilized as the following table shows:–

TOTAL NUMBER OF CASES TREATED BY THE NURSES

1961	1962	1963	1964	1965	1966
7,233	10,491	11,266	11,777	12,177	11,923

Seventy-eight patients not on the lists of doctors at the centre were treated. The treatments were classified as follows:-

Injections	...	...	...	3,514 + 61	
Dressings	...	...	...	5,741 + 17	
Others	...	...	...	2,590	
				<hr/>	<hr/>
				11,845	78 = 11,923
				<hr/>	<hr/>

Voluntary Organisations

THE ASSOCIATION OF FRIENDS OF HOME NURSING IN BIRMINGHAM

The Aston Manor Nursing Institution decided that, in view of the widening nature of its work connected with the Home Nursing Service, it should change its name to that of "The Association of Friends of Home Nursing in Birmingham". At the Annual General Meeting held at the Town Hall with the Lord Mayor and Lady Mayoress present, the change in name was unanimously adopted.

THE MARIE CURIE MEMORIAL FOUNDATION

Thirteen day and night nurses are at present employed by the Marie Curie Memorial Foundation to care for patients suffering from malignant disease in their own homes within the City boundary. The Foundation arranges for the insertion of advertisements for staff and assumes financial responsibility, but the service is administered by the Administrative Medical Officer of Health and the Home Nursing Superintendents.

The Marie Curie nurses are employed on a casual basis, attending patients either at night or during the daytime. This ensures that the relatives of these patients get some relief from the onerous nursing duties.

In 1966, the 13 nurses employed attended 114 patients suffering from malignant diseases.

During the year, the Foundation has given £61. 18. 2d. from the Area Welfare Grant to supply material comforts to sufferers and items such as extra fuel and nourishment, clothing, bed-linen and toilet accessories have been purchased for the patients.

£2,095. 18. 3d. has been paid in nurses' salaries, National Insurance contributions and travelling expenses.

This generous help is greatly appreciated.

Staff Training

During the year thirty state registered nurses completed the course of district training and entered for the examination for the Queen's Roll and the National Certificate of the Ministry of Health. Twenty-seven were successful, one has since re-entered and passed.

Of the thirty students, twenty were trained for Birmingham, nine for other authorities and one trained independently. Two students were sent from the Island of Mauritius and sponsored by the World Health Organisation. Twenty of the total number took the full training and ten who held additional qualifications took the shortened course.

Seven state enrolled nurses entered for the 10-week course of instruction in district nursing; one withdrew before completion of the course, the remaining six passed the practical and written assessments and were awarded certificates by the Q.I.D.N.

Three meetings were held when the staff heard lectures on "Rheumatism" and on "Mental Subnormality" and saw a film on "Closed Cardiac Massage and Resuscitation".

Seventeen members of the staff attended refresher courses arranged by the Queen's Institute of District Nursing and the Royal College of Nursing.

The senior nurses of the eight district nursing centres attended a study day which included lectures and discussions. A visit was paid to the Queen Elizabeth Hospital where the staff had lectures on an intensive care unit, a cardiac pacemaker and a dialysis machine.

Home nursing attendants were very appreciative of a study day which was arranged for them and which they all attended.

In common with other members of the Public Health nursing staff, the district nurses attended a study session in family planning which was arranged by the Family Planning Association in co-operation with the Public Health Department. A selected number were given in-service training on the subject of "Cancer"; afterwards these nurses gave talks to organisations or groups who requested information on this subject.

Pupil Nurse Training - State Enrolled Nurses

Under the arrangements made between the United Birmingham Hospitals and the Department, the first group of four pupil nurses spent four weeks in their 2nd year of training with the district nurses. They observed the nursing care given to patients and attended lectures on domiciliary nursing subjects. At the end of the month's experience they were able to visit some patients on their own.

Thirty-seven pupil nurses from other hospitals accompanied the district nurses on their rounds.

Domiciliary Visits - Student Nurses and Post-Registration Students

During 1966, 503 students from City hospitals, in addition to the pupil nurses, accompanied the district nurses on their rounds. Of these, 415 were training for the General Register, 36 for the Sick Children's Register, 39 for the Mental Register and 13 were occupational health nurse students.

Staff

In January 1966, Miss L. Linday, an area superintendent, was promoted to the post of Deputy Superintendent of the Home Nursing Service. The area superintendent of the centre in Yardley, retired after twenty-six years service, and three senior nurses were appointed area superintendents to fill vacancies.

An assistant superintendent was seconded for a year to take health visitor training, and upon her return to the Service, was appointed Senior Assistant Superintendent of the District Nursing Training centre.

Three nurses who were under contract to give a year's service following training, asked to be released; of the three, two had given nine months' and one, three months' service. All were married and the reason they wished to leave was the purchase of a house some distance from Birmingham.

The following table shows the number of nursing staff in post on 31st December, 1966, as compared with 31st December, 1965.

	31st December, 1965			31st December, 1966		
	Full time	Part time	Total	Full time	Part time	Total
Superintendent	1	—	1	1	—	1
Deputy Superintendent ...	—	—	—	1	—	1
Area Superintendents ...	7	—	7	8	—	8
Assistant Superintendent...	1	(Seconded to take H.V. Course)		2	—	2
Senior nurses	8	—	8	7	—	7
S.R.N.'s with district training	97	12	109	95	10	105
S.R.N.'s without district training	16	16	32	27	16	43
S.E.N.'s with district training	30	2	32	25	3	28
S.E.N.'s without district training	7	5	12	13	2	15
Student nurses	8	—	8	9	—	9
TOTALS	175	35	210	188	31	219
Home Nursing Attendants	23	—	23	23	—	23
Full-time nurses seconded to work in the Geriatric section included in above				6	—	6

Seventeen male nurses are included in the number of full-time nurses employed; one of these is an area superintendent and two are seconded to work in the Geriatric Section.

Secondment of District Nurses to Work in the Geriatric Section

The work of the Geriatric section increased throughout the year and it became evident that the help provided by the two male nurses and four part-time nurses was insufficient. To rectify this, four district nurses were seconded to work full-time and three continued to work on a part-time basis.

On 31st December, 1966, the number of district nurses seconded to the section on a full and part-time basis was as follows:-

<i>Full-time</i>		<i>Part-time</i>
<i>Women</i>	<i>Men</i>	<i>Women</i>
4	2	3

Five Day Week for District Nurses

In the early part of the year there was considerable difficulty in recruiting nurses to fill vacancies in the Service. Advertisements in the local and nursing press produced numbers of enquiries but no firm applications. Replies to a questionnaire revealed that the reason was the unattractive off-duty.

The possibility of a five day week was explored and a plan of off-duty was drawn up which gave alternate three-day weekends, plus a day off in between. The scheme was successfully put into operation and as the staff figures show, recruitment to the Service has improved.

Home Nursing Attendants

On the 31st December, 1966, twenty-three home nursing attendants were employed. The duties which they perform include bathing the frail elderly, dressing those who are disabled and have no relatives to help, and applying special appliances such as spinal jackets and calipers.

Their work continues to increase as the following table shows:-

		1961	1962	1963	1964	1965	1966
Cases ...	...	6,392	7,282	7,098	7,665	8,438	8,986
Visits ...	...	21,536	24,792	22,801	25,970	27,880	29,134

Fellowship of the Handicapped

Three members of the District Nursing staff, instead of two as in 1965, accompanied the handicapped on their annual holiday to Caister camp. The addition of another nurse proved advantageous and as usual they enjoyed the busy but interesting interlude.

Children's Home Nursing Unit

Two items of major importance have affected the work of the Children's Home Nursing Unit. One of the two nurses resigned and the person appointed to replace her, although a highly qualified and experienced nursing sister, had not taken the course of district nurse training and arrangements could not be made for her to do so until the latter part of the year. Although the existing district nurses undertake the care of the sick children, doctors seem reluctant to refer cases, unless a specially appointed children's home nurse is available.

The other feature leading to the decrease in the number of children referred to the Service, was the slum clearance and redevelopment in the area covered by the Unit. During 1966, 221 fewer children were attended resulting in a decrease of 2,311 visits.

It is interesting to note, as the following table shows, that the greatest decrease occurred in the number of respiratory conditions and other illnesses which could be attributable in part to environmental circumstances.

NEW CASES VISITED, ACCORDING TO DISEASE OR DISORDER,
BY THE CHILDREN'S UNIT

	1964	1965	1966
Bronchitis, pneumonia, pleural effusion ...	484	422	366
Tonsillitis, otitis media, adenitis ...	166	196	164
Abscesses, boils and other skin conditions	150	191	117
Gastro-intestinal conditions, including enemas given ...	144	111	105
Infectious diseases ...	57	65	61
Disease of the central nervous system ...	15	16	11
Minor surgical ...	—	—	12
Diabetes melitus ...	1	5	1
Pyrexia ...	65	61	59
Other medical conditions ...	123	94	71
Post-operative conditions ...	28	41	31
Orthopaedic conditions ...	—	—	—
Eye conditions ...	1	7	5
Burns and Scalds ...	13	19	10
TOTAL ...	1,247	1,228	1,013

The night nurse has attended 122 children to whom she paid 332 visits, compared with 217 children and 615 visits in 1965.

LOAN OF NURSING EQUIPMENT
(Section 28 – National Health Service Act, 1946)

The number of articles of both sick room and special equipment on loan increase at an unexpected rate year by year, principally because of the number of aged who are looked after in their homes. Special attention was drawn to this in the 1965 Annual Report. The number of articles loaned has increased by 14·5 per cent. in 1966 to 17,614. The amount contributed in loan charges was £3,243, an increase of £272 over the previous year. The items which contributed especially to this increase were bed pans, commodes, leg cradles, walking sticks, walking aids, wheelchairs and bath aids. There was no notable addition over the year to the range of special equipment and it was a matter of replacing items which could not be repaired and increasing the existing stock.

Commodes are now the most frequently requested item of sick room equipment with a weekly delivery rate of from 20 – 40. The introduction of the modern, stainless, stacking tubular commode has not been as successful as hoped. The aged and infirm prefer the greater stability of the heavy wooden type and for this reason both types are available.

Non-returnable polythene draw sheets have been introduced to reduce the cleansing of equipment at centres and reduce both administrative and clerical help. Hospital quality mackintosh sheets, however, are still very necessary for grossly incontinent patients.

The loan of enuretic alarm units has shown the greatest percentage increase in demand. Unfortunately there were times during the year when there was a waiting list of two months or over despite many additions to stock. The number of children who have used this apparatus and have since been free from nocturnal enuresis over a year has slightly increased. It would seem with most of these cases that a little discipline by the parents in the amount of fluid which the children take for two hours before going to bed might be as useful a therapeutic measure as the alarm unit.

A follow-up of 137 cases who returned the alarm units during 1966 gave the following results:—

<i>Age Group</i>	<i>Successful</i>	<i>Not Successful</i>
3 – 7	22	12
8 – 12	52	32
over 12	11	8
	—	—
	85	52
	—	—

In 32 of the cases reported as successful it was found that there had been occasional relapses.

LOAN OF NURSING EQUIPMENT 1964-1966

(a) Quantities of normal sickroom equipment on loan during						1964	1965	1966
Air rings and cushions	...	...	...	...	...	825	917	922
Back rests	...	...	...	...	...	805	993	1123
Bed pans	...	...	...	...	...	1187	1403	1714
Commodes	...	...	...	...	...	2325	2494	2996
Leg cradles	...	...	...	...	...	474	572	728
Mackintosh sheets	...	...	...	...	...	894	1506	1589
Sick feeders	...	...	...	...	...	82	101	115
Urinals	...	...	...	...	...	660	850	1,038
Miscellaneous items	...	...	...	...	...	165	243	161
						<u>7417</u>	<u>9079</u>	<u>10386</u>
(b) Quantities of special equipment on loan during						1964	1965	1966
Bedsteads	...	...	...	...	...	744	812	863
Self-operating tilting beds	...	...	...	...	...	2	2	4
Special mattresses	...	...	...	...	...	442	466	454
Ripple beds (Anti-decubiti)	...	...	...	...	...	10	9	20
Fracture boards	...	...	...	...	...	150	189	190
Lifting poles and chains	...	...	...	...	...	247	312	332
Crutches, pairs	...	...	...	...	...	160	160	193
Walking sticks	...	...	...	...	...	1217	1335	1520
Walking aids	...	...	...	...	...	429	617	792
Geriatric chairs	...	...	...	...	...	39	53	95
Lifting apparatus	...	...	...	...	...	41	33	34
Wheel chairs	...	...	...	...	...	1295	1476	1758
Merlin chairs (Self propelling)	...	...	...	...	...	738	569	532
Enuresis units	...	...	...	...	...	150	139	212
Bath aids	...	...	...	...	...	94	135	229
						<u>5758</u>	<u>6307</u>	<u>7228</u>

LOAN OF FIREGUARDS

The number of guards issued in 1966 was 608. Included in the 584 returned during the year were 87 guards unfit for re-issue and 66 guards loaned to persons who cannot be traced.

The guards loaned conform to B.S. specification 2788 or 3140 according to the type of fireplace. The delivery men fix the guards securely by fitting hooks when the applicant is incapable of doing so.

	1964	1965	1966
Number of guards on loan 1st January	1,190	1,406	1,461
Number issued during year	655	539	608
	<u>1,845</u>	<u>1,945</u>	<u>2,069</u>
Number returned during year	439	484	548
	<u>1,406</u>	<u>1,461</u>	<u>1,521</u>

DOMICILIARY LAUNDRY SERVICE

There were fewer applicants for the loan and laundering of linen in 1966 as 948 persons were provided with the service, a decrease of 13 on the previous year. The amount in charges paid was £3,341, an increase of £489. During November, due to staff shortage in the sewing room, the number of emergency packs stored and issued by the district nurses from the district nursing centres was restricted.

The use of disposable pads is being greatly extended and in all 66,000 were dealt with by the destructor at the Upper Tame Main Drainage Authority. Although these arrangements continue to work satisfactorily and we are grateful to the Engineer-in-charge for his help, some difficulty has been encountered in the disposal of pads which incorporate plastic material. Arrangements have been made during the next year for the Salvage Department to deal with all incontinence pads.

	1964	1965	1966
Number of cases on books 1st January ...	258	250	266
New applications during year	656	747	718
	914	997	984
Cases removed from books during year ...	664	731	709
	250	266	275

ANALYSIS OF CASES 1966

<i>No. of approved applications</i>	<i>Service discontinued</i>			
	<i>Died</i>	<i>Hospital</i>	<i>Other reasons</i>	<i>Total</i>
718	365	219	125	709

AMBULANCE SERVICE

(Section 27 – National Health Service Act, 1946)

The grand total of patients conveyed by the Ambulance Service during 1966 was 531,341 compared with 532,446 in 1965.

As the result of a severe staff shortage experienced during the year, fewer removal cases were carried by the directly provided service and it was necessary to increase considerably the use of private hire cars. This is shown in the following table.

Hospital Removal Cases

	1965	1966
Directly provided service	431,799	382,840
Hospital Car Service	34,770	33,101
Private hire cars	42,191	91,299
	508,760	507,240

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

Year	<i>Patients conveyed by directly provided ambulances of Hospital Removals Service</i>	<i>Comparison with previous year</i>	
		<i>Increase</i>	<i>Decrease</i>
1963	377,844	16,240	
1964	396,664	18,820	
1965	431,799	35,135	
1966	382,840		48,959

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

HOSPITAL REMOVAL AMBULANCES (DIRECTLY PROVIDED)
COMPARATIVE ANNUAL TOTALS OF CASES CARRIED ACCORDING TO
CLASSIFICATION

<i>Analysis</i>		<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>
Clinic cases ...		273,398	289,956	311,459	349,949	306,607
Admissions ...		33,902	36,818	35,278	35,094	33,346
Discharges ...		29,899	31,314	31,216	29,385	25,844
Transfers ...		8,671	8,605	7,598	7,587	8,001
Emergency						
Maternity Service		179	136	130	98	110
Maternity ...		9,180	9,379	9,478	8,703	8,432
Out- posted units	{ Monyhull— Psychiatric ... Yardley Green— Tuberculosis ... Miscellaneous ...	542	552	464	—*	—
		4,733†	—	—	—	—
		1,100	1,084	1,041	983	500
		361,604	377,844	396,664	431,799	382,840

Notes: *As from 1st January 1965 psychiatric cases are placed in other categories, *i.e.* admissions, discharges, clinics, etc.

†As from 1st August 1962 tuberculosis cases are placed in other categories, *i.e.* admissions, discharges, clinics, etc.

TOTAL NUMBER OF PATIENTS DIVIDED INTO STRETCHER AND
SITTING CASES

(Directly provided ambulances)

		<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>
Stretcher cases ...		88,521	92,448	94,336	98,878	97,589
Sitting cases ...		273,083	285,396	302,328	332,921	285,251
TOTALS ...		361,604	377,844	396,664	431,799	382,840

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

RATIO OF SITTING TO STRETCHER CASES

(Directly Provided Ambulances)

1963 3·08 : 1

1964 3·20 : 1

1965 3·36 : 1

1966 2·92 : 1

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

<i>Decrease</i>	Clinic cases (all forms of out-patient treatment) ...	43,342
	Discharges ...	3,541

Accident Ambulances

Nine ambulances based on two Ambulance Depots and six Fire Stations continued to provide cover for accidents and other emergencies.

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

	1965	1966
Calls	25,439	26,124
Casualties	23,686	24,101

Under mutual assistance arrangements with neighbouring authorities, the Service provided accident ambulances in response to 23 incidents outside the City boundary.

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:—

ACCIDENT AMBULANCE CALLS LOCATION OF CALLS

	1965	1966
Street accidents involving vehicles	5,437	5,482
Factory accidents	1,284	1,097
Private houses	8,883	10,024
Offices	153	144
Shops and restaurants... ..	802	709
Outdoor (other than street accidents)	4,294	3,964
Licensed premises	780	672
Schools	584	600
Cinemas and theatres	87	114
Other premises	2,542	2,695
False alarms (malicious)	593	623
TOTAL	25,439	26,124

CLASSIFICATION OF INJURIES TO PATIENTS CARRIED IN AMBULANCES

	1965	1966
Fractures	1,529	1,412
Wounds	4,803	4,331
Collapse, fits, strokes	4,530	4,197
Abrasions and bruises	896	824
Gas poisoning	237	179
Drowning	12	13
Eye injuries	168	180
Dislocations and sprains	187	193
Hanging... ..	2	2
Concussion, shock	2,217	2,359
Haemorrhage	763	849
Scalds and burns	524	453
Poisoning	833	834
Not classified	6,985	8,275
TOTAL	23,686	24,101

DESTINATION OF CASUALTIES

	<i>1965</i>	<i>1966</i>
Accident Hospital	5,466	5,409
General Hospital	8,548	8,204
Selly Oak Hospital	3,262	3,446
Dudley Road Hospital	3,298	3,393
East Birmingham Hospital	1,888	2,210
Queen Elizabeth Hospital	173	177
Other Hospitals	844	1,055
Casualties actually carried in ambulances but not taken to hospital	207	207
TOTAL	23,686	24,101

FATALITIES

	<i>1965</i>	<i>1966</i>
Number of persons found dead on arrival of ambulances	387	433

METHOD OF TRANSMISSION OF CALLS

		<i>1966</i>
G.P.O. "999" system ... ..	...	21,332
Police Information Room ... ..	...	2,609
Exchange telephone ... ..	...	1,548
Private wire telephone ... ..	...	14
Messenger ... ..	...	230
Radio ... ..	...	119
Observed by ambulance crew ... ..	...	272
TOTAL ... ..	...	26,124

Ambulance Fleet

Four dual-purpose (stretcher) and six sitting case ambulances were replaced during the year. Two 20-seater coaches were added to the fleet, the strength of which is now as follows:-

Dual-purpose (stretcher) ambulances	74
Sitting case ambulances	30
Sitting case cars	2
Ambulance coach (30-seater)	1
Ambulance coaches (20-seater)	4

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	50	27	28	15	11	13	18	21	42	67	94	151	174	176	172	201	202	189	167	136	104	92	77	80	2,307
6-10	15	7	3	3	6	2	1	10	37	31	45	64	116	115	99	109	176	138	93	86	57	33	26	18	1,290
11-15	11	11	3	4	2	5	2	17	61	57	71	101	128	130	124	124	146	96	93	84	83	76	55	19	1,503
16-20	197	84	65	43	25	17	24	86	136	103	105	123	148	160	140	167	165	205	154	151	146	179	350	385	3,358
21-25	208	139	84	63	39	22	17	54	92	77	64	92	109	92	117	138	110	128	88	96	126	120	220	358	2,653
26-30	135	89	68	54	20	26	18	46	57	57	70	73	81	75	94	111	111	89	93	75	77	79	196	249	2,043
31-35	79	57	29	35	17	12	18	24	41	34	49	50	59	55	74	71	71	61	48	49	67	69	124	178	1,371
36-40	76	43	28	25	16	17	16	33	38	43	36	50	62	66	74	71	65	65	67	46	81	66	99	133	1,316
41-45	65	41	19	14	10	6	18	30	30	42	51	51	62	77	77	78	72	64	29	41	50	60	82	119	1,188
46-50	58	26	15	10	12	12	19	33	42	44	61	62	59	73	82	75	69	69	60	57	49	64	85	123	1,259
51-55	40	29	9	9	7	6	6	46	38	42	65	63	62	55	74	80	74	61	42	45	50	41	84	93	1,121
56-60	31	15	12	14	7	9	25	40	48	42	74	79	71	63	88	79	67	82	52	37	59	53	62	76	1,185
61-65	20	14	15	3	7	5	14	25	36	32	50	56	67	57	74	59	58	66	46	31	40	45	50	51	921
66-70	21	6	13	5	2	6	8	21	19	33	37	56	60	48	66	60	43	59	34	26	31	36	35	33	758
Over 70	36	21	14	19	10	7	11	27	32	65	98	155	146	133	149	121	109	75	76	70	50	60	64	54	1,602
Unknown Age	12	6	5	2	1	0	2	9	4	12	8	10	7	14	12	16	14	8	10	12	9	12	16	25	226
TOTAL	1054	615	410	318	192	165	217	522	753	781	978	1236	1411	1389	1516	1560	1552	1455	1152	1042	1079	1085	1625	1994	24,101

Conveyance of Patients by Rail

Wherever possible long distance cases were conveyed on the ambulance/rail/ambulance basis. Some 503 cases were carried on this basis during the year as compared with 596 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 508 patients either to final destinations or to other railway stations to continue journeys.

Organisational Changes

The basic organisation of the Ambulance Service continued unaltered during the year. The staffing position, however, continued to cause concern because resignations completely offset recruitment and the total effect was to leave the Service with a much less experienced staff. Approval was given for the replacement of the mobile radio system with modern equipment and consent was obtained to the use of two radio frequencies because the message traffic had become too heavy for one frequency. The new equipment will be in operation early in 1967.

Approval has been given to the proposal to build an additional Ambulance Depot on the East side of the city and a plot of land has been purchased for this purpose in Hobmoor Road, Small Heath from the Regional Hospital Board. Ministry sanction for the building of the Depot in 1967/68 has been refused. The Ambulance Service has taken over some premises attached to the Perry Barr Fire Station which were previously used as paint-spraying shops. These premises will be used for the garaging of ambulances which are serving the Perry Barr area. It has been necessary to extend the room occupied by the central Ambulance Control in order to satisfy the requirements of the Offices, Shops and Railway Premises Act; this has been done by taking over an adjoining office in the Headquarters premises.

Mutual Assistance

Some 61,966 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

A further decrease occurred in the number of maternity cases conveyed from home addresses to various maternity hospitals during the year, the total being 8,432 as against 8,703 the previous year.

There were 110 calls for ambulances for the Emergency Maternity Service operated by Loveday Street Maternity Hospital as against 98 in the previous year. Some 54,227 cases were conveyed to and from Marston Green Maternity Hospital by the ambulance coach for attention as out-patients. This represents a decrease of 10,963 on the figure of 65,190 for the previous year.

Mileage

The following table shows the division of mileage into the Sections of the Service over the past five years:-

	1962	1963	1964	1965	1966
Hospital removal					
ambulances ...	1,604,459	1,675,362	1,718,930	1,665,998	1,553,945
Accident ambulances ...	123,942	122,029	134,122	145,405	149,382
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	1,728,401	1,797,391	1,853,052	1,811,403	1,703,327
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Hospital Removal and Outposted Ambulances

The following table shows the average miles per patient carried. The abnormal turnover of staff during the year and the consequent serious dilution of operational experience had an adverse effect on the 1966 figures.

Year	<i>Cases Carried</i>	<i>Mileage</i>	<i>Miles per Patient</i>
	<i>Monthly Average</i>	<i>Monthly Average</i>	<i>Average</i>
1962	30,134	133,705	4.44
1963	31,487	139,614	4.43
1964	33,055	143,244	4.33
1965	35,983	138,833	3.86
1966	31,903	129,495	4.05

Staff

Details of the establishment and strength of the Ambulance Service at the end of 1966 are as follows:-

<i>Operational and Depot Staff Establishment</i>				<i>Strength at 31.12.66</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
Ambulance Training Officer ...	1			1	—	1
Section Officers...	10			9	—	9
Clerks ...	5			1	4	5
Storekeeper ...	1			1	—	1
Depot Drivers ...	3			4	—	4
Depot Assistants ...	3			3	—	3
Ambulance Cleaners ...	13			6	—	4
Cooks and Cleaners ...	3			—	2	2
	(whole-time)				(whole-time)	(whole-time)
	3			—	3	3
	(part-time)				(part-time)	(part-time)
Leading Drivers ...	22			15	—	15
Drivers and Attendants	254			226	12	238
<i>Ambulance Control</i>						
Control Duty Officer	1			1	—	1
Section Officers...	6			6	—	6
Senior Leading Control Operative...	1			—	1	1
Leading Control Operatives ...	3			—	3	3
Control Operatives ...	32			4	28*	32*

*Includes 5 part-time.

Bed Bureau

There was a decrease in the number of requests placed with the Emergency Bed Bureau operated by the Ambulance Service on behalf of the Birmingham Regional Hospital Board. 15,223 requests were received from general practitioners, etc., beds being obtained in 14,611 of these cases.

The figures for the previous year were 15,930 requests, beds being obtained in 15,391 cases.

Voluntary Services

HOSPITAL CAR SERVICE

Substantial assistance was again given by the British Red Cross Hospital Car Service as is illustrated by the following table:-

							1965	1966
Patients	...	...	...	...	...	...	34,770	33,101
Mileage	...	...	...	...	...	...	259,002	255,130

ST. JOHN AMBULANCE BRIGADE

Continued valuable assistance was given by the St. John Ambulance Brigade in providing ambulance crews for additional cover at certain periods, whilst the Service is again indebted to those voluntary members of the St. John Ambulance Brigade, the British Red Cross Society and the 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 pattern of work in the geriatric services which has emerged during this year continues to emphasise the essential need for close liaison between statutory and voluntary organisations, in order that all available resources can be fully co-ordinated in the provision of an integrated service of preventive care and rehabilitation of the elderly in the community. Adequate supportive domiciliary services can maintain an elderly person in his or her own home environment for months and often years. Such community care relieves the pressure on geriatric hospitals and reduces the waiting list for admission to local authority welfare homes. It enables the elderly person to retain his independence and preserve his identity, which are essential for happiness and emotional well-being. The Geriatric Health Visiting Service endeavours to assess the needs of individual elderly persons brought to its notice by hospitals, general practitioners, all other local authority personnel, voluntary workers and relatives. These needs may be many and varied, physical or emotional, but every effort is made to link the elderly person with appropriate services available.

There are at present four area geriatric health visiting offices in Maternity and Child Welfare centre premises. The office at Nechells Health Centre covers the north eastern quadrant of the City; Carnegie geriatric health visiting office covers the north western quadrant; the south eastern quadrant of the City has an office at Yardley Wood and the south western quadrant is served by Selly Oak geriatric health visiting office. There is frequent contact between the geriatric visitors and hospitals including the psychiatric day hospitals. Approximately 9.71 per cent. of all persons being currently dealt with are known to be mentally disturbed.

An interesting experiment was initiated on the northern side of the City at the end of 1966, when a general practitioner arranged for a group of elderly persons from his practice to visit a local authority welfare home in order to introduce them to the idea of future residential care. A senior geriatric visitor and a welfare officer were present, and gave a short talk on the domiciliary services for the elderly. This experiment has been repeated, since it appears to alleviate many of the fears and worries which elderly people experience as the time approaches when they can no longer be fully independent. It is hoped that similar talks will be repeated whenever possible.

Close liaison with voluntary organisations has continued during the year. The Birmingham Council for Old People now has fifteen day centres

and one day club with a second day club to be opened shortly; other day centres are maintained by other organisations. The Meals on Wheels service operated jointly by the Women's Royal Voluntary Service and the Birmingham Council for Old People and Birmingham Council for Social Service, delivered 90,578 meals during the year, an increase of 16,600 over the previous year. The Birmingham Council of Social Service Voluntary Visiting Service for Old People now visits regularly some 3,895 lonely old persons.

The Geriatric Health Visiting Section is represented on a number of voluntary committees concerned with the care of the aged, and in particular the committees of the two nursing homes for the elderly which are maintained by the Birmingham Council for Old People.

At the close of 1966, a total of 7,767 persons were under surveillance by the geriatric health visitors. Of these 2,573 persons were delegated to other statutory agencies for current supervision, and 234 persons to voluntary agencies. Of the remaining 4,960 persons under current surveillance by the geriatric health visitors, 3,178 were women and 1,782 were men; elderly persons living alone accounted for 54.8 per cent; those living with one other old person, 27.7 per cent. and the remaining 17.5 per cent. were living with relatives or friends. It was felt that 792 persons required intensive visiting, i.e. 16 per cent. of the total number. The proportion of persons over 75 years of age was 53 per cent. of the total. Persons in this older age group often require longer and more frequent visits and this additional work has necessitated the secondment of a number of district nurses from the Home Nursing Service to work as social medical workers in the Section. This has provided the district nurses with a valuable insight into the work of the Geriatric Health Visiting Section, and has enabled them to be used by their Home Nursing Service colleagues in an advisory capacity on some of the social problems of ageing.

Another important development during 1966 in the integration of the geriatric services has been the compilation of a register of persons at risk by the Welfare Department. The four area geriatric health visiting offices act as points of referral for all the persons who are known to other sections of the Public Health Department, e.g. Home Nursing Service, Home Help Service. A system of communication is being established which should ultimately provide a smooth flow of information to the Welfare Department's register, and enable the Register to be used as an accurate cross check in the avoidance of duplication of visiting. From the commencement of the Register in mid 1966 until 31st December, 1966, 3,884 referrals for services had been received from the Register and distributed to appropriate sections for follow-up.

The Bathing Station at Bacchus Road, which provides facilities for the bathing of elderly persons, has had a number of improvements made

during the year. These include the installation of a modern medic-bath (sitting down type of bath) which has helped considerably in the handling of obese and arthritic patients who previously found difficulty in getting into the traditional type of bath. During the year 124 elderly persons who had no home bathing facilities had a total of 1,407 baths. Of this number 64 were new patients.

The work of the Geriatric Section continues to expand. The appointment of an Assistant Superintendent Health Visitor to co-ordinate the work of the Section as part of her duties was made in July, 1966. With the proposed sectorisation of Birmingham and the pressure of work it will be necessary in 1967 to divide the City into six areas for geriatric health visiting in order to cater for the needs of elderly persons who comprise such a large part of our modern community.

Statistics

	1966	1965	1964
Cases on visiting list on 1st January ...	6,759	5,287	3,993
New cases added during the year ...	2,586	2,332	1,899
Cases remaining on visiting list at the end of the year	7,767	6,759	5,287
Cases admitted to hospital	852	691	574
Deaths	667	583	646
Cases referred to Welfare Dept. ...	381	154	114
Total visits paid by special health visitors	13,580	9,359	9,425
Total visits paid by health visitors on general duty	4,707	3,649	3,125
Consultations with special health visitors	19,730	11,435	5,053

ANALYSIS OF NEW CASES DURING 1966 TOTAL—2586

		Number	%
SEX	Male	761	31·3
	Female	1,670	68·7
AGE (YEARS)	60 - 65	257	10·6
	65 - 74	801	32·9
	75 - 84	1,077	44·3
	85 >	296	12·2
CIVIL STATE	Married	790	32·5
	Widowed	1,348	55·5
	Single	280	11·5
	Apart	13	0·5
HOUSEHOLD CIRCUMSTANCES	Living alone	1,050	43·2
	Living with relatives ...	561	23·1
	Living with spouse ...	719	29·6
	Living in lodgings ...	101	4·1

Chiropody Services

The demand for chiropody greatly exceeds our resources. The clinics have been well attended during 1966. The number of sessional chiropodists employed at the end of 1966 was five, equivalent to 1.6 full-time i.e. 16 sessions per week.

	<i>Sessions</i>	<i>Treatments given</i>	<i>No. of patients</i>
Clinics	169 (191)	946 (875)	481 (324)
Domiciliary	476 (436)	2,461 (2,121)	1,163 (827)

(1965 figures in brackets).

There were fewer clinic sessions in 1966 than the previous year because two chiropodists left their appointments who could not be replaced until late during the year. In spite of reduction of clinic sessions by 22, the number of treatments rose by 71 and the number of patients increased by 157 from the previous year. Similarly the number of patients receiving domiciliary treatment increased by 340 and the number of patients rose by 336.

In addition to the Local Authority services, the Birmingham Council for Old People continued to operate a chiropody service as agents of the Health Committee. During the year 4,758 patients received treatment: 1,706 in their own homes and 3,052 in chiropodists' surgeries.

HOSPITAL FOLLOW-UP WORK BY HEALTH VISITORS

During 1966, nine health visitors were attached in a part-time capacity to six city hospitals. When the work was evaluated at the beginning of the year it was decided that a better service would result for the Accident hospital if a geriatric health visitor were to visit the hospital regularly and special follow-up visits to children were paid by the area health visitors.

Four health visitors dealt mainly with the follow-up of children from Dudley Road, East Birmingham and Selly Oak Hospitals. These included cases of rickets, malnutrition, hypothermia, battered baby syndrome and many respiratory infections.

Two health visitors assisted with the follow-up of diabetic patients from the General and Selly Oak Hospitals. These health visitors found their work fell into the following categories:-

- (1.) Visits to new patients on insulin therapy.
- (2.) Explanation of dietary problems to patients experiencing difficulty in their homes.
- (3.) Visits to antenatal and out-patient defaulters.
- (4.) Visits to elderly diabetics and others with social problems.

- (5.) Visits to patients requiring urgent admission to hospital.
- (6.) Visits for information concerning conjugal diabetics.
- (7.) Visits to persuade patients to enter hospital for research into metabolism and behaviour of ketones in the body.

The health visitor attached to the Orthopaedic Hospital visited many elderly disabled patients on discharge and was able to organise the necessary nursing aids and services required. An increasing number of visits were paid to Asiatic Indian patients suffering from tuberculosis of bones and joints.

Referrals from the Queen Elizabeth Hospital were to assist patients suffering from chronic or progressive disease.

The health visitors at all the hospitals were concerned with special applications for housing on medical grounds.

The venereal disease follow-up work was handed over by the health visitor attached to the General Hospital to three health visiting assistants in November. The health visitor has continued to visit the homes of women who have doubtful reactions to the cervical smears taken at this clinic.

Statistics

WORK OF THE HOSPITAL FOLLOW-UP VISITORS

<i>Hospitals</i>	<i>Sessions at hospitals</i>	<i>Visiting sessions</i>	<i>Individual patients visited</i>	<i>Visits to patients' homes etc.</i>
Dudley Road (1. Paediatric)	38	28	56	93
(2.)	35	36	63	109
General (Diabetic) ...	45	115	321	486
(Venereal Disease)	40	113	187	328
East Birmingham ...	41	41	137	142
Queen Elizabeth ...	88	88	243	456
Royal Orthopaedic ...	43	94	263	352
Selly Oak (Paediatric) ...	43	73	146	248
(Diabetic) ...	41	42	83	148
<hr/>				
1966	414	630	1,499	2,362
1965	580	850	2,100	3,051

RECUPERATIVE CONVALESCENCE

During 1966, 334 applications for convalescence were dealt with by the Department, compared with 352 in 1965. As in previous years, the majority of applicants were referred by their general practitioners. Women applicants were more than twice as numerous as men. Many enquiries, not included in the above figures, were received without the support of a medical certificate; medical evidence did not materialise and the applications were not recorded.

Of the 334 applicants, 162 were sent to convalescent homes. The Birmingham Hospital Saturday Fund accommodated 155 and seven were sent to homes more suitable to their individual needs. Of the remaining 172, 73 applications were cancelled, mostly by the patients themselves and some by the Department after applicants failed to respond to any communications, or were found to be eligible to go free of charge under direct contributions to the Birmingham Hospital Saturday Fund. In the latter cases, applicants were instructed to apply to the firms where the contributions were made. After further reference to the general practitioner concerned, 99 applicants were refused as not coming within the Health Committee's terms of reference for recuperative convalescence (i.e. a recent acute illness or operation, or special circumstances which have caused mental or physical ill health).

The following table gives the ages and sex of patients who took convalescence in 1966.

							<i>1966</i>	<i>1965</i>	<i>1964</i>
<i>Age</i>	<i>0-4</i>	<i>5-15</i>	<i>16-44</i>	<i>45-64</i>	<i>65-74</i>	<i>75+</i>	<i>Total</i>	<i>Total</i>	<i>Total</i>
Males ...	0	6	5	11	8	3	33	41	69
Females ...	0	5	26	33	42	23	129	129	199

As in previous years, applications were received from people in the 65+ age group who, although in reasonably good health, had not been able to afford a holiday for many years. Voluntary organisations who arrange spring and autumn holidays for old people at reasonable charges were suggested to such applicants, but in most cases their very limited financial resources precluded them from going any further in the matter. Where people in this age group were acceptable for convalescence, age proved no obstacle to acceptance. The Birmingham Hospital Saturday Fund accommodated eight patients over 80 years old and the Neville Williams House in Birmingham (owned by the Birmingham Council for Old People) accommodated one man over 75 who was recovering from a recent illness but whose age rendered him too infirm to travel too far afield.

The table below shows, in relation to each medical category, the number who applied for convalescence and the number who were accepted.

	<i>Applied</i>	<i>Accepted</i>
Respiratory diseases	54	31
Debility	61	30
Post-operative	70	51
Rheumatism and arthritis	19	6
Mental illness	22	8
Organic nervous disease	8	1
Heart disease	13	5
Gastro-intestinal disorder	2	1
Anaemia	13	4
Accidents	7	6
Hypertension	11	2
Ulcers, peptic	4	3
Tuberculosis	3	1
Arteriosclerosis	1	0
Senility	0	0
Miscellaneous	46	13

HEALTH EDUCATION

In this day of the communication explosion we are surrounded by those whose purpose it is to inform, instruct, persuade. The spoken word and the written word are powerful weapons in the hands of those who have ideas or things for sale. But to be effective they must be used skilfully and selectively lest they pass beneath or above their target. Nowhere is this more relevant than in health education. The particular expertise of health education consists in knowing what are the important topics of the moment and how to communicate them in the way that the audience can best understand and accept. The paragraphs which follow indicate the subjects which were singled out for special emphasis during the year and the lines of communication employed.

Cancer Education

Because of the fear, apathy and ignorance which are the characteristic reactions of the public to cancer, the Health Committee decided to promote a Cancer Education programme in the City to encourage a more hopeful and informed attitude towards cancer.

The Health Education Section, in preparation for the programme, formed a panel of lecturers from the medical and nursing staff, and an in-service study course was arranged for the lecturers in order to discuss current medical opinions. We were most fortunate in obtaining the services of Dr. J. F. Bromley, recently retired Medical Director of Radiotherapy Departments of the United Birmingham Hospitals who gave a series of two lectures weekly for three weeks.

To help us to assess the climate of opinion from an appropriate cross section of the public, representatives of various organisations in the City were invited to the Health Education Section to discuss the programme. Cancer education films were shown and discussed, together with the other visual aids to be used.

The campaign was launched by the Chairman of the Health Committee in September when the press and T.V. interviewers discussed the subject with members of the Health Education staff. As a result of the subsequent publicity, fifty-three requests for lectures were received during the next three months and the demand is still continuing. A public lecture was given in two welfare centres on the north side of the City. After the first meeting there was a request from the public to increase the single lecture to a series of four, covering the various aspects of cancer prevention.

Family Planning

Arising from the Ministry of Health Circular 5/66 urging local authorities to review their present arrangements for family planning, the Health

Committee decided that the Public Health Department staff should play a more active part in this aspect of health education.

To implement this recommendation, the Health Education Section, together with the Family Planning Association, arranged in-service study courses for the following nursing staff:-

25th - 27th October, 1966	- Health Visitors
1st - 3rd November, 1966	- Midwives
8th - 10th November, 1966	- District Nurses

On each occasion the programme was:-

- "Local Authorities and Family Planning".
- "Hazards of Childbirth to the Life and Health of Individual Mothers".
- "Techniques of Family Planning".
- Film: "Planned Families".
- "The Role of the Nurse in Family Planning".

A panel of specialists in all the subjects discussed was available to answer questions.

On the same subject, a firm of pharmaceutical manufacturers sponsored a conference to which members of the Health Committee and the staff of the Department were invited. Papers were presented on the work of the Family Planning Association, and on a local authority domiciliary family planning service.

Drug Taking and Young People

On 14th July, 1966, a conference was held in the Council House, with representatives of the Education, Watch and Health Committees, Regional Hospital Board and Executive Council to discuss the problem of drug taking and young people.

As a result of their recommendations, Dr. J. Owens, Consultant Psychiatrist, All Saints Hospital, was invited to speak to the following professional groups:-

- (a) **HEALTH DEPARTMENT STAFF**
Health visitors, school nurses, male nurses, who undertake health education in schools and youth clubs.
- (b) **YOUTH LEADERS**
These included full and part-time youth leaders, training college tutors and representatives from further education and church organisations.
- (c) **TEACHERS** - because of the number invited the lecture was given on three occasions.
This group included head teachers, deputies and selected teachers.

These lectures were held in order to provide background knowledge on the subject and to aid recognition of signs and symptoms suggestive of

drug taking. Literature compiled by Dr. J. Owens and his team on terminology signs and symptoms, withdrawal symptoms and the description of commonly used drugs was circulated.

Schools

There was a reduction in the number of talks given in schools from 4,232 to 3,733, due to two factors; the closure of some secondary modern schools and the shortage of health visitors and male nurses to undertake health education in schools. This is disappointing, especially as the City of Birmingham Education Department's Sex Education Report points out the increasing need for earlier and more widespread instruction on the subject of human relationships. The Ministry of Health also recommends an expansion of programmes in schools on smoking and health and venereal disease.

It was decided, after careful consideration, to include references to drug taking and young people in the lecture programme for schools.

Pupils from three grammar schools attended the course on environmental hygiene together with visits of observation.

Discussion and lectures were arranged for student teachers from Westhill and the City of Birmingham Colleges of Education. Discussions and visits have been arranged for the teachers from the City of Birmingham College of Education Supplementary Course in Health Education.

Other Activities Supported by the Health Education Section

The Health Education Organisers and the secretaries of various organisations in the City met and discussed topics to which special attention was being drawn during the year. Cancer Education was discussed, films were shown and opinions were sought as to the best means of presentation. The subject of Mental Health was also discussed and a detailed programme of the activities for Mental Health Week was publicised. Attention was drawn to the need for renewed and continued attention to immunisation of young children.

A programme was carried out for youth clubs on "Smoking and Health" and "Family Relationships". The subject of Family Relationships was illustrated by the films "Learning to Live" and "Quarter Million Teenagers" which have proved most successful.

The number of talks to adult and youth groups was 753 (adult - 474, youth - 279).

WINSON GREEN PRISON - Lectures on various aspects of health education including environmental and personal hygiene, were given weekly throughout the year.

LECTURES TO STUDENT GROUPS

- (a) STUDENT NURSES – Discussions and lectures.
- (b) PUPIL PUBLIC HEALTH INSPECTORS – Seventeen attended the Health Education Course which included principles of health education, effective public speaking and practical instruction in the use of visual aids.
- (c) PSYCHIATRIC NURSES COURSE – in view of the small numbers of student nurses in each psychiatric hospital a three week course on the Public Health Services has been arranged in the Health Education Section, this comprises three study days of lectures and visits of observation. Nurses from All Saints, Highcroft, Rubery and Hollymoor hospitals attend.

MENTAL HEALTH WEEK

The Health Education Section, in co-operation with the National Association for Mental Health and the National Society for Mentally Handicapped Children, arranged a programme during Mental Health Week, 5th – 11th June, 1966. Lunch time talks were arranged on two occasions.

Mental Welfare officers gave talks illustrated by films at Welfare Centres in four areas of the City, the theme being "The Return of Mental Patients from Hospital into the Community". Two senior training centres for the mentally handicapped were open to visitors and exhibition material was displayed at Bell Barn Training Centre. A leaflet on the subject was prepared and 5,000 copies were distributed to the public.

The response from the public was disappointing.

RETIREMENT COURSES

In conjunction with the Birmingham Retirement Council two discussion courses were held in the Health Education Section for the wives of men attending the pre-retirement course at work.

The Retirement Council met in the Health Education Section to view the B.B.C. 1 programme "Forward to Retirement". This consisted of a series of eight viewings followed by discussion.

Health Education Lecture Room

The Health Education Lecture Room was used 249 times during 1966 for meetings, discussions, demonstrations and various courses including the following:-

- (a) Professional and voluntary groups, e.g. Midwives, Health Visitors Training Course, Nursery Nurses, Royal College of Nursing, Society of Medical Officers of Health, Public Health Inspectors Association, District Nurses, Clinic Medical Officers, Home Helps, Childrens' Department and Play Groups.
- (b) A one day course for parents of handicapped children to discuss their physical, mental and social needs.
- (c) A Duke of Edinburgh Award Scheme mothercraft course followed by an examination.

Exhibitions and Displays

Exhibitions were produced and erected for specific occasions and for courses held in the section. Displays were sent to other sections on request.

An exhibition on local authority nursing services was shown at the Royal College of Nursing Jubilee year in the Council House and Art Gallery. An exhibition arranged at Handsworth Show in co-operation with the Civil Defence Department who provided the tent.

Films and Film Strips

Previews of films and filmstrips are arranged at regular intervals to allow senior members of the Department and section heads to select suitable material for their staff.

Films purchased during the year include "Breast Self Examination" and "Quarter Million Teenagers".

Posters, Leaflets and Booklets

Posters, leaflets and booklets were distributed to welfare centres, day nurseries, district nursing centres and school clinics. The subjects included Mother and Child Care, Personal and Environmental Health, Home Safety, etc. The section also produced a poster and leaflet to support the Cancer Education Campaign, a leaflet for Mental Health Week and a booklet entitled "Clean Food and the Citizen". A news letter is also prepared and published for the information of the Public Health Department Staff. A number of students from training colleges, schools and hospitals request advice and visual material for study projects from the section.

PRIORITY IN REHOUSING ON MEDICAL GROUNDS

During the year 6,728 recommendations were made to the Housing Management Department concerning the medical aspects of housing applications. These are classified as follows:-

APPLICATIONS FOR PRIORITY REHOUSING ON MEDICAL GROUNDS OTHER THAN TUBERCULOSIS

	Points awarded				Immediate rehousing recommended	Total applications	Percentage of total
	NIL	10	20	30			
Psychological disorders	443	550	269	92	2	1,356	20.2
Neurological disorders including fits	125	72	76	69	8	350	5.2
Chest disorders	628	962	370	306	4	2,270	33.7
Wounds	1	2	2	—	—	5	0.1
Blindness	28	12	21	16	—	77	1.1
Rheumatism and arthritis	119	155	175	177	9	635	9.5
Other orthopaedic disorders	89	44	41	34	1	209	3.1
Cardio vascular disorders	209	114	305	292	8	928	13.8
Other Physical defects ..	31	28	22	35	2	118	1.8
Gastro - intestinal disorders	63	41	37	16	—	157	2.3
Genito-urinary disorders	53	31	27	18	1	130	1.9
General debility, <i>i.e.</i> Disorders not otherwise classified	264	134	61	33	1	493	7.3
TOTALS	2,053	2,145	1,406	1,088	36	6,728	99.9

In an additional 92 cases no medical conditions was found or a condition was found which was not related to the housing circumstances and the Housing Management Department was informed accordingly.

The figures given do not include recommendations made from the Chest Clinic in cases of tuberculosis which are recorded elsewhere in the report; nor do they take account of the very many investigations which are made within the Department but which do not lead to any recommendation to the Housing Management Department.

Unexpectedly, after the exceptionally large number of cases dealt with in 1965, the present year showed a slight increase, 47 more cases being dealt with than in the previous year. Evidently, there is as yet no slackening in housing applicants' demands for medical priority.

The general pattern of the work has not varied greatly from previous years. Relevant reports on all cases are carefully considered by medical officers of the Department before our recommendations go to the Housing Management Department and detailed investigations, usually including a personal visit, are made in those cases which seem to be of such urgency as to require rehousing irrespective of position on the waiting list. The number of cases which can be recommended for rehousing in this way is very limited indeed and many difficult decisions have to be made. It is intended that, as the housing situation in the City is improving, we shall be given the opportunity to recommend a greater number of cases for immediate rehousing.

HOME HELP SERVICE

(Section 29 – National Health Service Act, 1946)

Young people tend to live away from their parents and everything is against the elderly finding new accommodation near their own kin. Rents are too high for them, their furniture may not fit and income may be inadequate. There is so little the already aged can do by their own efforts to prepare for retirement except, perhaps, the cultivation of a pursuit or a hobby in which the interest may be illusory. It is, however, often not the aged person who has to make the adjustment – this he may be unable to do – but the family may need to do so because of the change in their parents. The natural involution of the brain in some may lead to apathy, irritability, garrulousness, an unduly great concern with minutiae and a loss of concern about essentials which, when preserved in a normal fashion, are the touchstone to social communication. Many of the aged are regarded as eccentric and bureaucratic and when living alone such behaviour may prevent, or be an excuse, for the family not to visit. In some cases the home help is requested at too late a stage. It is incredible that there are requests for elderly people living in utterly sordid and noisome conditions with their families living within easy visiting distances. These neglected homes create difficulties in finding personnel willing to undertake unpleasant tasks, and nobody can blame them. But blame does attach to relatives who, even in their infrequent visiting, have looked on and seen conditions deteriorate. Often, a good and willing home help is withdrawn from several needy cases in order to make a neglected home habitable. The difficulty is that during this time the persons from whom the home help has been withdrawn to assist in the neglected home, then show deterioration.

The needs of the elderly are varied depending on their health, mobility, eyesight and hearing. Some required just four hours' service per week. Experience shows that the aged can spend the eventide of their days at home if adequate help is available, both statutory and voluntary, and this is the aim of the home help service. The home help service alone is far from a complete answer; often a request is made to increase hours but on investigation it is not increased hours of help the aged person needs but someone who would stay a while longer to relieve the time of loneliness with no-one to talk or be with. Somehow, in some way, the community must turn away from their television sets and seek out those who need companionship and help. The Local Authority at the most can only supply an essential part of the total need. Good housing, insulated bungalows, underfloor heating, meals on wheels, a warden service, the help of Local Authority personnel etc. cannot replace companionship. If the welfare of persons of all ages is

to be considered, despite all the social advances and higher living standards, it would appear that well knit family life is the key solution and for those who have no family, a kindly, well intentioned, good neighbour service.

The following table illustrates the general position during the year as compared with 1965:—

	<i>Equivalent full time home helps</i>		<i>Total Number of cases attended</i>		<i>Total number of applications</i>		<i>Number on waiting list</i>	
	<i>1966</i>	<i>1965</i>	<i>1966</i>	<i>1965</i>	<i>1966</i>	<i>1965</i>	<i>1966</i>	<i>1965</i>
January	517	(545)	3667	(3530)	249	(314)	465	(405)
February	532	(539)	3668	(3550)	248	(323)	389	(395)
March	543	(538)	3802	(3575)	280	(259)	313	(430)
April	571	(532)	3734	(3534)	216	(282)	350	(321)
May	580	(537)	3806	(3654)	241	(248)	377	(345)
June	579	(538)	3895	(3598)	235	(222)	375	(324)
July	561	(532)	3844	(3611)	200	(303)	370	(429)
August	574	(526)	3840	(3507)	217	(329)	395	(414)
September	565	(530)	3926	(3575)	295	(123)	366	(444)
October	572	(530)	3953	(3641)	258	(313)	348	(461)
November	572	(528)	3990	(3746)	288	(307)	312	(403)
December	587	(521)	4217	(3771)	247	(290)	465	(403)
Monthly Average ...	563	(533)	3862	(3668)	248	(276)	377	(398)

(75% of persons attended were over 65 years of age)

Average No. of cases per home help

1966 — 6·9

1965 — 6·8

1964 — 6·8

Home helps gave assistance in 6,039 homes compared with 5,658 in the previous year. There was also an increase of 574 in the number of incapacitated persons in households, e.g. an elderly couple, or a handicapped person living with aged parents. Approximately 75 per cent. of these were over 65 years, not a significant change from previous years but it is evident that this percentage will increase. The average number of cases per home help has shown a slight increase and the number of cases an increase over the past three years. The average per month of new applications has fallen and there has been a slight decrease in the monthly average on the waiting list. This at first glance, would seem to be some relief to this hard-pressed section, but it must be borne in mind that increased age means, as a rule, increased feebleness and more home help hours.

The district home help organisers have been working under great pressure throughout the year and to relieve this pressure three additional organisers were appointed during the Autumn. The administration of the service is now being undertaken in wards grouped in sectors to conform to the City sectorisation plan.

There was a constant movement of home help staff. Two hundred and forty-six home helps were appointed and there were 219 who resigned, retired or died. The majority who resigned were part time workers. Their length of service was as follows:-

Left within six months	58
Left within six months to one year	40
Left within one year to five years	64
Left within five years to ten years	20
Number of home helps who retired	28
Number of home helps deceased	2
Left at other periods not included above	7

It is regrettable that so many leave the service, particularly during the first year. One wonders whether more training and a uniform provided to increase their status, might help to solve this difficulty.

Home helps seconded to the Mental Health Section attended 44 households embracing the care of 315 children.

Night Watcher Service

During 1966 night watchers attended 232 households and gave attention to 237 patients. This is a record number and many more night watchers could be easily employed. The increase in the number of patients is due to several factors - advancing age and feebleness of those looked after, more knowledge by general practitioners of the service, the scarcity of private nurses, (although the attention required is not that of a skilled nurse).

District Nurse/Night Attendant Scheme

This scheme was launched two years ago and the night attendants looked after ten emergency cases. All were given one night's service until other arrangements were made. It is interesting to note that in the majority of these cases, hospitalisation was averted.

Statistics

HOME HELP SERVICE

<i>Number of Home Helps at the end of the year</i>							<i>1966</i>	<i>1965</i>
Full time	...	...	...	...	...	...	50	39
31 hours to full time	...	...	...	...	...	...	136	133
10 hours to 30 hours	...	...	...	...	...	...	735	709
Under 10 hours	...	...	...	...	...	...	1	1
							<u>922</u>	<u>882</u>

<i>Number of families assisted during the year</i>							<i>Families</i>	<i>Incapacitated persons in households</i>
1. Maternity	...	...	...	...	...	...	415	415
2. Illness of housewife:—								
(a) Diseases of circulatory system	...	...	...	Over 65	...	...	537	575
					Under 65	...	90	109
(b) Cancer	...	...	...	Over 65	...	...	125	137
					Under 65	...	51	62
(c) Vascular disease of central nervous system	...	...	...	Over 65	...	...	307	343
					Under 65	...	115	131
(d) Diseases of respiratory system (other than tuberculosis)	...	...	...	Over 65	...	...	240	264
					Under 65	...	46	52
(e) Respiratory tuberculosis	...	...	...	...	...	...	6	6
(f) Other illnesses	...	...	...	...	...	...	393	504
3. Aged persons — (65+ not included above)	...	...	...	...	...	...	3,603	4,314
4. "B" cases — (potential problem families)	...	...	...	...	...	...	67	*352
5. "B" cases (problem families dealt with by Psychiatric Social Service)	...	...	...	...	...	...	44	*315
							<u>6,039</u>	<u>7,579</u>

*Number of children in need of care and help.

<i>Visits paid by organisers</i>							<i>1966</i>	<i>1965</i>
Maternity cases	...	...	...	...	...	...	357	522
Ill housewives	...	...	...	...	...	...	1,666	1,597
Old persons	...	...	...	...	...	...	9,034	9,540
Potential problem families	...	...	...	...	...	...	191	148
							<u>11,248</u>	<u>11,807</u>

NIGHT WATCHER SERVICE

Number of Night Watchers at the end of the year 47

<i>Cases dealt with</i>				<i>Number of incapacitated persons in each household</i>	<i>Number of families assisted</i>	
Diseases of—						
(a)	Circulatory system	...	...	Over 65 ...	5	5
				Under 65	—	—
(b)	Cancer	...	...	Over 65 ...	15	15
				Under 65...	9	9
(c)	Vascular disease of central nervous system	...	...	Over 65 ...	2	2
				Under 65	3	3
(d)	Diseases of respiratory system	...	...	Over 65 ...	1	1
				Under 65	2	2
(e)	Other illnesses	...	...	...	5	5
(f)	Aged persons (65 years and over not included above)	...	...	...	195	181
					<hr/>	<hr/>
					237	223
					<hr/>	<hr/>

Visits paid by organisers

By day	...	...	130
By night	...	...	31
			<hr/>
			161
			<hr/>

TABLE III

NUMBER OF PATIENTS AWAITING ENTRY TO HOSPITAL,
ADMITTED FOR TEMPORARY RESIDENTIAL CARE OR
ADMITTED TO GUARDIANSHIP DURING 1966

	<i>Subnormal</i>				<i>Severely sub-normal</i>				<i>Total</i>
	<i>Under age 16</i>		<i>16 and over</i>		<i>Under age 16</i>		<i>16 and over</i>		
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
	<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>	
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year									
(a) In urgent need of hospital care ...					26	12	2	3	43
(b) Not in urgent need of hospital care ...				1	18	12	2		33
(c) Total ...				1	44	24	4	3	76
2. Number of admissions for temporary residential care (e.g. to relieve the family) ...									
(a) To N.H.S. hospitals			1		47	24	11	16	99
(b) To L.A. residential accommodation ...									
(c) Elsewhere ...									
(d) Total ...			1		47	24	11	16	99

None of those awaiting admission was in the category of "mentally ill", "elderly mentally infirm" or "psychopathic".

NUMBER OF PERSONS UNDER LOCAL HEALTH AUTHORITY CARE AT 31st DECEMBER, 1966.

	Mentally ill						Elderly mentally infirm		Psychopathic				Subnormal				Severely sub-normal				Total
	Under age 16		16 and over		M.	F.	M.	F.	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M.	F.	M.	F.					M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		
1. Total number	12	4	247	368	19	32			5	51	36	182	150	276	166	245	195	1,988			
2. Attending training centre ...												6	1	199	123	178	156	663			
3. Awaiting entry to training centre												4	2	25	12	22	16	81			
4. Receiving home training ...														11	9	10	13	43			
5. Awaiting home training ...														11	8			19			
6. Resident in L.A. home/hostel ...			1	10								5	3					19			
7. Awaiting residence in L.A. home/ hostel			3	4														7			
8. Resident at L.A. expense in other homes/hostels														2				2			
9. Resident at L.A. expense by board- ing out in private household														1	4			6			
10. Attending day hospitals ...			7	14										9	3	14	3	50			
11. Receiving home (a) suitable to visits and not attend a included in training lines 2-10																					
(b) others ...	12	4	236	340	19	32		5		51	36	166	144	18	11	17	7	1,098			

*The elderly mentally infirm included in this form are only those who receive services or are in accommodation provided under the

The total number of patients admitted to psychiatric hospitals under the various sections of the Mental Health Act, 1959, does not fluctuate greatly although this year's figures show a slight increase: 1,024 (987).

Despite a more than usual turnover of staff, the number of after-care visits has remained fairly constant: 11,983 (11,975), whilst the pre-care and miscellaneous visits have increased: 19,637 (15,021). As greater calls are being made upon the Service, the number of visits and enquiries will increase automatically.

During the year mental welfare officers have been seconded to the out-patient department of the Children's Hospital, psychiatric out-patient department of Selly Oak Hospital, and to Monyhull Hospital for social work with the subnormal.

Early in the year the work of the Family Care Section was integrated with the general social work undertaken in the community by the mental welfare officers in the four divisions. This was in accordance with the City Council's policy relating to a more rational co-ordination of all the Corporation services.

In view of the Children and Young Persons Act of 1963, many cases were transferred to the Children's Department, as families with children 'at risk' come now in that department's particular sphere. The premises previously occupied by the Family Care Section were closed in April and are eventually to be used for other purposes. A certain case load of problem families who require intensive casework, continues to be carried. However it is considered that the closing of the Family Care Section has created a gap in the supplicative services which the Children's Department is endeavouring to fill.

From the 26th July to the 2nd August, 1966, a party of eight mothers and 27 children were taken on holiday to Somerset. The party was in the charge of a senior mental welfare officer accompanied by two trainee mental welfare officers, and three special home helps. It is felt that this is a venture well worth organising, and benefits the family, both from the mental health and physical angles.

HOSTELS

The hostels opened at Chester Road and Middle Park Road in 1960 have continued to provide very useful social support to the residents, mostly referred from hospitals, social workers, Children's and Probation Departments, and have played a very important part in community care.

It will be noted that at Chester Road the total number accommodated has been much less over the past year. This is because the Committee have agreed to accept patients from hospitals for the subnormal, for longer periods of stay. In this respect three males and three females were admitted to Chester Road Hostel and were still in residence at the end of the year. Of the 81 residents accommodated at the two hostels during the year, only one male was unsuccessful in obtaining regular employment.

<i>Bed Complement</i>	CHESTER ROAD HOSTEL		MIDDLE PARK ROAD HOSTEL	
	12		12	
	M	F	M	F
No. accommodated during the year	10	13	22	36
<i>Movement during the year</i>				
Discharged to lodgings, relatives or residential jobs	4	6	11	17
Returned to hospital	2	1	6	9
Left against advice	1	—	2	4
In residence at 31.12.65	3	6	3	6
	—	—	—	—
	10	13	22	36
	==	==	==	==

II. Community Care of the Mentally Subnormal

Facilities for the training of the mentally subnormal are provided at eight junior special training centres and two adult special training centres. The former are administered by the Education Committee on behalf of the Health Committee.

The Health Committee plans to provide a short-stay hostel for 20 subnormal children and it is expected that the unit will be opened early in 1967.

(a) JUNIOR TRAINING CENTRES

The activities of the junior special training centres involve a social education programme covering the four main areas, namely self help, communication, socialisation and occupation. As in the previous years the children were taken on various day trips. Each centre had a Christmas party and 'Open Days' were arranged as well as regular parent-meetings.

A party of 21 children, all of whom were dually handicapped, was taken to Hunters Hill Residential School, Blackwell, from the 18th to 25th July, 1966. These children were selected from five of the eight junior training centres, and the staffing was undertaken by volunteers from these five centres. Ten members of staff took part together with two students from the Cardiff Course for Teachers of the Mentally Handicapped who joined the party as part of their training.

Three-quarters of the trainees attending the junior special training centres travel by public transport and have their fares paid; guides are provided. One hundred physically handicapped severely subnormal children are conveyed to and from the junior special training centres by private hired cars. Forty-four subnormal children, unable to attend junior special training centres or awaiting admission, receive training in their own homes.

(b) ADULT TRAINING CENTRES

At the Adult special training centres, outwork for local firms is undertaken as an integral part of the continued training given to the trainees. Any profits earned are distributed among the trainees on the basis of hours worked without regard for their different capabilities, although reward is given for particularly good conduct or effort. The small amount earned does not affect their entitlement to Ministry of Social Security allowance.

The Aldridge Road Centre has now been established for more than five years, during which time a number of modifications and extensions to the building have been made.

The Bell Barn Centre was opened by the Minister of Health in September, 1965, as a purpose-built centre for the adult mentally handicapped in the City.

The trainees are allocated to the two centres on a geographical basis, 150 from the northern half of the City attending Aldridge Road, and 120 from the southern half attending Bell Barn Centre.

The majority of trainees are conveyed to the centres on special buses provided by the City Transport Department and have their fares paid. Guides are provided on each bus. A small minority of those who are physically handicapped are conveyed to the centres by taxi.

In promoting socialisation of the trainees special reference is made to the following activities.

Twenty-one girls selected from the two centres, together with three supervisors, spent a week at a house at Colwyn Bay belonging to Coleshill Hall Hospital. Coach trips were arranged to Snowdon, Llanberis, Sychant Pass and Rhyl, and other outings to the Zoo, Harlequin Puppet Theatre, an afternoon's concert on the Pier and a dance at the Pavilion.

On the 17th August, 118 students and 14 members of staff from Aldridge Road Centre enjoyed a day trip to Drayton Manor Park.

In September an inter-centre Football match was arranged between Aldridge Road and Towers Centre Sheffield. At Christmas the usual festivities were arranged including a most successful pantomime.

LIAISON

Close liaison between the hospitals for the mentally subnormal and the Health Committee's services continues, and the demand for services is increasing.

Consultant psychiatrists from Chelmsley and Coleshill Hall Hospitals hold monthly sessions at Nechells Green Health Centre for the purpose of examining and assessing mentally subnormal children and adults. During the period under review 15 children and 14 adults attended this clinic.

Consultant psychiatrists from Monyhull and Lea Castle Hospitals also hold regular clinics at the headquarters of the Mental Health Service in the City, and during the year a total of 98 children and 26 adults were examined.

Towards the end of the year Lea Castle Hospital provided the services of a speech therapist, who has already given assistance to 18 children.

The Consultant from Lea Hospital kindly agreed to provide day-centre facilities in respect of six rubella affected children. These are conveyed daily to the hospital in the care of a guide.

Transport is also provided by the Health Committee to convey twelve subnormal patients to Chelmsley Hospital daily.

TABLE V NUMBERS ATTENDING SPECIAL TRAINING CENTRES

Junior Special Training Centres

	<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
Erdington	32	14	5	8	59
Fox Hollies	34	16	4	7	61
Hobmoor	16	12	5	3	36
Kingstanding	20	8	4	3	35
St. Paul's	22	14	1	2	39
Selly Oak	28	23	3	2	56
Stechford	26	18	9	10	63
Wretham Road	24	16	4	1	45
	202	121	35	36	394

Senior Special Training Centres

Aldridge Road	—	—	87	57	144
Bell Barn	—	—	64	56	120
			151	113	264

PSYCHOLOGICAL REPORTS

Work done by the educational psychologists, largely on behalf of the Children's Department, was as follows:—

Reports for Children's Department	766
Reports for Mental Health Service	12
	<hr/>
	778

III. Parent and Child Centre

During the year 104 new cases were referred to the Centre, there being 155 cases under supervision at the end of the year. About 10 per cent. of these referrals concerned parental rejections of a child. Such cases require prolonged, intensive casework with one or both parents.

Although the presence in the family of a pre-school child is still a necessary pre-requisite for referral, consultation has taken place on a greater variety of family problems – marital difficulties, after effects of divorce, problems of the unmarried mother, or difficulties arising from private fostering. Close contact is maintained with the health visitors enabling preventive work to be done through early detection of family stresses.

The work of the Section has been somewhat hindered by the absence of a psychiatrist during the last ten months of the year.

The present staff consists of two full-time and one part-time psychiatric social worker. They continue to make contribution to the field work supervision of students from the University and Birmingham College of Commerce. Lecturers and seminars to hospital nurses, health visitor students and other interested groups are also undertaken by the staff.

EDUCATIONAL PROGRAMME

During the year members of the staff undertook 29 lectures for the Health Education Section.

Student social workers and teachers have undertaken periods of practical work training within the various sections of the Service.

In September an in-service training course was organised, when senior officers of the Mental Health Service and other sections of the Public Health Department, together with speakers from the Welfare, Probation and Education Departments, Ministry of Social Security, Ministry of Labour, and some of the voluntary agencies, undertook lectures.

Six officers were seconded for training during the year either as social workers or as teachers of the mentally handicapped. This policy of the Health Committee in seconding officers will continue as far as financial resources will permit.

ADMINISTRATION

- (a) Mental Health Sub-Committee of the Health Committee, composed of the Chairman and twelve members of the Health Committee. Meetings are held bi-monthly and additional ones, if required, at the discretion of the Chairman.

- (b) Number of 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 - Certificate of Poor Law Examinations.
- 1 Deputy Chief Assistant - Certificate in Social Work.
- 1 Administrative Assistant - Declaration of Recognition of the Council for Training in Social Work.

MENTAL WELFARE SECTION

- 4 Divisional Mental Welfare Officers - one holding Diploma in Social Science, one the Certificate in Social work, one the Psychiatric Social Worker qualifications, and one R.M.N. and S.R.N.
 - 11 Senior Mental Welfare Officers - one M.A. Degree and Certificate in Social Work, one B.A.(Soc.) Degree and Psychiatric Social Worker qualification, one Psychiatric Social Worker qualification, three holding Certificate in Social Work, one Declaration of Recognition of the Council for Training in Social Work, one N.A.M.H. Teaching Diploma for the Mentally Handicapped, three R.M.N. and S.R.N.
 - 18 Mental Welfare Officers - one B.Sc.(Soc.), one the Diploma in Social Work, four R.M.N. and S.R.N., six R.M.N., two R.N.M.D.,
 - 4 Trainee Mental Welfare Officers.
- Clerical staff - 1 secretary, 1 statistical officer, 2 junior clerks, 5 shorthand typists.

PARENT AND CHILD CENTRE

- 1 Senior Social Worker - with Psychiatric Social Worker qualification.
 - 1 Social Worker - with Psychiatric Social Worker and State Registered Nurse qualifications.
 - 1 Social Worker (part-time) - with Psychiatric Social Worker qualification.
- Clerical staff - 1 shorthand-typist.

Hostels

- 2 Wardens.
- 1 Deputy Warden.
- 1 Cook.

Adult Training Centres, Aldridge Road and Bell Barn.

(Under management of Health Committee)

- 1 Senior Warden – Teachers' Certificate, M.Col.H.
- 1 Warden – Teachers' Certificate.
- 2 Deputy Wardens – one holding Diploma of National Association for Mental Health.
- 4 Supervisors – three holding Diploma of National Association for Mental Health.
- 16 Assistant Supervisors – eight holding either Diploma of National Association for Mental Health or recognised trade qualifications.
- 2 Clerks.
- 3 Kitchen Attendants (part-time)
- 2 Caretakers.

Junior Special Training Centres.

(Under the management of Education Committee on behalf of Health Committee).

- 1 Organiser.
- 8 Supervisors – seven holding Diploma of National Association for Mental Health, and one Certificate of Recognition.
- 2 Senior Assistant Supervisors – both holding Diploma of National Association for Mental Health.
- 22 Assistant Supervisors – eight holding Diploma of National Association for Mental Health.
- 6 Trainee Assistant Supervisors.
- 12 Welfare Assistants.
- 10 Dinner Attendants (part-time)
- 3 Home Teachers.

Drug Addiction

During 1966 a considerable interest was expressed in drug taking and addiction in the City and a report was prepared for the Health Committee indicating that little evidence could be obtained concerning the extent of drug taking in the City although a little more was known about addiction of hard drugs through the co-operation of one of the Psychiatric Consultants in the City.

On receipt of this report the Health Committee passed the following Resolutions.

- (i) that a meeting should be convened with representatives of the Education, Watch and Children's Committees, the Regional Hospital Board and the General Medical and Pharmaceutical Services to discuss the problems associated with drug addiction and the action which might be taken thereon;
- (ii) That the Medical Officer of Health should examine the possibility of tests being taken to ascertain whether youths entering Remand Homes have been taking drugs of the amphetamine type;

- (iii) That an Information Centre should be established at the City Road Premises of the Family Care Section with the co-operation of Dr. Owens, Consultant Psychiatrist in charge of the Drug Addiction Clinic at All Saints Hospital, and that appropriate discussions and lectures should be arranged as now suggested in the event of this being proved necessary by the Committee appointed under (i) formed to examine its extent;
- (iv) That the Health Education Programme be altered to include lectures both to the general public and to school children on the dangers inherent in drug taking and that the Education Committee be informed of the availability of such lectures and the desirability of Health Education of this kind; and
- (v) That the Birmingham Regional Hospital Board be requested to consider the provision of special centres for the treatment of drug addicts as inpatients, or the lines now recommended by the Deputy Medical Officer of Health.

Following these Resolutions a meeting was held in the City attended by many interested people but it was impossible to ascertain to what extent drug taking was a problem in the City of Birmingham although it was generally expressed that it was one which, if not serious, was a potential hazard.

Since that date teachers have been supplied with general information on habit forming drugs and lectures held by the Health Education Section to selective groups such as –

Teachers, Youth Leaders, Social Workers, Officers of the Education
and Health Departments.

In addition to this, random sampling of urine has been carried out within 24 hours of new admissions to Remand Homes. Of 36 specimens taken the results have all been negative.

As far as liaison with other organisations is concerned, although the Department is eager to help, the nature of the problem makes it extraordinarily difficult. In the case of the older patient, who is addicted to barbiturates and alcohol, the Mental Welfare Officers do carry some of these on their case-loads.

Discussions have taken place with a voluntary organisation which has established a hostel just outside the City.

It must be reported however, that, although much information has been obtained and the Police have been commendably active, there is no definite evidence as to whether this is a really large problem in the City of Birmingham.

MEDICAL SERVICES FOR CHILDREN IN CARE

CHILDREN ACT, 1948

The total number of children in the care of the local authorities in England and Wales on 31st March, 1966, was 69,157, compared with 67,099 on 31st March, 1965. Comparable figures in Birmingham were 2,019 and 1,827 respectively.

The total number of children admitted to the care of the Local Authority during the year ended 31st March, 1966 was 1,958 compared with 1,975 the previous year and 1,784 in 1964.

The number of illegitimate children coming into care during the year ending 31st March, 1966, because their mothers could not provide for them, was 51 compared with 49 in 1965 and 54 in 1964.

CHILDREN IN THE CARE OF THE BIRMINGHAM CHILDREN'S COMMITTEE

	<i>Year Ended</i>		
	<i>31.3.65</i>	<i>31.3.66</i>	<i>31.3.67</i>
1. <i>Mode of Accommodation</i>			
Boarded out	617	673	745
In lodgings or residential employment	37	39	43
In Children's Committee homes	853	928	909
In voluntary homes	133	154	198
In residential special schools ...	19	28	27
In hostels for working boys and girls	28	25	29
Allowed to remain with parent or guardian under super- vision	78	102	111
In other accommodation ...	62	70	68
TOTALS OF ITEM 1 ...	1,827	2,019	2,130
2. <i>Analysis by age groups of children</i>			
0 - 2 years	170	183	176
2 - compulsory school age ...	325	379	376
Of compulsory school age ...	1,067	1,175	1,289
Over compulsory school age ...	265	282	289
TOTALS OF ITEM 2 ...	1,827	2,019	2,130

Routine medical examinations were carried out by general practitioners and by local authority medical officers until November, 1966. Owing to the shortage of local authority medical officers, the routine medical examinations were all carried out by general practitioners after November, 1966. This arrangement is working well and most of the house-

mothers are happier having one doctor to deal with the sick children and the routine medicals in each establishment.

The cottages at Shenley Fields and Erdington Cottage Homes have each become independent family units. This, together with the new arrangements whereby general practitioners do the routine examinations and treat the sick children, has led to an environment simulating a normal family situation.

Liaison between the hospitals and local authority health and children's departments has continued and has proved to be of immense value in securing places for children with severe mental and physical handicaps in mental subnormality hospitals.

The Medical Superintendent of Nurseries and Deprived Children has continued to co-ordinate the medical services to the Children's Department. He has also carried out routine inspections of the residential establishments in accordance with the Home Office Recommendations.

Deaths

There were two deaths during the year:-

B.W. born 1.6.65:- This boy was admitted to care in September, 1965, due to rejection by his parents. In December, 1965, he was admitted to the East Birmingham Hospital with a diagnosis of severe whooping cough. Despite treatment he failed to make progress and on the 9th January, 1966, he died with cardiac collapse.

D.C. born 16.12.56:- This child died on the 2nd September, 1966. He was on holiday near Great Yarmouth and had gone for a swim. He suddenly disappeared and eventually his body was washed ashore. Artificial respiration was of no avail.

Investigations of Foster Home Applications

In certain cases the Children's Department are advised as to the medical suitability of applicants who have applied to become foster parents. Medical reports are received from family doctors and hospitals and a medical recommendation is given based on these reports.

Adoption of Children

Extensive medical investigation of prospective adopting parents and children to be placed for adoption is carried out before children are placed. The success of adoptions depends on accurate medical and social assessment. The co-operation of general practitioners and hospital consultants is vital to obtain medical information and every effort is made to promote it.

In accordance with the Adoption Agencies Regulations, 1959, all prospective adopting parents are investigated as to their previous health and antecedents. A recommendation is then made for further considera-

tion to be given to their application. During 1966 there were 122 couples investigated, 85 were recommended as medically fit; 6 were found to have some medical condition which would be detrimental to the placing of a child with them; 6 were deferred for review in six to twelve months' time; 7 couples withdrew their applications. In 5 cases it was recommended that the child should be given B.C.G. vaccination before placing. There were 13 cases under review at the end of 1966.

In accordance with the Adoption Acts, 1958, information is given to the Birmingham Children's Department and adoption societies as to whether the household is known to the health visitor for the area concerned. No special visit is made but the information is obtained from the health visitor's record cards and personal knowledge of the family. In 1966 enquiries were made in 101 cases, 29 were recommended for consideration, 70 were not known to the health visitor and two were out of the City.

Statistics

(A) ADOPTION

During 1966 a twice-weekly adoption clinic was held - a total of 96 sessions. All preliminary examinations were conducted at the adoption clinic with the exception of 25 babies examined at a mother and baby home. A total of 277 examinations were carried out. The results of these examinations were as follows:-

(a) Preliminary Examinations	...	...	...	...	...	...	106
Fit for placing	...	...	...	...	...	...	95
Unfit for placing	...	...	...	...	...	...	2
Spastic quadriplegia and mental retardation	...	...	...	...	...	1	
Scoliosis and mild spasticity	...	...	...	...	...	1	
Deferred	...	...	...	...	...	...	3
Prematurity and slow development	...	...	...	...	...	1	
Parents of low intelligence	...	...	...	...	...	1	
Positive Mantoux - treatment required	...	...	...	...	...	1	
Not ideal (foster home recommended)	...	...	...	...	...	1	
Withdrawn	...	...	...	...	...	...	5
(b) Final Examinations	...	...	...	...	...	...	171
Children's Department placings	...	...	...	...	...	...	112
Other adoption societies	...	...	...	...	...	...	53
Private and third party placings	...	...	...	...	...	...	6
<i>Results of final examinations</i>							
Fit to be adopted	...	...	...	...	...	...	161
Adopted, but not ideal	...	...	...	...	...	...	7
Peribronchial opacity	...	...	...	...	...	1	
Agenesis of right lung	...	...	...	...	...	1	
Prematurity, jaundice and slow progress	...	...	...	...	...	1	
Family history of mental instability, asthma, eczema and tuberculosis	...	...	...	...	...	1	
Genito-urinary infection and failure to thrive	...	...	...	...	...	1	
Family history of asthma and eczema	...	...	...	...	...	1	
Family history of mental instability	...	...	...	...	...	1	
Deferred, later withdrawn	...	...	...	...	...	...	2
Deferred, certificate signed by general practitioner	...	...	...	...	...	...	1

These children were assessed on account of slow developmental progress.

(B) CHILDREN IN THE RESIDENTIAL ESTABLISHMENTS OF THE
CHILDREN'S COMMITTEE : MEDICAL CARE

1. *Medical examinations carried out during 1966*

Routine medical examinations	...	...	...	...	1,201
Examinations on admission	...	...	...	...	1,658
Examinations on discharge	...	...	...	...	971
Total number of medical examinations	...	...	...	...	3,830
Phenylketonuria tests	...	...	...	...	33

2. *Prophylactic vaccinations and immunisations during 1966*

D.P.T. (diphtheria, pertussis and tetanus)	...	...	...	...	192
Poliomyelitis vaccinations	...	...	...	...	261
Smallpox vaccination	...	...	...	...	92
B.C.G.	...	...	...	...	55

3. *Dental inspections/treatment during 1966...* 646

4. *Admissions to hospital for treatment*

From residential accommodation Birmingham Children's Committee	...	...	...	...	81
From other local authority and voluntary homes	...	...	...	...	8
From boarded-out	...	...	...	...	17

The reasons for admission to hospital were as follows:-

Psychiatric problems	5	Infections	...	...	36
Operations	...	44	Accidents	...	5
Miscellaneous	...	16	Tuberculosis	...	Nil

5. *Analysis of illnesses*

Infectious diseases	...	...	...	...	378
Ear infections	...	...	...	...	44
Respiratory infections and disorders	...	...	...	...	259
Circulatory disorders	...	...	...	...	3
Gastro-intestinal disorders	...	...	...	...	29
Genito-urinary disorders	...	...	...	...	9
Orthopaedic disorders	...	...	...	...	9
Nervous disorders including psychiatric conditions	...	...	...	...	10
Tumour...	...	...	...	...	Nil
Other conditions	...	...	...	...	68

COMPULSORY REMOVAL

During 1966, 22 persons were referred for compulsory removal under the National Assistance Acts; of these 16 were women and 6 were men; 12 patients were admitted to hospital voluntarily; in 2 cases adequate supportive domiciliary services were arranged, and in 6 cases where practical help was refused, supervision was maintained by geriatric visitors. It was necessary to remove 2 persons compulsorily to hospital.

An increase in the number of cases investigated during 1966 has occurred, due to earlier referral of potential cases by general practitioners and local authority personnel. This has given an opportunity to provide domiciliary services wherever appropriate, thereby obviating the need for compulsory action.

A precis of cases dealt with since the introduction of this legislation in 1949 is given in the following table for reference:-

<i>Year</i>	<i>No. of cases investigated</i>	<i>No. admitted to hospital or hostel voluntarily</i>	<i>No. of cases compulsorily removed</i>
1949	114	—	3
1950	96	20	—
1951	87	—	—
1952	94	9	3
1953	83	17	4
1954	88	24	6
1955	37	11	—
1956	34	8	—
1957	30	3	5
1958	42	—	2
1959	32	—	3
1960	36	12	—
1961	28	2	2
1962	22	—	2
1963	9	4	3
1964	8	2	6
1965	11	5	1
1966	22	12	2

WELFARE OF BLIND AND PARTIALLY SIGHTED PERSONS

Registers of blind and partially-sighted persons are maintained by the Welfare Department and examinations for admission to these registers are carried out on behalf of the Welfare Committee by a panel of consultant ophthalmologists. When so registered these handicapped people are provided with a variety of welfare services, including home visiting, the teaching of Braille or Moon reading systems and handicrafts in their own homes and at centres in various parts of the City. Social centres are also established for persons who are unable to take up these activities and, when necessary, transport is provided to and from them. A library of Braille and Moon books is maintained by the Welfare Department. These books, in the main, are sent out and exchanged by post.

Persons registered as blind are entitled to free 'bus passes, free radio licences and, where appropriate, increased social security benefits and income tax allowances. Arrangements are made for obtaining these facilities.

In addition to the services provided by the Welfare Committee, the Birmingham Royal Institution for the Blind makes annual grants to enable blind persons to take holidays, for summer outings, Christmas parties and other miscellaneous assistance. Each year a handicraft competition is organised by the Welfare Department and the prizes are provided by the Institution.

Persons able to work in open employment are encouraged to do this and are helped in finding employment by the Ministry of Labour Blind Persons Resettlement Officers. Others, who need to work in a sheltered environment, are employed at the workshops for the Blind, administered by the Welfare Committee, where employment is provided for approximately two hundred men and women in a variety of trades. The earnings of these workers are brought up to a national minimum wage. Those who are able to work on their own account may enter the Blind Homeworkers' Scheme, where again they receive special assistance from the Welfare Department and receive augmentation in addition to their earnings.

Persons who are deaf as well as blind are given assistance by home teachers of the blind who specialise in this work. These help with the supply, replacement and repair when necessary of hearing aids, escort to hospital and deal with any other special need. A weekly social centre is held for the deaf-blind. Because of the special difficulties of such persons in taking holidays, a fortnight's holiday has been organised in recent years for a party under the care of home teachers and voluntary helpers.

INCIDENCE OF BLINDNESS

Statistics

The total number of registered blind persons has increased by 19 over the last year.

<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>
1961	1,711	58	700	953	970
1962	1,707	59	706	942	983
1963	1,694	53	691	950	986
1964	1,660	50	685	925	977
1965	1,659	41	670	948	981
1966	1,678	41	678	959	1,001

The number of blind women now exceeds the number of blind men by 41 per cent.

The Blind Register

<i>Additions to Register</i>	212	1961	1962	1963	1964	1965	1966
Certified blind	...	191	144	141	152	172	192
Blind Immigrants to Birmingham	...	30	23	32	18	20	19
Re-included on the register		1	—	—	1	—	1
<i>Deletions from Register</i>	193						
Through death	...	173	143	164	159	153	165
Left Birmingham	...	35	28	21	42	34	22
Sight improved	...	3	—	1	4	6	6
Removed for administrative reasons	...	4	—	—	—	—	—

Among those newly certified blind in 1966 were 9 children.

Forms B.D.8. completed on examination, received during 1966 and relating to newly certified blind persons and those blind already who moved into Birmingham, fall into the following categories:—

Primary senile cataract and congenital cataract	...	...	...	62
Glaucoma	...	...	...	26
Other congenital and hereditary defects	...	...	...	6
Myopia	...	...	...	—
Ophthalmia neonatorum	...	...	...	—
Retinitis pigmentosa	...	...	...	2
Trauma	...	...	...	5
Diabetes	...	...	...	5
Other causes (these include senility, cause unknown, arteriosclerosis)				105

ARRANGEMENTS FOR CARE, EDUCATION AND EMPLOYMENT OF THE
BLIND

<i>31.12.65</i>		<i>31.12.66</i>
146	Employed in workshops	137
17	Approved homeworkers	15
182	Workers in sighted industry	178
1,051	Unemployables at home	1,067
222	Unemployables in Regional Board Hospitals and various Homes	233
18	Children at school	15
11	Children in own homes... ..	14
10	Children in hospitals	12
—	Babies in Sunshine Homes	—
2	Technical pupils in training	7
1,659		1,678

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 handicapped character, be regarded as partially sighted.

The numbers on the Register at the end of the year were:-

546 persons 159 men 275 women 112 children

Forms B.D.8. received during 1966 and relating to 111 newly certified partially sighted persons or those registered already who came to reside in Birmingham fell into the following categories:-

Primary senile cataract and congenital cataract	40
Glaucoma	10
Other congenital and hereditary defects (included in this category is a woman who has been removed from the blind register following successful operative treatment and who was blind as a result of ophthalmia neonatorum)	10
Myopia	1
Trauma	2
Diabetes	3
Other causes	51

Blind and Partially Sighted

Forms B.D.8. have been received for newly certified patients in the following age groups:-

<i>Year of receipt of B.D.8.</i>	<i>0-1</i>	<i>2-4</i>	<i>5-15</i>	<i>16-20</i>	<i>21-49</i>	<i>50-64</i>	<i>65 and over</i>	<i>Total</i>
1961	3	6	11	0	16	42	185	263
1962	2	2	4	5	16	17	121	167
1963	0	2	15	5	12	29	146	209
1964	2	8	25	3	17	35	236	326
1965	0	10	10	4	19	38	203	284
1966	3	11	14	2	15	39	219	303

Persons over 65 years of age accounted for 72 per cent. of new cases in 1966 compared with 70 per cent. for 1965.

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 persons registered during the year in respect of which Section "F" of the form B.D.8 recommends:				
(a) No treatment ...	12	8	—	41
(b) Treatment (medical, surgical or optical) ...	82	26	—	134
(ii) Number of persons at (i) (b) above who on follow-up action at the end of year had received treatment ...	40	21	—	94

The Deaf-Blind

In 1966 there were 41 deaf-blind persons residing as follows:-

	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
In own home ...	7	19	2	28
In homes and institutions	4	8	1	13
	11	27	3	41

CEREBRAL PALSY

The following information has been supplied by the Midland Spastic Association which works closely with the City Welfare Department and the School Health Service.

PROVISION MADE FOR 886 SPASTICS IN 1966:—

CHILDREN UNDER 5 YEARS

Attending normal nursery schools	... ..	3
Attending the Cerebral Palsy Nursery Unit at Carlson House		10
In hospital	... ..	3
At home— out-patient treatment	... ..	20
no treatment	... ..	25
Total known cerebral palsy patients under 5 years		61
Estimated population under 5 years	.. ..	100,400

CHILDREN AGED 5 TO 15 YEARS

Attending day schools

Cerebral Palsy School, Carlson House	... ..	35
Schools for physically handicapped	... ..	68
Other special schools (deaf school 2, open air school 3, partially sighted school 4, E.S.N. school 10)	... ..	19
Schools primarily for normal children	... ..	71
Junior training centres	... ..	32

Attending residential schools

Cerebral Palsy School, Carlson House	... ..	3
Schools for the physically handicapped	... ..	1
Other special schools (open air school 1, blind school 2, E.S.N. School 4,	... ..	7
In institutions for the mentally subnormal	... ..	21
Remaining at home—ineducable	... ..	26
Remaining at home—educable, and awaiting placement	... ..	8
Total known cerebral palsy patients 5 to under 15 years		291

Estimated population 5 to under 15 years	157,400
--	--------	---------

PERSONS 15 YEARS AND OVER

Still at school or receiving home tuition	17
Senior training centres	43
Outwork—part-time housewives	20
Sheltered work	24
Training college—University	3
Normal work	204
Institution for mentally subnormal	71
In cerebral palsy home	5
In physically handicapped home	18
In hospitals	3
Midland Spastic Association Work Centre	24
Other craft classes	13
At home	89
Total known cerebral palsy patients aged 15 years and over ...	534

The Midland Spastic Association provide the following facilities:-

Home Visiting and Casework Service

Home visits are paid to most cases on the register by qualified social workers and a wide range of casework becomes necessary as a result of visits. Special equipment is provided and help given with clothing, holidays, etc. in needy cases.

Children's Play Centre

A small play centre operates 3 full days per week, catering for a small group of spastic children in the pre-school age group. Most of these are mentally as well as physically handicapped.

Work Centre

A daily work centre is run for heavily handicapped young adults, who are unable to find employment, and a wide range of outwork, craft-work, etc. provided for them.

Clubs

Three evening clubs are operated each week. One is especially for mentally handicapped spastic teenagers and young adults. The other two cater for teenage and adult spastics of normal intelligence.

A monthly youth forum is also provided for spastics of high intelligence enabling them to meet and discuss items of interest.

Parents' Meetings

Monthly meetings are run for parents of pre-school age children and a wide range of speakers is provided to give information. This creates opportunities to meet other parents and discuss common problems.

Residential Courses

The Association runs five such courses each year. Three of these are Club weekends when members get the opportunity of living, working and playing together. One is a week's holiday course for school age children and the other a week's holiday for unemployed young adults.

In addition the Welfare Committee of the City Council provides services for the following individuals.

Maintained in special establishments	7
In Part III accommodation in "The Beeches" or other Homes within the City	21
Participating in Handicraft Scheme	16
Doing outwork arranged by the Welfare Department	10
Taking part in activities of the Birmingham Fellowship of the Handicapped	69
Assisted by the Welfare Committee with adaptations in their own homes... ..	4

Financial aid is also granted to the Midland Spastic Association to assist in their work for spastics.

In addition to the above, instead of assisting in individual cases, the Welfare Committee made a block grant of £900 to the Birmingham Fellowship of the Handicapped to enable them to assist necessitous handicapped people to join in a group holiday. Those benefiting in this way would undoubtedly include a considerable number of spastics and epileptics.

EPILEPSY

During 1966 assistance was given by the Welfare Committee to epileptics as follows:-

Maintained in colonies	29
Accommodated in Part III accommodation in welfare homes	34
Participating in handicraft scheme	22
Doing outwork arranged by the Welfare Department	11
Loan of a television set	2

Twenty-seven of the epileptics participated in the activities of the Birmingham Fellowship of the Handicapped.

The Welfare Committee also make available at a nominal charge a large hall for a weekly meeting of the British Epilepsy Club.

At the end of the year 318 epileptic children of school age were known to the Education Department. Of these 37 were maintained at residential establishments and 95 were at special day schools.

MEDICAL EXAMINATIONS, CREMATIONS FIRST AID AND STAFF WELFARE SERVICE

Medical Examinations

Medical examinations carried out by:-

(a) *The Medical Officer for Corporation Staff Welfare.*

	1966	1965
Non-manual employees	1,911	1,712
Manual employees	973	927
On behalf of other Local Authorities ...	45	50

(b) *Other Local Authorities on our behalf:-*

	1966	1965
	46	71

The above figures 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 and other local authorities.
2. The Panel of Medical Practitioners from whom 1,000 completed forms in respect of manual employees were received and dealt with in this department.
3. Other doctors with whom some Corporation Departments have special arrangements.

Cremations

The Medical Officer for Corporation Staff Welfare is also the Medical Referee for the two Municipal Crematoria.

NUMBER OF CREMATION CERTIFICATES EXAMINED

	1966	1965
Lodge Hill	3,156	3,036
Yardley... ..	2,223	2,094
	5,379	5,130

First Aid and Staff Welfare Service

The number of attendances recorded at the Council House and Bush House surgeries, staffed and maintained by the Public Health Department, was 5,839 compared with 6,070 in 1965.

Those making use of facilities provided by other Corporation Departments are not included in the above figures.

Employees from all Corporation Departments may make use of the service which works in co-operation with general practitioners and hospitals and is of great mutual benefit to employer and employee.

FOOD HYGIENE

During 1966 the Milk and Dairies Section was integrated into the Veterinary and Food Inspection Section. This chapter therefore consists of two parts, first the work of the Veterinary and Food Inspection Section and then that of the Public Health Inspectorate.

Veterinary services and the work of the City Analyst and the Food and Drugs sampling officers are dealt with elsewhere in the Report.

SLAUGHTERHOUSES AND MEAT INSPECTION

The main slaughtering centre in the City is the city abattoir, but in addition there are ten private slaughterhouses, five of which are connected with bacon factories. The ten private slaughterhouses are licensed annually on 1st February.

Certain requirements of the Slaughter of Animals (Prevention of Cruelty) Regulation, 1958 and the Slaughterhouses (Hygiene) Regulations, 1958 were deferred until a date to be appointed by the Minister of Agriculture, Fisheries and Food, for each local authority area. The appointed date for Birmingham was 1st April, 1966 and from that date all slaughterhouses in the City are required to comply in full with these regulations.

The Slaughterhouses (Hygiene) (Amendment) Regulations, 1966, made in October and coming into operation on 1st February, 1967 make certain amendments to the principal regulation. The most important is the prohibition of the use of wiping cloths in the dressing of carcasses. Until the 1st November, 1968, a wiping cloth may be used providing it is sterilised before use and is used on only one carcase before re-sterilisation.

The Meat Inspection (Amendment) Regulations, 1966 came into operation on 30th September and amend the Meat Inspection Regulations, 1963. Local authorities are now given power to restrict the hours of slaughtering in private slaughterhouses, but no such action is being taken in Birmingham at present. Other amendments include the prohibition of the use of green ink for inspection stamps and changes in certain details of the meat inspection procedure provided for by the principal regulations.

This year has been a very difficult one with regard to the retention of meat inspection staff. Nine authorised meat inspectors and two trainees, both of whom had completed their training but were still under 21 years of age, left the department. The loss of eleven trained men out of an establishment of twenty-one, has resulted in a very heavy burden for the remaining qualified staff. It has been found to be virtually impossible to recruit qualified inspectors and further trainees have had to be recruited

and trained instead. In an effort to reduce wastage, trainees are now required to give an undertaking to remain with the Corporation for a minimum of two years from the date of their appointment as authorised meat inspectors. This will undoubtedly help in the short term but higher salaries and/or housing accommodation offered by other authorities will, it is expected, still result in a considerable loss of qualified staff.

Meat inspection at the city abattoir is carried out by a staff of qualified veterinary officers and meat inspectors, who examine animals before and after slaughter, to ascertain their fitness for human consumption. To assist in the diagnosis of various diseases, a laboratory is maintained at the abattoir.

Meat inspection at the private slaughterhouses is carried out by officers from the abattoir and by the district food inspectors. During the year, 3,303 visits were made for this purpose.

Animals slaughtered in the City

The following table shows the numbers of animals slaughtered at the different types of slaughterhouses in the City with comparative figures for 1965.

			<i>Beasts</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Public Abattoir	...	1966	39,576	17,796	223,473	67,884	348,729
		1965	34,369	12,169	206,526	78,538	331,602
Bacon Factories	...	1966	—	—	—	143,374	143,374
		1965	—	—	—	153,639	153,639
Other Private		1966	860	69	6,552	973	8,454
Slaughterhouses	...	1965	963	50	5,966	1,279	8,258
TOTAL	...	1966	40,436	17,865	230,025	212,231	500,557
		1965	35,332	12,219	212,492	233,456	493,499

Incidence of Disease

The following tables show the incidence of various diseases in food animals slaughtered in the City.

CONDEMNATIONS

AT PUBLIC ABATTOIR

AT PRIVATE SLAUGHTERHOUSES

	Carcases		Offal		Carcases		Offal	
	Total	Partial	Total	Partial	Total	Partial	Total	Partial
	ADULT CATTLE:							
Tuberculosis	1	1	1	22	—	—	—	—
Johne's disease	—	—	—	—	—	1	—	—
Actinobacillosis (— mycosis)	1	1	1	167	—	—	—	5
Septicaemic conditions	15	18	15	—	—	—	—	—
Pneumonia and/or pleurisy	2	7	2	2277	—	—	—	14
Peritonitis	3	86	3	755	—	—	—	1
Mastitis	4	—	4	—	—	—	—	—
Hepatic abscess	—	—	—	1028	—	—	—	24
Fascioliasis (flake)	—	—	—	9874	—	—	—	30
Parasitic pneumonia	—	—	—	—	—	—	—	—
Echinococcosis	—	—	—	261	—	—	—	3
Cysticercosis (C. bovis)								
(a) Rejected	—	—	—	107	—	—	—	—
(b) Refrigerated	107	—	—	107	—	—	—	—
Tumours	2	1	2	2	—	—	—	—
Bruising	4	151	4	2	—	—	—	—
Emaciation and oedema	18	—	18	1	—	—	—	—
Other conditions	16	128	16	593	—	2	—	15
CALVES:								
Congenital tuberculosis	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—
Septicaemic conditions	38	1	38	1	—	—	—	—
Joint-ill or navel-ill... ..	16	—	16	—	—	—	—	—
Bruising	1	22	1	—	—	—	—	—
Emaciation and oedema	10	—	10	—	—	—	—	—
Immaturity	—	—	—	—	—	—	—	—
Other conditions	96	8	96	55	—	—	—	2
PIGS:								
Swine fever	—	—	—	—	—	—	—	—
Swine erysipelas	3	16	3	—	—	1	—	—
Tuberculosis	10	—	10	1396	—	—	—	24
Septicaemic conditions	57	39	57	—	—	—	—	4
Pneumonia and/or pleurisy	8	11	8	2960	—	—	—	23
Pyæmia	66	1	66	—	—	—	—	—
Arthritis	5	434	5	—	—	1	—	—
Echinococcosis	—	—	—	—	—	—	—	—
Ascariasis (Milk spot)	—	—	—	3670	—	—	—	4
Abscess	31	454	31	167	—	—	—	3
Bruising	—	259	—	3	—	—	—	—
Other conditions	70	170	70	130	1	—	1	22
SHEEP:								
Septicaemic conditions	139	248	139	17	—	1	—	—
Pyæmia	92	2	92	—	—	—	—	—
Pneumonia and/or pleurisy	16	42	16	91	—	1	—	2
Arthritis	9	130	9	—	—	—	—	—
Parasitic Pneumonia	—	—	—	—	—	—	—	—
Fascioliasis (flake)	—	—	—	21361	—	—	—	—
Cysticercus ovis	—	—	—	—	—	—	—	—
Echinococcosis	—	—	—	10003	—	—	—	6
Bruising	18	99	18	—	—	—	—	—
Emaciation	765	5	765	—	1	—	1	—
Other conditions	217	343	217	223	1	1	1	193

CONDEMNATIONS AT BACON FACTORIES

	<i>Carcases</i>		<i>Offal</i>	
	<i>Total</i>	<i>Partial</i>	<i>Total</i>	<i>Partial</i>
Pigs:				
Swine Fever	—	—	—	—
Swine erysipelas	2	23	2	—
Tuberculosis	7	—	7	4076
Septicaemic conditions	174	5	174	—
Pneumonia and/or pleurisy... ..	2	20	2	9050
Pyæmia	87	—	87	—
Arthritis	7	442	7	—
Abscess	50	733	50	758
Echinococcosis	—	—	—	—
Ascariasis (Milk spot)	—	—	—	4493
Bruising	2	231	2	—
Other conditions	191	95	191	8337

In addition to their meat inspection duties, officers are responsible for the enforcement of the Food Hygiene (General) Regulations 1960, the Slaughterhouses (Hygiene) Regulations, 1958 and the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958. They ensure that slaughtering is carried out in a humane manner and inspect the vehicles used for the transport of animals and of meat.

Licensing of Slaughtermen

The slaughtering or stunning of animals in a slaughterhouse or knacker's yard is restricted to persons holding a licence granted by the local authority. Licences, other than renewals of existing licences, are granted subject to the condition that the holder may slaughter or stun animals only under the supervision of an experienced slaughterman; a full licence is then granted when the slaughterman has gained experience and can demonstrate his efficiency.

At the 31st December, 1966, there were 110 licences in force, all of which were full licences.

INSPECTION OF FOOD PREMISES AND FOODSTUFFS

Supplies of foodstuffs in the wholesale markets are subjected to regular daily inspection and the supervision of these supplies is continued through the various channels to the consumer. For this purpose the City is divided into ten districts, each supervised by a district food inspector. In addition to the foodstuffs, these inspectors also supervise the shops and other food premises in their districts. In particular, they see that the requirements of the Food Hygiene (General) Regulations, 1960 are observed and that the Marking Orders relating to foodstuffs, made under the Merchandise Marks Acts, are complied with.

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 were made in June and subsequently amended in November. They came into operation on 1st January, 1967. Their effect is to strengthen the food hygiene requirements for delivery vehicles, mobile shops, markets, stalls and open-air trading generally. A circular was prepared for distribution to businesses likely to be affected, drawing attention to the regulations and mentioning the various points covered by them. Certain businesses, particularly those in the city's wholesale and retail markets, are entitled to exemption from certain requirements, and arrangements were made to deal with applications for exemption, which are expected to number some 250 to 300. This work could not be completed by the 31st December, as much of the preparatory work was delayed pending the making of the Amendment Regulations.

Special inspections of premises which are proposed to be used for the sale or storage of foodstuffs are made at the request of the Town Planning Department and the Estates Department, to see that these premises comply with the regulations. During the year 37 such visits were made.

Food Hawkers and Market Stall Holders

Frequent visits are made to hawkers of foodstuffs and market stall holders who purchase their supplies in the wholesale markets, a total of 24,573 visits being made during the year. 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, 1966 registration had been effected in 395 cases.

Food Preparation Premises

Food preparation premises such as those used for the manufacture of sausage, cooked meats and pork pies, are registered under Section 16 (1) of the Food and Drugs Act, 1955.

School Meals Kitchens, Residential Homes, etc.

Regular visits are made to these premises to inspect food supplies, storage conditions and kitchens. In addition, special checks are made on meat supplies, to see that the quality and prices are according to the conditions of contract.

Food Premises subject to the Food Hygiene (General) Regulations, 1960

	<i>Number of premises</i>	<i>Number which comply with Reg. 16*</i>	<i>Number to which Reg. 19 applies**</i>	<i>Number which comply with Reg. 19**</i>	<i>Number of visits in 1966</i>
Butchers	939	937	939	939	16,433
Grocers	885	875	872	870	6,592
Greengrocers	744	734	744	740	7,707
Fishmongers	32	32	32	32	677
Hucksters	2,727	2,710	1,446	1,418	1,403
Horseflesh shops	1	1	1	1	10
Food preparation premises	229	229	229	229	6,566
School meal kitchens, etc.	368	368	368	368	3,587
Bakehouses	11	11	11	11	210
Ice cream manufacturers	12	12	12	12	199
Iced lollipop makers... ..	15	15	15	15	208
Ice cream and iced lollipop storage and distribution depots	16	16	16	16	271
Egg pasteurisation plants	1	1	1	1	41
	5,980	5,941	4,686	4,652	43,904

* Regulation 16 requires the provision of wash hand basins, water supply, etc.

**Regulation 19 requires the provision of facilities for washing food and equipment.

Note:— The numbers of premises which do not comply with Regulations 16 and 19 are comparatively few. In the main these are new businesses where the premises are in the process of being brought up to standard, or old premises which are scheduled for demolition in the near future.

Foodstuffs judged as unfit

	1965			1966		
	<i>T.</i>	<i>c.</i>	<i>q.</i>	<i>T.</i>	<i>c.</i>	<i>q.</i>
Meat and offal	260	10	1	318	3	2
Fish	36	14	0	33	6	2
Poultry, etc.	19	19	2	12	3	0
Fruit and vegetables	584	16	1	559	5	3
Miscellaneous	92	15	3	70	8	1
	994	15	3	993	7	0

Complaints and Request Inspections of Foodstuffs

Complaints regarding foodstuffs and requests to examine food which is thought to be unfit, continue to take up a large proportion of the food inspectors' time. 3,370 visits were made for these purposes during the year.

Every complaint is thoroughly investigated and in the majority of cases a representative of the manufacturers or distributors of the foodstuff concerned visits the office to examine the foodstuff and make observations on the complaint. In some cases it is possible to suggest steps which can be taken to obviate similar complaints in the future, but in many instances complaints arise as a result of employees' failure to follow instructions and it is virtually impossible to eliminate the human element. Poor stock rotation is obviously the cause of most complaints concerning mouldy foodstuffs and the district food inspectors are continually trying to impress upon shopkeepers the need for an efficient system. Even after the most thorough investigation, many of the complaints concerning foreign matter remain a mystery. The presence of material which is never used in the food factory concerned is often thought by the manufacturer to be deliberate sabotage by an employee. Other objects have apparently passed through elaborate systems of inspection, including metal detectors and sieves and have still not been discovered.

In appropriate cases, legal proceedings were instituted and details of cases brought before the magistrates during the year are given below:—

OFFENCE	FINE	COSTS
<i>Food and Drugs Act, 1955 :—</i>		
Sale of unfit chickens	£30	—
Exposure for sale of unfit chickens	£15	—
Sale of mouldy apple turnover	£50	20/-
Sale of mouldy turkey croquettes	£20	21/-
Sale of mouldy loaf	£15	60/-
Sale of loaf containing a wound dressing	£18	10/6
Sale of mouldy steak and kidney pie	£25	38/6
Sale of mouldy sausage roll	£15	40/-
Sale of mouldy blackcurrant tart	£15	35/-
Sale of sausage containing a rivet	£50	—
Sale of sausage containing a nail	£50	—
Sale of sausage containing a piece of wire	£50	—
Sale of butter containing a tack	£50	—
Sale of corned beef containing a piece of iron	£25	—
Sale of canned fruit salad containing two finger dressings	£50	—

Sale of canned strawberries containing chewing gum	...	£15	—
Sale of unfit ham rolls	... ..	£15	—
Having in possession for sale unfit ham	... ..	£15	—
Sale of milk containing a drawing pin	... ..	£30	—
Sale of loaf containing pieces of metal	... ..	£50	—
Sale of loaf containing paint flakes	... ..	£25	35/-
Sale of jam containing glass	... ..	£50	—
Sale of blackcurrant cordial containing ants	... ..	£25	—
Sale of sugar containing a mouse's head	... ..	£25	—
Sale of milk containing glass	... ..	£50	—
Sale of mouldy steak and kidney pie	... ..	£30	80/-
Sale of mouldy cheese and onion sandwich	... ..	£20	—
Sale of mouldy sausages	... ..	£30	30/-
sale of loaf containing charred debris	... ..	£15	40/-
Sale of milk containing a mouse	... ..	£40	—
Sale of milk containing a cigarette end	... ..	£20	—
Sale of milk containing a cigarette filter tip	... ..	£20	—
Sale of loaf containing a piece of cloth	... ..	£20	10/-

Milk and Dairies (General) Regulations, 1959.

Sale of milk containing dried stale milk and mould	... ..	£20	—
Sale of milk containing mould	... ..	£10	—
Sale of milk containing dried stale milk and mould	... ..	£10	—

Food Hygiene (General) Regulations, 1960

Premises not complying with the Regulations (9 offences)	... ..	£22	—
Premises not complying with the Regulations (7 offences)	... ..	£54	—
Smoking whilst cutting meat in shop	... ..	£20	—
Smoking whilst serving meat in shop	... ..	£20	—

Slaughterhouses (Hygiene) Regulations, 1958

Smoking whilst working in the public abattoir	... ..	£10	—
Smoking whilst working in the public abattoir	... ..	£20	—
Not wearing a headcovering whilst working in the public abattoir	... ..	£10	—
Not wearing a headcovering whilst working in the public abattoir	... ..	£10	—
Not wearing a headcovering whilst working in the public abattoir	... ..	£10	—
Not wearing a headcovering whilst working in the public abattoir	... ..	£15	—

Game Dealers

Game dealers are required to obtain a licence from the local authority. Licences are granted annually on 1st July and at 31st December, 1966, there were 57 licences in force.

SHELLFISH

Of the various shellfish on sale, mussels are considered to be the most likely to give unsatisfactory results at the present time. Seventy-eight samples from six different sources were examined. The results are shown in the table which follows. In each case an average of two pools of five mussels each was taken.

<i>B. coli</i> Type 1 per 1 ml. of fish	Number of samples
Nil	44
0.25	16
0.5	5
0.75	2
1.0	5
1.25	3
2.0	1
2.25	1
2.75	1

All these results are satisfactory.

Two samples of prawns were taken from two different sources, and one sample of shrimps was examined. They all gave satisfactory results.

THE MILK SUPPLY

Regular monthly inspections were made of all city dairy herds, when the cows were examined for any evidence of disease or uncleanness. The cowsheds were also inspected. All were found to be satisfactory.

At the end of the year there were eight dairy herds in the City, comprising 295 cows: 8 bulls were kept.

One herd, at Malthouse Farm, was disposed of during the year and one new herd was formed at Bells Farm which was formerly occupied by Monyhull Hospital.

In addition, there was one other herd at Rubery Hospital Farm and samples of milk were taken during the year for examination for evidence of tuberculosis or brucellosis; no evidence of disease was found.

MILK AND DAIRIES

Integration of the Milk and Dairies Section with the Veterinary and Food Inspection Section took place on 1st January, 1966. The Senior Milk and Dairies Inspector and one assistant inspector, together with two

milk and dairies sampling officers assumed direct control, within the re-organised section, of all matters pertaining to milk and ice cream and the larger bakery establishments within the City.

The first major task was the issuing of 2,185 milk licences in respect of processing dairies, milk distribution depots, retail purveyors and shops for the second quinquennial licensing period beginning 1st January, 1966. Much preparatory work had been carried out during the latter part of the final quarter of 1965.

The following details summarise the work of supervision and inspection of plant and premises carried out during the year:-

	<i>Visits</i>
Pasteurising plants	226
Sterilising plants	160
Milk distributors	216
Egg pasteurisation plant	41
Bakehouses	210
Milk vending machines	14
Ice cream and iced lollipop makers	407
Ice cream storage and vehicle depots	271
Ice cream vehicles (making and selling)	307
 PREMISES NOT CONTROLLED BY SECTION	
Selling milk and/or ice cream	85
Making ice cream	22
Having milk dispensing machines	254
 MISCELLANEOUS:-	
Accompanied and other visits	350
Interviews	22
Investigation of complaints	83
Demonstrations and lectures	12
Unsuccessful visits	207

Dairy premises, etc.

The number of dairy and allied premises under the control of the subsection at the end of 1966 was as follows:-

Pasteurising plants— all H.T.S.T....	5
Sterilising plants	4
Distributing depots	19
Retail purveyors	16
Shops selling milk	2,293

Ultra heat treated milk "Long-life"

Milk of this designation is not yet produced commercially within the City but a dairy is carrying out market research by distributing such milk, processed in London, on its rounds and throughout all of its grocery branches. Several supermarkets are also engaged in the sale of the same milk from this source.

Complaints

The following complaints were received during the year:—

GENERAL						
Dirt or foreign matter in bottles	...	...	...	...	...	36
"Watery" sterilised milk	...	...	...	...	...	1
Watered milk	...	...	...	...	...	1

SCHOOLS						
Dirt or foreign matter in bottles	...	...	...	...	...	5

The one case of watery sterilised milk was due to a chipped bottle neck causing an imperfect seal and permitting the ingress of water during processing.

One complaint of watered milk led to the analysis of two bottles of pasteurised milk. Added water was detected in each instance. Explanation from the management of the dairy concerned was that an operative had, in this instance, neglected the common practice of putting aside the first few bottles of milk immediately the bottling plant had come into use, thus permitting the residue of rinsing water in the pipe lines to mix with the milk for sale. This explanation was accepted and no further trouble of this nature has arisen.

There were two instances of infestation of milk bottles with fly larvae. One of these was the larvae of the vinegar fly (*Drosophila busckii*) and the other the empty pupa cases of the lesser house-fly or latrine fly.

Milk sampling

(a) UNTREATED MILK

<i>Total number of samples taken for Methylene Blue Test</i>	<i>No. of failures</i>
38	Nil

One sample, not included in the above total, was declared "void" on account of excessive shade temperature.

Nineteen samples were reported on for the presence of *Brucella abortus* and eighteen of these were declared negative.

The one positive reactor to the ring test for brucellosis was in a sample taken from a "Whirlcool" milk dispensing machine in a suburban cafe. The untreated milk was supplied from a farm in the area of a neighbouring local authority. Acting on information received from Birmingham, the local authority in question immediately caused the milk produced on the farm to be subjected to heat treatment whilst investigations proceeded.

Subsequent testing of the herd by the local authority revealed widespread infection and heat treatment of milk was enforced for a period of six months whilst the infection was being cleared.

The cafe concerned eventually went over to a supply of pasteurised milk from a dairy within the City.

Supplies of pre-packed raw milk in vending machines were discontinued during the year and also the last of the hospital farms stopped milk production in November. The City is now, therefore, in the position of having a milk supply which is 100 per cent. heat-treated in one form or another.

(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. ...	378	4 (1.06%)	339	Nil
From schools ...	139	2 (1.44%)	148	Nil
From vending machines	50	Nil	51	Nil
"Tetrapak" ...	2	Nil	2	Nil
<i>From dairies outside City</i>				
From rounds etc. ...	193	6 (3.11%)	192	Nil
From vending machines	44	1 (2.27%)	46	Nil

Twenty-four samples, not included in the above figures, were declared "void" on account of excessive shade temperature.

(c) STERILISED MILK

	<i>Number of samples submitted for Tubidity Test</i>	<i>Number of failures</i>
<i>From dairies inside City</i>	85	Nil
<i>From dairies outside City</i>	53	Nil

(d) ULTRA HEAT TREATED MILK

	<i>Number of samples submitted for Plate Count</i>	<i>Number of failures</i>
	22	Nil (all samples sterile)

Cold Milk Dispensing Machines

A total of 345 samples was taken from this type of machine during the year, and of these 103 (29.85 per cent.) failed the Methylene Blue Test. Once more, as in the past, this type of failure is due entirely to lack of care in cleansing and sterilising routines. In no case was the milk ex dairy at fault.

Cases have been noted where sterilants, months outside the manufacturer's expiry date, were being used. In other instances sterilising agents were stored under poor conditions, allowing rapid deterioration of products and consequent unsatisfactory results.

Instances again occurred which repeated all of the shortcomings in cleansing mentioned in previous reports.

A ray of hope has now emerged, however, in the shape of a new type of machine for this kind of service. For this machine a polythene container, either three or five gallon capacity, is filled and sealed at processing dairies and packed in a cardboard outer for supply to the customer. These complete packs are placed by the customer into what amounts to a refrigerated box and the outlet, a sealed rubber tube, is passed through a clip which pinches the tube and thus controls the flow of milk which is brought about by cutting off the sealed end of the tube with a sharp instrument. Thus the service of a satisfactory product is almost entirely dependent on the initial processing and packing at a licensed plant, and subsequent storing at suitable temperatures. This type of machine is, unfortunately, in short supply at present. Samples taken from these machines have proved 100 per cent. satisfactory.

Churn and Bottle Washings

Examination of the churn and bottle washing plants at the dairies gave the following results:-

(1.) *Bottles*

44 samples were taken, 3 of which gave plate counts in excess of 600. Repeat samples from the bottle washing plant in question gave satisfactory results. B. coli tests were negative on all samples.

(2.) *Churns*

29 samples were taken and 28 were classified as "satisfactory", being below the recommended standard of 50,000 organisms per churn. One churn gave a count in excess of 2,000,000 organisms but subsequent sampling at the dairy concerned proved satisfactory.

Fresh Cream

366 samples of fresh cream were submitted for the provisional methylene blue test:-

<i>Number of samples</i>	<i>Time taken to decolourise Methylene Blue</i>
31	0 hours
58	$\frac{1}{2}$ to 4 hours
277	More than 4 hours

Of fresh creams sampled, 227 were processed and packed inside the City and 139 came from outside sources. 6 (2.64 per cent.) samples of

cream produced inside the City decolourised methylene blue in 0 hours, whilst 25 (17.98 per cent.) samples coming from outside City sources decolourised methylene blue in 0 hours.

One large city centre departmental store was found to be contravening the Milk and Dairies (General) Regulations, 1959 in that cream was being purchased in bulk and packed into cartons within the food department of the store. Such an operation is permitted only on registered dairy premises and such registration could not be granted by reason of the fact that goods and equipment other than those connected with milk were necessarily present in the food department. Representations were made to the management of the store concerned who agreed to discontinue the practice and to retail only pre-packed cream.

Yoghourt

Four samples were taken and all gave satisfactory results.

Imitation Cream

Routine sampling of imitation cream used in confectionery bakeries gave the following results:

<i>Source of Samples</i>	<i>Colony Count per m.l.</i>	<i>Bakeries controlled by Milk and Dairies</i>	<i>Bakeries controlled by Chief Public Health Inspector</i>
		<i>Sub Section Number of Samples</i>	<i>Number of Samples</i>
Unopened containers	0— 1,000	71	26
	1,001—10,000	6	7
	10,001—over	5	3
	Uncountable	1	1
		83	37
Mixing bowls, etc.	0— 1,000	74	31
	1,001— 10,000	7	4
	10,001—100,000	1	1
	Uncountable	1	1
		83	37

All samples were also submitted to the B. coli test and all were negative.

The two samples from mixing bowls giving uncountable plate counts were explained by the fact that the corresponding samples from unopened containers gave similar results. They, therefore, do not reflect against the bakeries concerned.

Ice Cream

During the year three manufacturers' registrations were granted, giving a total of 76 registered manufacturers.

The number of premises registered for sale of ice cream and iced lollipops was increased from 2,916 in 1965 to 2,937, there being 77 new registrations and 56 cancellations during the year.

Sixteen new registrations were effected during the year for persons only - all in respect of the operation of manufacturing and retailing vehicles.

Sampling for hygienic quality of ice cream has been carried out, 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 1966</i>	<i>Results 1965</i>
1 & 2	332 (89.49%)	200 (97.56%)	532 (92.36%)	492 (91.79%)
3 & 4	39 (10.51%)	5 (2.44%)	44 (7.64%)	44 (8.21%)

Samples Graded 3 and 4 suggest faulty techniques in production or distribution and require further investigation by the Department.

Sampling for compositional quality has been carried out as follows:-

Ice cream manufactured inside the City ...	...	...	...	217
Ice cream manufactured outside the City	...	...	...	53

One sample of soft ice cream manufactured on a vehicle showed slight compositional deficiencies. The explanation put forward was that the machine possibly had not been properly drained after rinsing following sterilisation. This is a distinct possibility since all previous samples from the same source had proved satisfactory, as have subsequent ones.

Four instances of unsatisfactory labelling of ice cream came to light during the year. Representations were made to the manufacturers concerned and satisfactory arrangements were made for future labelling.

152 vehicles operating from premises inside the City making and selling soft ice cream, or retailing hard ice cream were known to be on the city roads during the year. A total of 306 examinations of such vehicles was carried out, including 76 such examinations during "out of office hours", i.e. evenings, week-ends and bank holidays.

The vehicles generally were of a satisfactory standard. Six warnings were issued regarding defects, standards of cleanliness and lack of equipment. Marked improvements were obtained in these instances. The most general cause for complaint was that of vehicles on the road without adequate hot water supply due to heating units being out of action through defect or neglect to switch them on.

Iced Lollipops

The number of premises registered for the manufacture of iced lollipops remains at 22. Premises registered for the sale only at the end of 1966 numbered 2,889 compared with 2,868 at the end of 1965.

In addition to the above, 16 registrations were granted to persons only in respect of sales vehicles.

Two shopkeepers were found, during the year, to be manufacturing iced lollipops on unregistered premises. Conditions were unsatisfactory in both instances and the persons concerned agreed to discontinue manufacture forthwith.

The remains of a composite iced lollipop which was alleged to have caused vomiting was submitted to the City Analyst. Heavy contamination with brine was revealed. Representations were made to the manufacturer resulting in the discovery of leaky moulds. The moulds were replaced and subsequent samples have proved satisfactory.

BACTERIOLOGICAL EXAMINATION

Following representations by a nationally known ice cream and iced lollipop manufacturer and distributor, discussions took place with the director of the Public Health Laboratory Service in Birmingham, as the result of which, new standards of tests for iced lollipops were introduced. The new method consists of an examination for the presence of *B. coli* in 0.01 ml. of material. No examination is made for general bacteriological contamination.

213 samples were submitted to the new *B. coli* test and 10 of these gave positive results.

Prior to the introduction of the new test mentioned above, 172 samples were submitted to a plate count test. Of these, 131 showed growths of less than 300 organisms per cc., and the remainder between 300 and 2,500 organisms per cc.

The 10 samples having *B. coli* present came from three separate sources outside the City. In one instance the trouble was cleared by the manufacturer concerned, and repeat samples have all been satisfactory. In another case, representations to the local authority where the product was manufactured, brought to light serious shortcomings in the manufacturing equipment, as a result of which new plant was installed and subsequent samples from this source have proved satisfactory. In the third instance, where a composite article comprising ice cream and syrup was involved, representations were made to the local authority concerned and their actions finally resulted in the discontinuance of manufacture of this particular line. All other products from the same source, both before and since the trouble, have been satisfactory.

Legal proceedings under Section 2 of the Food and Drugs Act, 1955 in respect of the presence of glass in two iced lollipops were undertaken. These lollipops were manufactured outside the City. A fine of £40 was imposed.

METALLIC CONTAMINATION

20 samples were submitted to determine the possible presence of metallic contamination. All were satisfactory.

Egg Sampling

There is one egg pasteurisation plant in the City.

60 samples of frozen whole egg intended for use as an ingredient in the preparation of food intended for sale for human consumption, all of British origin, were submitted to the alpha-amylase test and all gave satisfactory results.

One sample of cartoned liquid egg was taken from a supermarket and this proved satisfactory. At the supermarket in question, the practice of packing the contents of cracked and broken shell eggs into cartons for sale is proceeding. Whilst there is nothing illegal in this practice, it is felt that some risk might be involved and regular sampling of this material has now been introduced as a precautionary measure.

CHIEF PUBLIC HEALTH INSPECTOR'S SECTION

During the year inspectors engaged on district duties made a total of 7,453 visits to premises as follows:-

Visits to cafes, hotels, restaurants, eating houses, clubs, school meals canteens, fish and chip shops, etc.	...	...	...	...	5,641
Visits to factory canteens	...	...	...	...	1,084
Visits to bakehouses	...	...	...	...	116
Visits to licensed premises where food is sold	...	...	...	...	542
Special visits to licensed premises	...	...	...	...	70
					7,453

This figure shows an increase over 1965 when only 6,531 visits were made. All premises to which this report refers are fitted so as to comply with Regulations 18 and 19 of the Food Hygiene (General) Regulations, 1960.

In ten cases it was found necessary to institute legal proceedings for what were considered to be offences against the requirements of the Food Hygiene (General) Regulations, 1960. Among these were six cases involving cafes or restaurants, two involving factory canteens and one

involving a licensed hotel. In each case unhygienic conditions were found and offences arose from the general insanitary condition of the premises; the dirty condition of the structure of the food rooms; the dirty state of the utensils and equipment; accumulations of refuse; the failure to keep clean the hands and overalls of food handlers; the failure to provide soap, towels, nailbrushes, first aid equipment; and the failure to protect food against risk of contamination.

The tenth case was taken in respect of an oriental sweet manufactory where conditions were found to be deplorable and the Court found the defendant guilty on 11 counts.

In these ten cases all defendants were found guilty of almost all the offences alleged and the Magistrates imposed fines totalling £617. In each case there had been a history of poor hygiene and the offenders had been warned both verbally and by letters to improve conditions, before it was decided to take action.

Other food premises visited by the inspectors on district duties included:

Breweries	...	...	...	6	Mineral water factories	...	...	6
Sweet manufacturers	...	...	...	15	Jam makers	...	...	1
Biscuit manufacturers	...	...	...	1	School canteens (with serveries only)	...	...	260
Potato crisp manufacturers	...	...	...	2	Fish and chip friers	...	...	314

Licensed Premises

Notifications of applications submitted to the Justices for licences to sell intoxicating liquor or for registration of clubs are sent to the Department as they are received so that opportunity can be given for objection to be raised where the requirements of the Acts and Regulations delegated to the Health Committee have not been met. There were 349 notifications received during the year, most of which were for renewal of existing registrations. Inspections were carried out and in only 13 cases was it found necessary for letters of constructive criticism to be sent to the secretaries or proprietors of the clubs, calling for improvements. In one case was it found necessary to raise formal objection with the Justices to the registration of the club on the grounds that the premises (a cellar) were insanitary and unsuitable for use as food premises. This objection was considered with other points by the Justices and registration was refused.

The special visits to on-licence premises were continued during evening peak trading hours, followed by a visit during the day soon afterwards. Off-licence premises also received attention with daytime visits. Because of the staff position, evening inspections were again on a reduced scale and only 23 on-licence premises were visited during the year. In the case of 13 licensed premises deficiencies of equipment, disrepair or other conditions were found and were the subject of letters to the respective breweries.

Mobile Canteens

A hawker of food, which term includes the operator of a mobile canteen, must be registered under the provisions of Section 42 of the Birmingham Corporation Act, 1948, before he can operate in the City. Under this Section, no one, other than a person keeping an open shop for 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 be suitable and registered with the Corporation.

A review was made at the end of the year and it was found that a large number of operators had given up trading and it was therefore decided to remove them from the register. Allowing for eight new applications for registration the total number of operators of mobile canteens remaining registered in the City at the year end was 14.

The provisions of the Food Hygiene (General) Regulations, 1960, apply in these cases. The general standard of food hygiene observed by the operators of mobile canteens was found to be uniformly reasonably satisfactory and they readily co-operated with the inspectors in remedying any deficiencies. In one case, however, a mobile fish and chip vehicle was found to be dirty, had no water supply or hand washing facilities and the name and address of the person carrying on the business was not exhibited on the vehicle. In addition, neither the proprietor nor the premises from which he operated was registered with the Corporation. Legal proceedings were instituted and by the time of the hearing improvement had been made and the Magistrates imposed fines totalling £20.

Factory Canteens

Regular visits of inspection are made to factory canteens which continue to play such a large part in the feeding habits of many workers and cater for thousands of main meals each day. A generally good standard of hygiene in food handling and of the premises is reported. There were 780 canteens known to be operating in the City in 1966 compared with 784 at the end of 1965.

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. Exception to this requirement is where a justice's licence for the sale of alcoholic liquor is held. At the end of the year there were 864 registered catering premises compared with 823 at the end of 1965.

During the year the registration of 55 new eating houses was effected while 14 registrations were cancelled as the premises ceased to be so used. The Food Hygiene (General) Regulations, 1960, were applicable to all these premises and visits have been made to ensure the observance of them and to see that a good standard of food hygiene is maintained.

Bakehouses and Confectionery Bakehouses

At the end of 1966 there were 71 bakehouse premises operating in the City as in the previous year. Thirty of these premises are solely engaged in the manufacture of cake confectionery, two restrict their activities to the baking of bread and the remaining 39 manufacture both bread and confectionery in varying proportions.

Visits of inspection to the 60 smaller bakehouses have been made at approximately six-monthly intervals as part of routine district public health inspection and the standard of hygiene of these premises continues to be well maintained. The 11 larger bakehouses in the City have been under the constant supervision of the Milk and Dairies Inspectors.

VETERINARY SERVICES

DISEASES OF ANIMALS ACTS

The department is responsible through its Veterinary Section for carrying out the duties of the local authority under these Acts and the Orders made under them. In addition to those specifically mentioned below, these duties include the publication of the orders of the Ministry of Agriculture, Fisheries and Food, the supervision of the cleansing and disinfection of infected premises, the issuing of licences for the movement of animals, and the enforcement of orders made for the protection of animals and poultry from unnecessary suffering during transit.

The chief veterinary officer, Mr. W. S. Davison, his deputy, Mr. A. Wilson, and an assistant veterinary officer, Mr. G. Owen, have been appointed local veterinary inspectors of the Ministry of Agriculture, Fisheries and Food in Birmingham, and in that capacity make diagnostic inquiries in the case of suspected scheduled disease.

Dead Animals

Animals found dead on arrival at their destinations or which may die whilst awaiting slaughter and pigs which die on private premises, are examined to ascertain the presence or otherwise of anthrax or other scheduled contagious disease. The following table shows the numbers found dead during the year:-

	<i>Beasts</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
City abattoir	5	21	127	35
Bacon factories	—	—	—	152
Other private slaughterhouses	—	—	—	—
Pig keepers' premises	—	—	—	6
	<hr/>	<hr/>	<hr/>	<hr/>
	5	21	127	193
	<hr/>	<hr/>	<hr/>	<hr/>

The result of the examination was negative in each case.

Visits

The following visits were made during the year:-

Pig keepers' premises	45
Poultry slaughterers and dealers	33
	<hr/>
	78
	<hr/>

Diseases of Animals (Waste Foods) Order, 1957

This order provides for the licensing by local authorities of plant used for the boiling of waste food intended for feeding to animals or poultry.

Over the past year or two, many boiling plants had become disused, although no formal action had been taken to revoke the licences. During 1966, steps were taken to revoke all licences no longer required and at the end of the year only 35 remained in force.

Pig Keepers' Premises

These premises are visited to examine dead pigs, to inspect the records which are required to be kept under the Movement of Animals (Records) Order, 1960, and to check that the provisions of the Diseases of Animals (Waste Foods) Order, 1957, are complied with. Additionally, visits are made to see store pigs which have been brought into the City under licence, during the period of 28 days' detention prescribed by the licence. During the year, 1,895 store pigs were licensed to premises in the City.

Tuberculosis (Bovine)

Post-mortem examinations were made on 36 cattle which had reacted to tuberculin tests and which were sent to the abattoir for slaughter. A report of the post-mortem findings was sent to the Ministry of Agriculture, Fisheries and Food in each case.

Importation of Dogs and Cats Order 1928

The R.S.P.C.A. kennels at Barnes Hill, California, are approved by the Ministry of Agriculture, Fisheries and Food as a place of detention and isolation for imported dogs undergoing quarantine.

A veterinary officer visits the premises once in every period of four weeks and makes a report to the Ministry of Agriculture, Fisheries and Food.

Certificates for export

Export certificates are issued when required for straw, animal casings, meat, dogs and birds which are to be exported. The form of certificate varies according to the requirements of the country of destination; in the case of dogs for certain destinations, blood samples have to be taken and submitted to the Ministry of Agriculture laboratory for examination.

PET SHOPS

The Pet Animals Act, 1951 regulates the sale of pet animals and makes it an offence to keep a pet shop except under the authority of a licence granted by the local authority.

The licensing and inspection of pet shops is carried out by the Veterinary Section and during the year 38 visits were made to proposed new pet shops and to existing pet shops, to ensure that the conditions of the licence were being observed.

At the 31st December, 1966 there were 66 licensed pet shops in the City.

ANIMAL BOARDING ESTABLISHMENTS

The Animal Boarding Establishments Act, 1963 regulates the keeping of boarding establishments for dogs and cats and makes it an offence to keep such an establishment except under the authority of a licence granted by the local authority.

The licensing and inspection of these premises is carried out by the Veterinary Section and during the year 33 visits were made, in connection with the granting of licences and to ensure that where licences had been granted, the conditions of the licences were being complied with.

At the 31st December, 1966, there were 11 licensed animal boarding establishments in the City.

RIDING ESTABLISHMENTS

The Riding Establishments Act, 1964, requires local authorities to inspect and licence riding establishments. There are two licensed riding establishments in the City and during 1966, 4 visits were made.

CARE OF CORPORATION HORSES, ETC.

This work is carried out by the Veterinary Section and covers the provision of feeding stuffs and bedding for animals owned by the Corporation, the shoeing of the horses and veterinary attention when required.

Animal Feeding Stuffs and Bedding

A granary is maintained, supplies of feeding stuffs, etc. being purchased in bulk and delivered to other departments and institutions as required.

Blacksmiths

A blacksmith is employed at the department's forge. In addition to the shoeing of the police horses, he carried out general work for other departments, mainly the Public Works Department.

Veterinary Attention

Animals belonging to the Corporation receive veterinary attention from one of the department's veterinary officers whenever necessary.

During the year, treatment was given to the Police horses and to dogs belonging to the Parks Department and Police.

The purchase of new horses and the sale of horses no longer required are arranged by the Chief Veterinary Officer. All new police dogs are examined and vaccinated.

Horses

The department owns 23 horses which are hired to the Police. Two new horses were bought during the year at a cost of £310 each, to replace one which died and one which had to be destroyed after breaking a leg.

ENVIRONMENTAL HEALTH SERVICES HOUSING

“New houses are urgently required in large numbers. Insanitary property also needs attention – in some cases to be wholly removed and replaced by good houses, in other cases, to be brought into proper condition”.

The above quotation is from the Manual on Unfit Houses and Unhealthy Areas, issued by the Ministry of Health in 1919, and the remarks could still be applied to many areas of the City today.

The provision of sufficient accommodation for rehousing purposes is an essential part of any slum clearance programme and it is pleasing to report that 6,434 new dwellings were provided during 1966, showing an increase of 1,009 over the previous year.

Of these new dwellings 73.8 per cent. were provided by the Corporation and 26.2 per cent. by private enterprise, as follows:–

		<i>Corporation</i>	<i>Private</i>
New houses or flats ...	...	4,725	1,633
Conversions into flats ...	...	21	55
		<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>
		4,746	1,688
		<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>

The increased number of new dwellings becoming available is reflected in the number of dwellings which are known to have been demolished or closed during the year, i.e. 4,390 compared with 3,670 in 1965. With the accelerated development of new housing estates there are good prospects that the rate of clearance of unfit houses will be further improved during the forthcoming year.

Although demolition is the best way of dealing with blocks of grossly unfit houses it is not always so in the case of less unfit groups of property. In many of these the houses are capable of being repaired and brought up to a satisfactory standard of fitness and could then be provided with the amenities which at present are lacking. It is to this class of property as well as to the large blocks of houses in good repair but which are without baths, hot water, inside W.C.'s, etc., that more attention is now being directed.

During the year 1,341 houses were included in 11 Improvement Areas, making a total of 2,541 houses dealt with in this way since the Housing Act 1964, came into operation. Particulars of the progress of this work are set out in more detail on pages 235 – 237 of this report.

Housing and environmental conditions are subjects included in the training of medical and nursing students and are sometimes set for special study by student teachers. Visits to areas of bad housing conditions continue to be organised for such students and it is interesting to note the expressions of astonishment and concern when, for the first time, some of them see the back-to-back houses and congested courtyards and realise

that their patients or pupils may have to live in such unhealthy and depressing surroundings.

Many of the fairly large houses built in Victorian times in what were then good-class residential areas in Moseley, Sparkbrook, Handsworth and Aston, have long ceased to be used for one-family occupation as originally designed. Instead, they have become multi-occupied and, because of intensive use, or misuse, their condition has deteriorated rapidly during recent years. Structural decay and disrepair have been accelerated by lack of proper maintenance to such an extent that some groups of these houses have now reached the stage where they are unfit for human habitation within the meaning of Section 4 of the Housing Act, 1957, and are not capable of being made fit at a reasonable cost. The conditions found in this class of property are often as bad, or even worse, than those found in the more typical congested slum areas dealt with 10 years ago.

An attempt to have a small block of such houses brought up to a proper standard of fitness has been most disappointing and time-consuming. Workmen, obstructed by subtenants of various nationalities, were reluctant to continue working on the properties, especially as some of the work they had carried out was frequently damaged overnight and it was almost impossible for the builder to complete the job satisfactorily. Although the owners gave formal undertakings in July 1964 to complete the work to render the houses fit for human habitation within six months, it was not until December 1966 that the work was finally completed.

It is in houses of this type that "slum" conditions now present a problem – a problem that may best be solved by including them in clearance areas for early demolition, or by the Council acquiring, repairing and adapting the houses for occupation by more than one family.

Clearance Areas

507 houses were included in clearance areas during 1966 and the following table shows, year by year, the number of houses dealt with in this way since the present slum clearance programme commenced in 1955.

Number of houses included in clearance areas:—

1955	...	...	1,269
1956	...	...	4,627
1957	...	...	2,594
1958	...	...	4,322
1959	...	...	2,997
1960	...	...	2,736
1961	...	...	2,549
1962	...	...	2,311
1963	...	...	2,342
1964	...	...	1,708
1965	...	...	1,251
1966	...	...	507
TOTAL	...	...	<u>29,213</u>

A Sub-Committee of the Central Housing Advisory Committee, appointed to consider standards of housing fitness, issued their report towards the end of the year. This report, entitled "Our Older Homes – a Call for Action", contains a recommendation that the standard of fitness at present laid down in Section 4 of the Housing Act, 1957, should be revised and, among other things, greater emphasis placed on unsatisfactory environment when clearance areas are being considered. If the Sub-Committee's recommendations are incorporated in future housing legislation then, subject to availability of staff, there is likely to be an extension of clearance area action to parts of the City where, on present standards, such action is not practicable.

Public Local Inquiries

In the event of an owner objecting to the inclusion of his property in a Clearance Order or a Compulsory Purchase Order the Minister of Housing and Local Government may order a Public Local Inquiry to be held and during the year under review seven such Inquiries were conducted by Inspectors appointed by the Minister.

Where the objection relates to the classification of a house as unfit the Council must supply the objector with a schedule setting out the main reasons why the house is included in that category. This type of objection necessitated the preparation of schedules of defects for 374 out of the 869 houses included in the 44 Housing Compulsory Purchase Orders which were the subject of Public Local Inquiries during 1966.

The small number of objectors or their professional representatives appearing at Public Local Inquiries to support their case against the Council is perhaps an indication that the objections are only formal and the Council's view that the houses are unfit and properly included in the various Orders is not seriously disputed. This is emphasized by the fact that at two of the Inquiries none of the objectors attended. No objections were received in respect of 50 Orders, containing a total of 285 houses, and these were visited and reported on by Ministry Inspectors without it being necessary to hold a Public Local Inquiry.

Individual Unfit Houses

In addition to the groups of unfit houses dealt with by clearance area action there are many individual dwellings incapable of being made fit at reasonable expense and which must be closed or demolished unless the owners, anxious to save the property, submit proposals to carry out extensive and costly works. Eighty-five such dwellings were represented as unfit under Section 16 and 18 of the Housing Act, 1957. In 52 of these cases the representations related to houses which had earlier been excluded from Compulsory Purchase Orders by the Minister of Housing and Local Government as the owners had, at the time of the Public Local Inquiry, submitted

satisfactory schedules of work which they wished to carry out so as to render their houses fit for human habitation. Action under this part of the Act was necessary in order to provide an opportunity for the owners to give formal undertakings to carry out the agreed work within a specified period.

A total of 245 premises which are the subject of Closing Orders, or of Undertakings that the property will not be used for human habitation, are visited periodically to ensure that the Orders or Undertakings are not being contravened.

The following is a summary of the action taken during the year in respect of unfit dwellings which were the subject of official representations under Sections 16 and 18 of the Housing Act, 1957:—

(1)	Houses represented as unfit for human habitation	78
(2)	Owner's undertaking accepted:	
	(a) Not to relet for human habitation	5
	(b) To make fit for human habitation	28
(3)	Demolition Orders made	14
(4)	(a) Closing Orders made as demolition would affect adjacent buildings	10
	(b) Closing Orders substituted for Demolition Orders (under Section 26, Housing Act, 1961)	1
(5)	Houses to be acquired by Local Authority	4
(6)	Demolition following making of an Order, or accepting an Undertaking	20
(7)	Demolition following representation only (no order made) ...	2
(8)	Undertaking to make fit complied with	58
(9)	Houses made fit after the making of Closing Orders	2
(10)	Parts only of buildings represented as unfit for human habitation	7
(11)	Closing Orders made on parts of buildings	5
	Total number of individual dwellings dealt with between September 1939 and 31st December, 1966	2,189

A variety of individual unfit dwellings have been dealt with and the following examples have been selected to illustrate some of the housing conditions brought to the Department's notice during 1966:—

- (a) Two dilapidated old cottages, which came into the City as the result of boundary changes, were situated 450 feet from the roadway and were approached by a narrow cart track. The only water supply was from a heavily polluted well and the cottages lacked drainage, gas and electricity.
- (b) A former stable and hayloft, at the rear of a large house, had been let to two immigrant families, one of which was paying £2 5s. per week for the single room in the loft. Not only were the premises quite unfit for human habitation, but there was a considerable fire risk to the occupants of this and the adjoining premises owing to the extensive use of paraffin stoves and heaters in very congested surroundings, much of the construction being of wood and of a temporary nature.

- (c) Three cases where basement rooms and cellars were occupied as dwellings. In one of these a rent of £2 5s. per week was being charged for a cellar in which it was hardly possible to stand upright as the height from floor to ceiling ranged from 4' 6" to a maximum of 5' 10".

Repair and Maintenance

Disrepair, if it is causing a nuisance, may be so acute as to necessitate action under the Public Health Act, 1936, or it may be so extensive as to render the house unfit for human habitation within the meaning of Section 4 of the Housing Act, 1957.

Difficulties arise in cases where, although the disrepair due to lack of maintenance is less critical, it should nevertheless be dealt with in order to prevent property deteriorating to such an extent that action under the above powers becomes necessary. Unfortunately not all landlords carry out proper maintenance and present legislation does not empower the Council to enforce work of this nature. The need for additional powers is recognised by the Sub-Committee of the Central Housing Advisory Committee and their conclusions and recommendations on this subject are summarised in their report to the Minister as follows:— "There is a need for a new maintenance standard to prevent the deterioration of the housing stock. We recommend that local authorities should be given the necessary powers to secure proper maintenance of all houses".

Owners and agents intending to render their houses fit for human habitation submitted schedules of work for approval in respect of 138 houses. In nearly every case it was necessary to ask for additional items to be incorporated in the schedules before it could be agreed that satisfactory completion of the specified work would achieve the desired result.

The number of houses in private ownership rendered fit for human habitation following the service of notices under Section 9 of the Housing Act, 1957, amounted to 88 and a further 60 houses were rendered fit during the year as the result of action under Section 16 of the Act.

Repairs and renovations to unfit houses acquired under the Council's slum clearance programme are carried out by the Housing Management Department and work of this nature has done much to improve living conditions for the families who have to remain in these clearance areas until such time as redevelopment can take place. Over 35,000 houses have so far been treated in this way and in 4,781 of these the renovations were completed during 1966, at an average cost of £310 per house.

Mr J. J. Atkinson, the Housing Manager, has kindly supplied the following information regarding renovations carried out by his Department:-

(a)	The number of houses renovated during 1966:-	
	(i) In Redevelopment Areas	135
	(ii) In Clearance Areas	4,646
(b)	The total number of houses renovated up to 31st December, 1966	35,044
(c)	The number of houses at which interim and complete renovation was in progress at 31st December, 1966	6,700
(d)	The number of houses in respect of which repair schedules or contracts were prepared or were in course of preparation at 31st December, 1966	5,200
(e)	The average cost of renovation per house during 1966 ...	£310

Mortgage Applications

Lists containing the addresses of 1,945 houses, for which the City Treasurer had received applications for mortgage loans, were examined during the year in order to indicate any houses likely to be the subject of Housing Act action and therefore unsuitable for a mortgage.

At the request of the City Treasurer inspections were made concerning 217 houses where it was suspected that the borrowers were not complying with the terms of the mortgage agreement. Investigations into these cases covered such points as overcrowding, sub-letting, cleanliness, disrepair and misuse of the premises.

Advice to Intending House Purchasers

A home of their own is an ambition of many young couples and purchase of a house is often the only way this can be achieved when the need becomes imperative.

Some, unfortunately, are being persuaded to buy houses that are in such a poor condition that representation under Part II of the Housing Act, 1957, or inclusion in a clearance area under Part III is a distinct possibility unless considerable work is carried out. Having used their savings to buy the property they often find they are unable to afford to carry out the necessary repairs to bring the house up to a satisfactory standard of fitness.

Information as to the possibility of houses being affected by action under the Housing Acts is readily obtainable from the Housing Section of the Public Health Department. During 1966 enquiries from various sources by telephone, letters, or visits to the Department, averaged 119 per working day, giving a total of 29,988 enquiries concerning 41,052 houses.

Staff

It has not been possible to appoint staff to fill vacancies in the establishment or to replace losses which occurred during the year resulting from the deaths of the Chief Housing Inspector and a District Housing Inspector and the resignation of an Assistant District Housing Inspector who obtained a post with another Authority.

The satisfaction of being engaged in Housing Act work in an industrial areas is not of itself sufficiently attractive to induce qualified public health inspectors to apply for posts in the City or even to retain those already here.

The position at the end of the year was as follows:-

	<i>Establishment</i>	<i>Present Staff</i>	<i>Posts Unfilled</i>
Chief Housing Inspector	1	1	—
Deputy Chief Housing Inspector ...	1	—	1
Divisional Housing Inspectors ...	2	2	—
District Housing Inspectors ...	5	5	—
Assistant District Housing Inspectors	10	4	6
Assistant Housing Inspectors ...	5	—	5
Technical Assistants	10	4	6
Draughtsmen	4	2	2

The difficulties of endeavouring to carry out the duties of the Section with a professional and technical staff depleted to only 44 per cent. of the establishment figure has inevitably retarded the work, particularly in relation to Improvement Areas, Clearance Areas and action under Section 9 of the Housing Act, 1957.

As the result of these difficulties, active consideration is being given to the possibility of achieving a saving in manpower and an economy in administration, by the amalgamation and decentralisation of the Housing and General Public Health Inspectorate. Under the proposed reorganisation the Housing Section, set up in 1938 to deal with Slum Clearance, would be merged with that of the Chief Public Health Inspector.

PUBLIC HEALTH INSPECTION

Staff

As in the previous year there was very little improvement in the staffing position of qualified public health inspectors. During 1966 five experienced inspectors resigned to take up appointments with other authorities and during the same period four pupils qualified as public health inspectors and were appointed to the permanent staff. In September nine students were recruited to the training scheme but during the year there were some resignations so that at the end of the year 37 were in training, eight of whom were engaged on clerical duties for the first year.

<i>Year</i>					<i>Number of Students</i>
First year	...	...	...	...	9
Second year	...	...	...	...	10
Third year	...	...	...	...	9
Fourth year	...	...	...	...	9

The number of staff employed on district duties at the end of the year was as follows:-

				1965	1966	
				<i>Establishment</i>	<i>Actual</i>	<i>Actual</i>
District Inspectors	...	...	10	10	10
Assistant District Inspectors	...		40	32	32	
Public Health Inspectors	...		20	10	9	
Student Public Health Inspectors			40	32	29	
Technical Assistants	...	...	20	7	12

Two superannuitants were again re-engaged due to the continued shortage of qualified inspectors. The technical assistants have continued to give help in the routine visiting, especially in respect of houses in multiple occupation and office premises.

This is the first complete year during which one of the districts has been outposted to an office some three miles from the City Centre. There was a marked increase in the output of work with the same number of inspectors.

In June two more districts were moved out to office premises at Birchfield Road, Perry Barr; this experiment seems to have been well received by the staff.

The comprehensive re-organisation of the inspectorial staff was under consideration toward the end of the year, the aim being to amalgamate certain specialist sections and to outpost to four Divisional Offices, thus increasing productivity by making the best use of available manpower.

The duties under the Prevention of Damage by Pests Act, 1949, and the Shops Act, 1950 continued to be carried out by inspectors who specialise in these aspects of the work.

Inspections

There was an increase in the total number of visits made by inspectors engaged on district duties compared with 1965. Visits made by inspectors on district, technical assistants and students totalled 206,233.

Comparative figures are given below:—

Year	1962	1963	1964	1965	1966
Visits	170,654	178,719	195,666	186,047	206,233

Visits of inspection and re-inspection to houses in multiple occupation increased substantially and there was a slight increase in the number of visits paid to food premises. Visits to offices under the Offices, Shops and Railway Premises Act, 1963, rose from 2,544 to 4,443.

The total of visits by staff engaged on general district duties during 1966 was made up as follows:—

		<i>% of total</i>
House inspections	111,284	53·96
Inspections of food premises	7,383	3·58
Visits re infectious disease	6,615	3·21
Inspections of outworkers' premises	229	·11
Inspections of tents, vans and sheds	28	·01
Inspections of stables and pigsties	127	·06
Inspections of tips	326	·16
Visits to burials, exhumations, etc.	12	·01
Inspections of pleasure fairs and circuses	62	·03
Visits re sampling of water (not by water sampling officer)	187	·09
Visits re taking of rag flock samples... ..	9	·01
Inspections of offensive trade premises	22	·01
Inspections of factory premises	3,651	1·77
Inspections of surface air-raid shelters	217	·11
Inspections of common lodging houses	79	·04
Inspections of premises re Town and Country Planning applications	1,766	·86
Inspections of public houses	70	·03
Visits by students under instruction by qualified inspectors	23,734	11·51
Joint visits made by qualified inspectors	1,453	·70
Other successful visits	18,147	8·80
Unsuccessful visits	26,265	12·73
Visits re lectures and demonstrations to visitors	105	·05
Visits to offices and shops	4,443	2·15
Visits to agricultural units	19	·01
	<u>206,233</u>	<u>100·00</u>

Total visits made by inspectors, including those engaged on certain special duties:—

		% of Total
Visits by public health inspectors and technical assistants on district	206,233	81.6
Visits by Shops Act inspectors		
Under Shops Act, 1950	21,055	
Under Offices, Shops and Railway Premises Act, 1963	8,183	
	<hr/>	
	29,238	11.6
Visits by rodent control inspectors	17,254	6.8
	<hr/>	
	252,725	100.0
	<hr/>	

Infectious Diseases

Visits made by public health inspectors in connection with enquiries into cases of food poisoning and certain infectious diseases totalled 4,438 for the year; this figure includes those visits made to obtain specimens for bacteriological examination.

A further 2,177 visits were made to the homes of newly arrived long-stay immigrants, bringing the total number of visits for the year up to 6,615. These visits to immigrants were made in pursuance of the scheme brought into operation in 1965 at the request of the Ministry of Health. Under the scheme newly arrived immigrants are visited by a public health inspector as soon as possible after arrival in the City and are advised to register with a general practitioner and, if over fourteen years of age, to have a chest X-ray at the Chest Radiology Centre. This new duty takes up a considerable amount of the time of both the inspectorial and administrative staff but the operation is considered worthwhile if it helps to reduce the incidence of tuberculosis amongst immigrants. The difficulties mentioned in the 1965 report have again been encountered in that many of the Birmingham addresses given by the immigrants as they pass through the ports of entry have been found not to exist or, in cases where they do exist, the occupants claim no knowledge of the immigrants concerned. In other cases the immigrant has stayed at the Birmingham address for only one or two nights and then, before the inspector can visit, has moved on to some unknown address or even to another town.

At the end of each quarter a statistical return has to be submitted to the Ministry of Health giving the number of advice notes received from the ports, the number of successful visits made and the number of immigrants notified as suffering from tuberculosis. During the year advice notes were received in respect of 1,481 long-stay immigrants and of this number 1,082 has been successfully visited by the end of the year.

Houses in Multiple Occupation

The long campaign to control conditions in houses in multiple occupation has continued and during the year a total of 21,193 visits was made by inspectors and their assistants compared with 15,635 visits made in 1965. A further 1,189 houses were inspected in detail bringing the total so far examined to 5,024 of which action is being currently taken to control or improve conditions in 2,249 cases.

Much of the work and visits during the year resulted from the introduction of the new registration scheme made under the provisions of Section 22 of the Housing Act, 1961 as extended by the Birmingham Corporation Act, 1965. This – the City of Birmingham (Registration of Houses in Multiple Occupation) Scheme, 1965 – came into operation on the 1st January, 1966 and requires the registration of all houses which are let in lodgings or occupied by members of more than one family in such a manner as to be registrable under the Scheme. Houses which must be registered are:–

- (a) Houses in which, on the 1st January, 1966 there were either more than two separate occupancies (including that of a person having an estate or interest in the whole house) or more than four individual lodgers – this is defined in the Scheme as a '1961 Act house'.
- (b) Houses in which, after the 1st January, 1966, it is intended there shall be either more than two separate occupancies (including that, if any, of a person having an estate or interest in the whole house) or more than four individual lodgers – this is defined in the Scheme as a '1965 Act house'.

The registration of '1961 Act houses' (i.e., those already established on the 1st January, 1966) is automatic on application and supplying of the necessary information particulars.

The registration of '1965 Act houses' is not automatic and may be refused. A person intending, after the 1st January, 1966, to let a house or part of it so that there will be more than two occupancies in the house or to take in lodgers so that the number will exceed four individuals, must notify and obtain the approval of the Corporation **before** he does so. The interpretation of a '1965 Act house' is also extended to include registered '1961 Act houses' which have ceased to be so used and where it is intended to re-establish such use.

Legal action taken under the Scheme during the year involved the following cases:—

Failure to register '1961 Act houses'	33 cases £192 fines
Establishment of new '1965 Act houses' in multiple occupation without applying for and receiving approval to registration	4 cases £87 fines

It is too early yet to judge the effect of this part of the registration scheme but in view of the very small number of applications for registration of '1965 Act houses', it is felt that the unregulated spread of multiple occupation has been checked. It may well be that the tendency is now to let houses less intensively so as not to be registrable under the Scheme and, while the number of houses so let is known, it is felt that the evils of intensive multiple occupation as a result of such houses being let for the first time are not so evidence. There is a growing tendency for smaller houses to be used to accommodate two households without adaptation and this form of occupation is not subject to registration and is not normally affected by planning control if one of the occupiers is the owner. This is acceptable, but trouble arises when such small houses are further over-occupied and it is this type of house which would be declared unsuitable under the Registration Scheme.

The use of small houses by two families does not usually call for the provision of additional facilities other than a second cooking stove in the kitchen, and the normal control measure applied is the making of a direction limiting the number of occupants. This limit may be made large enough to allow for families with small children and here difficulty arises for landlords tend to regard this limit as applicable irrespective of the form of occupation. It is often found that when the house is next visited it may be re-let to individuals or households with every room constituting a separate tenancy and yet the total of individuals is still within the direction' limit. It is undesirable that additional facilities for such small letting units should be installed in a small house and it seems absurd and in many ways unpractical to serve a new direction for every change of circumstances. It is felt, therefore, that serious consideration should be given to the making of fresh legal powers which would enable local authorities to control the form of occupation and to be able to require that an existing house in multiple occupation should not be used by more than a specified number of occupancies or households. This would do much to preserve the stock of family houses from being broken down into small single room lettings. Such powers, if granted, may be thought to deprive the landlord of the right to decide how he lets off his house, but having regard to the large amount of squalor, misery and deterioration of housing conditions which have resulted from over-occupation in multiple occupation, the continued exercise of this right may not seem in the community's interest.

During the year the following detailed statutory action was taken:-

	<i>Number of premises</i>
Notice under Section 170 of the Housing Act, 1957 to ascertain details of ownership... ..	412
Notice of intention to make a management order	96
Management order made	97
Notice of intention to give a direction to limit occupants	202
Directions given	193
Notice under Section 15 of the Housing Act, 1961 to require facilities	136
Notice under Section 90 of the Housing Act, 1957 to abate overcrowding	26
Notice under Section 14 of the Housing Act, 1961 to make good neglect of proper standards of management	111
Notice under Section 19(9) of the Housing Act, 1961 requiring information re. occupancies	335
Direction varied to permit an increased number of occupants	57
Control order made and premises taken over	—

This statutory action is approximately two thirds of that taken in 1965 and the reduction can be attributed to the general improvement in conditions in houses in multiple occupation as a result of the very considerable efforts expended in the last five years. The main burden of the work has inevitably fallen and continues to fall upon the public health inspector and in the worse types of multiple occupation he is dealing with essentially human problems caused by people who may be unco-operative, ill informed, illiterate, inadequate or possibly evil. Success or failure must depend to a large extent upon the way in which he goes about his job and statistics of formal statutory action alone do not begin to show that time consuming argument and discussion, the encouragement, the toughness and skill needed to persuade people to improve conditions. If he takes formal action the statutory processes involved are complex and lengthy and require sound judgment and knowledge of legislation. Furthermore, the mere taking of action whether formal or informal is not the end of a case and periodic checks are necessary to ensure that reasonable conditions are maintained and regulations and directions complied with as a result of which a considerable case load builds up behind the inspector and this unavoidably slows down the pace at which he can identify, inspect and deal with houses on his district. However, despite difficulties, good progress has been maintained and there can be no doubt that conditions have improved throughout the City and especially in the concentrated areas of multiple occupation in Sparkbrook, Balsall Heath, etc., which were the first to receive attention when action commenced in 1962. As a result of these efforts there has been a reduction in the number of houses requiring the Department's attentions and from the original list of 4,810 houses which were believed to be over-occupied the final figure, when inspections and surveys are complete, may be reduced to between 4,000 and 4,200.

Some of the reduction in the number of houses in multiple occupation results from action taken under planning legislation and during the year a further 149 premises were referred to the City Engineer, Surveyor and Planning Officer for consideration under the Town and Country Planning Act, 1962, bringing the total so far referred to 450 premises in respect of which the following action has been taken:-

Number of premises in respect of which enforcement action to discontinue use was authorised	211
Number of premises where the use in multiple occupation has ceased	154
Number of premises in respect of which no planning action was taken (use established or no change of use)	148

In 36 cases the user appealed to the Minister against the enforcement action to discontinue, but 14 were withdrawn. Of the 17 heard so far, 12 appeals were dismissed, four were allowed and the decision on one is awaited.

To summarise the action taken by this Department since the coming into operation of the Housing Act, 1961 until the end of 1966, the following details are given:-

Directions given to limit occupants	1,872
Management orders made applying Management regulations ...	1,041
Notices served requiring provision of facilities under Section 15 of the Housing Act, 1961	1,485
Control orders made and houses taken over in order to protect occupants under Section 73 of the Housing Act, 1964 ...	4
Legal proceedings in respect of failure to maintain proper standard of management to abate nuisances and overcrowding to provide information and rent books, and offences against direction limits	2,143
Penalties imposed:	
Fines	£15,621
Imprisonment	1 case-2 months
Work carried out by Department at default or request to comply with notices served under the Public Health and Housing Acts.	
Jobs completed	1,110
Cost of works	£82,365

Certificates of Disrepair

A tenant of a house which is subject to control under the Rent Act, 1957, may apply for a certificate of disrepair if the landlord has either failed to carry out repairs which the tenant considers necessary or has declined to give an undertaking in accordance with the Act. Only 70 applications for certificates were received during the year but many calls were made on the Department for advice or help in the procedure to be followed to secure either the abatement of disrepair or a reduction in rent. In those cases where an inspection revealed the existence of a nuisance arising from disrepair, action was also taken under Section 93 of the Public Health Act, 1936.

The following figures indicate the action taken in 1966:-

Part I—Applications for Certificates of Disrepair

1. Number of applications for certificates	...	...	...	70
2. Number of decisions not to issue certificates	...	...	...	7
3. Number of decisions to issue certificates	...	...	...	60
(a) in respect of some but not all defects	...	...	...	36
(b) in respect of all defects	...	...	...	24
4. Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	...	36
5. Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	...	...	...	1
6. Number of certificates issued	...	...	...	20

Part II—Applications for Cancellation of Certificates

7. Applications by landlords to Local Authority for cancellation of certificates	...	...	...	...	9
8. Objections by tenants to cancellation	...	...	...	...	1
9. Decisions by Local Authority to cancel in spite of tenant's objections	...	...	...	...	1
10. Certificates cancelled by Local Authority	...	...	...	...	4
Number of visits made under the Act	...	...	...	...	307
Number of re-visits made under the Act	...	...	...	...	248
Total number of visits	...	...	...	...	<u>555</u>

Rent Restriction Acts

The Chief Public Health Inspector is Registrar for the purposes of the Furnished Houses (Rent Control) Act, 1946.

During the year 442 notifications were received from the Rent Tribunal, resulting in 198 entries being made in the Register maintained under the Act. There were 31 certified copies of entries in the Register issued on payment of one shilling in each case.

The Rent Act 1965, came into force on the 8th December, 1965. Under this Act the Minister of Housing and Local Government is given power to set up Rent Committees, and Rent Officers were appointed.

The few enquiries received relating to the assessment of a fair rent were referred to the Rent Officer.

Housing Improvement and Improvement Grants

HOUSING (FINANCIAL PROVISIONS) ACT, 1958

HOUSE PURCHASE AND HOUSING ACT, 1959

HOUSING ACT, 1964

There was a sharp drop in the number of applications for grants and in 1966 the total of grants approved was only 1,570 compared with a total of 1,929 in 1965.

Landlord applications continued to exceed those from owner-occupiers and amounted to 55 per cent. of the total received. Undoubtedly the use of compulsory powers contained in the Housing Act, 1964 had some bearing on this but it is noted that 691 out of a total of 885 applications from landlords were as a result of voluntary action. The total of landlord applications only dropped by 63, whereas those from owner-occupiers were 184 less than in 1965 — this may reflect the economic position.

A further 250 tenants exercised their rights under the Housing Act, 1964 and wrote to the Corporation during the year asking them to use their powers to secure the provision of bathrooms by their landlords. This is encouraging but the total figure of 461 tenants who have written so far since the introduction of the Housing Act, 1964, is a very small proportion of the number of tenanted properties which are still without bathrooms. The following statistics show the action taken so far in regard to tenants' representations:—

Compulsory Improvements – Tenants' Representations

Representations received (from August 1964)	...	...	...	461
Rejected (property has insufficient life)	...	...	...	35
Preliminary notices served	...	...	...	259
Satisfactory undertaking received	...	...	...	45
Immediate improvement notices served	...	...	...	167
Properties for which improvement grant applications have been received	...	...	...	179
Improvement works completed	...	...	...	28

Compulsory Improvements – By Improvement Area Action

The aim of the Housing Act, 1964 was to ensure that within ten years most of the improvable older houses which lack amenities and which still have a reasonable life are provided with hot water, a fixed bath or shower, a wash-hand basin, an inside water closet and a proper foodstore. Eleven Improvement Areas in various parts of the City were declared during the year and, of the 1,341 houses included, 522 lacked one or more of the standard amenities.

Complex legislation has been blamed for the slow start of Improvement Area work, but in Birmingham shortage of staff is the real cause and it is hoped that eventually it will be possible to speed up the rate of representation. The falling off in the number of voluntary applications for improvement grants makes it even more important that the powers of compulsory improvement are used to the full.

IMPROVEMENT AREAS DECLARED DURING 1966

Title of Area	Total Houses	Tenanted	Owner Occupied	Others	Lacking Amenities	
					Tenanted	Owner Occupied
Burlington Road No. 8	99	13	84	2	10	33
Burlington Road No. 9	140	33	104	3	28	24
Burlington Road No. 10	82	42	40	—	38	13
Burlington Road No. 11	67	29	37	1	29	9
Cornwall Road No. 12	205	60	135	10	31	32
Majuba Road No. 13	137	73	63	1	48	15
Somerset Road, Erdington No. 14	116	28	85	3	23	6
Somerset Road, Erdington No. 15	138	24	114	—	18	18
Norfolk Road, Erdington No. 16	108	37	62	9	31	15
Lea House Road No. 17	110	55	53	2	34	9
Teignmouth Road No. 18	139	52	85	2	34	24
	1,341	446	862	33	324	198

NOTICES SERVED DURING 1966

Section 170, Housing Act, 1957 (ownerships)	...	...	...	295
Preliminary Notices	...	...	...	59
Immediate Improvement Notices	...	...	...	21
Suspended Improvement Notices	...	...	...	32
Final Improvement Notices	...	...	...	6
Withdrawal Notices	...	...	...	4

As a result of improvement area action 89 houses have been improved during the year and 144 applications for improvement grants have been received from landlords and 24 applications from owner-occupiers. Letters were sent to 147 owner-occupiers of houses in Improvement Areas inviting them to take advantage of the improvement grant scheme. It is interesting to note that 25 per cent. of the improvements carried out in Improvement Areas were completed without the aid of a grant.

Two 'time and place' meetings were held at which tenants and owners were able to meet Health Committee members and officers in order to discuss the Council's proposals. Practically all owners agreed with the principle that amenities should be provided, their chief complaint being the difficulty of finding sufficient money to cover their share of the cost. It is important that owners should know that facilities are available for them to borrow money from the Corporation at a reasonable rate of interest.

Applications for Improvement Grants During 1966

DISCRETIONARY GRANTS

	<i>Formal applications received during the year</i>	<i>Applications approved during the year</i>			
	<i>Number of dwellings</i>	<i>Number of dwellings</i>	<i>Amount of grant which the Council have decided to pay</i>		
(a) Conversions	46	48	£	s.	d.
			15,495	8	0
(b) Improvements by Landlords	11	11	2,876	17	6
Owner-occupiers	11	11	2,718	5	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>			<i>Number of amenities provided</i>				
				£	s.	d.	<i>Fixed bath or shower</i>	<i>Wash basins</i>	<i>Hot water supplies</i>	<i>Water closet</i>	<i>Food storage facilities</i>
Improvements by Landlords	828	770	658	78,634	7	8	} 1,229	1,266	1,302	1,324	955
Owner-occupiers	731	730	754	94,287	12	11					

Eight applications for discretionary grants and 41 applications for standard grants were rejected.

During the year Public Health Inspectors and Housing Inspectors made 12,668 visits to houses in connection with Improvement Grants compared with 15,473 in 1965. A further 8,913 visits were made by Housing Inspectors in connection with Improvement Area action. Since the first improvement grant was paid in the City in 1952, £1,557,441 8s. 4d. has been paid out in 14,497 grants made up as follows:-

Landlords	3,642	£477,394 0 0
Owner-occupiers	10,855	£1,080,047 8 4
	14,497	£1,557,441 8 4

Approximately four-fifths of this total (£1,312,638 0s. 11d.) has been paid since the introduction of the standard grant scheme in 1959.

Since the improvement schemes were operated 17,029 applications have been approved, made up as follows:-

Owner-occupiers	...	...	...	...	12,261
Landlords	...	...	...	...	4,768
					<hr/>
					17,029
					<hr/>

Abatement of Nuisances

The investigation of complaints concerning conditions under which people live continues to form an important part of the work of the public health inspector. If a nuisance is found to exist an abatement notice is served under Section 93 of the Public Health Act, 1936, and in the majority of cases the work is carried out by the owner in a reasonable time, but, should the nuisance continue, the Act gives power to the Local Authority to apply to the magistrates for a Nuisance Order, and in extreme cases the Department carries out the work at the default of the owner. much use is made of the powers contained in Section 26 of the Public Health Act, 1961, which enables the Local Authority to do work at default in a reduced period of time.

During the year a total of 5,292 statutory notices was served, 3,122 of these being under Section 93 of the Public Health Act, 1936.

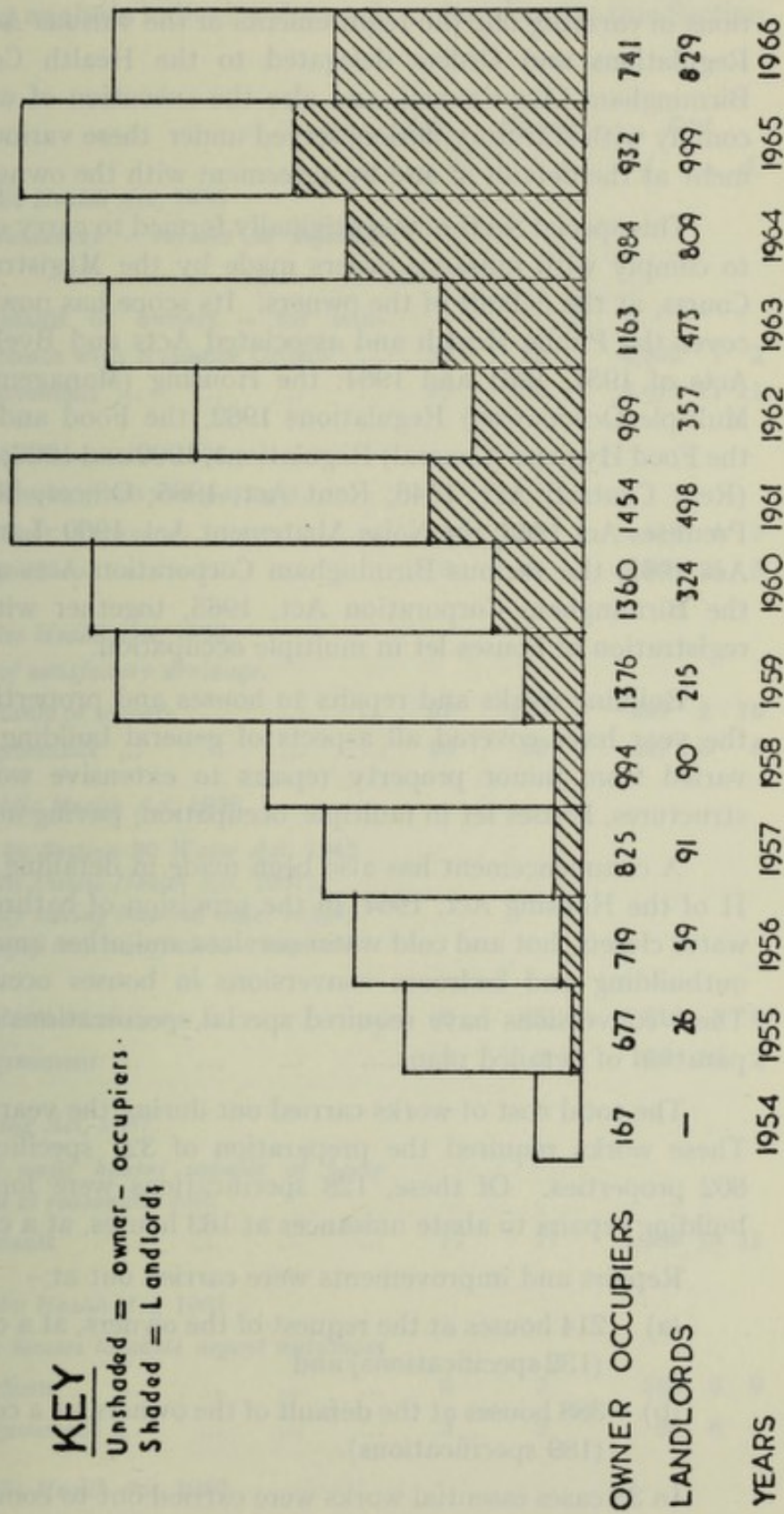
The total of 5,292 statutory notices was made up as follows:-

Nuisances under Section 93 of the Public Health Act, 1936— dealing mainly with roofs, spoutings, fallen plaster, defective floorboards, broken sashcords and window frames	...	...	3,122
Stopped up drains, soil pipes, water closets and private sewers, dealt with under the Birmingham Corporation Act, 1946, as amended by the 1954 Act	...	...	810
Urgent nuisances, badly leaking roofs, broken water closet pedes- tals, etc., dealt with under Section 26 of the Public Health Act, 1961	...	...	653
Provision or improvement of piped water supply—Section 138, Public Health Act, 1936, as amended by Section 30, Water Act, 1945	...	...	25
Yard paving and drainage—Section 56, Public Health Act, 1936			138
Unsatisfactory drainage—Section 39, Public Health Act, 1936	...		507
Filthy or verminous premises—Section 83, Public Health Act, 1936	...	...	7
Removal of noxious matter, Section 79, Public Health Act, 1936			25
Byelaw infringements - nuisances	...	...	1
Replacement of earth closets, etc., - Section 47, Public Health Act, 1936	...	...	2
Additional water closets - Section 44, Public Health Act, 1936	...		1
Provision of water closets - Section 39, Birmingham Corporation Act, 1935	...	...	1
			<hr/>
			5,292
			<hr/>

HOUSING IMPROVEMENT GRANTS APPLICATIONS APPROVED

KEY

Unshaded = owner-occupiers.
Shaded = Landlords



Enforcement Section

The title "Enforcement Section" means exactly what it implies - a section for the legal enforcement of the Department's duties and obligations in carrying out the requirements of the various Acts of Parliament, Regulations and Orders delegated to the Health Committee by the Birmingham City Council, and also the execution of works necessary to comply with statutory notices served under these various Acts of Parliament at the default of and by agreement with the owners and occupiers.

This special Section was originally formed to carry out works required to comply with nuisance orders made by the Magistrates in the Police Courts, at the default of the owners. Its scope has now been extended to cover the Public Health and associated Acts and Byelaws; the Housing Acts of 1957, 1961 and 1964; the Housing (Management of Houses in Multiple Occupation) Regulations 1962; the Food and Drugs Act, 1955; the Food Hygiene (General) Regulations, 1960 and 1966; Furnished Houses (Rent Control) Act, 1946; Rent Act, 1965; Offices, Shops and Railway Premises Act 1963; the Noise Abatement Act, 1960; Landlord and Tenant Act 1962; the various Birmingham Corporation Acts and, in particular, the Birmingham Corporation Act, 1965, together with the scheme for registration of houses let in multiple occupation.

Building works and repairs to houses and properties detailed during the year have covered all aspects of general building works, and have varied from minor property repairs to extensive works to dangerous structures, houses let in multiple occupation, paving and drainage work.

A commencement has also been made in detailing works under Part II of the Housing Act, 1964; in the provision of bathrooms with internal water closets, hot and cold water services and other amenities required by outbuilding and bedroom conversions in houses occupied by tenants. These conversions have required special specifications of works and preparation of detailed plans.

The total cost of works carried out during the year was £22,592 10 1. These works required the preparation of 321 specifications, respecting 602 properties. Of these, 128 specifications were for the execution of building repairs to abate nuisances at 163 houses, at a cost of £7,206 13 1.

Repairs and improvements were carried out at:-

- (a) 214 houses at the request of the owners, at a cost of £6,726 18 7. (132 specifications) and
- (b) 388 houses at the default of the owners, at a cost of £15,865 11 5. (189 specifications).

In 33 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 £2,595 1 2. and the number of houses affected was 35.

Works at houses in multiple occupation under Sections 14 and 15 of the Housing Act, 1961; have been carried out at 53 properties in accordance with 53 specifications – at a total cost of £4,698 3 8.

The following analysis indicates the work undertaken by this Section during 1966:–

	<i>Jobs</i>	<i>Houses</i>	<i>Cost</i>		
			<i>£</i>	<i>s.</i>	<i>d.</i>
<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 ...	33	35	2,595	1	2
By agreement	95	128	4,611	11	11
<i>Section 56 Public Health Act, 1936.</i>					
<i>Paving of courts, yards and passages.</i>					
At default of owners	14	99	516	4	9
By agreement	8	41	1,138	15	9
<i>Section 39 Public Health Act, 1936.</i>					
<i>Provision of satisfactory drainage.</i>					
At default of owners	51	120	995	2	10
By agreement	20	30	499	5	8
<i>Section 138 Public Health Act, 1936.</i>					
<i>(as amended by Section 30 Water Act, 1945 and Section 78 Public Health Act, 1961).</i>					
<i>Houses already having internal water supply but where supply was insufficient – improvement effected.</i>					
At default of owners	7	45	1,612	1	6
By agreement	2	7	160	16	2
<i>Section 9 Housing Act, 1957.</i>					
<i>Repair of unfit houses capable of being rendered fit at reasonable cost.</i>					
At default	17	17	4,989	19	11
<i>Section 26 Public Health Act, 1961</i>					
<i>Repairs to houses to abate urgent nuisances</i>					
At default	6	7	368	6	9
By agreement	3	3	93	8	4
<i>Section 83 Public Health Act, 1936.</i>					
<i>Cleansing of filthy or verminous premises.</i>					
By agreement	2	2	206	5	7

Section 79 Public Health Act, 1936.

Removal of noxious matter from premises.

At default	...	...	...	...	6	10	70	6	4
By agreement	...	...	...	...	1	1	4	6	0

Section 14 Housing Act, 1961.

Works required to make good neglect of proper standards of management of houses in multiple occupation.

At default	30	30	2,676	19	1
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Section 15 Housing Act, 1961.

Works carried out at houses in multiple occupation in providing essential facilities and amenities for the occupants.

At default	23	23	2,021	4	7
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Section 59 Birmingham Corporation Act, 1948

By agreement	1	2	12	9	2
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Section 4 Prevention of Damage by Pests Act, 1949.

At default	2	2	20	4	6
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The institution of all legal proceedings undertaken by this Section of the Department in liaison with the Town Clerk's Department is a most important function, which requires the careful collation of information of every description and accurate preparation of evidence necessary for prosecutions to be successfully conducted. The Enforcement Officer is present each week at the proceedings at Victoria Law Courts to advise and assist the Corporation's prosecuting solicitor. This is an exacting necessity and each case has to be scrutinised with meticulous care, as the majority of the defendants now appear or are legally represented at Court and keenly contest each individual case. The number of cases dismissed and lost by the Department during the year were very few indeed, and the many successful cases taken reflect great credit on the Corporation officials concerned.

Legal proceedings were instituted during the year in 724 instances, and the summonses issued and fines imposed are set out in the following analysis:—

<i>Summonses taken out during 1966</i>	<i>Fines</i>	
	<i>£</i>	<i>s. d.</i>
<i>Public Health Act, 1936</i>		
General nuisances*	225	—
(Penalties imposed in making Nuisance Orders) ...	—	5 0 0
Disobeying Nuisance Orders	2	26 15 0
Section 83: Cleansing of filthy and verminous premises	1	—
Section 288: Obstruction of public health inspectors	1	—

<i>Offences against the Person Act, 1961</i>					
Section 42: Assault on an inspector	...	...	1	5	0 0
<i>City Byelaws</i>					
Dogs fouling footway	...	...	2	4	0 0
<i>Furnished Houses (Rent Control) Act, 1946</i>					
Section 4 and 9	...	...	—	—	—
<i>Housing Act, 1957</i>					
Section 90: Overcrowding of houses let in multiple occupation	...	...	1	5	0 0
Section 170: Requiring information as to ownership of premises	...	...	23	25	0 0
<i>Housing Act, 1961</i>					
Section 19(2): Direction to prevent or reduce overcrowding of houses let in multiple occupation	...	...	58	1,120	0 0
Section 19(9): Statement requiring number of lets to families and individuals in houses let in multiple occupation	...	...	26	29	10 0
<i>Housing Acts, 1961 and 1964, Birmingham Corporation Act 1965 and Scheme</i>					
Section 22: Registration of houses let in multiple occupation:- "1961 Act houses"	...	...	33	192	0 0
"1965 Act houses"	...	...	4	87	0 0
<i>Housing (Management of Houses in Multiple Occupation) Regulations 1962</i>					
Failure to maintain good standard of management			163	610	10 0
<i>Landlord and Tenant Act, 1962</i>					
Sections 1 and 4	...	...	24	170	0 0
<i>Housing Act, 1964</i>					
Section 65(1): Failure to execute works under Section 14 of the Housing Act, 1961			9	48	0 0
Failure to execute works under Section 15 of the Housing Act, 1961			9	87	0 0
<i>Offices, Shops and Railway Premises Act, 1963</i>					
			8	150	0 0
<i>Food Hygiene (General) Regulations, 1960</i>					
			130	637	0 0
<i>Birmingham Corporation Act, 1948</i>					
Section 42: Registration of hawkers and sale of food	...	...	2	2	0 0
			<hr/>	<hr/>	<hr/>
			724	£3,203	15 0
			<hr/>	<hr/>	<hr/>

*The Magistrates made nuisance orders in 56 cases. In the others the work was completed by the time of the court hearing.

During the year two unusual cases were taken by the Department under the Noise Abatement Act, 1960, which makes noise nuisance a statutory nuisance under the Public Health Act, 1936.

A complaint was received by the Department of a serious noise nuisance caused by the playing of musical instruments and singing. On investigation it was found that a "Pop" group was practising in a house. The instruments being used included an electric organ and electric guitars which could not be played without amplifiers, and drums. The level of noise was such that the occupiers of the adjoining house alleged that it was making life intolerable. It was also similarly affecting a household on the opposite side of the road. Inspectors of the Department on investigation considered that a nuisance did exist, and a statutory notice was served to "Cease the nuisance of noise from playing musical instruments and singing". This notice requiring the abatement of noise nuisance failed to have any effect, and in view of further complaints authority was given for legal proceedings to be taken to enforce the requirements of the notice.

On the day of the hearing at Victoria Courts, the electric organ was brought to Court and connected to the power supply. The bench, however, decided against having any demonstration by the group's pianist. The Magistrates carefully considered the evidence presented to them and made a Nuisance Order ordering the group forthwith to refrain from singing or permitting singing, or playing or permitting playing, of any musical instrument at such loudness as shall be a nuisance to occupiers of adjacent premises.

In the second case a very serious noise nuisance existed. Complaints from occupiers of houses adjoining a cafe situated in a densely populated area of the City were received by the Department, of loud amplified recorded music which accompanied large parties held in the cafe. This music commenced at about 2200 hrs. and continued throughout the night till between 0400 hrs. and 0700 hrs. the next morning on Friday, Saturday and Sunday nights. This noise was so loud that the occupiers of the adjacent houses could not get any sleep or rest whatsoever. The complaint was investigated by inspectors of the Department, who visited the area during the late hours at night and early hours of the morning on many occasions. The nuisance was confirmed, and a Statutory Notice was served for the abatement of the nuisance. The requirements of the Statutory Notice were completely ignored, and authority was given for legal proceedings to be instituted.

When the case was heard by the City Justices the occupiers of the houses affected came to Court and gave evidence to assist the Department in proving its case. The Magistrates took a most serious view and made a Nuisance Order ordering the owner forthwith to refrain from singing or permitting singing, or playing or permitting playing or operating any

musical instrument at such loudness as shall be a nuisance to the occupiers of adjacent premises. This Nuisance Order was completely ignored by the owner, further legal action was taken, and a penalty of £14 was imposed by the City Justices.

The owner then decided to sell his interest in the cafe, vacated the premises, and peace was restored to the neighbourhood.

The Birmingham Corporation Act, 1965, together with the City of Birmingham (Registration of Houses in Multiple Occupation) Scheme, 1965 came into operation on the 1st January, 1966 and required the owners of houses let in multiple occupation to notify the Corporation and give appropriate information about registrable houses which were already houses in multiple occupation. The Department prepared appropriate forms for supplying the required information and early in 1966 distributed these forms and explanatory leaflets to owners of houses known to be in multiple occupation. In this instance a company owning a number of houses failed to supply the information, although the appropriate forms were in their possession and every possible opportunity and assistance was afforded them. Legal proceedings were taken for failing to supply the full information required on seven summonses. All the facts were carefully considered by the City Justices at the Court hearing, and the maximum fine of £10 in each case was imposed.

An appeal was lodged by the defendants against these convictions and penalties for a complete re-hearing of the charges on the seven summonses for failing to supply information. This Appeal was heard by the Recorder at the Birmingham Quarter Sessions, who dismissed the Appeal against the convictions, but allowed the Appeal against the penalties and reduced the fines to £5 in each case.

Giving judgment the Recorder stated that the Appeal had shown two things beyond doubt. One was the absolute necessity for a scheme of this kind in Birmingham; the second was that this kind of property management could be very profitable to the persons concerned, although as a business venture it was not without difficulty and risks. He also said that for the greater part of 1966 the company did not supply information which, in essence, it was not difficult to supply at all.

Urgent Nuisances

The powers contained in Section 59 of the Birmingham Corporation Act, 1946, continue to be used to require the clearing of obstructed drains, waste pipes and water closets. The powers are similar to those in Section 22 of the Public Health Act, 1961, but work can be carried out at default of an owner after 24 hours' notice compared with 48 hours required by the 1961 Act.

Action taken was as follows:—

Birmingham Corporation Act, 1946—Section 59

(Defective drains requiring urgent attention)

Total number of notices served during 1966 (involving 668 jobs)	810
Work carried out by owners in specified time	339
Orders given by this Department in default of owners' compliance	286
Orders given by this Department at request of owners ...	43
Total cost of work given to the Department's contractors	£2,124 7 7
Average cost per job	£6 9 2
The maximum charge in respect of any one job was ...	...£90 11 10
and the minimum was	7 6

During the year notices were served in respect of obstructions in 18 private sewers affecting 158 houses.

For many years action to remedy urgent nuisances has been taken under Section 32 of the Birmingham Corporation Act, 1948. Almost identical power is now given in the Public Health Act, 1961, and from the 17th July, 1964, notices were served under Section 26 of the national Act.

Public Health Act, 1961—Section 26

(Defective houses requiring urgent attention)

Total number of notices served during 1966 (involving 580 jobs)	653
Work carried out by owners in specified time	287
Orders given by this Department in default of owners' compliance	263
Orders given by this Department at request of owners ...	30
The cost of the work given to the Department's contractors totalled	£5,205 15 1
Average cost per job	£17 15 4
The maximum charge in respect of any one job was ...	£293 6 9
and the minimum was	12 6

Redevelopment Areas and Clearance Areas

The Department receives many complaints from tenants of sub-standard housing which is in the ownership of the Corporation. These old houses, which have been patched to improve living conditions, are seldom fit for habitation and owing to their age deteriorate rapidly. The Housing Management Department endeavours to deal with urgent matters and to keep them wind and weathertight but frequently tenants exercise their right to complain to the Health Department in the hope of securing some

amelioration of conditions. Whenever the public health is likely to be endangered the co-operation of the Housing Manager is sought but there are instances, particularly where property is shortly to be required for demolition and the rehousing of the tenants has commenced, that it is not always possible to effect the necessary repairs.

The marked increase in the rehousing of tenants and in the rate of clearance of unfit properties will do much to reduce this type of complaint but in the interim period conditions may often deteriorate for tenants in these areas. As tenants are rehoused vandals break into the derelict properties, start fires, deposit refuse and disturb those who remain in isolated occupied dwellings. Sometimes this is unavoidable as tenants are not always anxious to accept alternative accommodation and move away from the area. This can occasion real hardship especially to the elderly. Close co-operation is required between the Housing Management, Public Works, Salvage and Health Departments to deal with this very difficult aspect of redevelopment.

The Salvage Department has been particularly helpful in removing accumulations and having sites cleared of unwanted furniture and bedding. Such an operation unfortunately requires the expenditure of public money. Householders can do much to help themselves and the City by making proper arrangements for the disposal of unwanted household furniture and goods before vacating premises required for demolition.

During the year 1,479 complaints were received concerning property in Corporation management and of this number 889 were investigated by this Department.

Burial of the Dead and Exhumations

During the year three licences were issued by the Secretary of State, Home Office, for the removal of human remains from graves in the City for re-interment elsewhere. Copies of these licences, when issued, are sent from the Home Office to the Medical Officer of Health for the area and in each case a public health inspector attended the exhumation to ensure that it was effected with due care and decency and without risk to public health.

Common Lodging Houses

The Department maintains a register of all common lodging houses in the City as required by the provision of Section 237 of the Public Health Act, 1936. This record provides detailed information as to the full names and addresses of all persons registered as "keepers" and "deputy keepers" together with the addresses of all such lodging houses. The permitted number of persons which each may accommodate is also specified in the register.

At the beginning of the year the number of common lodging houses registered remained at five, providing total accommodation for 521 men only. During the winter, however, one of the larger hostels managed by The Salvation Army was closed down because of further progress made in redevelopment works. This reduced the number of hostels on the register to four, providing total accommodation for 363 men only.

Routine inspections are carried out both by day and by night to ensure that no infringements of the Public Health Act, 1936 or the Byelaws made thereunder occur. During the course of the year, public health inspectors made a total of 79 visits, details of which are as follows:-

Day visits ...	...	...	...	...	...	...	...	...	22
Night visits	...	...	...	...	...	...	...	...	52
Special visits	...	...	...	...	...	...	...	...	5
TOTAL ...									79

The above inspections revealed that there still remains a positive demand for this type of accommodation within the City and in most cases the hostels were fully occupied.

Tips and Tipping

A total of 326 visits was made to established tips during the year in order to see that the City Byelaws in respect of tipping were being observed.

The established tips were being operated generally satisfactorily, but in three cases complaints were received. The first case has been dealt with in 1965 and tipping operations had ceased but the wet year had produced ponding of rainwater on the surface of the tip and this was becoming stagnant and some decomposition of tipped materials was causing a nuisance. Further covering with furnace ash and levelling resolved the trouble. In the second case, nuisance arose from the tipping of quantities of waste from the City's fruit and vegetable markets and fruit flies which were harbouring and breeding on this waste caused trouble to a nearby food manufactory. Appropriate treatment with insecticide was carried out and immediate and daily covering of the tipped waste prevented a recurrence. The operation of the same tip was the subject of other complaints arising from the depositing of mud and debris by the wheels of vehicles using the tip and the developing industrial estate on the reclaimed land. The complaint was taken up with the City Engineer, Surveyor and Planning Officer who indicated that proposals were being discussed to construct suitable roads on the site - no action had however been taken by the end of the year and the trouble still persists. The third case followed the submission of a memorial from nearby residents complaining of nuisances from vehicles using a tip. The tip, newly established on the site of a former claypit and brickworks, was being operated in

reasonable conformity with the City byelaws but dust was being blown about from the passage of vehicles over a rammed earth approach road and nuisance was also occurring from the depositing of mud on nearby public road. The co-operation of the operators was sought and obtained and they brought into use mechanical road sweepers equipped with sprinklers. This did much to prevent the trouble but in view of the long term nature of the tipping the operators also undertook to construct, in 1967, a concrete approach road to a design which will assist in the removal of mud from vehicles wheels before driving onto the public highway.

Complaints were received fairly regularly of the depositing of rubbish and discarded articles on vacant sites and action was taken to deal with those likely to be prejudicial to health. The bulk of the complaints were referred to the Public Works Department for consideration of action under the Town and Country Planning Act, 1962, as conditions might be considered detrimental to the amenities of the neighbourhood.

Pleasure Fairs

During the year 62 visits were made by public health inspectors to pleasure fairs. Conditions are regulated by the City's Byelaws made in 1953 with respect to pleasure fairs. Under these byelaws the local authority must be given at least three days notice before a fair is operated and has an opportunity to specify requirements, especially with regard to sanitary accommodation, water supply and catering arrangements.

Canal Boats

During the year 1966 the number of boats inspected within the City area was 163, as follows:-

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>
38	40	46	39

The 163 boats inspected were registered for the accommodation of 486 persons and when inspected were found to be carrying 108 men, 107 women and 40 children, a total of 255 persons.

All the boats were in good condition and conforming with the Public Health Act, 1936 and Regulations. No complaint notes were issued during the year and four were brought forward from 1965, leaving an outstanding balance of four. It has not been necessary to take any legal proceedings under the Public Health Act, 1936, and the Canal Boats (Amendment) Regulations, 1925.

No cases of infectious disease affecting canal boat personnel were reported during 1966.

Two new boats have been registered in Birmingham during the year, bringing the total number to 104, 61 being motor boats and 43 ordinary boats.

Prevention of Damage by Pests Act, 1949

Under the Prevention of Damage by Pests Act, 1949 an obligation is placed on occupiers of land (including premises) to notify the local authority of rats or mice. The local authority is charged with the responsibility of enforcing Part I of the Act.

There has been an increase in the number of complaints of infestation received during the year, being 10,280 compared with the 1965 figure of 8,821 and this represents an approximate increase of 12 per cent. The peak month for notifications was June during which 1,212 notifications were received. The number of complaints received in the months of April, May and June continue to support the theory that spring is the peak breeding season for rats.

Comparative figures for notifications received in recent years are as follows:-

<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>
8,667	8,500	9,324	8,821	10,280

Detailed inspections of the complainant's premises are carried out and the inspection of adjoining premises is also undertaken should it be found necessary. In fact, every effort is made to discover the prime cause of the infestation, particularly when it has arisen inside the premises. Ratproofing measures are then carried out and the combination of treatment and ratproofing leads to a permanent cure of the trouble.

Hundreds of complaints of rats seen in gardens are received each year and in most cases occupiers encourage such infestations by placing food out for the birds.

Mouse infestations in houses in multi-occupation provide a particularly difficult problem. Immediate treatment for the whole premises is not always possible because some tenants are out all day and their rooms remain locked. The low standard of management exercised by some landlords of these houses in allowing refuse to lie about in the vicinity of dustbins also has a marked effect on rat infestations. Care should be taken to ensure that refuse is placed in bins and not scattered on the ground. The occupier who finds that the bin capacity is regularly insufficient should inform the Salvage Department.

Comparative figures for inspections carried out during the past years are as follows:-

				<i>Domestic</i>	<i>Industrial</i>	<i>Total</i>
1964						
Original visits	...	...	...	11,144	2,635	} 17,596
Re-visits	...	...	...	2,687	1,130	
1965						
Original visits	...	...	...	9,545	2,522	} 15,638
Re-visits	...	...	...	2,326	1,245	
1966						
Original visits	...	...	...	11,012	2,615	} 17,254
Re-visits	...	...	...	2,727	900	

It is no longer commonplace to deal with large infestations throughout the City and very few major infestations have been encountered during the year.

The following table shows the diversity of premises which have been given attention during the year:-

	<i>Treatments for</i>			
	<i>Inspections</i>	<i>Re-inspections</i>	<i>Rats</i>	<i>Mice</i>
Domestic premises and vacant sites	11,012	2,727	5,782	1,183
Corporation Properties :				
Schools	227	72	128	99
Civic restaurants and bake-houses	4	1	5	3
Corporation tips	14	—	9	1
Allotments, parks, etc.	58	5	36	3
Welfare centres and nurseries	54	19	33	27
Destructors	6	306	5	1
Offices, stores, depots, etc.	60	6	52	25

Industrial :

Private schools	9	—	4	—
Private tips	1	—	—	—
Hospitals, nursing homes, etc.	54	25	31	14
Cafés, restaurants and hotels	80	40	66	25
Other food premises ...	579	169	283	163
Cinemas and theatres ...	5	2	4	2
Canal and railway banks	6	20	—	—
Non-food shops	216	45	82	49
Non-food factories, offices, etc.	831	190	615	204
Farms, piggeries, etc. ...	1	—	1	—
Other visits	410	—	—	—
Night visits	126	—	—	—
Smoke tests	100	—	—	—

These visits resulted in formal action in the following cases:—

Notices served for proofing	8
Notices served for treatment	Nil
Notices complied with... ..	8
Reminder letters sent	1

TREATMENTS

All purely domestic premises which are infested are treated free of cost to the occupiers, but a charge is made in the case of industrial premises. Many industrial firms have availed themselves of the service by which the premises are inspected at regular intervals throughout the year, followed by treatments if found to be necessary. This procedure has worked very well and has resulted in the complete clearance of many premises. At the same time arrangements are made with the firms concerned that any rat-proofing measures required at the premises are carried out immediately by the maintenance staff of the firms.

RAT PROOFING OF PREMISES

This is a very important aspect of rodent control work and calls for a high degree of skill and knowledge, not only of the habits of these pests, but also of building construction. The vast redevelopment programmes in the City involving the demolition of properties and the subsequent construction of new buildings, are a constant source of trouble. This is due to old drainage systems being left in the sites and thus giving rats very easy egress from such places.

It has been emphasised in previous reports that sufficient precautions are not taken to seal off disused drains following the demolition of properties. The Department is frequently called on to deal with infestations of rats in new estates, which, on investigation, reveal that rats are leaving sewers via disused drains left in situ during the course of redevelopment. Similarly, and particularly in the case of new buildings, rats often gain access through faults in construction. This is especially due to bad workmanship in the laying of drains and the installation of gas and electricity services. The need to supervise drainage work whilst in progress cannot be over-emphasised. During the year formal action was taken in only eight cases under the Prevention of Damage by Pests Act, 1949, but rat-proofing measures were carried out at a further 299 properties in the City.

SALVAGE DEPARTMENT DESTRUCTORS

There are now six of these depots for the disposal of refuse in the City, as the new Castle Bromwich Works were opened in the autumn. These premises are always liable to infestation, and have in the past supported very large rat populations, because of the enormous amounts of refuse of all types which are dealt with. These populations have been considerably reduced over the years in consequence of energetic action taken by the Department.

Castle Bromwich Works – The grounds of these works were treated several times prior to their official opening. Treatments included various huts used by official contractors.

Lifford Works – One room inside the premises was treated and a portion of the grounds was treated on several occasions.

Rotton Park Street Works – Treatment was not necessary at these works.

Tyseley Works – Permanent baiting points were maintained and treatments of various parts of the works were carried out.

Brookvale Works – A treatment with zinc phosphide was carried out and individual portions of the works were treated as necessary. Permanent baiting points were also maintained.

Montague Street Works – Various portions of these works were poisoned during the year with the exception of the hoppers in the tipping shed.

In general the works supervisors and foremen of all the depots are very rat conscious and are quick to report any infestation which has arisen in various sections. The Department maintains a very close liaison with the engineering staffs of the Salvage Department, and any recommendations made to improve the situation are usually implemented without delay.

SEWER TREATMENTS

The routine treatment of the sewer system of the City instituted in 1944 was discontinued in June. The termination of the scheme was due to the resignation of the staff engaged in this work, who obtained alternative and more remunerative employment, and efforts to replace this staff proved unsuccessful. Previous reports show, however, the vast changes for the better which have occurred in the quantity of bait taken since the sewer baiting scheme was first established in 1944.

Through the year, talks on the work of the Section and rodent control in general were given to various organisations and the Section continues to enjoy a very close co-operation with the Ministry of Agriculture, Fisheries and Food, Infestation Division.

At the 31st December, 1966 the staff totalled 29, as follows:

Senior officers	...	...	...	3
Clerks	...	...	...	3
Inspectors	...	...	...	7
Foremen	...	...	...	1
Storeman/bait-mixer	...	...	...	1
Operatives	...	...	...	14
				—
				29
				—

The Rag Flock and Other Filling Materials Act, 1951

At the end of 1966, four premises were licensed under the above Act, all for the storage of rag flock. The number of registered premises remained at 54 during 1966.

Fourteen samples were taken in 1966, all of which were satisfactory.

Rag flock	...	5	Jute	...	...	1	Coir fibre	...	...	1
Washed flock	...	—	Synthetic fibres	...	...	—	Algerian fibres	...	...	2
Cotton felt...	...	1	Hair...	...	...	—	Fibre (not classified)	...	...	—
Cotton millpuff	...	1	Feathers or down	...	...	1	Sisal pads	...	...	—
Woollen felt	...	1	Kapok	...	...	1	Woollen flock	...	...	—

In one case only was any comment made when it was found that a formal sample of rag flock (layered) failed to meet the quality standard of 50 per cent. animal fibre content required if the material was to be described as 50 per cent. woollen mixture felt or 50 per cent. layered felt.

Supervision of Offices, Shops and Railway Premises

SHOPS ACT, 1950

Four whole-time Shops Act Inspectors were 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, Act, 1950, and the Offices, Shops and Railway Premises Act, 1963.

The duties include:—

General Inspections – Periodical inspection and the recording of all the necessary particulars of all retail shops, certain wholesale establishments and warehouses.

Conditions of Employment, Assistants – The regular examination of the prescribed records relating to statutory weekly half-holidays, hours of employment on Sundays and compensatory time off in lieu of Sunday employment. The checking of regulated hours of employment of young persons employed in retail shops, cinemas and other places of entertainment and in the catering trade. Visits to ensure that the correct intervals for meals are allowed to all shop assistants.

Staff Accommodation – Inspections to ascertain that a suitable standard is provided and maintained regarding sanitary accommodation and washing facilities made available for use by the staff; that a reasonable standard of heating, lighting and ventilation is maintained at all times where staff are employed; to ensure that seating is made available for staff and that suitable facilities are available for the taking of meals on the premises.

Early Closing Day and Night Closing Regulations – Regular routine patrols are made to ascertain that the regulations regarding compulsory half-day closing and general night closing hours are complied with by shopkeepers.

Sunday Trading – Regular routine patrols are made enforcing the limitations of Sunday trading exemptions; the special provisions for Jewish traders and the City of Birmingham (Rednal) Sunday Trading Order, 1939.

The work of the Shops Act Inspectors for the year is summarised as follows:—

GENERAL INSPECTIONS

Visits—Shops Act, 1950, (including Sunday and night visits) ...	21,055
Visits—Offices, Shops and Railway Premises Act, 1963 ...	8,183
	<hr/>
	29,238
	<hr/>

STREETS PATROLLED, SHOPS ACT, 1950

Half-day and night closing and Sunday Trading 10,890

OFFENCES REPORTED FOR ACTION SHOPS ACT, 1950

Half-day closing:						
Sales after closing time	...	...	...	...	...	38
Night closing:						
Sales after closing time	...	...	...	...	...	3
Sunday trading:						
Illegal sales	...	...	...	...	...	10
Summonses issued	...	...	...	...	...	11
Warning letters issued in respect of the above mentioned offences						40

Eleven summonses were issued in respect of contraventions of the early closing provision of the Shops Act, 1950.

All these charges were brought following the service of official warning letters for previous similar offences and in each case a fine was imposed by the Magistrates.

OFFENCES REPORTED FOR ACTION - OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Provision of sanitary conveniences (Sect. 9)	...	...	...	...	1
Provision of washing facilities (Sect. 10)	...	...	...	...	1
Provision of first aid box (Sect. 24)	...	...	...	...	1
Cleaning of dangerous machinery (Sect. 18)	...	...	...	...	2
Summonses issued	...	...	...	...	5

The charges were all proved and in each case a fine was imposed by the Magistrates.

Offices, Shops and Railway Premises Act, 1963

The year under review represents the second complete year's working under the Act and Regulations made thereunder. The total number of premises registered at the end of the year was 13,580, showing an increase of 281 over the final figure for 1965. This increase is irrespective of 636 cancellations recorded in the register throughout the year. The rate of cancellation is even higher than that recorded in the previous year and continues to indicate the high rate of turnover of registered premises in a large city.

The number of inspectors appointed under Section 52 of the Act increased by two only to a total of 60 at the end of the year. This marginal increase was due to the final qualification of pupil public health inspectors in June, after allowing for resignations of qualified inspectors during the

year. It must be remembered that the above labour force is not employed exclusively in the enforcement of the Act and its supporting Regulations and that a shortage of qualified staff still prevails. Such work, in fact, forms only a small part of the statutory and ancillary duties comprising general public health inspection in this City.

Considerable progress has been achieved during the year. 4,628 registered premises became the subject of their **first** general inspection, representing an increase of 857 on the figure of 3,771 for 1965.

The following statistics show the number and class of premises registered together with the number of general inspections carried out during the year:-

<i>Class of premises</i>	<i>Number of premises registered at end of year</i>	<i>Number of registered premises receiving a general inspection during the year</i>
Offices	4,432	2,072
Retail shops	7,682	2,355
Wholesale shops, warehouses ...	641	71
Catering establishments open to the public, canteens. ...	808	129
Fuel storage depots	17	1
TOTALS	13,580	4,628

The total number of visits of all kinds made by inspectors to registered premises reached the figure of 14,850 for the year. This amounts to an increase of 5,285 visits or 55.25 per cent. when compared with the total of 9,565 for 1965.

The following table shows the progress made in **initial** inspections since the commencement of the Act in 1964, viz:-

<i>Year</i>	<i>Total number of Registered Premises</i>	<i>Number of Registered Premises receiving FIRST general inspection</i>
1964	12,343	181
1965	13,299	3,771
1966	13,580	4,628
	TOTAL	8,580

This means that 63.20 per cent. of all registered premises have now received their first general inspection. Inspections carried out during the year resulted in the service upon occupiers and owners of 927 preliminary notices dealing with the main requirements of the Act. This shows a considerable decrease on the figure of 1,354 preliminary notices served during 1965, and is mainly due to the fact that a large number of premises inspected comprise new offices and shops including modernised premises. Since

the inception of the Act, inspectors, have, where practicable, carried out initial inspections of the longer established premises first, on the grounds that such premises are normally subject to a greater degree of deficiencies. On making an analysis of contraventions, it is interesting to note that the greater number occur under the following headings:-

- Section 6 : Temperature — particularly non-provision of thermometers.
- Section 7 : Ventilation.
- Section 9 : Sanitary conveniences — lighting and general conditions.
- Section 10 : Washing facilities.
- Section 16 : Floors, passages and stairs
- Section 24 : First aid — general provisions.

According to departmental records, the number of males and females employed during the year has increased by 1,773 and 2,378 respectively, making a combined total of 128,271. This figure represents an overall increase of 4,151 persons employed, when compared with the combined total of 124,120 for 1965. The figures can only be taken as an approximation to the true state of affairs.

Once again, the Corporation continued to deal, on a day to day basis, with an increasing number of enquiries from architects, surveyors and estate agents, in addition to employers and employees, on specific requirements of the Act and supporting Regulations.

During the year the Public Health Department received information on 304 "notifiable" accidents, compared with 291 for 1965. It was considered necessary, however, to investigate 85, or 28 per cent. of the notifiable accidents in 1966, as compared with 44 or 15 per cent in respect of the previous year

Disinfestation and Disinfection

The Disinfecting and Cleansing Station is operated under the supervision of a Depot Superintendent, who reports daily to the Chief Public Health Inspector. The station is situated in Bacchus Road, Winson Green, and occupies a fairly central position in Birmingham.

The Public health inspectors promptly investigate all complaints of infestation by bugs, fleas, flies, cockroaches, blackbeetles, crickets, ants, etc , received by the Department from the occupiers of domestic and business premises. After investigation, the necessary arrangements for treatment are made with the Depot Superintendent.

During the year, 1,253 houses received such treatment as compared with 1,309 in 1965, representing a decrease of 56 treatments. Additional work is also carried out in business premises and such treatments include hospitals, licensed houses and restaurants, schools, factories and public baths. Steam flies and cockroaches continue to be the main source of infestation in kitchens and food preparation premises. The number of treatments effected in premises, as above, amounted to 186 for the year, making an increase of 24 over the year 1965.

Charges are not made for treatments to domestic premises but appropriate accounts were submitted in other cases, based solely on the cost of labour and materials used.

SERVICES TO THE TUBERCULOUS

The depot staff undertake the delivery and collection of complete bedding units for tuberculous patients and this service resulted in the delivery of 15 units and the collection of a further 15 units for disinfection prior to re-issue. Nine houses were also disinfected following the removal of patients to chest hospitals or into new housing accommodation.

DISINFECTION

Once again, the Department 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 39 houses were cleansed and 41 beds, together with bedding, were removed for destruction.

The steam disinfectors were kept working daily during the year, principally in the disinfection of large quantities of bedding, blankets and clothing. Accounts, where applicable, were rendered to the appropriate authorities, the charges being based on the rate of 15/- per "stove", which represents one complete operation of a steam disinfectant. The above work amounted to 1,525 complete stoves for the year, being almost equal to the figure of 1,594 for 1965. These figures confirm the continuous working of the plant throughout the year.

CLINIC TREATMENTS FOR SCABIES AND LICE

Bathing facilities for the cleansing of scabies patients and verminous persons are provided in the clinic at the Cleansing Station. A daily service is operated until 1715 hours during the week, except Saturday, when the clinic closes at 1200 hours. No treatments are provided on Sunday.

During the year 2,524 cases received a first treatment for scabies at Bacchus Road Clinic, 1,324 attending being men and boys and 1,240 women and girls. In addition 20 second treatments were given and one third.

Bacchus Road Clinic (men)

			<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>	<i>Head Lice</i>
Men	...	...	821	257	130	2
Boys	...	...	141	—	—	—
Second treatments			9	—	—	—
Total	...	...	971	257	130	2

Bacchus Road Clinic (women)

			<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>	<i>Head Lice</i>
Women	...	...	662	14	29	42
Girls	...	...	538	2	—	46
Boys	...	...	362	4	—	39
Second treatments			11	—	—	—
Third treatments			1	—	—	—
Total	...	...	1,574	20	29	127

Children referred to in the above figures were treated at the same time as their mothers.

The number of cases treated by the School Health Service was 746.

Scabies has greatly increased in incidence in recent years, as the following table shows.

<i>Year</i>	<i>Treated by the Health Department</i>	<i>Treated by the School Health Service</i>	<i>Total</i>
1962	828	248	1,076
1963	984	307	1,291
1964	1,098	408	1,506
1965	1,684	435	2,119
1966	2,524	746	3,270

This is also the case in other parts of the country, the reason for the increase being unknown.

BATHING OF THE AGED AND INFIRM

This service was again extensively used throughout the year. The Department continued to collect these aged folk and return them to their homes in Corporation transport under the care of a health visitor. 1,009 baths were provided for women and 398 for men, making a total of 1,407 which is a slight increase over the figure of 1,377 for 1965. These figures indicate the invaluable assistance this service renders to the aged.

SEWERAGE AND DRAINAGE

Mr. Neville Borg, City Engineer, Surveyor and Planning Officer, has kindly provided the following comments and information upon the sewerage works carried out during the year by the Public Works Department.

The increase in water consumption for domestic and industrial purposes, coupled with the Pollution Prevention Acts and the increased application of control by the River Authority has generated a considerable amount of capital drainage works. To reduce pollution in the rivers and to escape statutory action, it will be necessary to control the quality of discharges from surface water sewers and perhaps eventually abandon sewage overflows. The long term effect of this will be to allow the Public Works Committee to realise their ambition to create a series of linked riverside walks, suitably landscaped, as a main feature of a complete network of open spaces across the City.

Work commenced this year on the construction of an amenity lake alongside the River Cole at Cotterills Lane as an adjunct to the housing development on this site. Approval has also been given to the provision of underground retention tanks on the main sewers serving the Bourn Brook and Chad Valley at points of storm water overflows, which will result in a substantial reduction in pollution from these sources.

The trade effluent control scheme has been extended to include industrial discharges, such as cooling water, made to the City's surface water system and legal proceedings have been instituted against one firm who allowed a persistent, heavy discharge of oil to the River Cole. The effectiveness of the control in the quality of effluents discharged to the foul sewers may be measured by the 100 per cent. increase in the production of pre-treatment plants by the industrialists. Legal samples have been taken from several firms who have persistently discharged effluents contravening their consent conditions, and successful proceedings instituted against them through the Courts.

The Corporation's drive for increased housing accommodation is being achieved by the development of major housing estates on the periphery of the City, coupled with an intensification of redevelopment work within the City.

The building development at Druids Heath, Bromford Bridge and Castle Vale is well advanced and the main target is now Chelmsley Wood. The development of this 1,500 acre site, which lies outside the City boundary adjoining the Kingshurst Estate, was commenced during 1966 and is planned for completion within a six year period. The site, which will house some 60,000 people, has created some major drainage problems and work is now proceeding on the construction of a new sewer to augment

the capacity of the existing Birmingham, Meriden and Solihull outfall sewer. This new sewer is being constructed in the most part in tunnel, and the nature of the ground has necessitated the use of compressed air for the excavation. Work in compressed air is generally difficult and special precautions are required to combat the dangers to health of workmen. Considerable assistance has been given through the Decompression Sickness Panel at Newcastle-upon-Tyne University, mainly by Dr. Griffiths.

Development within the Calthorpe Park Area has been continued and schemes are being actively pursued for the northern section of the Newtown Redevelopment Area.

During the year 30 miles of sewers and culverts have been constructed within the City, $16\frac{1}{2}$ miles outside the City at Chelmsley Wood, and 3.08 miles have been constructed by private enterprise. The extension of drainage to serve the Druids Heath Development has permitted the connection of several properties to the main sewer and the demolition of some 19 dumb-wells.

Up to the end of 1966, the total length of public sewers in the City amounted to 1,765 miles, of which 1,119 miles are foul sewers and 646 miles are surface water sewers. This gives a nett increase of 26.94 miles after allowing for old sewers which have been demolished or abandoned, but excludes the $16\frac{1}{2}$ miles laid at Chelmsley Wood.

REFUSE COLLECTION AND DISPOSAL

The following information has been kindly supplied by Mr. A. E. Barton, General Manager of the Salvage Department.

One of the most important of the public health services is that of hygienic disposal of domestic refuse, the nature of which makes it imperative that it is controlled in order to obviate nuisance. It is this control which is the concern of the Salvage Department whose duties are briefly the collection and disposal of house and certain trade refuse, the emptying of cesspools and the cleansing of the Corporation markets and abattoirs.

Approximately 1,450 persons are engaged in this work and the total quantity of material of all classes dealt with annually is some 337,100 tons.

Provision of Dustbins

The first consideration in maintaining an efficient service is to ensure that a proper receptacle is provided for the temporary storage of house refuse. Since April, 1950, the Corporation have assumed responsibility for providing dustbins to domestic premises as a rate-borne service, and during the year 44,444 were provided, including 34,477 of the special type used with the dustless refuse collection system.

Refuse Collection

The collection of refuse in Birmingham entails the emptying of over 22 million dustbins yearly at premises throughout the City and a fleet of 265 vehicles of all kinds is operated and maintained for this purpose.

The scheme for the free removal of items of bulky refuse, such as mattresses, carpets, television sets, bicycles, furniture and mechanical kitchen equipment which was inaugurated in January, 1965, continues to be very well received by ratepayers of the City.

Under this arrangement, if the refuse collector when calling at the house in the normal course of his duties cannot accommodate the article for disposal on the vehicle at that time, a special pre-paid postcard is left by the driver for the household to fill in, with a request to the Civic Centre office for a special collection to be arranged. This obviates the need for refuse to be dumped inside and outside the City boundary, and the Department receives many letters of appreciation and congratulation upon this side of its activities.

The bulk container system of collection from multi-storey premises, hotels, schools, hospitals, etc. continues to expand with the growth and changing redevelopment of the City. The containers, which are sited below the refuse chutes, are transported to the specially designed vehicles and mechanically emptied. The number of containers now in use is 3,336.

Drivers' Training School

The Department maintains its own driving school for suitable employees, where classes are held in theory and practical work by a fully qualified instructor.

Refuse Disposal

The first phase of the extensive programme of the Salvage Committee for modernising the refuse disposal facilities in the City was completed by the opening of the new Refuse Disposal Works at Lifford Lane, Kings Norton, in October, 1961.

The second phase was the erection of completely new Works on land in the ownership of the Salvage Committee at Chester Road, Castle Bromwich. The building contractors commenced operations on 10th April, 1964, and the Works were officially opened on 9th September, 1966, by the Right Honourable Anthony Greenwood, M.P., Minister of Housing and Local Government.

The plant comprises two separate and complete units extending from the refuse reception hoppers to the incinerators, the advantage being that when maintenance and repairs are carried out, only half of the Works needs to be out of commission.

An electrostatic precipitator to control the emission of grit and smoke has been installed, the first time this has been used in a refuse incineration plant in this country. The gases after leaving the incinerator pass through a vertical tower where they are humidified and cooled by means of water sprays, and after leaving the tower they pass through the precipitator. The dust particles then become electrically charged and are deposited on the collecting plates which are rapped mechanically causing the dust to fall into hoppers from which it is carried by water to settling tanks leaving only clean gases to pass through the induced draught fans to the chimney.

The Works have proved a source of great interest to the Public Cleansing world, and in the first few months immediately following the official opening, Civic Heads and Public Cleansing Officers from all over the United Kingdom and also from as far afield as Belgium, West Germany, Canada, Hong Kong, Australia and Guyana (South America) had paid visits.

The third phase of the reconstruction programme, the replacement of Brookvale Road Refuse Disposal Works, Witton, built in 1924 and extended in 1938, is in hand for the installation of a direct incineration plant at a Works to be erected on a new site at Holford Drive, Perry Barr.

The remaining Refuse Disposal Works of the Department are situated at Montague Street, Bordesley (reconstructed 1934), Rotton Park Street, Ladywood (reconstructed 1932) and James Road, Tyseley (built 1926 and extended 1938).

Personnel

For the first few months of the year the large turnover in labour continued as in the previous year, but towards the end of 1966 the number of employees leaving the service dropped considerably with a consequential drop in the need for replacements. The overall effect of this was that the labour turnover decreased from 52·9 per cent. to 44·1 per cent. compared with 1965.

Work Study

During the year the Work Study Section continued investigation into bonus schemes, being mainly concerned with maintenance craftsmen and mates. A new scheme was introduced for a further section of the Vehicle Repair Workshops, namely, coach and spray painters.

Vehicles and Plant

A fleet of 319 mechanical vehicles comprising several types is maintained by the Department, the replacement value of which is approaching £1,400,000. At Montague Street Works there are new and extensive workshops which are fully equipped for first class vehicle repair and full maintenance, whilst at the other Works of the Department equipment and staff are available for dealing with normal running repairs, maintenance, and vehicle washing under the supervision of the Transport Maintenance Officer and his staff.

The Department has its own engineering section under the control of the Chief Engineer, and a staff of skilled craftsmen and mates carry out the repair and maintenance of the refuse disposal plants at the various Works.

The main stores through which some 6,000 items of plant and equipment are passed are also at Montague Street.

Welfare

In accordance with the long-established practice of the Salvage Committee considerable attention is paid to the welfare of the employees, the facilities provided including changing and locker rooms, clothes drying rooms, shower baths, adequate protective clothing and attractive dining rooms.

The Sports and Social Club which is managed by the men themselves has a number of flourishing sections and various social events are arranged for the benefit of employees and their families.

The Departmental Joint Consultative Committee, at which representatives of the management and employees meet monthly to discuss matters of mutual interest and benefit, completes ten years of existence in June of this year.

Cesspools and Sanitary Pans

During the year 92 cesspools serving 113 premises received regular attention together with 60 sanitary pans in the outlying areas of the City.

Finance

The gross expenditure of the Department for the financial year 1966/67 amounted to £2,421,179, and the income of the Department was £284,884.

THE CITY'S WATER SUPPLY

Once again, thanks are due to Mr. R. C. Whitehead, Engineer and Manager of the Water Department, for the following information upon the engineering aspect of the supply.

Headworks

Treatment continued unchanged in the Elan Valley where the raw moorland water is collected, filtered, dosed with hydrated lime to counteract its aggressive tendency towards metal, and finally chlorinated and fluoridated

Aqueduct

The tunnel and conduit sections of the Elan Aqueduct are over 60 years old and since they were laid down have required constant vigilance and varying amounts of maintenance work to keep them in good repair. At certain points, however, some deterioration has occurred and plans were put in hand during 1966 to deal with this. Since the aqueduct is required to run almost continuously at full capacity and interruptions in the supply to Birmingham would be intolerable, the plans included the provision of additional raw water storage near the City.

Severn Supply Scheme

At Trimpley, near Bewdley, the construction of the intake works, treatment works and high-level pumping station was progressing with a view to the abstraction and supply of a limited quantity of River Severn water during the summer of 1967, should that derived from the Elan and Claerwen prove to be insufficient to satisfy the City's demand.

To complete the first instalment of the scheme – designed to provide 15 million gallons a day – there remained the final stages in the construction of a bankside reservoir, together with its associated draw-off pumping station and the landscaping of the whole site.

Clywedog Reservoir Project

Although the Clywedog Dam will not be complete until the end of 1967, sufficient progress had been made to allow impounding to commence on 22nd December, 1966, and the Joint Authority is now in a position to augment the flow in the river for the purposes of water supply.

Frankley Works

All 44 Elan rapid gravity type filters have been in operation throughout the year and now deal with approximately 95 per cent. of the water, the remainder being treated by slow sand filtration.

Eight rapid gravity filters have been constructed to treat water from the new River Severn supply and these, together with associated chlorination and sulphonation installations, will be capable of treating up to 16 million gallons a day. Construction of mixing chambers has proceeded in which the Elan and Severn waters will be blended before passing into supply.

Whitacre Works

Raw water pumped from Whitacre Reservoir to Shustoke Reservoir was again dosed with copper sulphate, the equivalent overall dose to the total quantity of water treated being approximately 0.3 parts per million. It is significant that the only outbreaks of algae of any consequence in Shustoke Reservoir occurred when no water was being pumped from Whitacre, i.e. when copper sulphate dosing ceased.

The micro-strained water was again treated with aluminium sulphate as an aid to filtration, the average dose being 17 p.p.m. over a period of eight weeks during April and May. Owing to unforeseen difficulties in the construction of the new alumina silo, this plant has not yet been commissioned.

Modifications were carried out on the second of the washwater settling tanks with a view to improving the quality of the effluent returned to the River Blythe. Some improvement was achieved, but further modifications may be undertaken following tests to be carried out during 1967.

Area of Supply

Mainlaying for new housing sites, development in the City Centre, trunk main extensions and the replacement of old corroded service mains with new concrete lined mains continued. Multi-storey blocks of flats constructed by the Corporation were provided with boosted supplies where the existing mains pressure was insufficient.

A length of 695 yards of 12" diameter cast iron concrete lined main was laid in Queens Head Road, Handsworth, and has improved the supply in those parts of Handsworth supplied by the Hagley Road zone.

All water distributed was chlorinated at rates between 0.35 and 0.5 parts per million in order to produce a residual concentration of about 0.1 p.p.m. in the water leaving Frankley treatment works. It was almost entirely that of the Elan supply, derived from the upland catchment in mid-Wales, but in January, it became necessary to isolate the large covered pure water reservoir at Frankley while repairs were carried out and, as a consequence, Perry Barr Reservoir became depleted. Supplies

in the zone served by this reservoir – on the north-east side of the City – were maintained by pumping from the local Short Heath well for four days commencing 22nd January. Later, on 10th June, resort had again to be made to this well while a necessary filter connection was being made at Frankley, on this occasion the hard water being pumped for only 24 hours.

ROUTINE SAMPLING OF CORPORATION WATER

The purification of water by the City Water Department is carried out at both the Whitacre and Frankley Water Works, the latter being responsible for almost all the potable waters supplied to the City itself. Careful sampling is conducted throughout the whole year to check on the efficacy of the treatment carried out at both works and to eliminate the possibility of any illness arising from the consumption of the water. In no sample of purified water where coliform organisms found.

Bacteriological Examination

ELAN VALLEY SUPPLY

This water, draining from the Welsh mountains and impounded in the Elan Valley, continues to be of excellent quality. Samples from Steventon, half way along the 70 mile long aqueduct, were of high standard.

Water is discharged from the aqueduct into the Bartley and Frankley storage reservoirs. The high degree of purity already referred to, on occasion is affected by contamination principally due to foulings by birds, and is especially likely during the winter months. This is countered by chlorination at Bartley Reservoir Outlet. The water from the reservoirs is then filtered following which it 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 year.

WHITACRE SUPPLY

Samples are taken weekly from the heavily polluted rivers Bourne and Blythe, the contamination being greatly reduced by storage in the Shustoke and Whitacre Reservoirs. Further treatment takes place at the works by way of microstraining followed by rapid sand filtration. Chlorine to the extent of one and a half parts per million is added to the water before it is passed through the rapid gravity filters. Following filtration it is chlorinated again by the addition of up to 5 parts per million, the precise dosage being predetermined and automatically controlled. The excess chlorine is then removed by sulphonation which leaves a residual con-

centration of about 0.25 parts per million in the water leaving the works. The water going into supply is sampled twice weekly, at the works, Monwode Lea and Packington, the results of which are comparable to that of the Welsh water from a bacteriological point of view - this is a remarkable achievement in the purification of such highly contaminated river water.

WELLS

The two wells at Short Heath and Longbridge are sampled every fortnight, unless brought into supply when this is done weekly. Short Heath was brought into use on two occasions - four days in January and one in June. Apart from one occasion when there was slight contamination of the water from Longbridge Well, (due no doubt to subsoil water seepage) the results from both these wells showed the water to be consistently almost sterile.

Chemical Examination

The number of samples taken from certain points and their average chemical composition are set out on page 271.

Only monthly sampling of Welsh water is carried out as its chemical properties vary little from year to year. The overall picture once again shows readings which were well within normal limits.

The catchment area for the Whitacre Works contains the Rivers Bourne and Blythe, which at all times are heavily polluted with animal and chemical wastes. During periods of heavy rain, this contamination is increased thus giving high figures for turbidity, albuminoid content and oxygen consumed. Household detergent is found, even in the fully treated water, although the figures give no cause for alarm.

Radioactivity

This aspect is under constant review - samples of water for estimation being taken every two weeks. These results have given no cause for concern, all being well within the limits prescribed by the Medical Research Council.

Fluoridation

Samples taken from various points and from the tap in the City Analyst's Laboratory show the dosage of 1.0 part per million, as laid down by the Ministry of Health, to be consistently maintained.

AVERAGE RESULTS OF CHEMICAL EXAMINATIONS 1966

PARTS PER 1,000,000 (p.p.m.) OR MILLIGRAMS PER LITRE (mg/l) (Extreme values in brackets)																	
No. of samples taken	Description	Ph.	Total Solid Matter	Ammoniacal Nitrogen (as NH ₃)	Albuminoid Nitrogen (as NH ₃)	Nitrogen in Nitrates (as N)	Oxygen consumed in 4 hours at 27°C. (80°F)	Chlorine in Chlorides	Hardness (as CaCO ₃)	Total Alkalinity (as CaCO ₃)	Fluoride	Detergents	Hardness Permanent	Hardness Temporary	Nitrogen in Nitrates (as N)	Erosion (overnight in lead pipe coil)	Erosion (overnight with leadstrip)
12	WELSH WATER: Aqueeduct outlet	9.2 (8.6-9.4)	46 (40-59)	0.000 (0.000-0.008)	0.028 (0.012-0.108)	0	1.3 (0.9-1.6)	9 (8-11)	20 (20-21)	9 (8-9.5)	1.0 (1.0)						
12	After storage in Bartley or Frankley Reservoirs	7.5 (6.9-8.5)	46 (41-51)	0.000	0.025 (0.012-0.080)	0	1.2 (0.9-1.5)	9 (8-10)	20 (20)	9 (8-11)	1.0 (1.0)						
12	After filtration and chlorination	7.4 (6.8-8.7)	44 (39-47)	0.000 (0.000-0.004)	0.022 (0.012-0.056)	0	1.1 (0.8-1.4)	9 (8-10)	20 (20)	9 (8-10)	1.0 (1.0)					0.4 (0.3-0.5)	115 (100-125)
5	WELLS: Longebridge	6.4 (6.3-6.6)	300 (265-354)	0.001 (0.000-0.006)	0.009 (0.000-0.028)	3.3 (2.5-3.8)	0.2 (0.0-0.4)	19 (18-22)	188 (180-210)	95 (80-114)			101 (94-108)	87 (78-102)	0		
5	Short Heath (Witton)	7.0 (6.8-7.1)	539 (500-638)	0.002 (0.000-0.008)	0.014 (0.008-0.024)	13.9 (8.3-17.3)	0.3 (0.1-0.6)	30 (27-31)	316 (270-400)	139 (102-216)			182 (172-188)	134 (82-228)	0.001 (0.000-0.001)		
12	WHITACRE: River Blythe	7.5 (7.3-8.2)	457 (389-547)	0.660 (0.000-2.000)	0.440 (0.210-0.736)	3.7 (2.6-5.1)	3.6 (2.9-5.3)	32 (24-37)	268 (200-300)	137 (100-158)	0.23 (0.10-0.50)	0.11 (0.0-0.25)			0.07 (0.03-0.20)		
12	River Bourne	7.5 (7.4-7.8)	558 (485-670)	0.181 (0.012-0.600)	0.200 (0.072-0.512)	5.6 (3.8-7.2)	1.9 (0.8-3.7)	47 (36-82)	346 (290-380)		0.12 (0.10-0.30)	0.03 (0.0-0.10)					
12	After storage in Sbustoke Reservoir	8.5 (8.0-8.9)	517 (453-568)	.054 (0.000-0.240)	0.336 (0.072-0.672)	2.8 (1.5-4.0)	2.0 (1.4-2.6)	49 (46-54)	309 (290-340)			0.04 (0.00-0.15)					
12	After filtration and chlorination	7.5 (7.2-7.9)	517 (427-573)	0.004 (0.000-0.016)	0.183 (0.056-0.384)	2.8 (1.8-4.9)	1.2 (0.8-1.7)	54 (50-58)	304 (280-355)		0.16 (0.1-0.40)	0.01 (0.0-0.11)	182 (156-224)	122 (76-181)			

PRIVATE WELLS

INDUSTRIAL

There are now 84 premises within the City which are known to use water from boreholes. Details are as follows:-

	<i>Number of premises</i>	<i>Number of wells</i>
Breweries using well water for all purposes	5	13
Hotels and blocks of flats using well water for all purposes	3	3
Hospital using well water, stand-by only	1	1
Food preparation premises using well water	4	7
Industrial premises using well water for all purposes ...	15	22
Industrial premises using well water for industrial pur- poses only	57	77
	85	123
	85	123

During 1966, 69 bacteriological samples and 29 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 are three dwellings within the City which are known to rely on water from shallow wells. Negotiations are still taking place for one to be connected to the mains supply, one still remains unoccupied and the remaining one has been included within the City as a result of the recent boundary changes. This latter house is the subject of an operative Demolition Order and the tenant will be rehoused shortly.

DWELLINGS WITHOUT AN INTERNAL WATER SUPPLY

The number of houses in the City lacking an internal water supply would appear to be a case in which the passage of time has not affected any rapid improvement. Year after year it has been reported that the number of these houses decreases to a slight degree only. Equally often it has been said that the main reason for the minor improvement is to be found in the occupants themselves. Strange though it may appear, it is an indisputable fact that at least one half of the number of houses without an internal water supply are so because the tenants refuse an installation.

At the end of 1965 it was reported that the total number of dwellings without internal water supply was 319. At the close of 1966 the total stood at 258, a reduction of 61. The following table details the general statistics.

Outside Redevelopment Areas :

Included in declared Clearance Areas	17
Life did not justify expense	6
Supplied by wells - usually distant from the nearest main supply ...	1
Space limitations, or other reasons, made provision impracticable...	1
Occupants did not desire an internal supply	179
Lack of drainage made provision impracticable	2
Suitable for installation and notices served on owners	3

Within Redevelopment Areas :

Occupants refused internal supply	49
	<hr/>
	258
	<hr/>

The reduction of 61 on the previous year's total is accounted for thus:-

Houses void, pending demolition and demolished	31
Installed by owners, owner-occupiers or tenants without service of notice	22
Houses no longer in City through boundary changes, made under the West Midlands Order, 1965	8
	<hr/>
	61
	<hr/>

SAMPLING OF SWIMMING BATH WATER

The practice was continued of sampling once a month without prior notice the water of each of the City's thirty Public Pools in use for bacteriological content and chlorine concentration. In addition, all bathing premises were regularly inspected.

Of the 346 samples taken during the year, 17 failed to come within the adopted requirements of not more than eleven organisms per 1 ml. and absence of coliform organisms in 100 mls. The majority of the unsatisfactory samples were due to either heavy attendances or low concentrations of chlorine caused in some instances by temporary mechanical defects. In all such cases a repeat sample was obtained and all of these were found to be satisfactory on re-examination. The following table shows the months in which this occurred.

<i>Month</i>	<i>No. of samples taken</i>	<i>No. of samples with viable count more than 11 per 1 ml.</i>	<i>No. of samples with faecal coliform detected in 100 mls.</i>
January	27	2	—
February	25	1	—
March... ..	24	—	—
April	32	5	—
May	30	1	—
June	33	2	—
July	29	—	—
August	37	4	—
September	31	1	—
October	27	—	—
November	26	1	—
December	25	—	—
TOTAL	346	17	—

The results on the whole were admirable and reflect the efforts made to ensure hygienic conditions in the City's bathing pools.

Mr. J. Moth, General Manager of the Baths Department states that attendances during the year were the second highest yet recorded and it is pleasing to observe that the high standard of previous years are being maintained.

The results obtained from the three privately owned and eleven school swimming pools complied with the required bacteriological and chemical standards.

PERSONAL SAFETY

The Testing of Guards on Oil, Gas and Electrical Appliances

By prohibiting the sale of any unguarded fire, the Heating Appliances (Fireguards) Act, 1952 endeavours to protect the user of a portable heating appliance from injury. It was later amplified by the Heating Appliances (Fireguards) Regulations, 1953, which required that every such unit intended for use in dwelling houses or residential premises, be provided with a guard of such design as would conform to the Regulations and comply with those tests specified in the Schedule to the Regulations.

The Consumer Protection Act, 1961, was extended in 1962 by the Oil Heater Regulations, 1962, which became effective on 1st June, 1962, with the purpose of regulating the design and standard of performance of oil heaters, requiring the rigid attachment of notices giving warning on their use in unsuitable places and positions, and expressly excluding the use of petrol as fuel. Whilst repealing the application of the Heating Appliances (Fireguards) Act, 1952 and the Oil Burners (Standards) Act, 1960, the Consumer Protection Act, 1961 continued the Heating Appliances (Fireguards) Regulations, 1953 as if they had been made by the 1961 Act.

On the 1st June, 1966 the Oil Heater Regulations, 1962 were amended by the coming into operation of the Oil Heater Regulations, 1966 made under Sections 1 and 2 of the Consumer Protection Act, 1961. The explanatory note to the new Regulations indicates that Regulation 1 makes more detailed provision for testing the performance of an oil heater when tilted out of level, by requiring that the heater shall be capable of complying with the test described in the Schedule to the new Regulations. Regulation 2 imposes a limit on the proportion of carbon monoxide which may be emitted by an oil heater.

Regulations 3 and 4 relate respectively to the spilling of fuel when an oil heater is overturned, and to the corrosion-resistance of fuel containers. They impose appropriate requirements in this connection on certain oil heaters, in particular wick-fed heaters, to which such requirements did not previously apply.

Regulation 5 secures that the Regulations of 1962 as amended will, from 1st June, 1966, apply to oil heaters irrespective of the date of manufacture. Previously, by reason of Section 2 (4) of the Consumer Protection Act, 1961, the Regulations did not apply to heaters manufactured before 1st June, 1962.

Details of inspections made during the year are as follows:-

<i>No. of premises visited</i>	<i>No. of appliances examined</i>	<i>No. of appliances found unsatisfactory</i>
220	1,021	1

Where the appliance was found with an unsatisfactory guard it was immediately withdrawn from sale.

Children's Nightdresses Regulations, 1964

The Consumer Protection Act, 1961 empowers the Secretary of State to make regulations imposing requirements in respect of any prescribed class of goods to prevent or reduce the risk of death or personal injury. Under this Act, the Children's Nightdresses Regulations, 1964 came into operation on the 1st October, 1964. The Regulations impose requirements in relation to children's nightdresses and accordingly under the Consumer Protection Act, 1961, subject to certain exemptions, no person may sell or have in his possession for sale, any child's nightdress which does not comply with the Regulations.

The Regulations apply only to children's nightdresses — and these are defined as nightdresses which:—

- (a) have a finished garment chest measurement not exceeding 38 inches and
- (b) are of a length which, measured from the highest point of the shoulder to the bottom of the garment, do not exceed 46 inches.

The Regulations do not apply to a nightdress which:—

- (1) is so made or designed that it is unsuitable for wear by persons under the age of 13, or
- (2) is designed as an infant's gown suitable for wear by newly-born babies.

The effect of the Regulations is that all nightdresses coming within the scope of the Regulations must be made of a fabric which conforms to the low flammability requirements of British Standard 3121: 1959. It is the practice of some manufacturers to use elastic or elastic thread for shirring and this will still be permitted. Some materials are chemically treated to make them flame resistant, and nightdresses made from such fabric must bear a warning against washing with soap or soap powder and against boiling or bleaching. A tie-on label was permitted as an alternative to a sewn on label on nightdresses sold up to the 1st April, 1965 but after that date all children's nightdresses made from this kind of fabric will be required to have a stitched warning label. The Regulations apply to all children's nightdresses irrespective of the date of manufacture.

The local authority may purchase nightdresses for the purpose of testing whether the fabric is of low flammability, but the tests are required to be carried out by one of the six bodies authorised by the Secretary of state for this purpose.

Any person selling or having in his possession for sale children's nightdresses that do not conform to the Regulations will be guilty of an

offence and liable on summary conviction to a fine not exceeding one hundred pounds, or in the case of a second of subsequent offence to a fine not exceeding two hundred and fifty pounds or to imprisonment for a term not exceeding three months or to both.

Throughout the year regular observations have been kept on shops and open markets to ensure that children's nightdresses are in accordance with the Regulations. No contraventions have been detected.

TABLE 1
FACTORS FOR PURPOSES OF PROVISIONS AS TO HEALTH

Number of	Number of	Number of
shops	shops	shops
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
109	110	111
112	113	114
115	116	117
118	119	120
121	122	123
124	125	126
127	128	129
130	131	132
133	134	135
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INDUSTRIAL PREMISES

Sanitary Accommodation in Factories

Sanitary matters arising in factories are dealt with under the provisions of Part I of the Factories Act, 1961. The local authority enforces general requirements relating to cleanliness, overcrowding, temperature, ventilation, drainage of floors and sanitary conveniences in factories in which mechanical power is not used. Where there is mechanical power only sanitary conveniences are dealt with.

The number of visits paid to industrial premises, defined as "factories" under the Act, totalled 3,651 for the year. Details of this work, including the number of premises registered are as follows:—

INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

(Including inspections made by Public Health Inspectors)

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	126	67	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	4,350	3,390	187	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	226	194	2	—
TOTALS ...	4,702	3,651	192	—

CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred</i>		
			<i>To H.M. Inspector</i> (4)	<i>By H.M. Inspector</i> (5)	
Want of cleanliness (S.1) ...	1	1	—	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	4	—	—	4	—
(b) Unsuitable or defective ...	473	353	—	78	—
(c) Not separate for sexes	1	2	—	1	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL ...	479	356	Nil	84	Nil

The above figures show a decrease of 609 in the total number of premises registered, when compared with the figure of 5,311 for the previous year. A concentrated effort was made throughout the year to bring inspections up to date, which resulted in an increase of no less than 1,040 over the figure of 2,611 for 1965.

As in the past, factory managements continued to co-operate with the Department in complying with the requirements of the informal notices referred to above. It was not necessary, therefore, to resort to statutory procedure with regard to such notices.

Inspectors, when making the above visits, continued the practice of attending to factory canteens, outworkers, etc., whilst on the premises, and in this way the most economical use of available manpower is exercised.

Outworkers

Certain classes of light work in connection with various trades carried on in the City are given out to persons who do it in their homes or small workshops. Section 133 of the Factories Act, 1961, requires the employers of these people 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 1966, which was submitted to the Ministry of Labour, gave the following particulars:-

LIST OF OUTWORKERS 1966

	<i>Nature of Work</i>						<i>Number of Outworkers in August</i>
Wearing apparel	83
Household linen	11
Furniture and upholstery	4
Electro-plate	42
Brass and brass articles	162
Paper box making	21
Brush making	4
Buttons, hair pins, etc.	184
							—
							511
							—

The above figures show a slight decrease of 15 in the total number of outworkers employed, when compared with the figure of 526 for the previous year. The total number of visits made by public health inspectors to outworkers' premises amounted to 229 and these inspections revealed no work being done in premises considered to be injurious or dangerous to health.

Town and Country Planning Act, 1962

In order to ensure that maximum use is made of the above Act 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 between this Department and that of the City Engineer, Surveyor and Planning Officer.

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 food premises, factories, shops, houses and housing projects. After preliminary examination they are passed on to specialist officers within the Department where appropriate. During the year, 1,825 applications were dealt with, which represents a decrease of 38, when compared with 1,863 for 1965. These

applications, together with appropriate plans, were scrutinised by the under-mentioned officers as follows:—

	<i>Number of applications referred</i>					
Public health inspectors	1,685
Smoke inspectors	458
Housing inspectors	113
Milk inspectors	6
Shops inspectors	155
Food inspectors	26
Medical Officers	5

Opinions of the various officers were collated and suitable replies prepared by the Chief Public Health Inspector. It was necessary to make comment in 890 cases, or approximately 49 per cent.

NOISE ABATEMENT

The number of complaints of excessive noise has increased during the year. It is apparent that the public are not prepared to tolerate noise, particularly should the noise occur at night.

During the year 263 complaints were received, being the highest number received during the past five years. The number of complaints for previous years being: 1962 — 182; 1963 — 250; 1964 — 206; and 1965 — 161.

A great deal of time is spent on the investigation of complaints of noise, especially where nuisance is caused by the emission of noise during the night. Occupiers of dwellings, whilst prepared to accept a certain level of noise during the day, are not prepared to accept anywhere near the same noise level during the hours of darkness.

It may be inevitable in a large industrial city for complaints of noise to be received from time to time, and although industrialists are generally sympathetic towards householders affected by noise and prepared to do whatever is reasonably practicable towards reducing the noise to an acceptable level, they could no doubt, save themselves both time and money if they gave serious consideration to the possible effect that the installation of certain machinery or the carrying out of certain processes would have on nearby residents. Much could be done to avoid complaint of noise by the correct siting and installation of noisy machinery, and where, because of the position of the factory, it is necessary to install the machinery near the dwellings, then some thought should be given to the construction of the premises in which the machinery is to be installed, and steps taken to prevent the emission of excessive noise by adequate sound insulation of walls and ceilings where necessary.

The reducing of noise to an acceptable level may be extremely costly, and in some instances the only remedy would be to resite the machinery causing the noise or, where the noise occurs from an inherently noisy process, to remove the work to another shop within the factory premises and away from dwellings.

The building of tall flats has brought problems of noise, and complaints have been received from tenants of the upper flats who complain of noise from lift mechanisms, and water circulation pumps.

Complaints have also been received from occupiers of flats of noise from factories that have worked night shifts for a number of years without complaint. Before the flats were erected the occupiers of dwellings had other buildings acting as sound baffles between them and the factory premises, but when the dwellings were demolished and the flats erected, the dwellings rose above the sound barriers, so that, although the occupiers of the lower flats were not troubled, the upper flats were affected by noise escaping above the barriers.

It would appear that the manufacturers and installers of fans used for ventilation intake and extraction purposes, for dust extraction plants, or cooling plants, etc., could give more consideration to the question of noise emitted from such fans. Many of these revolve at high speed, emitting a high pitched whine, which is carried over a considerable distance, and in a number of cases have been difficult to trace. Others emit noise described by complainants — "like a jet engine". Such fans are usually sited on the walls of buildings or outside, and any excessive noise is almost bound to give rise to complaint. The number of complaints of noise from fans totalled 41. Another frequent source of complaint is the noise from power presses. These machines in themselves are mainly quiet running but the operation of pressing or punching holes in metal can make considerable noise which is particularly disturbing during the night. Thirty complaints were received of noise from the operation of power presses.

Other industrial noises from engineering works, including handling of metals, hammering and machinery noises, caused 43 complaints.

The Noise Abatement Act, 1960 came into operation on the 27th November, 1960 and provided that noise or vibration which is a nuisance shall be a statutory nuisance in accordance with the provisions dealing with statutory nuisances under the Public Health Act, 1936.

The Act does not give any indication of what noise level constitutes a nuisance, or of any permitted noise level.

The Ministry concerned were no doubt aware of the difficulties of operating the Noise Abatement Act, 1960 as in that year a Committee was formed to examine the nature, sources and effects of the problem of noise and advise what further measures could be taken to mitigate it.

The Committee on the Problem of Noise, in July, 1963, submitted a lengthy report to Parliament, but in spite of numerous recommendations made whereby noise could be reduced to acceptable levels, no amendments have yet been made to the Noise Abatement Act, 1960.

In February the Health Committee considered a report on the problem of noise from various sources, the report being forwarded to the Ministry of Housing and Local Government who were asked whether action was being contemplated to introduce legislation in consequence of the recommendations contained in the Report of the Committee on the Problem of Noise. A reply from the Ministry indicated that there was little prospect of further legislation on this subject, but a Departmental Circular was being considered dealing with the problem of industrial noise.

During the year complaint of noise was received from eight residents in the vicinity of Elmdon Airport of excessive noise from aircraft using the Airport. From interviews with all the complainants it appeared that these residents were aware of the works completed at the Airport whereby runways had been lengthened in order to allow larger aircraft to land or take off from Elmdon. The residents appeared to be apprehensive of the possible increase in noise that may occur from the use of the Airport by the new large British, French and American aircraft scheduled to operate from Elmdon in April, 1967.

The Noise Abatement Act, 1960 does not apply to noise emitted by aircraft, but efforts are being made to bring in legislation governing the emission of noise from aircraft.

There is no one solution to the problem of noise reduction. Every complaint must be carefully investigated as to the source of complaint and owners or managements of firms causing the nuisance made aware of the complaints.

In many cases they will endeavour to reduce noise level by the use of sound insulation, the placing of machinery on suitable mountings, and may, where necessary, remove the offending machinery to a more suitable site. It may be necessary, because of the complexity of the problem and estimated costs involved, to call in a Noise Specialist or Consultant to advise on the best means of reducing noise to a level that will be acceptable to complainants. On occasion considerable time elapses before a solution is found but much time and money could be saved and complaints avoided if the managements of industrial and commercial undertakings were more conscious of the need for careful consideration to ensure that any machinery to be installed or any noisy process to be carried out should be sited so as to prevent the emission of unnecessary noise.

During the year, 1,816 visits were made to complainants and industrial or commercial premises in connection with complaints of excessive noise.

ATMOSPHERIC POLLUTION CONTROL

The prevention of pollution of the atmosphere is still a matter of the utmost importance, and the efforts towards achieving "clean air" continue.

Industry continues in its policy of installing fuel burning furnaces that will keep pollution to a minimum, and the use of oil, gas and electricity and the mechanical feeding of coal burning appliances are steadily reducing the visible pollution. Since the Clean Air Act, 1956 came into operation the use of oil in boilers and furnaces has steadily increased. The heavier oils unfortunately have a much higher sulphur content which means that a greater amount of oxides of sulphur is emitted from industrial and commercial chimneys into the atmosphere, but it is pleasing to note that ground level concentrations of these gases do not show any increase. This is due to the policy of ensuring that the chimney efflux velocities and the chimney heights are sufficient to achieve adequate dispersal of the gases.

Householders too continue to be interested in "Clean Air", and enquiries are still being received from owner-occupiers of dwellings outside smoke control areas asking if they may change their coal burning grates for smokeless fuel burning appliances, with the aid of financial grant. Unfortunately, the Clean Air Act, 1956 does not provide for grant being available in such circumstances, but there is no doubt that if a grant towards the expenditure incurred in changing coal burning grates was available to householders outside a smoke control area, it would provide an incentive for many householders to discontinue the burning of coal and further reduce the air pollution that is emitted at low level.

From time to time comments regarding pollution from road vehicles are received. The diesel engine, when inefficiently operated, may emit a considerable amount of black smoke which causes public comments about the air pollution. Because little visible evidence is apparent from petrol driven vehicles this type of vehicle receives very much less criticism and yet an efficient diesel engine emits less pollution to the atmosphere than an efficient petrol engine. Air pollution from road vehicles in some American cities is undoubtedly a serious matter and efforts are being made to overcome this problem. From 1st January, 1968 legislation throughout the United States of America will provide for the regulation of the emissions of hydrocarbons and carbon monoxide from the crank cases and exhausts of all road vehicles.

The problem of air pollution from road vehicles is more acute in America because of the greater number of vehicles in use, but nevertheless the effect of the new Regulations will be watched with interest by the Governments of other countries who are aware of the growing problem of air pollution from road vehicles.

Smoke Control Areas

During the year ten more smoke control orders came into operation bringing an additional 893 dwellings and 28 other premises within areas totalling 422·96 acres, under smoke control. Six orders confirmed during the year will come into operation during 1967 and will apply to another 646 premises.

Details of other areas completed and approved by the Health Committee will be submitted to the City Council for the Smoke Control Orders to be made, in January, 1967. The Orders will cover an additional 30,233 premises contained within an area of 6,135·27 acres, and will include the largest smoke control area to date covering the Kings Norton and Longbridge areas of the City, an area of 5,312 acres containing over 23,300 dwellings.

On the 10th March, 1966 The Smoke Control Areas (Exempted Fireplaces) Order, 1966 came into operation. This Order exempts from the provisions of Section II of the Clean Air Act, 1956 the appliance known as the Hounsell Sawdust Burning Stove subject to it being installed, maintained and operated as to minimise the emission of smoke. No fuel shall be used other than wood waste in clean condition.

This stove, manufactured in Birmingham, is similar to the Fulgora Sawdust Burning Stove which was included in the Smoke Control Areas (Exempted Fireplaces) Order, 1959 and is suitable for heating small workshops by the use of sawdust as a fuel. When used in accordance with the manufacturer's instructions it is substantially smokeless. The conditions of exemption in the Order are intended to ensure its proper use.

On the 16th March, 1966 the Ministry of Housing and Local Government issued Circular No. 18/66 in which attention is drawn to the Smoke Control Areas (Authorised Fuels) (No. 2) Regulations, 1965 which came into operation on the 13th December, 1965. These Regulations declared "Multiheat", a briquetted fuel manufactured by the National Coal Board, to be an authorised fuel for use in smoke control areas, and also revoked the previous regulations in which the same fuel was authorised under the name of "Phurnacine". The Circular refers also to another briquetted fuel manufactured by the National Coal Board to be an authorised fuel. This is "Roomheat", designed mainly for solid fuel burning room heaters, but said to be very suitable for the open fire where approved appliances are in use. "Roomheat" is of similar character to "Homefire", but it is not yet available in the Birmingham area.

The supplies of "Homefire" have been very disappointing, and in spite of promises made by the National Coal Board that very considerable supplies would be available during 1965, the supplies are still very limited.

The Circular referred to above indicates that the limited production is shortly to be extended by the plant at Coventry which is expected to produce 660,000 tons a year by the end of 1966. It would appear that once again the promises have not been fulfilled.

Fortunately the other solid smokeless fuel supplies, particularly Coalite and Rexco, have been adequate, and no complaints of shortage of solid smokeless fuel supplies were received. One of two complaints were received of shortage of specific fuels such as anthracite and Homefire but alternative fuels were freely available.

Difficulties were experienced, not only with supplies of certain solid smokeless fuels, but both the electricity and the gas industry had their problems during the winter.

The public have, during particularly cold weather, come to accept cuts in electric supplies, or a reduction in power, but the cutting of gas supplies to industry and domestic users caused considerable concern.

A breakdown and a fire at the Tipton gas making plant on the 11th January resulted in a shortage of gas and meant that a number of firms were denied supplies of gas.

On the 20th January a breakdown occurred at the Coleshill plant creating a further problem. Unfortunately, the two breakdowns coincided with a period of very cold weather, and cutting of supplies to additional premises was necessary for a few days.

In view of the increasing numbers of gas appliances then being installed, particularly by householders in smoke control areas, the cutting and restriction of gas supplies undoubtedly caused a number of persons who were considering installing gas appliances to have second thoughts on the type of heating appliances required to replace coal burning grates. The extensive advertising campaign by the West Midlands Gas Board and other Boards was curtailed as there was no wish to cause further embarrassment by additional demands for gas that was at a critical supply stage.

The Ministry of Housing and Local Government issued Circular No. 25/66 on the 3rd June, 1966 relating to changes in the cost of smokeless fuel burning appliances, mainly to take account of new appliances and increases in costs.

It was pointed out that electric night storage heaters that previously were considered satisfactory if approved by the Electricity Board, must now be selected from the lists of Recommended Domestic Electric Appliances issued by the Electrical Development Association and the British Electrical Approvals Board for Domestic Appliances.

The Circular also provided useful guidance in the form of question and answer in relation to smoke control areas.

On the 15th February, 1966 a local inquiry was held because of two objections to the City of Birmingham Smoke Control (No. 99) Order, 1966.

The Order applies to the Kings Heath, Moseley and Brandwood areas of the City and will affect 23,871 domestic dwellings and 1,346 other premises within an area of 4,053 acres.

The Ministry, after hearing the Inspector's report, confirmed the Order which will come into operation on the 1st September, 1967.

It has been necessary, on a number of occasions, to take legal proceedings against householders in smoke control areas who burned coal in their grates with the consequent emission of smoke. From the excuses made it would appear that many people are of the opinion that any "packaged" fuel is a smokeless fuel.

From experience gained in the establishment of smoke control areas the public appear to appreciate the efforts being made to clean the air, and are ready to do their part. This is borne out by the numerous requests for grant towards the expenditure incurred on the replacement of coal burning grates in dwellings that are not in smoke control areas. Unfortunately, it is not possible to pay grant in these circumstances but no doubt there would be a considerable increase in the number of smokeless dwellings if the owner-occupiers could change coal burning grates with the aid of grant.

The trend towards "tapped" fuels continues, and many people are pleased to avoid the work of cleaning out open fireplaces, removing ashes and laying new fires. In this City a great number of residents are employed on full time work and naturally, on reaching home, want warmth immediately; they are not prepared to light a solid fuel fire and wait for the heat to be generated. For those who do prefer the use of solid fuel, room heaters having openable doors are now being installed in greater numbers, as these can be kept burning and the room maintained at a comfortable warmth.

The position in relation to the progress of smoke control areas up to the 31st December, 1966 is as follows:-

Smoke Control Orders in operation	124
Smoke Control Orders confirmed but not yet in operation ...	9
Total number of dwellings and other premises subject to the above	
133 Smoke Control Orders	91,946
Total acreage to which the above Orders apply	14,187

Atmospheric Pollution by Smoke from Industrial Furnaces

The co-operation between the smoke inspectorate and architects, heating engineers, consultants, fuel burning appliance manufacturers and works engineers, results in satisfactory fuel burning equipment being installed and maintained so as to prevent unnecessary pollution of the atmosphere.

Regular observations on chimneys in every district of the City have been maintained throughout the year, the establishment of each smoke control area increasing the number of chimneys to be observed by the smoke inspectorate.

During the year 1,562 observations were made on industrial chimneys, the decrease in numbers as compared with the previous year being due to the reduced number of smoke inspectors.

In 17 instances the emission of excessive smoke was noted following which the premises concerned were visited, the responsible person interviewed and notified of the emissions. It was considered in 11 cases that there was no reasonable excuse for the emission and details of these were reported to the Health Committee for authorisation to take necessary proceedings under the appropriate legislation.

It was found necessary on three occasions to draw the attention of demolition contractors and car breakers to the nuisance caused by the emission of smoke from the burning of waste materials.

One Abatement Notice was served under Section 16 of the Clean Air Act, 1956. It was not found necessary to take further action in this case.

Summary of Statutory Action

CLEAN AIR ACT, 1956

Dark Smoke Emissions—Section I

Number of prosecutions ...	...	...	...	...	...	...	8
Total amount of fines imposed	...	...	...	...	...	...	£115

Smoke Control Areas—Section II

Number of prosecutions ...	...	...	...	...	...	...	15
Total amount of fines imposed	£47

Smoke Nuisances—Section 16

Abatement notices served	1
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BIRMINGHAM CORPORATION ACT, 1954

SECTION 35

Central Smokeless Area

Number of prosecutions	1
Total amount of fines imposed	...	...	...	...	...	...	£5

Installation of New Furnaces

The Clean Air Act, 1956 Section 3, requires that new furnaces to be installed shall be, as far as practicable, smokeless, and any person who intends to install a new furnace shall not do so unless notice of the proposal to install such furnace has been given to the local authority.

Where plans and specifications of new furnace are submitted to and accepted by the local authority, the furnaces are deemed to be capable of being operated smokelessly.

This section of the Act does not apply to new furnaces designed solely or mainly for use for domestic purposes where the furnaces have a maximum heating capacity of less than 55,000 British Thermal Units per hour.

Where new furnaces are to be installed for burning pulverised fuel, solid fuel or solid waste at the rate of one ton or more per hour, grit arrestment plant must be installed, and plans and specifications of the arrestment plant must be submitted to the local authority for approval. Failure to install grit arresting equipment approved by the local authority constitutes an offence.

The examination of plans submitted under Building Regulations, and of planning applications under the Town and Country Planning Acts, enables information to be obtained of proposals to install new furnaces.

During the year 205 notifications of 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>Electricity</i>	<i>Waste materials</i>
3	6	105	81	—	10

The table indicates that the preference for oil heating continues, but it appears that the use of gas fired furnaces is increasing

Ignoring the furnaces burning waste materials, solid fuel burning installations constitute 4.6 per cent., oil 53.8 percent. and gas 41.6 per cent. of the total number of new fuel burning installations.

It is possible that as more North Sea gas is brought into the country this fuel could increase the use of gas in industrial furnaces.

Heights of Chimneys

Section 10 of the Clean Air Act, 1956 relates to plans, deposited in accordance with building byelaws, which show that it is proposed to erect a chimney for carrying smoke, grit, dust and gases from a building. It applies to premises used other than as residences, shops or offices, and therefore relates mainly to industrial premises.

The responsibility of ensuring that this will be done without prejudice to health or being a nuisance is carried out through the liaison between the Health Department and the City Engineer, Surveyor and Planning Officer's Department, whereby any appropriate plans are circulated for comments in regard to the height of the proposed chimneys.

In accordance with the requirements of the Act consideration is given to:-

- (a) the purpose of the chimney
- (b) the position and type of adjacent buildings
- (c) the levels of the neighbouring ground

and any other matters requiring consideration in relation to chimney emissions.

In 1963 the Ministry of Housing and Local Government issued Circular No. 25/63 with regard to chimney heights and the "Memorandum on Chimney Heights" published at the same time. The Memorandum was to be a guide on the method of assessing chimney heights and to assist local authorities in the exercise of their functions under Section 10 of the Act.

The height of chimney considered adequate is based upon the emissions of sulphur dioxide from the chimney, and the Memorandum provides a simple method of arriving at the weight of sulphur dioxide emitted when burning a given amount of solid or liquid fuel.

During the year 58 plans indicating chimneys were submitted by the City Engineer, Surveyor and Planning Officer for comment with regard to the proposed height. Of this total 24 were considered unsatisfactory.

Atmospheric Pollution from Railway Smoke

The number of steam engines seen in Birmingham stations and motive power depots is steadily decreasing, and the plume of steam and smoke noted on occasions above the stations has disappeared. During the year electric traction appeared and this service is steadily improving. Diesel powered locomotives and rail coaches have caused comment from time to time because of fumes emitted, but the increasing use of electric traction will be another step towards a cleaner atmosphere.

Fumes and Effluvia

During the year 115 complaints of fumes and effluvia were received. The complaints were caused by the emission of fumes from paint spraying plants, oil burning, burning of scrap materials, galvanising, etc.

In all cases the owners or managements concerned were notified, and satisfactory measures were taken to remedy the cause of complaint.

A total of 535 visits relating to fumes and effluvia have been made, comprising visits to complainants, observations, visits to owners and managements of the premises concerned, and follow-up visits.

Dust Emissions

The number of complaints received and investigated regarding the excessive emission of dust totalled 38, this being ten complaints less than

TABLE I MONTHLY RECORD OF SO₂ MEASURED BY THE LEAD PEROXIDE METHOD—EXPRESSED AS MILLIGRAMS OF SO₂ PER 100 SQUARE CENTIMETRES PER DAY (1966)

Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Great Charles Street	27-90	45-05	81-46	30-85	32-65	35-55	25-67	32-45	21-12	24-65	41-88	42-35
West Heath	8-04	8-18	5-47	7-21	16-12	10-81	7-81	7-27	5-81	6-50	10-24	11-73
Edgbaston	8-75	10-31	6-86	11-75	No Reading	12-46	6-83	10-21	7-15	8-42	12-36	8-12
Carnegie Institute, Hockley ...	21-00	26-25	18-64	21-04	No Reading	17-25	12-32	15-84	14-85	17-69	19-49	19-06
Spring Lane, Erdington	7-78	13-15	8-45	9-53	No Reading	12-05	7-24	9-06	11-22	12-52	10-91	13-44
Treaford Lane	7-96	11-25	12-11	9-87	10-83	9-59	9-43	10-97	7-29	9-49	11-64	11-91
Tower Hill	3-47	12-34	7-34	No Reading	6-25	9-53	14-08	12-28	9-90	10-23	10-50	17-84
St. John's Restaurant	24-50	33-08	17-78	22-44	17-80	18-37	13-38	17-64	13-51	16-04	24-97	17-46

TABLE II MONTHLY RECORD OF SULPHUR DETERMINATION BY THE LEAD PEROXIDE METHOD—EXPRESSED AS MILLIGRAMS OF SO₃ PER 100 SQUARE CENTIMETRES PER DAY (1966)

Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Great Charles Street	6-45	5-87	3-89	4-29	2-78	1-68	1-76	2-50	1-93	3-71	5-50	7-55
West Heath	2-16	0-80	1-04	0-84	0-65	0-40	0-55	0-60	0-52	1-21	1-57	1-09
Edgbaston	4-76	3-56	1-81	2-57	1-22	0-88	0-85	0-91	1-30	2-54	2-96	2-48
Carnegie Institute, Hockley ...	5-62	5-28	3-11	3-72	2-30	1-47	0-95	1-17	1-86	3-04	No Reading	3-82
Spring Lane, Erdington	2-72	2-81	1-13	1-55	1-29	0-93	0-80	0-74	1-31	2-07	2-79	3-40
Treaford Lane	1-89	1-53	1-73	1-05	0-71	0-56	0-56	0-62	0-65	1-19	1-63	1-83
Tower Hill	2-74	1-68	5-78	1-03	0-46	0-52	0-38	0-40	0-91	1-55	1-57	1-46
St. John's Restaurant	5-58	4-33	2-72	2-99	No Reading	1-40	1-10	1-82	1-81	3-40	4-47	3-72

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.			
	1964	1965	1966	1964	1965	1966	Inc. or Decr. 1965-6
GREAT CHARLES STREET Commercial	307.37	416.12	441.58	3.55	3.94	3.99	+0.05
WEST HEATH Residential	99.38	89.65	105.19	1.10	1.35	0.95	-0.40
EDGBASTON RESERVOIR Residential	126.16	110.24	112.56	2.27	2.15	2.15	=
CARNEGIE INSTITUTE, HOCKLEY Industrial and residential	199.42	222.41	221.88	1.56	2.67	2.69	+0.02
PUBLIC WORKS DEPOT, SPRING LANE Mainly Residential	sited 1.6.64	123.21	125.88	sited 1.6.64	2.21	1.79	-0.42
TREAFORD LANE, ALUM ROCK Residential	133.68	136.61	122.34	1.26	1.31	1.16	-0.15
TOWER HILL Residential	188.92	125.41	124.08	1.36	1.39	1.54	+0.15
ST JOHN'S RESTAURANT, DERITEND Industrial	284.91	282.83	236.97	3.15	3.08	2.91	-0.17

the previous year. They related mainly to dust from demolition and from polishing, and necessitated 241 visits of observation and to complainants.

The demolition of buildings still gives rise to complaints of dust nuisance, and demolition contractors appear to ignore the nuisance created until they are informed of complaints received. A little consideration and thought by demolition contractors towards providing some means to contain the inevitable dust that arises from such operations would undoubtedly be appreciated by many persons working or living within close proximity to the demolition site.

The owners and managements of works concerned were readily cooperative in taking measures required to remedy the causes for complaint and in no case was it found necessary to resort to statutory action.

Pollution Recording Apparatus

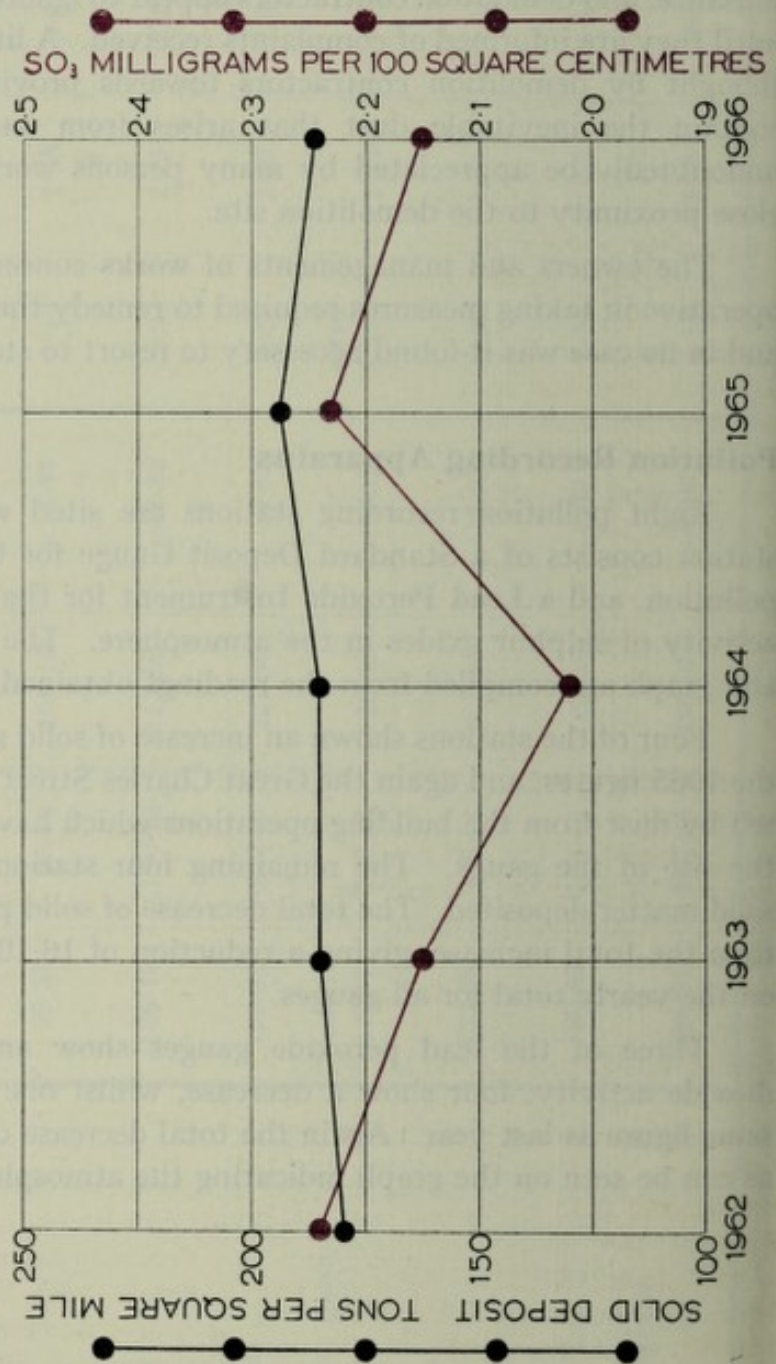
Eight pollution recording stations are sited within the City; each station consists of a Standard Deposit Gauge for the collection of solid pollution, and a Lead Peroxide Instrument for the determination of the activity of sulphur oxides in the atmosphere. The accompanying tables and graph are compiled from the readings obtained.

Four of the stations shown an increase of solid matter compared with the 1965 figures, and again the Great Charles Street gauge has been affected by dust from the building operations which have taken place close to the site of the gauge. The remaining four stations show a decrease in solid matter deposited. The total decrease of solid pollution being greater than the total increase, giving a reduction of 16·10 tons per square mile on the yearly total for all gauges.

Three of the lead peroxide gauges show an increase in sulphur dioxide activity, four show a decrease, whilst one instrument gives the same figure as last year. Again the total decrease outweighs the increase as can be seen on the graph indicating the atmospheric pollution.

ATMOSPHERIC POLLUTION

GRAPH SHOWING THE AVERAGE WEIGHT OF SOLID MATTER COLLECTED BY DEPOSIT GAUGES EXPRESSED IN TONS PER SQUARE MILE PER ANNUM AND THE MEAN DAILY AVERAGE OF THE SULPHUR DETERMINATION BY THE LEAD PEROXIDE METHOD EXPRESSED IN MILLIGRAMS OF SO₂ PER 100 SQUARE CENTIMETRES.



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