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Publication/Creation

1937

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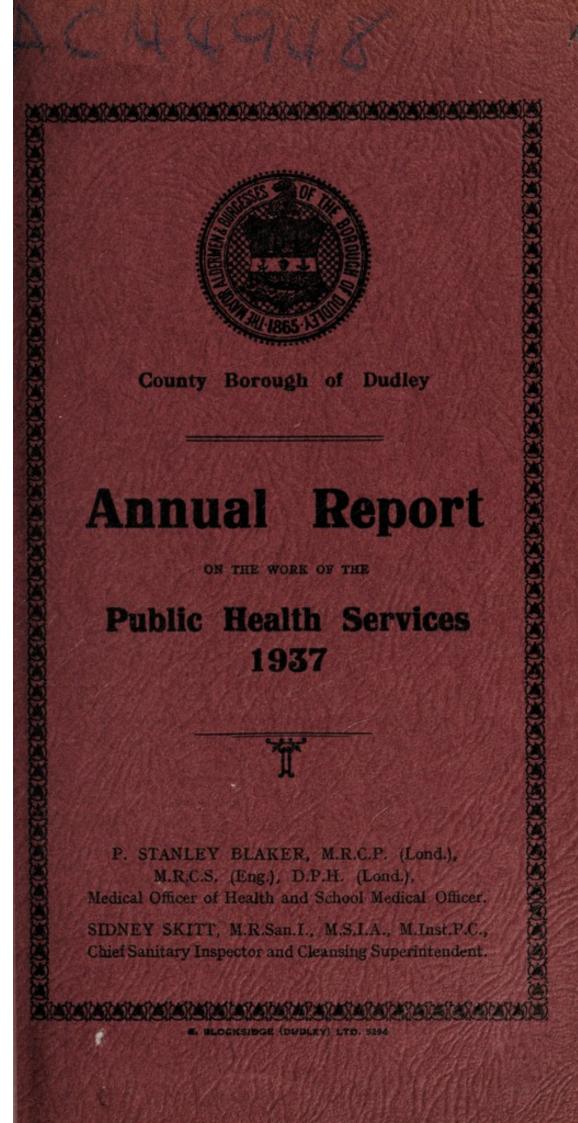
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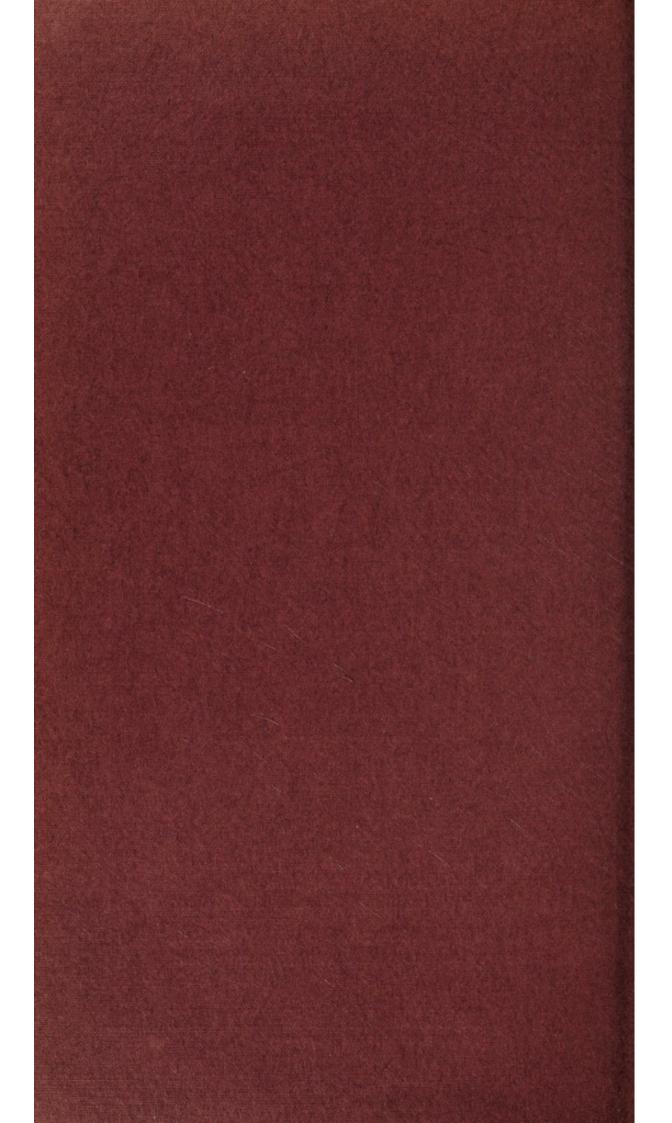
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County Borough of Dudley

Annual Report

ON THE WORK OF THE

Public Health Services 1937

P. STANLEY BLAKER, M.R.C.P. (Lond.), M.R.C.S. (Eng.), D.P.H. (Lond.), Medical Officer of Health and School Medical Officer.

SIDNEY SKITT, M.R.San.I., M.S.I.A., M.Inst.P.C., Chief Sanitary Inspector and Cleansing Superintendent.

E. BLOCKSIDGE (DUDLEY) LTD. 5294

CONTENTS.

Commit	tees	 	 	 Page 3
Staff		 	 	 Page 4

ANNUAL	REPORT	OF T	he Med	ICAL	OFFICER	OF	
HEALTH	AS TO	PUBLIC	HEALTH	SERV	VICES		Pages
(Gen	ERAL)						5 to 41

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR	
AND CLEANSING SUPERINTENDENT AS TO SANITARY	
CIRCUMSTANCES OF THE AREA	42 to 80
ANNUAL REPORT OF THE MEDICAL OFFICER OF	
HEALTH AS TO MATERNITY AND CHILD WELFARE	81 to 95

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER	
AS TO MEDICAL INSPECTION AND TREATMENT	
OF SCHOOL CHILDREN ,	96 to 132

MEMBERS OF COMMITTEES. 1937.

HEALTH COMMITTEE.

COUNCILLOR J. MOSS, Chairman.								
COUNCILLOR DR. A.	W. WES	STON, Vice-Chairman.						
		J. STONE.						
THE DEPUTY MAYOR.	11	W.SHUTTLEWORTH.						
COUN. F. BROOKES.		G. TAYLOR.						
" R. LITTLE.	11	MRS. J. S. TAYLOR.						
" J. BUNN.		H. C. WHITEHOUSE.						
" D. H. WHITEHOUSE.	11	J. PRICE.						
		W. TIMMINS.						

MATERNITY AND CHILD WELFARE COMMITTEE.

COUNCILLOR W. SHUT	TLEWORTH, Chairman.
COUNCILLOR D. H. WHIT	FEHOUSE, Vice-Chairman.
THE MAYOR.	
THE DEPUTY MAYOR.	
	" DR. A. W. WESTON.
" J. PARKER.	" DR. F. G. LEWIS.
" G. TAYLOR.	
(Members of MRS, HANCOX,	the Council).
MRS. HANCOX.	MRS. W. C. WILLIAMS.

(Co-opted).

COMMITTEE FOR THE CARE OF THE MENTALLY DEFECTIVE.

COUNCILLOR J. PRICE, Chairman. COUNCILLOR R. EMMS, Vice-Chairman. REV. A. E. FOX. MRS. J. S. TAYLOR. MISS WILLIAMSON. THE MAYOR. THE DEPUTY MAYOR. COUN. DR. F. G. LEWIS. (Members of the Council).

MRS. W. C. WILLIAMS. MISS WESTWOOD. (Co-opted Members).

SCHOOL MEDICAL SERVICE SUB-COMMITTEE.

MISS RUDMOSE-	BROWN	, Chairman.
MR. H. H. CARTWE	RIGHT,	Vice-Chairman.
THE MAYOR.	COUN.	W. SHUTTLEWORTH.
ALD. J. A. TAYLOR.		
COUN. J. PRICE.		MRS. J. S. TAYLOR.
" DR. A. W. WESTON.		T. TAYLOR.
" DR. F. G. LEWIS.		
(Members of	the Con	uncil).
MRS. W. C. WILLIAMS.	MISS 1	M. É. HALL.

MRS. F. C. BRIGGS.

MRS. BRIGGS.

(Co-opted Members).

STAFF.

- Medical Officer of Health and School Medical Officer : P. STANLEY BLAKER, M.R.C.P. (Lond.), M.R.C.S. (Eng.), D.P.H. (Lond.).
- Deputy Medical Officer of Health and School Medical Officer and Veneral Diseases Officer : G. D. WIGHT, M.B., Ch.B., D.P.H.
- Assistant Medical Officer of Health and School Medical Officer : ELLIS TAYLOR, M.B., Ch.B., D.P.H.
- Dental Surgeons: D. NELSON, L.D.S. (Eng.), and MISS R. MCKAY EWING, L.D.S. (Glasgow).

Ophthalmic Surgeon: MR. ST. CLAIR ROBERTS.

Orthopædic Surgeon : MR. WILSON STUART, M.C.

- Tuberculosis Officer : (Staffs. Wolverhampton and Dudley Joint Committee), DR. D. J. LOUGHRAN.
- Chief Sanitary Inspector and Cleansing Superintendent : *SIDNEY SKITT, M.R.San.I., M.S.I.A., M.Inst.P.C.

Deputy Chief Inspector: *H. HOLDEN, M.S.I.A.

District Inspectors : *H. A. RICHARDSON, M.S.I.A., *G. ROLLASON, A.R.San.I., M.S.I.A., *K. A. ETHERINGTON, M.S.I.A. (Temporary). *Qualified Meat Inspectors.

Assistant Inspector : H. E. HANCOX.

Assistant Cleansing Superintendent : W. FELLOWS, A.M.I.P.C.

Veterinary Inspector : MAJOR R. L. GREEN, M.R.C.V.S.

Chief Clerk: B. S. WOOD.

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9

Clerks: MISS M. BEASLEY, Messrs. F. L. JONES and R. D. HARRIS.

Fumigation and Rat Officer: G. PEACOCK.

Health Visitors : NURSES EVANS, BLACK, JOHNSON AND CAMPBELL.

School Nurses : NURSES MUIRHEAD, APPLETON, BURTON AND GRIFFITHS.

Mental Deficiency Supervisor : NURSE REYNOLDS.

Maternity and Child Welfare :	(Chief Clerk : L. DEARNE.
	General Clerks: MISSES B.
School Medical Service :	TOMLINSON and D. LYMN.

Midwives residing and practising under the Local Authority in Dudley :

Supervisor : MISS M. EVANS.

MISS BROWN, MISS CHATTIN, MRS. DAVIES, MISS HAWKINS, MRS. JAMES, MRS. MCLELLAN, MRS. NIBLETT, MRS. RAYBOULD, MRS. BEESTON AND MRS. HALL.

Temporary Staff, (for Slum Clearance Work).

Assistant Inspectors : W. H. BOWMAN, A.R.San.I., M.S.I.A., G. H. SUGGITT, M.S.I.A., G. THOMAS, A.R.San.I., M.S.I.A.

Clerk : MISS B. CLARKE.

COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

(GENERAL)

INDEX.

	I	Page			Page
Bacteriological Work		32	Prevalence of and C	ontrol	
Births		11	over Infectious Diseas	se	19
Cancer		13	Scarlet Fever		20
Deaths		12	Still-births		18
Diphtheria		20			
General Statistics		9	Tuberculosis		22
Hospital Accommodation		22	Unemployment		10
Infantile Mortality		16	Vaccination		20
Maternal Deaths		19	Venereal Disease		26
Mental Deficiency Acts		30	Vital Statistic Tables		33
Opening Statement		6	Welfare of the Blind		28

To the Chairman and Members of the Health, Maternity and Child Welfare, Mental Deficiency and Education Committees of the County Borough of Dudley.

LADIES AND GENTLEMEN,

As a preface to my Annual Report for 1937, I beg to make the following observations, viz :--

Vital Statistics. The population of the Borough has increased during the year from 60,590 to 61,140, an increase of 550.

Births. There has been an increase in the number of births during the year, viz :—from 1111 to 1156, an addition of 45. This gives a birth rate of 18.74 as against 18.17 in 1936.

General Death Rate. The total number of deaths in the Borough from all causes was 746 and in 1936 it was 692. This shows an increase of 54, and gives a General Death Rate figure of 12.20 for 1937 and 11.42 for 1936.

Infantile Mortality Rate. The total number of babies dying in Dudley under one year old was 92—the sexes were equalised, viz :—46 each. In 1936 there were 79 such deaths.

The Infantile Mortality Rate works out at 79.58 for 1937 and 71.11 for 1936, a very definite increase which is not satisfactory.

The Zymotic Death Rate was .98 in 1937 and .48 in 1936. This increase is due to the increased number of deaths from Diphtheria. In 1937 there were 15 Diphtheria deaths and in 1936, 8. The principal Zymotic Diseases are Scarlet Fever, Diphtheria, Measles, Whooping Cough, Typhoid Fever, Para-Typhoid Fever, Small Pox, Diarrhœa and Influenza.

The number of cases of Diphtheria notified in 1937 was 98, and the deaths were 15—roughly 15% and in 1936, 104 and 8 deaths. This is indicative either that the disease was of a severe type or that patients were not removed to Hospital early enough for treatment. With Diphtheria neglect for even one day may lead to a fatal issue, as the system soon becomes saturated with the poisons of the disease.

All sore throats should be seen by a Doctor at once. It is the safest way.

Scarlet Fever was not so prevalent, there being only 67 notified cases as against 126 in 1936. One case died as the result of this disease.

The General Sanitary Administration of the Borough.

Housing matters still occupy a very prominent position in all matters pertaining to Public Health. It is Housing all the time, and owing to the utter neglect of all concerned in years gone by, the only way in which this problem can be tackled, is by proceeding under the demolition provisions of the Housing Act. At the time I first came to Dudley, it was an extraordinarily rare sight to see any landlord attempting any repairs—today it is not an uncommon sight to see landlords putting their houses in order for fear that the "Axe" of demolition may come their way and include their property in a slum clearance area.

Slum Clearance has proceeded steadily all through the year. It has been very hard work for all in the Sanitary Department. To make very careful and detailed records on each house and then to equally carefully check them over, is no light work. It is very arduous and painstaking, and it can be literally stated that not a single house has ever been represented unless its condition has been most carefully recorded by the Sanitary Inspectors, and inspected and checked by Mr. Skitt and myself at a subsequent date. This is true for Slum Clearance schemes and also for individually unfit houses under Section 11 of the Housing Act.

Areas.					No. of	Houses
Birminghan	n Street	2				163
New Hall S	treet					7
Phoenix Pa	ssage					45
Stafford Sti	reet (Gar	den W	alk)			34
Dunn Stree	t					181
Pitfield Roy	w					90
Cross Street	t Woodsi	ide (4 a	areas)			70
The Mambl	es (3 Ar	eas)				104
Bull Ring						30
Paradise						35
Chapel Stre	et					32
Kates Hill						229
				Total		1020

Up-to-date the following Areas represented have been confirmed by the Ministry of Health. Complete demolition of the houses has been carried out in many of these areas.

The following is a summary of the Housing position to-day.

Slum Clearance—Demolished			700	
Individually unfit—Demolished			641-134	1
Number under Lemolition Order ing demolition	s and aw	vait- 	241	
Number of Houses approved by of Health and in various sta demolition under Clearances	iges towa		406—647	—1988
Houses repaired and re-condition	ed		505	
The total number of houses erect	ed are :-	_		
By the Council			4406	
By Private Enterprise (since 1919	€)		2093	6499

Total number of Tuberculosis cases rehoused

I feel that since the awakening of Dudley, a wonderful lot has been done in housing the working people.

I have much to be thankful for to the Chairman and Members of the Health, Maternity and Child Welfare, School Medical Service and the Mental Deficiency Committees, in that they have always given patient and sympathetic consideration to all matters that were brought before them.

I also thank the Chief Officials of other Departments, and an expression of my appreciation is also due to my Staff for their loyal help—I am grateful to them.

I remain,

Your obedient Servant,

P. STANLEY BLAKER.

100

COUNTY BOROUGH OF DUDLEY.

POPULATION 1911 Census			51,079
1921 Census			57,100
1924, estimated			58,600
" 1925, estimated			58,810
1926, estimated			58,930
1927, estimated			59,370
" 1928, estimated			58,820
" 1929, estimated			58,870
11 1930, estimated			58,820
ıı 1931 Census			59,579
1932, estimated			59,740
1933, estimated			60,140
" 1934, estimated			60,300
" 1935, estimated			60,400
II 1936, estimated			60,590
" 1937, estimated			61,140
Cawney Hill	820	feet abov	e sea level.
St. Thomas' Church			
Elevation { Eve Hill	720		
Netherton	610		
Woodside	570		
•	a 1 14	1.77	
Geological Formation: Limestone	e, Carbonife	rous and H	eavy Clays.
Area of the Borough			4,065 acres
Number of Inhabited Houses, Co	ensus, 1931		13,385
Number of Inhabited Houses, (E	stimate, 19	37)	15,553
The increased Rateable Value	of the Br	rough for	
General Rate at 1st October			£261,077
General Rate at 1st October	, 1007 was		\$401,077
EXTRACTS FROM VITAL	STATISTIC	S OF TH	E VEAD
EATRACIS FROM VITAL	51411511	JOF IN	E ILAR.
Total M			
Live Birthe Legitimate 1135 57	3 562 Birt	h Rate per	1,000 of the
Live Births Illegitimate 1133 37	2 9 tion		ent popula- 18.74
	Dat		otal (live and
Stillbirths 48 2		births	
			1,000 of the
Deaths 746 37	8 368 estin		ent popula-
	tion		12.20
Deaths from an and			te per 1,000
Deaths from puerperal causes	Death	tot	tal (live and
Durannanal consis	Death		till) births.
Puerperal sepsis		2	1.66
Other Puerperal causes		1 3	0.83
Total		0	2.49

Death Rate of Infants under one year of age :---

All Infants per 1,000 live births Legitimate infants per 1,000 legitimate liv Illegitimate infants per 1,000 illegitimate			79.58 79.30 95.24								
Deaths from Cancer (all ages)			79								
Deaths from Measles (all ages)			11								
" Whooping Cough (all ages)			2								
" Diarrhœa (under 2 years of age)											
Death Rate from principal Zymotic Diseases											
Influenza Death Rate			0.36								
Tuberculosis Death Rate			0.83								
Total Deaths under 5 years of age			131								

UNEMPLOYMENT.

I am indebted to the Manager of the Employment Exchange and the Juvenile Employment Officer for the information contained in the following table, viz :—

Unemployed at end of :	1933	1934	1935	1936	1937
Men age 21 and over	4099	2121	1739	1124	1101
Young Men (18 to 20 in- clusive)	214	84	26	12	19
*Boys (14-17 inclusive)	57	29	28	20	65
Women age 21 and over	453	221	252	259	262
Young Women (18-20 inclusive)	78	26	30	17	37
*Girls (14-17 inclusive)	44	78	41	37	82
Total	4945	2559	2116	1469	1566

The number of contributors to Unemployment Insurance is 19,200 males and 7,200 females, total 26,400 approx.

*These figures include a number of young people living outside the Borough who attend the Dudley Juvenile Employment Centre.

BIRTHS.

The number of live births (as given by the Registrar General) was 1156 (Males 585 and Females 571). In addition there were 48 Still Births. The Birth Rate per 1,000 of the population is estimated at 18.74.

For England and Wales the Birth Rate was 14.9 and the same for 125 Great Towns in the Country.

The Illegitimate births numbered 24 (12 males and 12 females)

Below is a record of the Birth Rate in Dudley at certain dates since the year, 1913, viz :---

Year.	Births.	Bir	th Rate per 1000
1913	 1470		28.28
1918	 1355		25.09
1924	 1290		22.01
1925	 1309		22.02
1926	 1335		22.60
1927	 1219		20.53
1928	 1196		20.14
1929	 1107		18.80
1930	 1219		20.72
1931	 1220		20.31
1932	 1181		19.76
1933	 1115		18.54
1934	 1071		17.76
1935	 1123		18.59
1936	 1111		18.17
1937	 1156		18.74

DEATHS.

The Registrar General has given the number of Deaths in Dudley as 746. This figure includes Dudley residents who died outside the Borough. There were 378 males and 368 females.

The Death Rate per 1,000 of the population is 12.20 and in 1936 it was 11.42.

For England and Wales, the Registrar General's figure is 12.4 and 12.5 for 125 Great Towns in the Country. It was 12.1 and 12.3 respectively in 1936.

Thus it will be seen that the Death Rate was universally higher in 1937 than in 1936.

The Table given below shows the General Death Rate in Dudley at various times since 1905.

Year.	General	Death Rate.	Infantile	Mortality Rate
1905		17.52		_
1910		14.25		151
1915		16.31		124
1920		14.77		106
1925		13.5		106.2
1926		10.5		87.89
1927		12.4		98.44
1928		11.06		66.88
1929		15.09		114.7
1930		11.6		65.62
1931		12.9		76
1932		12.8		92.3
1933		11.78		84.73
1934		10.79		81.23
1935		11.04		66.05
1936		11.42		71.11
1937		12.20		79.58

MONTHLY DEATH RATE FROM ALL CAUSES.

Year.	Jan.	Feb.	Mar.	Apr.	May.	June & July	Aug.	Sept.	Oct.	Nov.	Dec.
1927.	13.7	24.9	14.6	10.9	7.5	9.26	8.7	5.9	9.7	12.3	14.6
1937.	12.3	16.8	8.6	12.1	11.5	6.2 9.2	6.02	7.8	10.1	9.03	11.8

GENERAL REMARKS ON THE DEATH RATE.

As usual I have reproduced on Pages 38 and 39 the Registrar General's Table which sets out the causes of death in age groups.

For comparison I have added an extra column of total deaths for the previous year. This reveals that in 1937 there were 54 more deaths than in 1936.

The following causes accounted for 477 of the total of 746 deaths.

				1936.	1937.
Heart Disease				 157	122
Cancer and Mali	ignant D	isease		 77	79
Pneumonia				 79	63
Bronchitis				 41	67
Tuberculosis				 47	51
Cerebral Hæmon	rrhage, e	tc.		 53	48
Congenital Debi	lity and	Premat	urity, et	 36	47
			Total	 490	477

HEART DISEASE.

Apart from this death roll there is a vast amount of morbidity and disablement that results from Rheumatism, acute and chronic, either by affecting the heart (as it frequently does) or in other ways. The National Health Insurance bodies give vast figures for the number of working days lost by reason of this disease.

The time has surely come to attack this grave problem on national lines.

CANCER AND MALIGNANT DISEASE.

Malignant diseases claimed 79 victims. This is the next highest cause of death on the list, and there are 2 more deaths than in 1936.

Like Rheumatism, the cause of malignant disease is not known, but much could be done to save life if only the fear of cancer could be banished and unfortunate victims induced to seek early advice. Though the cause is not known, yet much has been done by experience and scientific means to make a clear and certain early diagnosis, and to exercise a radical course of treatment with the best prospects of a permanent cure. There are literally thousands of people alive today to testify to this truth. The need for early attention cannot be too strongly stressed.

The Local Authority have no arrangement which they control for the diagnosis and treatment of cancer, but at the Dudley Guest Hospital all facilities are available for the diagnosis and immediate radical treatment of all forms of malignant disease.

The Table below sets out the age groups of all cases dying during the year.

Ages	0	1—	5—	15—	25—	35—	45—	55	65 and over
Deaths		1	-	1	1	9	14	19	34

BRONCHITIS.

In 1936 there were 41 deaths due to Bronchitis. This figure rose to 67 in 1937. This disease therefore claims the third place in the list of fatal diseases.

Weather conditions are a very important factor in the toll of victims; cold, raw, foggy weather very soon makes itself felt in old people, or people subject to chest trouble.

PNEUMONIA.

During the year, 63 persons died from Pneumonia. Of this number, 18 babies died under 1 year old. Old, young and middle aged all suffer from Pneumonia. Even the vigorous adult may not be able to resist it.

TUBERCULOSIS.

There were 51 deaths from Tuberculosis of all forms, according to the Registrar General. Much has been done with regard to the prevention and treatment of this disease, with the result that the incidence and mortality rate have been considerably reduced during the last 25 years or so. In no small measure, in my opinion, have these good results been produced by the national character of the anti-tuberculosis campaign throughout the country. The anti-tuberculosis dispensaries, established throughout the land for the early diagnosis and treatment ; the sanatorium treatment ; the after-care Committees, and the examination of contacts, have all played their part, together with better housing conditions, better standard of living and better general sanitation. Dudley has made a good wholesome contribution by rehousing in Council houses 100 cases of Tuberculosis with rent assistance from the Health Committee in necessitous cases.

Another important point in relation to this disease is the milk supply. The Bovine type of germ of Tuberculosis is to be found in cow's milk (tuberculosis among cows is known to be very prevalent) and this infects the children. The bones, joints, glands, spine and abdomen, are often involved.

If milk is not pasteurised, the public are advised to boil before use.

CEREBRAL HAEMORRHAGE.

There were 48 deaths due to "Stroke" or Cerebral Hæmorrhage, 5 less than last year. 22 of these were males and 26 females, and of the total of 48, 46 occurred in people over the age of 55 years. The reason for this is that after middle life, in many people, the arteries become less elastic and resilient and therefore, when the blood pressure rises from some strain or effort, the non-yielding artery bursts instead of stretching, and the reason the artery bursts in the head is that the soft brain matter does not give sufficient solid support around the artery as it does in other parts of the body. Elderly people should be careful of straining themselves in any of the many ways that this is possible.

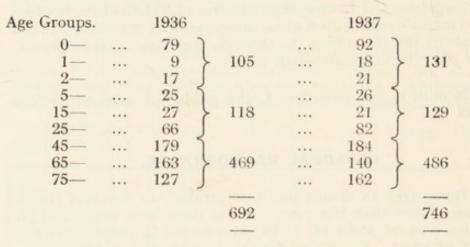
CONGENITAL DEBILITY, PREMATURE BIRTH AND MALFORMATIONS, ETC.

In 1937, there were 47 such deaths certified by Doctors. In 1936 there were 36, *i.e.*, 11 less. A proportion of these deaths (what proportion it is difficult to say as there may be many contributory factors concerned), is not preventable and would occur whatever reasonable precautions were taken. It will be seen from the figures on the next page (neo-natal deaths) that 30 of these 47 babies, died before they were one month old.

Cases of congenital debility and premature birth are frequently the result of conditions affecting the mother's health, during the period of pregnancy such as chronic malnutrition, bad housing conditions, ill-health from any cause, persistent vomiting or injury, therefore the ante-natal health of the mother is of prime importance.

DEATHS IN AGE GROUPS.

In age groups the 746 deaths are allocated as follows, together with the same figures for 1936.



INFANTILE MORTALITY.

There were in 1937, altogether 92 deaths of babies under one year old—46 males and 46 females. Amongst the males there were 2 illegitimate births.

This gives an infantile mortality rate of 79.58 per 1,000 live births. In 1936 there were 79 such deaths, and the infantile mortality rate was 71.11.

For England and Wales, the Infantile Mortality Rate in 1937 was 58. For 125 of the Great Towns it was 62.

The bulk of the increase in the number of deaths in 1937 as compared with 1936, was due to Congenital Debility, Premature Birth, Malformations, etc., there being 11 more such deaths. This increase has resulted in the higher mortality rate.

NEO-NATAL DEATHS.

Closely related with the Infantile Mortality Rate is the large and important factor contributed by deaths of babies under one month old. Of the 92 babies dying under one year old, 34 of these died before they reached the age of one month and the cause of death attributed to 30 of these latter was Congenital Debility, Premature Birth, Malformations, etc. Some of these babies would undoubtedly be saved if they could only be cared for under proper conditions of nursing and feeding, such an a ward attached to a Maternity Hospital or Home.

below :—	Total of	all deaths und 1 year.	under 1 month old d in first column).
Bronchitis		9	 1
Pneumonia		18	 1
Diarrhœa		7	 -
Congenital Debi	lity]	
Premature Birth	h	} 47	 30
Malformations,	etc]	
Other defined d	iseases	11	 2
		92	34

The causes of death in infants under one year old, is given below :---

Observations on the Infantile Mortality Rate.

I have already said that speaking generally almost half the number of deaths each year take place during the first month of life, *i.e.*, Neo-natal deaths, and a large number of them are due to ante-natal conditions. Some of these are non-preventable, *e.g.*, Congenital Malformation, etc. What are these ante-natal conditions?

Ill-health of the mother during pregnancy is one. This may be due to some **general disease** such as chronic bronchitis, heart disease or kidney disease. It may be due to **too frequent** child bearing—women who have had large families with short intervals between each pregnancy. This wears the mother out physically apart from the strain of the care of a large household. There are many such families in Dudley.

Poverty and want of sufficient food materially affect the general health of the mother-to-be. Though unemployment has been better for the past few years it has been rather pressing previous to that.

Incessant vomiting during pregnancy also has the same effect as bad nourishment—plus the strain of vomiting.

Then again the very important question of **housing conditions**, *e.g.*, unfit houses, slum environment, overcrowding very materially affect the health of the people—much more the expectant mother—newly married couples living their whole lives in one room—what can one expect under such conditions?

The housing conditions in Dudley have been appalling in the past—unfit houses, unhealthy in themselves, huge areas of congested slums, consisting of narrow streets and unfit houses, with small rooms, dark and ill ventilated,

"d often overcrowded to the extent of 6 or even 8 people sleeping in one room, were quite common. Vast numbers of the working people in Dudley have been living under these conditions for years and years and generation after generation. Do such conditions lead to an enlightened mentality and a healthy outlook on life, or do they rather tend to lower the mentality of people who habitually live under low and degraded environmental surroundings? Such people are imbued with only antiquated ideas about the rearing of children—some of these ideas amounting to superstition pure and simple. To numbers of them, a baby of a few months is capable of digesting anything. Take for instance—a baby of 4 months sitting on a mother's lap that was sucking a piece of raw bacon, the mother holding on to the other end of it. I myself saw another baby under a year old sucking and tugging at a raw sausage.

I feel that one of the important points in this connection is that mothers in their ignorance do not call the doctor in early enough when the baby is ill. Every illness is put down to "teething" and therefore quite natural—the doctor is not sent for, the baby gets worse and then when he is sent for it is too late and the baby dies.

"Teething" ! What a lot of babies have died from "teething" ! Personally I do not believe that there is a single infantile illness primarily due to "teething." There is always some other clear and definite explanation.

These people, who have lived under these conditions for generations are lacking in knowledge, *i.e.*, they are suffering from ignorance—and though in later years we have been busy in demolishing slums and unfit houses and re-housing these people in better houses in open environmental surroundings, yet they are the same people, and time will elapse before they become more enlightened and educated under modern living conditions. Today education is possible —before it was not. But it will take time to convert the old stager—if that is possible. On the other hand I do not think there is any doubt about the new generation. They are plentiful in their attendance at the Clinics and good modern Clinics will help in this direction.

STILL-BIRTHS.

There were 48 Still-births notified to me during 1937, this is 7 more than in 1936 (viz, 41). Further details of this will be found recorded later under the Maternity and Child Welfare Section.

MATERNAL MORTALITY.

A full report on Maternal Deaths will also be found later in this Report.

All these cases are fully investigated and a detailed report sent immediately to the Maternal Mortality Committee at the Ministry of Health.

The Registrar General states that only three women could be classed as having died from Child-birth, giving a Maternal Mortality Rate of 2.49.

There were 2 other deaths but these were not directly due to Child-Birth.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS

AND NOTIFIABLE DISEASES.

The following table indicates the incidence of various Infectious Diseases during the past ten years.

-	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.
Scarlet Fever	21	41	28	58	56	123	151	125	126	67
Diphtheria	38	28	42	31	28	19	64	109	104	98*
Puerperal Fever	2	2	2	12	1	7	1	2	2	1
Puerperal Pyrexia	14	10	4	3	4	3	4	3	3	6
Ophthalmia										
Neonatorum	4	7	4	8	6	7	7	2	5	9
Pneumonía	47	58	38	43	72	69	75	108	69	69
Erysipelas	20	25	16	22	7	7	21	31	21	23
Encephalitis										
Lethargica	3	2	1	1	1		2	-		
Continued Fever		1		-				-		
Enteric Fever	-		1	-	1	1	2			
Anterior										
Poliomyelitis	-	-	1			-	-	1	2	
Acute Poliomyelitis										
Encephalitis				1		-	-	-	1	
Cerebro-Spinal										
Fever	-	-		1	1	-	3		2	1

* In addition, 14 cases were notified and removed to Hospital but the notifications were later withdrawn owing to the fact that they were carrier cases.

SMALL POX.

There were no cases of Small Pox.

A summary of the state of VACCINATION is given below :--No. of Births as shown in the Register for the year 1st January to 31st December, 1937 1023 No. of successful vaccinations during the year ... 124 ... No. of cases of Insusceptibility -----No. of Statutory Declarations under Section 1 of the No. of Deaths unvaccinated ... 628 51 No. of Postponements of children unfit for Vaccination ... 19 No. of Removals not found and residing elsewhere 21 No. of cases not accounted for in any of the previous columns 180 TOTAL 1023 -----292 No. of O Form Notices issued to parents No. of cases visited over 4 months old 206

SCARLET FEVER.

There were 67 cases notified during the year, just over half the number notified in 1936. They were all mild cases, except for one who died in Hospital.

Cases notified in age groups are as follows :---

Under 1 year old	 		
Between 1 and 5 years old	 	. 8	
Between 5 and 14 years old	 	46	
14 years old and over .	 	13	
Admitted to Hospital .	 	. 24	
Died in Hospital	 	1	
Died at Home	 		

DIPHTHERIA.

During the year 112 cases were notified. Of this number 14 cases were only "carriers," and the notifications were withdrawn though the "carriers" were removed to Hospital and treated. Thus there were only 98 cases of actual Diphtheria. These were all removed to Hospital, except one. Unfortunately 15 cases died in Hospital. In the majority of these cases, the patients were not removed early enough.

As I have said before **Time** is everything in the treatment of Diphtheria.

Actual Diphtheria cases notified in age groups are as follows :---

Under 1 year			 	
Between 1 and 5		ld	 	24
Between 5 and 14			 	61
14 years of age an	id over		 	13
*Admitted to Hos	pital		 	97
Died in Hospital			 	15
Died at Home			 	-
*Carriers not incl	uded (14)		

*Carriers not included (14).

Immunisation.—This has now been sanctioned by the Council and is being carried out by Dr. Taylor (Assistant Medical Officer of Health). As this work was only started in December, 1937, further reference will be made thereto in my next Annual Report.

ENTERIC FEVER.

No cases were notified.

PUERPERAL PYREXIA.

Seven cases were notified—of this number two died from sepsis one from pyrexia and one from pyelitis. The other three recovered.

OPHTHALMIA NEONATORUM.

Ten babies were notified to me as suffering from Ophthalmia Neonatorum. None of these cases have been of the very severe type, and all recovered without their vision being impaired. Four cases were admitted to Hospital.

HOSPITAL ACCOMMODATION FOR THE BOROUGH.

(1)—General: The Guest Hospital (Voluntary) still carries on its good work and is still undergoing reconstruction. There are 107 beds for surgical and medical cases.

(2)—Infectious Diseases: The same arrangements still obtain as noted in my last report.

The extension scheme for the Wolverhampton Isolation Hospital has not yet materialised.

During the year on 3 or 4 occasions difficulty was experienced in obtaining accommodation for some patients suffering from Diphtheria. One case had to be nursed at home.

Admitted.							Recovered.				Died.		
	S. & H.	W'ton	B'ham	Bilston	West Brom.	S. & H.	W'ton	B'ba m	Bilston	W'ton	Stourbridge & Halesowen		
DIPHTHERIA	27	61	7	2	—	19	55	7	2	7	7		
SCARLET FEVER	4	19	_	1 .	-	4	18	_	1	1	_		

The following table shows the number of cases admitted to the various Hospitals.

(3)—**Obstetric Cases :** All complicated cases of labour are admitted to the Maternity Hospital, Loveday Street, Birmingham and septic cases to the General Hospital at Birmingham.

Sir Beckwith Whitehouse our Obstetric Consultant, attends at these Hospitals and all patients are under his care.

The fee paid is $\pounds 3$. 3s. 0d., per week.

TUBERCULOSIS.

During the year 69 cases of all forms of Tuberculosis were notified to me, this being 23 less than last year.

There follows now seven tables which give full details of the various phases of the Disease :—

TABLE I.

Pulmonary. Non-Pulmonary. Males ... 35 Males ... 4 Females ... 26 Females ... 4 61 ... 61 ... 8 TOTAL ... 69 ... 4

Of the total number, 4 cases were notified by the School Medical Officer.

TABLE II.

Pulmonary Tuberco	ilosis			 61	1
Non-Pulmonar	y :—				
Peritoneu	m			 1	
Glands				 1	
Abdomen				 1	
Foot				 -	
Cervical G	ands			 1	
Knee				 _	
Hip				 2	
Spine				 2	
					8
		Tot	al	 69	9
				_	-

There were 8 other cases brought to my notice through other sources than by Notification, viz :--

TABLE III.

Weekly Death Returns	 	5
Transfer from other area	 	
Posthumous notification	 	3
		8

In every instance, these cases are fully investigated and reasons ascertained for not complying with the Tuberculosis Regulations.

The total number of new cases, therefore is 77.

The Deaths due to Tuberculosis numbered 55—51 Pulmonary and 4 Non-Pulmonary. The Tuberculosis Death Rate calculated on the Registrar General's figure of 51 deaths, is 0.83.

Table IV. shows the duration of time elapsing between the date of Notification and the date of Death.

TABLE IV.

and the second se	1936	1937
Number of cases of Tuberculosis dying within one month of Notification	7	11
Number of cases dying within two months of Notification	2	6
Number of cases dying within three months of Notification	_	1
Number of cases dying within six months of Notification	8	5
	17	23

The following table shows the new cases of Tuberculosis and Deaths during 1937, in age groups:—

		New	CASE	S	DEATHS				
Age Periods.	Resp	iratory		on- iratory	Respi	ratory		on- ratory	
	M.	F.	М.	F.	М.	F.	М.	F.	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$		$ \begin{array}{r} 1 \\ 2 \\ 7 \\ 4 \\ 5 \\ 6 \\ 1 \\ 1 \end{array} $			$ \begin{array}{c} 1 \\ - \\ 4 \\ 3 \\ 7 \\ 7 \\ 2 \\ 2 \end{array} $	$ \begin{array}{c} 1 \\ 1 \\ 5 \\ 3 \\ 6 \\ 4 \\ 1 \\ 1 \end{array} $			
Totals	39	27	4	7	26	22	-	3	

Table V.

In Table VI. will be found figures showing the incidence and Death Rate of Tuberculosis, together with the General Death Rate and Infantile Mortality Death Rate extending over a period of years.

	No. of Cases Notified.		Tuberculosis Death Rate.		Infantile Mortality Rate
1917	67	62	1.14	13.70	109
1918	58	50	.95	18.25	132
1919	27	48	.89	13.44	105
1920	60	46	.69	14.77	106
1921	59	55	.96	11.66	84.5
1922	69	67	1.15	12.77	87.89
1923	95	51	.87	12.61	86.00
1924	95	59	1.00	12.45	92.24
1925	99	50	.86	13.5	106.2
1926	120	47	.82	10.5	87.89
1927	111	48	.80	12.4	98.44
1928	114	55	.95	11.06	66.88
1929	97	49	.83	15.07	114.7
1930	97	58	.98	11.6	65.62
1931	150	62	1.03	12.9	76
1932	113	65	1.08	12.8	92.3
1933	80	68	1.13	11.78	84.73
1934	99	56	.93	10.79	81.23
1935	99	50	.83	11.04	66.05
1936	92	47	.78	11.42	71.11
1937	69	51	.83	12.20	79.58

Table VI.

Lastly, Table VII. gives a statement of the number of cases of Tuberculosis on the Register on the last day of 1937.

Table VII.

Pulmonary			1	Grand Total		
Males	Females	Total	Males	Females	Total	
229	175	404	62	56	118	522

VENEREAL DISEASES.

The following report is made by Dr. Wight :--

I have the honour to submit a report of the work carried out under the Venereal Diseases Scheme during 1937.

During the year 204 patients were examined, this being 32 more than in 1936.

The areas from which the patients were drawn and the diagnoses are shown in Table I.

	Dudley.	Worcs.	Staffs.	Brom.	Total for 1937	Total for 1936
Syphilis	 12	2	9	-	23	30
Chancroid	 		1	-	1	
Gonorrhœa Non-Venereal	 48	4	35	1	88	86
Conditions	 48	4	37	3	92	56
TOTAL	 108	10	82	4	204	172

Table 1.

In addition to these new patients, 184 others who on January 1st, 1937 had not completed their treatment continued to attend. 15 patients who had been removed from the Register in the previous year again reported for treatment and observation of the same infection and 8 patients were transferred from other centres. During the year, therefore 411 patients were under active treatment.

The total attendances made by male patients were 6,754 and by female patients 2,189, a total of 8,943. This compares with 10,196 in 1936, 10,734 in 1935, 9,313 in 1934, 11,661 in 1933 and 10,101 in 1932.

An analysis of the diagnoses gives the following results :--

Syphilis	 	11.27%
Gonorrhœa	 	43.14%
Chancroid	 	.49%
Non-venereal conditions	 	45.10%

There were 7 fewer new patients suffering from syphilis than during the previous year, the number of new cases of gonorrhœa being the same as before. This reflects the state of affairs existing throughout the country, syphilis being a steadily declining disease while the incidence of gonorrhœa remains practically unaltered. The numbers of male and female new cases of gonorrhœa were 69 and 19 respectively. As we have reason to believe that the numbers of infected males and females are approximately equal, it is clear that a great amount of gonorrhœa in females remains untreated. We have here a dangerous reservoir of infection which is one of the reasons for the continued high incidence of the disease. This, combined with the therapeutic problem of rendering patients rapidly non-contagious still awaits a satisfactory solution.

The serological work was carried out as heretofore by Dr. Menton at the County Bacteriological Laboratory, Stafford. During the year he carried out tests on 743 blood sera and 5 cerebrospinal fluids.

5 bacteriological examinations for the diagnosis of syphilis and 551 for gonorrhœa were made at the Clinic.

The number of injections given for the treatment of syphilis was 2,732 as compared with 3,045 in 1396. The drugs were substantially the same as in former years.

One notable advance was the introduction towards the end of the year of the sulphanilamide drugs in the treatment of gonorrhœa. The results obtained with this drug have surpassed anything previously attained but the full effects of this discovery have yet to be evaluated.

143 patients were discharged after completion of treatment and final tests of cure. 51 defaulted before completion of treatment and 6 after completion of treatment but before final tests of cure. 15 cases were transferred to other centres.

The comparatively large number of defaulters is a distressing feature but is the common experience of all V.D. clinics. Many of the defaulting patients believing themselves cured because they are free from troublesome symptoms unfortunately pass the disease on to others, and much unnecessary suffering is thereby caused. Others drift into various states of chronic ill health. All this is particularly regrettable because it is so essentially preventible if only patients would continue to attend until pronounced cured. One would like to see introduced a measure of compulsion on the parents of young children suffering from congenital syphilis to see that the children received treatment. Without this treatment many of these children develop serious manifestations of the disease and become a burden on themselves and on the community. Close inter-departmental working continues between this centre and the Child Welfare and Ante-Natal clinics.

In conclusion sincere thanks are due to the nursing staff and to the senior orderly for continued loyal co-operation and assistance.

(Sgd.) G. D. WIGHT,

Deputy Medical Officer of Health.

WELFARE OF THE BLIND.

The following Report is supplied by Mr. J. Chamberlain, the Secretary to The Wolverhampton, Dudley and Districts Institution for the Blind, viz :—

REPORT TO DUDLEY TOWN COUNCIL.

1st January to 31st December, 1937.

The responsibility for the Welfare of the Blind under the Blind Persons Act, 1920, is delegated by the Town Council to the Wolverhampton, Dudley and Districts Institution for the Blind. Under the Local Government Act, 1929, the arrangement with the Institution includes: —

- 1. Registration of all blind persons.
- 2. Industrial training of adult blind.
- Employment of Dudley blind workers in the Instition Workshops at Wolverhampton.
- Inclusion of Dudley blind Home Workers in the Institution Home Workers' Scheme.
- 5. Home Teaching and visiting of the Unemployable Blind in their own homes.
- 6. Administration of the scheme augmenting the income of unemployable blind persons in the Borough on the basis of £1 per week.

Registration.

		Males.	Females.	Total.
Children under School age		1	1	2
Children at School		1	1	2
Home Workers		1	1	2
Workshop Employees		3	3	6
Institution Home Teacher		1		1
Institution Pianoforte Tune	er	1		1
Employed elsewhere		4	2	6
Mentals and other cases :	in			
Institutions		3	4	7
Unemployables		37	41	78
		52	53	105

Employment.

There are six Dudley blind persons employed at the Institution. The earnings of these workers are based on Trades' Union or other recognised rates, and each employee receives a weekly augmentation (and if married a dependant's allowance) in addition. This augmentation is based on a scale of 22/6d., per week for men and 20/- per week ^for women.

The occupations carried on at the Workshops are :--

Brush making; Mat making; Machine Knitting; Chair seating; Fancy basket making; Gardening.

From the Registration classification shown, it will be seen that a Dudley blind man is employed by the Institution as a Home Teacher, one as an Institution Gardener and another on the Staff of the Institution as a Pianoforte Tuner.

Home Workers.

There are two blind persons resident in Dudley included in the Institution Home Workers' Scheme. These workers also receive weekly augmentation on a basis of 17/6d., per week.

Home Teaching and Visiting.

1881 visits have been made by the Institution Home Teacher to unemployable blind persons in their homes. Through the medium of this service the individual needs of all blind persons are brought to the notice of the Institution.

29

All capable of being taught are given instruction in Braille and Moon Reading and writing, and also in simple home occupations.

Very satisfactory results continue to be achieved by the Institution Social Centre held each month in King Street Congregational Church Room. The meetings are always well attended and excellent musical programmes are provided.

Augmentation of Income.

The income of unemployable blind persons is augmented on a basis of $\pounds 1$ per week. Under this scheme, administered by the Institution on behalf of the Town Council, 55 blind persons receive weekly grants.

In recent years there has been great improvement in the general provisions made for—and circumstances of—the blind, and the Institution Committee gratefully acknowledge the help and co-operation of the Town Council.

(Sgd.) J. CHAMBERLAIN,

Secretary and Superintendent.

MENTAL DEFICIENCY ACT, 1913-1927.

There has been no material change in the working of this Department. Nurse Reynolds continues to supervise the work and all new cases are seen by me.

At the present time the following numbers are on the Register :---

Idiots	 	4
Imbeciles	 	41
Feeble Minded	 	104
Total	 	149

The Occupation Centre.

The premises occupied for our Occupation Centre are a great drawback to our work. The accommodation is limited and does not allow for increase in our numbers and there are still many who might attend. The situation is also unsatisfactory, being shut in and there is no open play ground for games and exercise.

Something should be done to remedy this.

Miss Lloyd and Miss Kear continue their work at the centre, and a cook (Mrs. Beardsmore) provides a mid-day meal for all.

Nurse Reynolds gives the following report on the work of the Voluntary Committee during the year, viz :---

VOLUNTARY ASSOCIATION FOR MENTAL WELFARE.

Chairman-Mrs. Lloyd, 19, North Street.

Secretary-Mrs. Williams, 14, Grainger Street.

Once again the Voluntary Association has had a successful year.

Several subscribers have increased their subscriptions, including :---

The Town Council.

Police Charity Ball.

Town's Women's Guild

Women's League of Help.

Whist Drives have been held at Mrs. Lloyd's in North Street' Mrs. Round's, "One Tree," Oakham Road, and St. Thomas's Church Parish Hall.

As the result of these efforts some of the children attending the Occupation Centre were taken to Rhyl for a holiday. The children and helpers stayed at Eod-don-wen, a holiday hostel kept by the Central Association for Mental Welfare. This holiday has been very beneficial as well as enjoyable to all the children, at the same time relieving the parents of the child for a little while. The gratitude shown by the parents fully repays the efforts that have been made.

The Christmas Party was again held in St. John's Parish Hall. The ladies provided the tea and a Christmas Tree. Dr. Blaker acted the part of "Father Christmas," and distributed the toys and presents from the tree, which were supplied from the "Express and Star" Fund. Afterwards the children gave a few items of dancing and percussion band.

The ladies on the Voluntary Committee are working hard to make the holiday at the sea an annual affair for the children at the Occupation Centre. I set out hereunder a Report by the Petitioning Officer, Mr. Backler, giving particulars of mental defectives at the 1st January, 1938, viz —

		Μ.	F.	Τ.
1	. (a) In Institutions under Order	17	19	36
	(b) On Licence from Institution	-	-	-
2	. (a) Under Guardianship	1	8	9
	(b) On Licence from Guardianship	-	-	-
3	. Under Statutory Supervision	34	35	69
	Of whom awaiting removal to an Institu-			
	tion	4	3	7
4	. Mental Defectives in receipt of Poor Law			
	Relief —			
	(a) In Institutions	1	3	4
	(b) In receipt of Out-door Relief	5	11	16
5	. Number of Mental Defectives not at present			
	subject to be dealt with under the Mental			
	Deficiency Acts, but for whom Local Autho-			
	rity may subsequently become liable	17	15	32
	Of whom number under Voluntary Super-			
	vision	17	15	32
6	. Number of above Cases on the Registers of			
	Occupation Centre :			
	(a) Under Statutory Supervision	10	16	26
	(b) Under Voluntary Supervision	3		3
	(c) Under Guardianship	1	4	5
	(d) On Licence from Guardianship	-		

BACTERIOLOGICAL WORK.

Dr. Wight and Dr. Taylor do this work in the small laboratory at the "Firs."

Swabs, Sputums, Urines and Ringworm hairs are done here. Blood examinations and more detailed work is done by Dr. Menton at the Staffordshire County Council Laboratory. Dr. Wight carries out some of the examinations in connection with the Venereal Diseases work at the Clinic at the Hospital.

A good supply of sterile swabs and sputa pots are kept at "The Firs" and any practitioner can have these by applying for them.

The following examinations were made at "The Firs." viz :--

Diphtheria Sw Sputa for Tub		 	962 52	Positive	59 7
Ringworm		 	2		Nil.
	Total	 	1016		66
Urines		 	134		

33 VITAL STATISTICS TABLES

1.--TABLE SHOWING THE COMPARATIVE MORTALITY OF CERTAIN TOWNS IN

Infantile Death Rate	58.00	49 .00 68.00	79.58	48.5 61.00
Phthisis Death Rat	1	$0.57 \\ 0.69$	0.79	$0.84 \\ 0.72$
Respira- tory Death Rate	1		2.18	1.40
Zymotic Death Rate	1	0.13 0.69	0.98	0.808
Death Rate per 1,000	12.4	12.7 11.9	12.20	12.53 11.7
Birth Rate per 1,000	14.9	14.7 17.0	18.74	15.53 16.1
Population	1	47,100 144,000	61,140	53,050 1,043,000
	1937)	::	:	::
Тоwп	England and Wales (1937	Burton-on-Trent Wolverhampton	DUDLEY	Worcester Birmingham

1937 AND THEIR BIRTH RATES, Etc.

NOTIFIABLE DISEASES DURING THE YEAR.

=

mitted Deaths to Hos-pital 1-51 63 | | | 11 111 1111111111 Cases ad-- | 4 24 11 111 1 1 1 111 Total noti-Cases fied 67 69 10 111 -1 111 over and 65 0 111 01 10 111 L 1 1 1 45 to 65 111 10 13 | | 111 1 45 33 11-1 - 6 4 11 L 10 20 20 35 124 16.1 1 11 15 15 20 0101 1110 1-11 AGE GROUPS. 0 10 15 120 11 - - - -1 to 5 31 50 0 11 | | | 4 0 0 14 1 11 | | | -6 0 4 - 00 11 111 - - -00 20 10 - 4 1-111 4 11 L 0101 - 201 000 111 11 ł Under -110 10 111 111 1 1 cluding Paratyphoid) Puerperal Fever ... Puerperal Pyrexia ... Continued Fever ... Anterior Poliomyelitis : : : : : : Encephalitis ... Cerebro Spinal Fever :: :: : : : : Acute Poliomyelitis Cholera Membranous Croup Ophthalmia Neon-Enteric Fever (in-Continued Fever Relapsing Fever Malaria ... Dysentery ... Plague ... Typhus Fever Disease Trench Fever atorum ... Scarlet Fever Smallpox ... Erysipelas ... Lethargica Encephalitis Pneumonia Diphtheria Cholera Malaria Plague

III .-- DEATHS FROM THE PRINCIPAL ZYMOTIC DISEASES

WERE :--

				_			_		
5 years and upwards		1	12		1		3 // 1	22	38
Under 5 years	1	10	2	2	-		8	1	22
Total Deaths	1	11	14	2		1	11	22	60
Diseases	Scarlet Fever	Measles	Diphtheria	Whooping Cough	Small Pox	Typhoid and Paratyphoid Fever	Diarrhea	Influenza	Totals

IV .-- T,HE NUMBER OF DEATHS FROM THE PRINCIPAL ZYMOTIC DISEASES IN THE VARIOUS WARDS WERE :---

1	-	-		-	-			
Wolverhampton Hospital	1	6	1	1	1	1	1	1
Stourbridge & Halesowen Hospital		8	1				1	
Guest Hospital	1	1	1	1		4	1	
əbiabooW	1					1	8	
Netherton			1	ļ		1	5	1
St. John	1	1	1	1.	1	3	10	1
St. James	1	1	3				2	1
St. Edmund	1		1		1	1		
Castle	1		5	1		4	3	1
St. Thomas		14	1			1	1	1
		:	:		:	:		phoid
Diseases	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Small Pox	Diarrhoea, etc	Influenza	Typhoid & Paratyl Fever

COUNTY BOROUGH OF DUDLEY.

V. Gauses of Death at Different Periods during the year 1937.

									38												
	75 and	up- wards	76 86	1			11		1	11.		11		1		11	1	ľ	0	-	
	65 and	under 75	66 74	1	11	1	11	1	1		1 61	11	11	64 -	- 1	1-	• 1		6	10	40
	15 and 25 and 35 and 45 and 55 and 65 and 75 and	under 65	64 39	1		I		1	11	1-	t -T	IT	11	c1 -	-		1		10	6 6	1011
	45 and	55	51 30			I		1	11	1	F C3		11	-	•	11	1		2	6	1
	35 and	45	31 22		11	1		۱	11	1-			11	1 3	- 1	11	1	11	4	1 01	
GATE.	25 and	35	14	1	11				11	1-			11	n a	1	11	11	1	1	-	
AGGREGATE.	15 and	25	8 13	1	11	1		1	11	11	1	1	11	4 10	· I ·	~	1	11	1	11	11
A		15	8 18	1	Í I	- 1		1	م ا	-	11	1	1	-	1	- 1	11	1	1	11	- 1
	2 and	2	6 15	1	-	ۍ ا	1	1	~		11				1	11	11	1		- 1	11
	I and	2	8 10		00	- 1		1-	- 1	11	11	1			I		11	1	1	11	11
	Under	Year	46 46		0	11	1	1	11			11	11-		1	1.1	11	1	1	11	11
	ages	1937	378 368	1	9	0	1			- 11	=	11	- 00	55	1	~ - ¢	11	1	37	42	6 21
	All	1936	345 347	1	-	61	1	1-	++	מי מו	~	-	18	18	- 1	•		1	36	4	56.3
	Sex		MF	W	W.	N E	í1	MA	N N	HM	HM	μX	142	E LA	MA	N	H	í.	N	- W	HN:
			:	oid	:	:		:	1	:	:			-		:		;		:	
	CAUSES OF DEATH		ALL CAUSES	Typhoid and Paratyphoid	Measles	Scarlet Fever		Whooping Cough	Diphtheria	Influenza	Leth	Cerebro-sninal fever	Tubasoulooia of	Respiratory System	Other Tuberculous	Syphilis	General paralysis of the	insane, tabes dorsalis	Cancer Malignant	Diabetes	Cerebral Hæmorrhage,
	0		ALL	1.	5	00		4.	5.	.9	7.			ġ.	10.	11.	12 (13.	14.	15.
															-		-				-

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Heart DiseaseM7856Aneurysm F 7966Aneurysm F 7966Bronchitis F 1012Bronchitis F 13294Bronchitis F 133351Bronchitis F 1333561Preptic Ulcer F F 38267Diseases F F F F F F Diseases F F F F F Diter Diseases F F F F F Duerperal Sepsis F F F F F Duerperal Seps	
Heart Disease m 78 56 m Aneurysm m m 2 3 m Aneurysm m m 2 3 m Deter Circulatory Diseases m m 2 3 m Bronchitis m m 2 3 m Diseases m m 3 266 7 Peptic Ulcer m m 3 3 m Diarrhoca, etc m m 3 3 m Appendicitis m m 3 3 m Other Diseases m	
Heart DiseaseM7856AneurysmMZ3AneurysmMZ3Other Circulatory DiseasesMZ3BronchitisMZ3DisenchitisMZ3Peptic UlcerMZ3Other RespiratoryMZ3Peptic UlcerMZ3DiseasesMZ29Other DiseasesMZ29Other DiseasesMZ29Other DiseasesMZ29Other DiseasesMZZOther DiseasesMZZOther DiseasesMZZOther DiseasesMZZOther DiseasesMZZNephritisFZYZPuerperal SepsisMZZSenilityMZZSuicideMZZOther ViolenceMZZZSuicideMZZOther Defined orFZZSuicideMZSuicideMZSuicideMZSuicideMZOther Defined or	
Heart DiseaseM78AneurysmM78AneurysmM79AneurysmM79Other Circulatory DiseasesM8BronchitisM23BronchitisM23BronchitisM23BronchitisM23BronchitisM23BronchitisM23Peptic UlcerM41Diarrhœa, etc.MMDistasesMMCirrhosis of LiverMMFMMOther DiseasesMMFMMCirrhosis of LiverMMTMMMMMTMMDistasesMMTMMTMMTMMTMMDistasesMMTMMTMMDistasesMMTMMTMMTMMDiarrhœa, etc.MTMMDistasesMTMMDistasesMTMMMMMMMMMMM <tr< th=""><th> 4 0 1 0 0 0 0 1 1 1 0 0 0 1 0 0 0 0 0 0 0 0 0 0</th></tr<>	4 0 1 0 0 0 0 1 1 1 0 0 0 1 0
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Heart Disease Aneurysm Aneurysm Aneurysm Other Circulatory Diseases Bronchitis Preumonia (all forms) Preptic Ulcer Diarrhoea, etc	79 79 79 79 79 79 79 79 79 79
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16. 17. 18. 19. 20. 20. 21. 23. 24. 25. 26. 26. 28. 28. 33. 33. 33. 33.	Heart Disease Aneurysm Aneurysm Aneurysm Aneurysm Other Circulatory Disease Bronchitis Preumonia (all forms) (other Respiratory Diseases Peptic Ulcer Diarrhœa, etc Diarrhœa, etc Diarrhœa, etc & Øther Diseases of Liver Other Diseases of Liver Other Diseases of Liver Other Diseases of Liver Other Diseases of Liver Cirrhosis of Liver & Øther Diseases of Liver Senility Senility Other violence Other violence Other Diseases Congenital Debility, pre mature birth, malform atton, etc Senility Other Defined Diseases Causes strongenital Debility
	16. 17. 18. 19. 20. 21. 22. 23. 23. 23. 23. 23. 23. 23. 23. 23

VI.-DEATHS AT VARIOUS AGE PERIODS.

The subjoined Table gives the Deaths at various age periods for the last fifteen years.

1937	92	39	26	21	266	302
1936	79	26	25	27	245	290
1935	71	32	21	37	248	258
1934	87	31	32	40	227	234
1933	16	30	19	40	265	264
1932	109	54	29	35	264	279
1931	93	54	19	39	260	313
1929 1930	80	53	26	39	252	238
and the second se	146	92	26	46	282	295
1928	80	57	36	85	154	239
1927	135	11	34	40	246	256
1926	117	48	24	67	210	153
1925	145	115	41	36	223	233
1924	119	55	65	97	160	234
1923	113	110	37	40	213	217
	Under 1 year	Between 1 and 5 years	Between 5 and 15 yrs.	Between 15 and 25 yrs.	Between 25 and 65 yrs.	Over 65 years

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

	PRIMARY NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS.	TOTAL NOTIFICATIONS	57	40	8	8	113
	ASES OF	TOTAL ALL AGES	35	26	4	4	69
FORMAL NOTIFICATIONS.	SW CI	upward 65 and	1	1	1	1	-
FICAT	DF NI	55 to 65	9	1	1	1	00
NoTH	O SNO	45 to 55	6	9	1	1	17
MAL	ICATI	35 to 45	4	10	1	1	6
FOR	OTIF	25 to 35	6	4	-		14
	RY N	20 to 25	10	64	1		2
	RIMA	15 to 20	67	4	-	1	2
	OF P	to 15		1	1	-	61
	NUMBER	5 to	1	1	1	5	0
	NUM	5 to 1	1	1	1	1	I
		to to		1			-
		Age Periods	Pulmonary Males	Females	Non-Pulmonary M.	" Females	TOTALS

Summary of Notifications during the period from the 1st January, 1937, to 31st December, 1937.

COUNTY BOROUGH OF DUDLEY

......

ANNUAL REPORT

OF THE

CHIEF SANITARY INSPECTOR AND CLEANSING SUPERINTENDENT

ON THE

SANITARY CIRCUMSTANCES OF THE AREA.

INDEX

Page

HOUSING.

Housing A				45
Housing	Acts-	-Procedu	ire	
under				54
Re-housing	g			50
Tables				47
Number o	f hous	ses		55
Overcrowd	ling Ta	ables		56

PUBLIC FOOD SUPPLY.

Dairies, Cowsheds, etc	29
Food and Drug	
Adulterations	60
Inspection of Supplies and	
Premises	57
Meat and other Foods	
Inspection	61
Milk Retailers, etc	58
Milk Samples—Bacteriological	59

PUBLIC CLEANSING.

Collection and Di	sposal	of	
House and Trade	Refuse		65
m 1.1			66
Street Cleansing			68

GENERAL.	Page
Atmospheric Pollution	78
Court proceedings	73
Disinfection and Defestation	74
Drainage, Sewage, Rivers and	
Streams	69
Entertainment Places, etc	79
Factories, Workshops and	
Workplaces	77
Houses-let-in-Lodgings and	
Common Lodging Houses	78
Infectious Disease	76
Legislation in force	72
Merchandise Marks Act, etc.	80
Offensive Trades	71
Opening Statement	43
Outworkers	71
Overcrowding Census	70
Pharmacy and Poisons Act	80
Rats and Mice Destruction	
Act	74
Rag Flock Act	80
Registered Trades and	
Premises	79
Sanitary Accommodation	69
Sanitary Inspection of the	
Area	70
Shops Act, 1934	79
Tents, Vans, Sheds, etc	78
'Water	7.1

SANITARY CIRCUMSTANCES

OF THE

COUNTY BOROUGH OF DUDLEY

To the Chairman and Members of the Health Gommittee of the

County Borough of Dudley.

MR. CHAIRMAN, COUNCILLOR MRS. TAYLOR AND GENTLEMEN,

The year 1937 has been a year of much progress in a number of respects. Housing action, as usual, has taken up a large part of the Department's activities, and it is pleasing to note that the availability of rehousing sites in Netherton, has made possible the representation of several areas in that Ward and thus the beneficial effects of the Housing Act, 1936, have at last been applied to a district in which action has been long overdue.

The 75 large type houses allocated for the abatement of overcrowding in the large overcrowded families, have been taken up. While this made a certain contribution to the problem in Dudley Wards, the Netherton and Woodside Wards did not benefit. A further overcrowding census was completed during October, 1937. The 1936 census disclosed an overcrowding census figure of 6.2 per cent. of the houses visited. This figure was reduced to 4.8 per cent. in the census of 1937, indicating without doubt, that the measures in connection with slum clearance and allocation of casual vacancies to the relief of overcrowding are having their effect. At the time of writing (July 1938) we are in possession of the knowledge that by the end of 1938, we shall be able to obtain a common subsidy for overcrowding and slum clearance, and this should do much to assist in the problem.

The progress made with the new Sanitary Department Depot has gone steadily onwards and actual building was commenced in August, 1937. It is sufficient for the purpose of this report to say that everything went satisfactorily to schedule, and the Depot was formally opened in May, 1938. I am pleased to be able to say that its unique possibilities and comprehensive equipment were the subject of much favourable comment.

Towards the end of 1937, resignations were received from certain members of the Staff. In two instances these were from key men, Mr. Holden, Deputy Chief Sanitary Inspector, and Mr. Fellows, Assistant Cleansing Superintendent. I should like to place on record my special appreciation of the services these two colleagues have rendered since 1929 and 1930 respectively.

Another special feature of the year was the work entailed in the preparation for the hearing of the Corporation Bill in February, 1938. In spite of the pressure of normal duties, a vast amount of labour was entailed, and although the primary object of the Bill was not achieved, it is gratifying to feel that the stigma which for some years has been attaching to the Health Services, has now, through the medium of the facts given in evidence at the hearing of the Bill, been relegated to the past.

Details of the Department's work are given under the usual four main sections, and in these matters, progress has been maintained. The purely Public Health legislature symbolised by that great Statute, the Public Health Act, 1875, and its following Acts, has now been revised and consolidated, and in its new form, has had its effect on the work of the Department.

I would like to express my genuine thanks to the Chairman and Members of the Committee for their continued confidence, and to Dr. Blaker and other colleagues, for their help and cooperation.

To the Staff and Workmen, I am indebted for continued good and reliable service.

I am,

Yours obediently,

S. SKITT,

Chief Sanitary Inspector and Cleansing Superintendent.

HOUSING.

OPERATION OF THE HOUSING ACTS, 1925-1936.

Progress in Housing Action since 1930 is detailed in the following pages in tabulated form. The Tables A and B give the result of a census taken in October, 1937, and make interesting reading having regard to the fact that in spite of the need for slum clearance in the Borough and the inability of the Ministry of Health to render much assistance in the way of subsidy for houses built to reduce overcrowding, the percentage figure of 4.8 shows a reduction of approximately 2% in the recorded figure for the first census.

Coinciding with the ability of the Borough Engineer to erect houses in Netherton, commencement of Clearance Area action involving 317 houses has been made, and has produced difficulties peculiar to the district. There is little doubt that the standard of accommodation in Netherton is low, and much work in the Ward still remains to be done.

The demands of Clearance Areas and Individually Unfit houses have again made impossible material progress in connection with the repair sections of the Housing Act.

Reference to the rehousing statistics in Table 4, discloses that the number of families rehoused during 1937—namely 580 is the highest recorded for any year.

A summary of the Housing action position up to 31st December, 1937, under the Housing Acts 1930-1936, is as follows :--

(a) Slum Clearance Areas.

Birmingham Street		163 houses	Demolished.
Newhall Street		7 houses	Do.
Phoenix Passage		45 houses	Do.
Stafford Street (Gar	den		
Walk)		34 houses	Do.
Dunn Street		181 houses	Do.
Pitfield Row		90 houses	Do.
Cross Street (Woods	ide)	70 houses	20 houses remain-
(4 areas)			ing to be demol- ished.
The Mambles (3 Area	as)	104 houses	7 houses remaining.
Bull Ring (2 Areas)		30 houses	9 houses remaining.
33 34	•••	35 houses	Order confirmed by Ministry.
Chapel Street	•••	32 houses	22 houses remain- ing.

Kates Hill	313 houses	Order confirmed.
1st Netherton Areas	229 houses	Represented to Ministry.
Cawney Hill	70 houses	Do.
2nd Netherton Areas	88 houses	Represented to Council.
St. John Street (Kates Hill)	70 houses	Officially Inspect- ed but not repre- sented.
Total	1561 houses.	

(b) Individually Unfit Houses (Repairs, Demolition and Closure Sections).

Number Demolished		641
Number approved for Demolition		241
Number closed under Undertakings not to re	e-let	37
Number Closed under Closing Orders		14
Number made fit under Undertakings		38
Number made fit under Sections 17 and 9		467
Total		1438
Total number of Houses Demolished since 1930		1341
Total number of Houses closed since 1930		51
Total number of Houses approved for Demoli but not completely Demolished at 31/1		647

TABLE I.

HOUSING ACTS, 1930-36. OPERATION OF SECTIONS 17 & 9. (REPAIRS SECTION).

Preliminary Notices :			Statutory Notices :—				
Served		1	Served	13			
*Complied with		18	Complied with	6			
*Work commence	ed	64	Work commenced	48			

ANALYSIS OF HOUSING ACCOMMODATION AND TYPE

The number of houses inspected does not justify the inclusion of the usual Analysis Table.

*These figures have reference also to Notices served in 1933, 1934, 1935, 1936.

TABLE 2.

HOUSING ACTS, 1930-36. OPERATION OF SECTIONS 19, 11, 20 and 12.

(Demolition and Closure Sections for Individual Houses). nspected and recorded-190.

			NO.	OI	Hous	es 11
No.	of	Closin	g Order	rs s	erved	5
No.	of	Dem.	Order	5 S	erved	191
No.	of	house	s demo	lish	ned	204
No.	out	tstand	ing for	de	moli-	
	ti	on				241

No. of houses where Undertakings where accepted:

A. To make fit 35 ... B. Not to re-use for human habitation

17 1

...

No. actually made fit ... No. of Houses Closed (Closing Orders and Undertakings)-24.

Analysis of Housing Accommodation and Type.

HOUSING ACCOMMODATION. No. in brackets indicates number of houses in that class having scullery in addition.	Back to Back.	Blank back Wall.	Through vent or light.	Through Houses.	Court Proper- ties.
1 B.R. & 2 L.R ()			1		
2 or 3 B.R. 1 L.R. & Shop(4)		-	-	6	
1 B.R. & 1 L.R (1)	20	12	3	2	19
2 B.R. & 1 L.R (11)	34	25	22	31	50
3 B.R. & 1 L.R (2)	1	-	1	2	1
2 B.R. & 2 L.R (3)	-	-	7	19	6
3 B.R. & 2 L.R (1)		-	-	3	1
3 B.R. & 3 L.R ()		-	-		-
4 B.R. & 1 L.R ()			1	-	
Houses having more than					
above ()					

Analysis of Conditions Found.

A REAL PROPERTY AND A REAL	Analysis of Conu	ciono i ou	nu.	
CLOSET	Separate			 25
ACCOMMODATION.	Common to 2 hou	ses		 77
	" " 3 hou	ses		 6
	" " 4 or 1	nore houses		
	Type : Water clos	set		 99
	Other Typ			 9
WATER SUPPLY.	Separate			 36
	Common to 2 hou	ses		 23
	" " 3 hou			 17
		nore houses		 18
	XX7-11 XX7-4			 -
WASH-HOUSE	Separate			 37
ACCOMMODATION.	Common to 2 hou			37
ACCOMMODATION.	" " 3 hou			 17
			•••	
		nore houses		 10
	No provision .			 1
FOODSTORE.				 1
	Common with coa	ls		 18
	Other unsatisfacto	ry		 144
	No provision .			 27
YARDS.	Paved			 14
	Unpaved			 5
	Deat David			 45
	Separate			 11
	Common to 2-6			 45
		houses		 8
		2 houses		 -
SINKS AND	Scullery : No	o. of sinks		 14
BRICK SILLS.		-111-		 3
DATOR OTHER.	West houses	-1-1-1-		10
				 46
			om.)	
			op.)	 8
	NTo provide a		om.)	 16
	No provision			 4

TABLE 3. HOUSING ACTS, 1930-36. OPERATION OF SECTIONS 1 & 25. (Clearance Areas). No. of houses inspected and recorded—462.

Analysis of Housing Accommodation and Type.

HOUSING ACCOMMODATION. No. in brackets indicates number of houses in that class having scullery in addition.	Back to Back.	Blank back wall.	Through vent or light.	Through houses.	Court Proper- ties.
1 B.R. & 2 L.R ()			1	1	•
1 B.R. & 1 L.R (8)	12	19	13	13	10
2 B.R. & 1 L.R (80)	30	28	52	112	25
2 or 3 B.R., 1 L.R. & shop (1)		-	1	11	
3 B.R. & 1 L.R (3)			2	2	-
2 B.R. & 3 L.R. (-)			_	1	
2 B.R. & 2 L.R (19)	4	2	15	116	10
3 B.R. & 2 L.R (6)			4	6	1
2 or 3 B.R., 2 L.R. & shop (1)		1		2	
3 B.R. & 3 L.R (1)	-		i —	3	
4 B.R. & 2 or 3 L.R (4)			1	5	
4 B.R., 1 or 2 L.R		- Chattan			
& shop (2)			-	2	
Premises having more					
than above ()				3	

Analysis of conditions found.

CLOSET	No Provision		1
ACCOMMODATION.	Separate		138
	Common to 2 houses		143
			1
	" " 4 or more hou		
	Type: Water Closet		260
	Other Types		33
WATER SUPPLY.	No provision		1
	Separate		216
	Common to 2 houses		50
			16
	" " 4 or more hou	ses	19
	Well Water		-
WASH HOUSE	No provision		10
ACCOMMODATION.	Separate		212
	Common to 2 houses		59
	" " 3 "		21
	" " 4 or more hou:	ses	12
FOODSTORE.	No provision		85
	Satisfactory		5
	Common with Coals		35
	Other unsatisfactory		333
YARDS.	Paved		46
	Unpaved		39
	Part paved		109
	Separate		76
	Common 2-6 houses		111
	ıı 7—12 ıı		7
	" over 12 houses		-
SINKS AND	Scullery : No. of sink	s	85
BRICK SILLS.	" " sills		21
	Wash-house : " " sinks	s (sep.)	74
		s (com.)	54
		(sep.)	25
		(com)	27
	No provision		47

TABLE 4.

PARTICULARS OF RE-HOUSING OF FAMILIES FROM UNFIT HOUSES, OVERCROWDED HOUSES AND HOUSES OCCUPIED BY PERSONS SUFFERING FROM TUBERCULOSIS, ETC.

The figures are for houses allocated by the Health Committee under agreement with the Housing Committee commencing November, 1929, and ending 31st December, 1937.

Families Removed: 1929, 34; 1930, 350; 1931, 150; 1932, 155; 1933, 300; 1934, 85; 1935, 266; 1936, 435; 1937, 580; Total: 2,355.

Conditions causing Removal.

Families Re-housed.

Ren	noval.				
(1)	Caravans				17
(2)	Corporation-	Having T.B. patient	and 1	being	
	(Munition Hutments	s) overcrowded			3
		being overcrowded			12
		For other purposes			87
(3)	Overcrowding only	and be bound the set			526
		with T.B. in family			49
(4)	Specials				62
(5)	Street Widening				57
(6)	Unfit House only	(individual Section 19)			580
		with T.B. in family			3
	п	with Overcrowding			144
)7)	Tuberculosis only				45
(8)	Birmingham Street S	Slum Clearance Area			159
(9)	New Hall Street Slu	m Clearance Area			17
(10)	Phoenix Passage Slu	im Clearance Area			49
(11)	Stafford Street (Gard	den Walk) Slum Cleara	nce Are	ea	35
(12)	Dunn Street Slum C	learance Area			182
(13)	Pitfield Row Slum (learance Area			82
(14)	Woodside Slum Clea	arance Areas			48
(15)	The Mambles Slum	Clearance Areas			99
(16)	Bull Ring Slum Clea	arance Areas			33
(17)	Paradise Slum Clear	ance Area			33
(18)	Chapel Street, Dudl	ey Slum Clearance Area	as		33
Total	number of Fam	iles removed from	House	s in	
	Clearance Areas				770
Num		ved from Houses in Clea		Areas	
					205

An important decision was made by the Housing Committee in September, 1935, whereby fifty per cent of the houses becoming vacant on the various estates from time to time are allocated for the rehousing of families having a tubercular patient and living under adverse housing conditions, which enabled tuberculosis re-housing to be re-commenced after an interval of three or four years. The total number of families rehoused, having a tubercular member up to 31st December 1937, was 100.

The number of families in receipt of financial assistance under the 1930—1936 Acts on the 31st December, 1937, was 839, and the average amount of assistance given, *i.e.*, deducted from net rent, was $1/10\frac{1}{2}$ d., per week per family.

HOUSING.

Summary as required by the Ministry of Health.

1.-Inspection of dwelling-houses during the Year :--

(1)	 (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 1 	132
	(b) Number of inspections made for the purpose 22	203
(2)	 (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 	353
	(b) Number of inspections made for the purpose 17	739
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	353
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 4	64
-Rem	dy of Defects during the Year without Service of Formal Notices :—	
	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	72
-Actie	n under Statutory Powers during the Year :	
A.—	Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :	
(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	13

2.

(2)	Number of dwelling-houses which were rendered fit after service of formal notices :	
	(a) By Owners	6
	(b) By Local Authority in default of Owners	Nil.
В	-Proceedings under Public Health Acts :	
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	96
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—	
	(a) By owners	41
	(b) By Local Authority in default of Owners	Nil.
С.—	-Proceedings under Sections 11 and 13 of the Housing Act, 1936:—	
(1)	Number of dwelling-houses in respect of which Demolition Orders were made	191
(2)	Number of dwelling-houses demolished in pur- suance of Demolition Orders	204
D	-Proceedings under Section 12 of the Housing Act, 1936 :—	
(1)	Number of separate tenements or underground rooms in respect of which Closing orders were made	5
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been	
	rendered fit	Nil.
.—Hou	sing Act, 1936—Part IV.—Overcrowding:—	
<i>(a)</i>	(i) Number of dwellings overcrowded at the end of the year	611
	(<i>ii</i>) Number of families dwelling therein	697
	(<i>iii</i>) Number of persons dwelling therein	4505
(b)	Number of new cases of overcrowding reported during the year	171
(c)	(i) Number of cases of overcrowding relieved during the year	355
	(ii) Number of persons concerned in such cases	2347

The following is a summary of the Return submitted to the Ministry of Health on December 31st, 1937, as to the progressive achievement under the Housing Acts, 1930–36.

Part I. of the Act. Clearance Areas.

No. of unfit dwelling houses demolished		 693
No. of other houses demolished		 7
No. of persons displaced from demolished	l houses	 3124

Part II. of the Act. Individually Unfit Houses.

No. of houses demolished		583
No. of buildings closed (Closing Orders)		14
No. of persons displaced from above		2502
No. of dwelling-houses made fit-formal actio	n	118
No. of Voluntary Demolitions		58
No. of dwelling-houses closed under undertaki	ngs	37
No. of dwelling-houses made fit-informal act	ion	387

Street Widening.

Two houses were demolished during the year for street widening.

HOUSING. Number of New Houses erected in the Borough.

The following Tables furnished by the Borough Engineer show the number of houses erected in the Borough, under the 1919 and 1923 to 1936 Acts, since the War.

Living	100	m,	
Scullery and	3	Bedrooms	
RED HILL .			144
BLOWERS GREEN			60
NORTHFIELD ROA	D		60
BURNT TREE .			24
WOODSIDE .			250
BUNNS LANE .			60
WHITE NOBS .			32
CRADLEY ROAD .			216
BREWERY FIELDS			16
TANFIELD ROAD .			22
BELPER ROW .			20
WATSONS GREEN			116
BOWLING GREEN.			101
PRIORY ESTATE .			1449
WOLVERTON ROAD	D		114
Rosland			12
Total .		3	2696

Scullery and 2 Bedrooms. ROSLAND 14 24 BOWLING GREEN PRIORY ESTATE ... 587 ... WOLVERTON ROAD 164 ... 22 WOODSIDE 811 TOTAL -Livingroom, Scullery and 4 Bedrooms. 2 WOODSIDE 82 PRIORY ESTATE TOTAL ... 84 ... Parlour, Livingroom, Scullery and 3 Bedrooms. RED HILL 12 BLOWERS GREEN 44 ... NORTHFIELD ROAD 14 ... BURNT TREE ... 18 ... PRIORY ESTATE ... 78 ... 166 TOTAL Livingroom Scullery, and 6 Bedrooms. PRIORY ESTATE 35

Livingroom,

Parlour, Livingroom, Scullery and 4 Bedrooms.

RED HILL	 8
NORTHFIELD ROAD	 6
PRIORY ESTATE	 68
TOTAL	 82

SUMMARY.

SITE.	Total No. of houses erec- ted to date.
RED HILL	164
BLOWERS GREEN	104
NORTHFIELD ROAD	80
BURNT TREE	42
WOODSIDE	274
BUNNS LANE	60
WHITE NOBS	32
CRADLEY ROAD	216
BREWERY FIELDS	16
TANFIELD ROAD	22
BELPER ROW	20
WATSONS GREEN	116
BOWLING GREEN	125
PRIORY ESTATE	2299
WOLVERTON ROAD	278
Rosland	26
GRAND TOTAL	3874

HOUSES ERECTED BY PRIVATE ENTERPRISE.

35

...

TOTAL ...

	1	Not
Year.	Subsidised	Subsidised.
1919/23		37
1924	71	17
1925	20	12
1926	32	15
1927	44	22
1928	18	9
1929	24	21
1930	1 -	35
1931		62
1932	-	113
1933		298
1934	-	322
1935		310
1936		379
1937	-	232
Total	209	1884
Gra	and Total-2	093.

HOUSING.

Nun	aber of new houses erected during the year 1937 :
<i>(a)</i>	Total including numbers given separately under (b) and (c)
	(1) By the Local Authority 390
	(2) By other Local Authorities —
	(3) By other bodies and persons 232
(b)	With State Assistance under the Housing Acts :
	(1) By the Local Authority
	(a) For the purpose of Part II. of the Act of 1925
	(b) For the purpose of Part III. of the Act of 1925
	(c) For other purposes 348 (allocated to 1930 Act).
	(2) By other bodies or persons
(c)	Without State Assistance under the Housing Acts :
	By the Local Authority for purposes of Part III. of the Act of 1925 42
Inhabite	d houses—1931 Census 13,385
New hou	ses erected since 1st January, 1932 :—
By	private enterprise 1654
By	Corporation $\frac{1898}{}$ 3552
	16,937
	ouses known to be demolished and vacated since January, 1932 1424
	ed No of houses in Borough at 31st

TABLE A. Analysis of Overcrowding at 2nd October, 1937, shown in Wards, Corporation houses and unfit houses.

			-		
Totals.	57 43 51 43 68 68 609	475* 149	624	52	676
Number of fresh over- crowded cases coming to knowledge of Dept. up to 2.10.37.	17 15 15 15 17 17 39	124 60	184		184
Number of overcrowded cases remaining of original list at 2.10.37.	40 28 31 28 33 3 3 70	351 89	440	52 Nil	492
Number of overcrowded cases revealed by the 1936 Census	114 44 87 53 5 80 80 239	622 149	771	100 14	885
	ST. JAMES'S WARD ST. JOHN'S WARD CASTLE WARD ST. THOMAS'S WARD ST. EDMUND'S WARD ST. EDMUND'S WARD WOODSIDE WARD NETHERTON WARD	Total for all Wards CORPORATION HOUSES	Total for Borough excluding Unfit Houses	UNFIT HOUSES in Five Year Programme (a) Clearance Areas (b) Individually Unfit	GRAND TOTALS

*This figure includes 88 cases included in Clearance Areas represented or about to be represented and 35 cases in houses dealt with as Individual Unfit Houses—a total of 123 cases.

					SEC	OND	ov	ERCI	ROW	DING	sui	RVE	Y (O		FABL			REPO	RT I	FOR	THE	wн	OLE	OF 1	THE	BOR	OUGH.		
Number of Families, containing the Number of Persons in the first column occupying Dwellings with the permitted Number shown at the head of each column below											TOTALS																		
Number of – "PERSONS" in family.	1	11/2	2	$2\frac{1}{2}$	3	$3\frac{1}{2}$	4	$4\frac{1}{2}$	5	$5\frac{1}{2}$	6	$6\frac{1}{2}$	7	$7\frac{1}{2}$	8	$8\frac{1}{2}$	9	$9\frac{1}{2}$	10	10 <u>1</u>	11	$11\frac{1}{2}$	12	12 <u>1</u> to 15	15 <u>1</u> to 18		Over- crowded	Un- crowded	Total
1	3	4	22	3	125	1	4	45	110	5	24	14	36	96	16	16	14	9	22	6	4	6	5	1		1		592	592
11/2					6			1	6		2		2	4													_	21	21
2		2	11	9	449	5	17	121	560	25	155	60	207	744	243	225	183	120	129	49	37	26	35	15	3	1	2	3429	3431
$2\frac{1}{2}$			4	2	200	2	5	61	240	14	79	26	88	261	159	77	70	30	33	8	14	8	4	6	1		4	1388	1392
3			2		182	3	18	106	499	24	183	78	208	604	302	174	187	128	149	39	33	29	39	21	4	1	2	3011	3013
31/2			1	1	50	1	8	44	166	4	77	24	64	159	135	47	44	21	21	3	5	3	5	8	1		52	840	892
4					60	1	9	76	239	16	129	43	114	415	267	127	121	67	85	24	39	16	38	29	5	1	61	1860	1921
				_	12	1	7	19	87	2	88	22	47	89	106	17	29	10	24	7	8	6	9	9	1		20	580	600
5					22	1	4	39	96	14	122	29	76	212	167	64	64	44	48	14	15	9	19	13	3	1	66	1010	1076
51					16	1	8	7	- 31	3	61	5	33	69	70	18	16	19	20	3	1	1	7	1	1		63	328	391
6				-	18		5	20	39	8	57	14	51	101	111	35	21	18	33	2	8	4	16	10	4		90	485	575
61					6	1	4	6	15		25	3	19	34	55	10	8	8	10	3	2	2	1	4		1	57	160	217
7					4	1		5	18	2	28	4	19	35	63	12	12	19	13	3	2	5	4	9	3	1	62	200	262
71/2			_		3			6	8	1	17	5	4	21	50	4	6	10	4	1	1	2	3	5	1		44	108	152
8			-	-	4		-	1	6	1	12	4	4	22	33	7	11	3	11	1	2	2	6	8	2		54	86	140
81							-	1	3		6		1	3	16	4	3	1	1	1	2		6	6	1		30	25	55
9				-	1			3	2		5		2	6	9	3	3		3	1	1		1	6	1	1	31	17	48
91				-	-	-	-	1	-				1		10	1		1	1		1	1		2		1	13	6	19
10	-			-			-		1		3	-	-	4	5	2	1	1	1				2	6			17	8	25
101		-	-		-		-	-	1					1	1	-			-	1		1	1	3	1		3	7	10
11			-		1		-		1						1		1				1		1				4	1	5
111				-	-		-			-									-		-	1					-	—	
12		-	-			-	-	-		-		-								1		-	1	1		1	1	2	3
121 to 15		-		-													-	-					-	1			-	-	-
151 to 18		-	-	-		-	-		-	-	-	1				-								-	-		-	-	-
Over 18			-	-			-		-	-			-												-		-	-	-
Totals Overcrowded	_	2	7	1	197	6	28	8 89	125	12	96	13	12	36	42	6	2	1	-	1	-	_	-	-	-	-	676	_	Grand
Totals Uncrowded	3	4	33	14	962	12	6	1 473	3 200	03 107	977	318	964	284	4 177	7837	792	507	607	166	175	121	202	163	32	10	—	14164	} Total 14840

Note :-- Figures under stepped line indicate Overcrowded Families.



PUBLIC FOOD SUPPLIES.

INSPECTION OF PUBLIC FOOD SUPPLIES AND FOOD PREMISES.

The records detailed in the following pages reveal the attention given during the year to the branches of this most important section of the Public Health Services.

While there is a slight decrease in the total of animal examined compared with 1936, the figures indicate that a large amount of time is expended in the demands of this service.

In three instances it was necessary to institute proceedings against milk sellers following adverse report by the Public Analyst and in two cases a conviction and fine were recorded. In the third instance the case was dismissed on technical grounds.

REGISTRATIONS UNDER THE MILK AND DAIRIES ACTS AND MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

Under the Milk and Dairies (Amendment) Act, 1922 and Milk and Dairies Order, 1926.

A.-Retailers :-

the second second second				Total.
Loose Milk		1 6		96
Bottled " only	 			226
B.—Producers, Dairymen or				
Wholesalers	 	473P	····	27

Under the Milk (Special Designations) Order, 1936.

1.	No. and type of new	Accredited	Tuberculin Tested	Past
	Licences	-	—	
2.	Total number and type licensed (all retailers)	10	5	4

DAIRIES AND COWSHEDS.

The number of registered Cowkeepers, Wholesale Purveyors of Milk, and Retailers, is as follows :---

*Cowkeepers	 	 9
Wholesalers	 	 11
Retailers	 	 322

*All Cowkeepers are included as Retailers.

BACTERIOLOGICAL EXAMINATION OF MILK.

					59							
Tuberculosis Content B.		Pos.	16	1	I	1	1	I	I	-		
Tuber Conte	194	Neg.		Neg.		10	9	1	1	I	1	17
Phosphatase Test			14	1	1	1	-	I sample passes the phosphatase Test	2 samples pass the phosphatase Test	3 samples pass the phosphatase Test		
		Absent in 1c.c.	13	2	9	63	1	63	4	21		
	nisms	000 th	12	15	63	١	1	1	I	17		
	Coliform organisms present in	100th	11	9	1	1	1	1	I	1		
	Colifor	10th	10	4	1	I	1	1	1	2		
			6	1	Ŀ	١	1	1	1	1		
	Methylene Blve Test	satis- factory factory	8	19	53	I	1	I	I	21		
ntent /	Meth	satis- factory	2	16	6	61	1	I	I	27		
Bacteriological Content A.	r c.c.	Over 500,000	9	1	1	I	1	I	61	2		
Bacteriol	Count pe	Under 500,000	5		I	I	I	I	I	1		
14	Bacteriological Count per c.c.	Under 200,000	4	1	1		I	I	I	1		
	Bacto	Under 30,000	3	1	4	1	1	I	4	11		
	No. taken for	T.B. Count B.	2	II	9	1	1	3	- 1	18		
	No. ta	Bact. Count A.	1	35	13	61	1	3	9	59		
				:	:	¥)			:	:		
		Samples.		Loose Milk	Bottled Milk	Designated Milks :	Tuberculin Tested	T.T. Pasteurised	Pasteurised	Totals		

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Total number of samples taken ... 128.

Milk	46	Flowers of Sulphur 1
Cheese	1	Chicken and Ham Paste 1
Glycerine	1	Cherries 2
Aspirin	1	Bicarbonate of Soda 1
Lard	3	Ground Cinnamon 2
Pepper	1	Suet 1
Castor Oil	1	Baking Powder 2
Chlorate of Potasl	h	Tea 1
tablets	2	Butter 6
Sage	1	Sugar 1
Sausage	1	Cooking Compound 1
Malt Vinegar	6	Self Raising Flour 1
Seidlitz Powder	1	Margarine 2
Zinc Oxide Powder	1	Borax 1
Zinc Ointment	1	Dripping 2
Boracic Ointment	1	Mincemeat 1
Glauber Salts	1	Olive Oil 1
Epsom Salts	2	Cocoanut Oil 1
Tincture of Iodine	3	Cornflour 1
Ammoniated Tinct	ure of	[am 2
Ouinine	1	Egg Powder 1
Black Pudding	1	Boracic Powder 1
Tomato Sauce	1	Tinned Milk 2
Rice	3	Custard Powder 1
Gravy Salt	1	Tinned Beans 1
Mustard	2	Ground Almonds 1
Ginger Wine	1	Angelica 1
Cocoa	1	Bread 1
Camphor	1	Friars Balsam 1
Salicylate of Soda	1	

Th	irteen	samples	were	adversely	reported	upon	by	the	Public	Analyst
		1937, viz								

fe

Sample No.	Description.	Result of Analysis.	Remarks.
434.	Milk	Poor quality as re- gards milk fat.	Letter sent to Ven- dor.
417.	Milk	Poor quality as re- gards milk fat.	Letter sent to Ven- dor.
450.	Vinegar	Not Genuine. De- ficient 16% of Ace- tic Acid.	Letter sent to Ven- dor.
459.	Milk	Deficient 19% Milk fat.	See sample 464.
464.	Milk	Deficient 9% Milk fat.	"Appeal to Cow" sample taken. Warning letter sent.
484.	Tincture of Iodine	Deficient 3.6% Iodine.	Further sample taken but this was genuine.
492.	Milk	Deficient 51% fat.	Legal proceedings taken.
495.	Milk	5.6% added water.	Taken in course of delivery in connec- tion with the above.
496.	Milk	9% added water.	Legal proceedings taken.
502.	Milk	Deficient34% fat.	Ditto.
505.	Baking Powder	Deficient 17% available carbon dioxide.	Further sample taken and letter sent.
511.	Ground Cinnamon	12.5% excess Total Ash. 45% excess insoluble Ash.	Further sample taken and letter sent.
524.	Malt Vinegar	90% Artificial Vinegar.	Letter sent.

PUBLIC HEALTH ACTS AND FUBLIC HEALTH (MEAT) REGULATIONS, 1924.

There are at the present time 11 Licensed Slaughter Houses and 9 Registered Slaughter Houses.

The following Animals were notified for slaughter and inspected during the year at Registered and Licensed premises :—

	1	16	035	19	936	1937		
		Notified	Inspected	Notified	Inspected	Notified	Inspected	
Beasts		1207	1193	1657	1614	1783	1731	
Sheep		4185	4072	5990	5830	6154	5745	
Pigs		7310	7283	7723	7602	7182	7021	
Calves		69	66	35	35	17	13	
Totals		12771	12614	15405	15081	15136	14510	

In addition 10 pigs were notified and 10 inspected at premises not Registered or Licensed.

Visits to Slaughter Houses for inspection of Meat and premises 2,094.

The following table is required by the Ministry of Health to be included in the Report :---

	Cattle	Calves	Sheep and Lambs	Pigs
Number killed	1783	17	6154	7182
Number inspected	1731	13	5745	7021
All diseases except Tuber- culosis. Whole carcases condemned	_	-	. 2	4
Carcases of which some part or organ was condemned	*	*	*	*
Percentage of the number inspected affected with disease other than tuber- culosis	*		*	*
Tuberculosis only Whole carcases condemned	1	*	*	4
Carcases of which some part or organ was condemned	*	*	*	*
Percentage of the number inspected affected with tuberculosis	8		*	*

CARCASES INSPECTED AND CONDEMNED.

*Existing records do not reveal this information.

			Beasts	Sheep	Pigs	Calves	Total
		102.02					9
Carcases			1	2 8	8		11
Lungs			182	8	1037	1	1228
Heads			80		619		699
Hearts			3	5	319		327
Livers			83	43	290	1	417
Forequarters			3	2	2		7
Kidneys			11	-	46		57
Forend Piece	s				43		43
Mesenteries			12		39		51
Tongues			20				20
Necks					12		12
Spleens			55		4		9
Stomachs			5		4		9
Udders			48	-			48
Sides			- 1	-	1	-	1
Shoulders			_		4		4
Briskets			4		-		4
Intestines			4				4
Leafs			-	-	2 2 2		
Loins					2		2
Legs			- 1	-	2	-	2
Bellies			- 1	-	22		2
Omentum			1	-	2		3
Hip Bones			1				1

Meat and other Foods Condemned.

	Beasts lbs.	Sheep lbs.	Pigs lbs.	Calves lbs.	Total lbs.
Tuberculosis	 5008	_	11157		16165
Parasitical Cysts	 172	40	41	1	253
Congestion	 104		1081		1185
Pneumonia	 214	11	764	17	1006
Distomatosis	 157	3	1		161
Cirrhosis	 152	47	179		378
Pericarditis	 1	3	108		112
Pleurisy	 93	16	80	-	189
Mammitis	 81	-	-	11 - 12	81
Angiomatosis	 168	-	-		168
Hydro-nephritis	 _	-	19		19
Mastitis	 501		10		511
Fatty Degeneration	 32	20	-	_	52
Actinomycosis	 376	-			376
Abscesses	 297		31		328
Moribund	 -	-	60	-	60
Nephritis	 27	-	2		29
Fevered	 -	20	-	-	20
Bruising	 46		57		103
Oedema	 -	-	194	-	194
Fatty Infiltration	 _	-	8		8
Undulation	 10		-	-	10
Inflammation	 	-	33	-	33
Strongylosis	 -	9	-		9
Peritonitis	 -	-	2	-	2
Septicæmia	 -	-	336		336
Emaciation	 -	25	-	-	25
Necrosis	 6	-		-	6
Unduration	 67	-	-		67
Melanosis	 16	-	-	-	16

DISEASES.

Total Weight of Meat Condemned-9 tons. 7 cwts. 3 qrs. 3 lbs.

Visits to other Food premises for inspection and Foods condemned were as follows :---

Premises.

General Food P	remises-Sh	ops and M	Markets	 1445
Food preparing	premises			 9
Cold Stores				 6

Foods Condemned.

Tins of Fruit			 	78	
Tins of Milk			 	75	
Tins of Beef			 	4	
Tins of Sardine	s		 	7	
Tins of Peas			 	15	
Tin of Crab			 	1	
Tins of Salmon			 	31	
Tin of Syrup			 	1	
Tins of Cream			 	5	
Tins of Chicken	and			2	
Tins of Tomato			 	28	
Partridges			 	1	Box
Cooked Ham			 	1	Tin
Sheep's Brains				1	Box
Imported Eggs				20	dozen.
Cod Roes			 	1	Box
Pickled Onions			 	10	Bottles
Pickled Red Cal		e	 	25	Bottles
			 	2	Boxes
Imported Lamb	s' Li	vers	 	1	Box
Tins of Prawns			 	2	
Rabbits			 	20	
Corned Beef			 	1	Tin

PUBLIC CLEANSING.

COLLECTION AND DISPOSAL OF HOUSE AND TRADE REFUSE, AND STREET CLEANSING.

Consideration of Cleansing matters during the period under review has been largely bound up with the requirements of the proposed New Depot premises at Lister Road. Factors affecting the efficiency of the Service in particular have been this year :—

- 1. Purchase of a new Freighter having an interchangeable cesspool emptying tank and refuse collection body.
- 2. Additional equipment for use in removal of snow.

In all respects the purchases have justified the expenditure and particularly has there been improvement in the method of cesspool and pail closet emptying, with the use of the new container.

During the year, street channel and footpath grassing was transferred to the Department, together with collection of grit after gritting. I cannot at present consider the service entirely satisfactory from the point of view of street sweeping and grassing, but in conjunction with re-organisation, necessitated by the opening of the New Depot, I shall be submitting proposals affecting the whole of the cleansing service.

At the time of writing (July, 1938) the Depot Premises have been opened by R. H. Bernays, Esq., M.P. Although this is a matter more properly left for a future report, I feel that the following press report of Mr. Bernays' speech is worthy of record.

"Their new Sanitary Depot and Cleansing Station, represented a fine civic achievement. They already had a splendid record in sanitation in Dudley, not only in the efficiency of the service, but in its cheapness. He was interested to see that within a comparatively short time, the cost of refuse collection and disposal had been reduced by about 33% and he noticed that the cost of refuse collection and disposal was £535 per 1000 houses as against an average cost of £734 per 1000 houses for County Boroughs. Those figures afforded arresting evidence that greater efficiency could be secured concurrently with a lowering of costs."

66 The following statistics show details of all Cleansing Services both as to work done and costs. HOUSE REFUSE COLLECTION.

1937.	1936.	1929 *
		1
14,965	14,730	12,500
15,199	14,918	8,546
		-
8	9	No data
134	130	No data
13	12	No data
3	4	11,204
	19.389	20,733
20,001	10,000	20,100
	14,965 15,199 8	14,965 14,730 15,199 14,918 8 9 134 130 13 12 3 4

A. GENERAL.

Financial Year Ending :	1937.	1936.	1929 *
Total net Cost of Collection			1
and Disposal	£8,297	£7,980	£10,329
Capital Cost defrayed out of	~	~	~ .
Revenue with Loan Charges	£1,504	£42	Nil.
Expenditure for all purposes	£9,801	£8,022	£10,329
Income from Trade Refuse		-	~ .
and Miscellaneous Sales		C. P. C. S.	
and Royalties	£158	£218	£13
Net expenditure for all pur-	~	~	~
poses	£9,643	£7,804	£10,316
Rateable Value	£258,619	£247,807	£213,618
Product of Penny Rate	£999	£955	£812
Total Rates in f	16/-d.	16/-d.	15/3d.
Net Cost-equivalent Rate			
in the f_{1}	9.653d.	8.171d.	11.6d.
Percentage of above total			
rates in the f_1	5.027%	3.149%	6.34%
Total net cost per premises			10
cleansed	10/10d.	10/7d.	16/6d.
Weight (in cwts) per 1,000			
population per day (365			
days)	18.68	17.65	19.3

B. COLLECTION.

Financial Year Ending :	1937.	1936.	1929*
Total net cost (exclusive of Income) Total net cost per ton Total net cost per premises cleansed	£7,893 7/6≟d. 10/10d.	£6,349 6/6d. 8/7d.	£9,106 8/9d. 14/7d.
C. DISPOSAL.			
Total net cost (exclusive of Income)	£1,908	£1,673	£1,223
Total net cost per ton in the Control of Tips	1/10 ¹ /2d.	1/9d.	No data

* This year is given for comparative purposes, both in collection and cost records because it is the last year prior to the reorganisation of the Service.

D. VEHICLE COSTS.

Financial Year Ending :—	1937	1936
S.D. Freighters engaged in the collec- tion of ashbin trade refuse and	Five Freighters	Four Freighters
Cesspool Emptying No. of miles covered No. of tons collected Average cost per ton Average cost per mile travelled	21,064 19,477 3 /9d. 3/5d.	19,000 16,169 4/-d. 3/6d,
Two Morris Commercial Vehicles engaged in various duties No. of miles covered No. of tons collected Average cost per mile travelled	23,473 2,561 11d.	23,000 4,453 1/3d.

E. COSTING-REFUSE COLLECTION AND DISPOSAL.

The following figures, taken from the Corporation Account Books and prepared by the Borough Treasurer, are of interest for comparative purposes :—

	Yea	r	Contract	Total Collec Disposal			Premises	Cost per annum
E	ndir	ng.	Direct Labour.	Net Collection and Disposal Cost.	Capital Charges.	Total Cost.	Cleansed.	per house Cleansed.
				£	£	£.		s. d.
31	3	29	C.	10,329	Nil.	10,329	12,499	16 6
31	3	30	D. L.	7,250	1,450	8,700	13,000	13 4
31	3	31	D. L.	6,333	1,682	8,015	13,700	11 9
31	3	32	D. L.	5,955	269	6,224	14,000	8 6
31	3	33	D. L.	6,390	2,250	8,666	14,300	8 11
31	3	34	D. L.	6,446	Nil.	6,446	14,550	8 1
31	3	35	D. L.	6,438	393	6.831	14,600	9 4
31	3	36	D. L.	7,804	Nil.	7,804	14,730	10 7
31	3	37	D. L.	8,139	1,504	9,643	14,965	10 10

STREET CLEANSING.

COMPARATIVE COSTS.

	FINANCIAL YEAR ENDING :					
	31 3 37	31 3 36	31 3 35	31 3 34		
*Revenue Account.		10.000	10.005			
Net Cost	£3,686	£3,869	£3,625	£5,112		
Unit Costs.						
Net Cost per 10,000 sq. yds. Cleansed	10/3d.	11/9d.	2. <u>-</u> 101	-		
Net Cost per 1,000 of	1					
population	£60	£64	$fig_{60} 2 4$	£94		
Rate Poundage.		1 Contraction	THE REAL PROPERTY.			
Net Cost equivalent Rate						
in the \pounds	3.64d.	4.21d.	3.944d.	6.5d.		
Mileage of Streets Cleansed.						
At least once daily	5.50	5.50	5.50	5.1		
Three times weekly	7.88	7.88	7.88	2.5		
Twice weekly	6.6	6.6	6.6	6.5		
Once weekly	47.5	44.76	44.1	47.9		
Total Mileage Cleansed	67.48	64.74	64.08	62.0		

*In considering these figures, regard should be had to the figures submitted by the Borough Engineer, when the proposal to change over was under consideration, which showed that an additional charge of $\pounds 620$ per annum would have to be met for Highways maintenance and a further figure of $\pounds 390$ per annum by reason of the Council's decision to retire certain aged workmen who would not be suitable for the new methods.

GENERAL.

DRAINAGE, SEWERAGE, RIVERS AND STREAMS.

Under this heading it is pleasing to record that the ability to commence Clearance Area action in Netherton has enabled a start to be made in removing a number of properties lying on the banks of the Mouse Sweet Brook which were unsewered, and a number of houses known to be polluting the brook course have also been dealt with by Clearance Area action. At the time of writing (July 1938) a very detailed investigation is proceeding into the causes of pollution in the brook courses of the Netherton District.

SANITARY ACCOMMODATION.

Statement of Sanitary Accommodation on the 31st Dec., 1937.

	No. of houses and other premises (estimated)	. 15,240
	No. of houses and other premises served by W.C.'s	
	draining into public sewers	14,990
	No. of houses and other premises served by ashbins	15,196
	No. of privies in the Borough	30
	No. of Cesspools in the Borough	39
	No. of Pail Closets in the Borough	134
r	ticulars of Conversions from Conservancy System. the year).	(During
	Pails converted to W.C's	nil.
	Privies converted to W.C's	nil.
	Privies abolished by demolition of dwellinghouses	3
	Privies converted to Pails	1
	Additional Pails provided to other than dwelling- houses	Nil.
	W.C's and Cesspool drainage connected to Public Sewers	1
	No. of dry ashpits abolished	3
	New ashbins Provided (replacements and additional)	352

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69

SANITARY INSPECTION OF THE AREA.

Inspections made with respect to	No. of inspections	Nuisances or defects reported.	Re-visits made re abatement	Nuisances or defects remedied.	
Houses under P.H.A.		464	1512	1333	1953
Drainage work only		192	80	136	51
Closets		91	208	217	173
Ashplaces		555	588	279	275
Yards, Courts, etc.		44	52	101	49
Overcrowding †		15		46	1
Miscellaneous		459	41	92	40

Record of Inspections and Results.

Other Visits.

With respect to Public Cleansing Services	40
With respect to Infectious Disease	167
Interviews with Owners and Traders (District	
Inspectors only)	583

Notices served.-All purposes.

Notices served	Informal. 883	Statutory. 89*	Total 972	
Notices complied with	440	74	514	
Choked Drains cleansed by Department's Drain Cleanser Choked Water closets cleansed	_	-	129	
by Department's Drain Cleanse		_	29	

*Many of these are Second Notices on the same property.

†Overcrowding.

The second census, taken in October, 1937, to record the progress made in the abatement of overcrowding has been mentioned earlier in this report, but the following details are submitted relating to the actual working of the census.

Four enumerators visited 13,806 houses to obtain information as to the extent of overcrowding after the appointed day (July 1st, 1937). This census revealed that 676 houses were overcrowded, of which number 149 were Corporation houses. The total number of overcrowded houses recorded during the first census in 1936 was 885, so that the net reduction was 209 cases.

The cost of this second census was £109. 11s. 7d.

WATER.

The standard of the water supplies of the Borough as revealed by Analysis, continues to be maintained at a high level. Two samples were taken.

Three samples of Swimming Bath water were taken for Bacteriological Examination and were reported as satisfactory.

OFFENSIVE TRADES.

Number of Fish Fryers' Licences for December, 1937		al in 	17
Number complying with Byelaws and			1.1
renewal			14
Number where specification was issued fo			
carried out before renewal			2
Number actually renewed			16
Number of applicants for the establish	ment o	f the	
business of a Fish Fryer during the y			1
(a) Approved unconditionally			-
(b) Number approved subject to carr	ving ou	it of	
specification of requirements			1
(c) Number disapproved			-
Number of specifications issued during	the ye	ar in	
addition to the above-mentioned			4

OUTWORKERS.

During the year 22 lists of Outworkers have been received from employers containing 118 names and addresses, 83 of which were outside the Borough. These were forwarded to the respective Councils in whose Districts the Outworkers resided.

I also received 5 lists containing 16 names and addresses from other Authorities, making a total of 134 Outworkers dealt with.

LEGISLATION IN FORCE IN THE BOROUGH.

The following Bye-laws affecting the Health Services were in operation during the year, viz :---

Houses-let-in-Lodgings	5/9/30
Common Lodging Houses	22/5/30
Slaughter Houses	23/6/30
Nuisances	12/5/30
Mortuaries, Borough Cemete Markets	19/5/20
New Streets and Buildings	3/2/30
Offensive Trades	11/5/28

The Dudley Corporation Act, 1928, also contains many provisions covering matters affecting the Public Health Services.

In addition to the Byelaws in force in the Borough, additional national legislation coming into force during the year was as follows :—

Public Health Act, 1936.

Housing Act, 1936.

Although mainly of a consolidating nature these necessitated complete review and revision of existing forms and practice in the Department from both technical and administrative standpoints. COURT PROCEEDINGS :-- Court Proceedings were taken during the year as follows :--

Costs. £ s. d.		1 0 7	2 2 0
Fines. \pounds s. d.	1 0 0	10 0	
Result.	Convicted and fined.	Convicted and fined. Corporation awarded costs.	Case dismissed and costs awarded against the Corpora- tion.
Default or Offence.	Selling Milk to the prejudice of the purchaser.	Selling Milk to the prejudice of the purchaser.	Selling Milk to the prejudice of the purchaser.
Acts, Byelaws or Regulations under which proceedings were instituted.	Food and Drugs (Adulteration) Act, 1928.	Food & Drugs (Adulteration) Act, 1928.	Food & Drugs (Adulteration) Act, 1928.

78

RATS AND MICE DESTRUCTION ACT, 1919.

Comparison of the Table below with that for the year 1936, again shows an increase in the Service given by the Department in this matter. The number of rats actually caught is less than in 1936, but having regard to the increased number of premises visited and baits laid and taken, the conclusion can be drawn that the number of premises forming harbourage for rats is diminishing following the adoption of rat proofing methods on the advice of the Department. Another feature influencing the statistics dealing with rats is undoubtedly the dispersion of the rat population following the demolition and rebuilding of old business premises. Dudley is experiencing much of this rebuilding and a large number of visits and weekly re-visits, with the laying of baits to catch the unwelcome visitors, can be attributed to this cause.

Premises having re- ceived atten- tion from the Rat Catcher.	No. of visits and re-visits made.	No. of baits laid.	No. of baits taken.	rats actually	No. of Premises where atten- tion has been terminated after satisfactory service.
91	805	18748	14690	82	72

DISINFECTION AND DEFESTATION.

The normal service has continued to be given in the case of infectious disease and HCn fumigation of furniture on removal from unfit houses. Corporation houses found to be bug infested have also been subjected to HCn fumigation where it has been possible to arrange for the vacation of all the houses comprised in the block. This work has been much facilitated by the availability of flats in Hillcrest Road for the temporary rehousing of persons displaced.

Referring to the entirely new provision for dealing with fumigation of furniture mentioned in the Report for 1936, while it was not possible to place this in operation during 1937, at the time of writing (July, 1938) this is in full working action and augurs well for a speeding up of the whole process, a reduction in the cost per house, and a 100 per cent. safety in operation.

Fumigation and Removal Service.

(1)	Number of Council Houses found to be infested	108
(2)	Number of Council Houses disinfested	105
(3)	Number of Other Houses found to be infested	36
(4)	Number of Other Houses disinfested	33
(5)	Number of families rehoused in Council Houses whose furniture has been fumigated (not included in 1 to 4 above)	452
(6)	Number of families removed whose furniture was not fumigated	17
(7)	Number of families removed from Unfit Houses (including those in Nos. 5 and 6 above)	469

Eradication of Bed Bugs.

The information required by the Ministry of Health under this heading is as follows, viz :--

				(t) Found to be Infested.	(ii) Disin- fested.
1.	(a)	Council Houses		108	105
	(b)	Other Houses	 	36	33

2. Methods employed for freeing infested houses from bed bugs :---

Council Houses-by HCn. Fumigation and Insecticides.

Other Houses-by Insecticides.

 Methods employed for ensuring that the belongings of tenants are free from vermin before removal to Council Houses :—

> (i) Fumigation by HCn. (ii) Airing. (iii) Steam Disinfection. (iv) Airing—return after 48 hours bedding loaned in meantime.

4. Work of disinfestation is carried out by the Local Authority.

5. **Council Houses.**—The Welfare Officer re-visits all houses disinfested and advises the tenants as to the prevention of re-infestation.

Private Houses.—Advice is given by the District Sanitary Inspectors on the same lines.

INFECTIOUS DISEASES DISINFECTION AND PREVENTION.

Notifications of Scarlet Fever were happily well below the totals for the past 4 years but investigations required by Diphtheria cases were comparatively undiminished. Normal methods of prevention by investigation, isolation and disinfection were adopted.

1.0

FACTORIES, WORKSHOPS AND WORKPLACES.

1.-INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

	Number of			
Premises.	Inspections	Written Notices	Occupiers Prosecuted	
FACTORIES	13	4	-	
Workshops (including Workshop Laundries)	13	3		
WORKPLACES	-	-		
Total	26	7	-	

2.-DEFECTS FOUND IN FACTORIES, WORKSHOPS & WORKPLACES.

	Num			
Particulars.	Found	Remed- ied	Referred to H.M. Insp'tor	No. of Prose- cutions
Nuisances under the Public Health Acts-				_
Want of Cleanliness	7	7	-	
Want of Ventilation		1	-	
Overcrowding		-	-	-
Want of Drainage to Floors				-
Other Nuisances	4	13	-	-
Sanitary (insufficient	2	2	-	-
{ unsuitable or defective	21	9	-	-
accommodation not separate for sexes	1	1	-	-
Offences under the Factory and Workshops Act: Illegal occupation of underground bake-			in the second	
houses (s. 101)	-	-	-	-
And the second the space fair of the second s				
Other offences (excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of		-	-	-
Powers) Order, 1921). Total	35	33	-	-

The following defects entered in 1936 have been marked off consequent upon the workshop concerned falling into disuse in 1937 :---Insufficient Sanitary Accommodation ... 1 Defective Sanitary Accommodation ... 1

Defective Sanitary Accommodation	Defective	Sanitary	Accommodation	
----------------------------------	-----------	----------	---------------	--

ATMOSPHERIC POLLUTION.

With the pollution of the atmosphere by smoke must be coupled that arising from fumes and dust from manufacturing processes. Additional powers to deal with dust and effluvia were given in the Public Health Act, 1936, which came into operation in October, 1937.

Attention to pollution of the atmosphere by smoke has been carried out informally by way of advice where offence has been noted, and in most cases where trade difficulties have not been encountered, immediate improvement has resulted.

HOUSES-LET-IN-LODGINGS AND COMMON LODGING HOUSES.

There are 3 registered Common Lodging Houses in the Borough including one owned by the Corporation and let to a tenant. This is a reduction by one compared with last year, owing to one house being purchased and demolished by the Corporation.

The standard of the two privately operated Lodging House^s leaves much to be desired, but prior to the Public Health Act-1936, very little of a comprehensive improvement could be effected in registered common lodging houses. Additional powers in relation to the licensing of the keepers of Common Lodging Houses in respect of their premises embodied in the Public Health Act, 1936, have enabled representations to be made to each of the persons which involve refusal to license, and it is anticipated that these old buildings will cease to be used as such in the near future.

There are no Registered Houses-let-in-Lodgings in the Borough. It has been necessary to visit a number of houses occupied as such and letters have been sent to Owners and Occupiers respecting the occupation of houses as Houses-let-in-Lodgings and following up action has been taken.

I am of opinion that the whole question of provision of this nature should be considered in the light of the Housing of the working classes, and in addition to the building of houses for separate families, should embrace proposals for a large Working Men's Hostel and House-let-in-Lodgings under Corporation ownership to cater for this floating population under conditions admitting of more effective control and administration.

TENTS, VANS AND SHEDS.

The district remains singularly free from visitations of this description and apart from a very few instances where permission was given, there are no tents, vans and sheds.

ENTERTAINMENT PLACES AND LICENSED HOUSES.

Co-operation continues between the Clerk to the Licensing Justices and the Borough Engineer in securing joint consideration of plans as they affect living and sanitary accommodation at Licensed Houses and while there is still much to be done at the older premises, there is a definite trend for the better in the discontinuance of these, and the construction of premises more in keeping with present day requirements. In 31 instances improvements have been effected in the sanitary arrangements of Licensed Premises in the Borough.

Entertainment houses in Dudley generally present a good standard in respect of sanitary arrangements, cleanliness and ventilation. One additional entertainment feature opened during the year was the Zoo in the Castle Grounds, and the various matters calling for attention from the Department have been kept under supervision, with, I am pleased to add, the wholehearted co-operation of the management.

REGISTERED TRADES AND PREMISES.

Progress towards a completed position in regard to these has been maintained and is recorded in tabular form below :----

Trades and Premises in order and Registered	1932 157	1937 388
Trades and Premises accepted as recorded in Registers but not approved as in order since 1929 approx	291	201
Trades and Premises that have been struck off Registers through discontinuance, removal, etc	92	201
Trades and Premises concerning which consideration had been deferred	3	

SHOPS ACT, 1934.

The provisions of the above Act respecting Sanitary and Washing accommodation, facilities for meals, ventilation and lighting are administered by the Department and progress has in the main been in respect of new premises in which there has, been close co-operation between the Department and the Borough Engineer's Department. The older premises have received attention but progress is of necessity slow because of the rapidly changing nature of the Town Centre, particularly where new premises are springing up or schemes for alterations are pending. In 20 instances improvements in existing conditions have been effected.

RAG FLOCK ACT.

Two samples of Rag Flock were taken and the Analyst reported that each was satisfactory as to cleanliness.

PHARMACY AND POISONS ACT.

No further applications were received during the year for names to be entered on the poisons list.

MERCHANDISE MARKS ACT.

AGRICULTURAL PRODUCE GRADING AND MARKING ACT. FERTILISERS AND FEEDING STUFFS ACT.

Attention to the requirements of the above has continued as a matter of routine during the year.

There have been no prosecutions but it was found necessary to give warnings by letter in 2 cases.

Six samples were taken under the Fertilisers and Feeding Stuffs Act.

COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AS TO

MATERNITY AND CHILD WELFARE.

INDEX.

		ŀ	'age	
Ante and Post-Nat	al Clin	ics	83	Mee
Baby Day			94	Mid
Dental Treatment			92	Mic
Doctors' Fees			86	Mil
Ear, Nose and Thr	oat		93	(
Infectious Disease			91	Ort
Ladies' Voluntary	Comn	nittee	. 94	Rep
Maternal Deaths			88	Stil
Maternity Homes			87	Too

		1	age
Medical Aid			86
Midwives			83
Midwives Act, 193	36		84
Milk (Mothers an	nd Child	ren)	
Order, 1919			91
Orthopædic			91
Report of Health	Visitors		95
Still-births			88
Toddlers			90

MATERNITY AND CHILD WELFARE.

This year has again shown a great increase in the work of the Maternity and Child Welfare Department.

The following table shows the type of Clinics held and the attendances made.

Clinic.				Atte	ndances.
Ordinary Bah Ante-Natal, H			 thers		21,135 1,829
Dental (Moth					844
Orthopædic					192
Massage					79
Ultra Violet I	Ray The	rapy			1,587
		Тс	otal		25,666

Nine Baby Clinics are held each week :---

- Three at "The Firs," Dudley, on Tuesday, Thursday and Friday afternoons.
- Two at the Public Hall, Netherton, on Tuesday and Friday afternoons.
- Two at the Public Library, Holly Hall, on Monday and Friday afternoons.
- Two at the Priory School on Tuesday and Thursday afternoons.

The New Clinic at the Priory will be opened very shortly. This will greatly facilitate the work, which has been hampered by inadequate accommodation.

All three Medical Officers were engaged in this work, 3 clinics being taken by myself, 2 by Dr. Wallace, and 3 by Dr. Taylor.

Dr. Wallace resigned in September on receiving an appointment as Medical Officer of Health for Weymouth. Dr. G. D. Wight has been appointed in his place.

The Infant Clinics are all very well attended, as will be seen by the increasing number of attendances on previous years.

ANTE AND POST-NATAL CLINICS.

Attendances at the ante-natal clinics continue to increase.

Sessions are held at "The Firs," every Wednesday morning, and on alternate Thursday mornings at Netherton and the Priory. At the beginning of next year a Clinic will be held every week at the Priory on Thursday mornings—the Netherton Clinic will be held on alternate Monday mornings.

The following is the report of Dr. Wight who took over the work from Dr. Wallace at the beginning of September.

"I have the honour to submit a report of the work carried out at the ante-natal clinics during 1937.

The attendances were as follows :---

		The Firs.	Priory	Netherton	Total
Patients reporting	for				
the first time		269	180	91	540
Subsequent visits		737	316	236	1289
Totals		1006	496	327	1829
				and the second second	

Grand Total of ante-natal attendances-1,829.

The total number of ante-natal patients was 540, which gives a percentage of 58.3 of all births notified by Dudley midwives during the year.

Subsequent to each visit of the patient a written report is sent to the midwife concerned. Any abnormality can thus be brought to the notice of the midwife who is advised to call in a medical practitioner when the condition is one which cannot properly be dealt with at the Clinic.

The Post-Natal figures are disappointing-7 patients reporting for examination and making in all 9 attendances."

MIDWIVES.

Ten trained midwives, holding the Certificate of the Central Midwives Board, were in practice in the Borough.

During the year 1183 births were notified to the Medical Officer of Health. Included in this figure are 50 still-births. Of the total births, 926 were notified by the Dudley midwives, and the remainder, *i.e.*, 257 either by doctor, local registrar or midwife resident outside the Borough. In the latter figure are in-

cluded 169 births taking place in one or other of the institutions outside the Borough—in particular the Rosemary Ednam Maternity Home.

The practice of sending a throat swab from each Dudley midwife once a month to the Guest Hospital Bacteriological Laboratory was continued during the year, in order to ascertain whether or not the midwife might be a carrier of the hæmolytic streptococcus (the puerperal sepsis germ).

On November 1st, the Midwives Act, 1936, came into operation in the Borough. The aim of the Act was to provide every Local Authority with a Municipal Midwifery Service, and at the same time it made illegal the practice of unqualified women attending a confinement, thus bringing to an end a dangerous practice which was in existence throughout the Country.

Dudley's Scheme under the Act provides for the appointment of eleven midwives (allowing an average of 80-90 cases per annum for each midwife). The Council appointed nine of the ten midwives already practising in the Borough—Midwife Wootton was retired on account of her age, and compensation paid to her in accordance with the terms of the Act. One other midwife has been appointed, and commenced her duties in December, and the remaining midwife will be appointed early in the New Year, thus providing the full quota.

A patient is allowed to choose her own midwife whenever practicable—for many reasons this cannot, of course, be guaranteed.

In order to provide a continuous midwifery service the Borough has been divided into five areas, with two midwives residing in each. The remaining midwife will be used to relieve wherever necessary.

Early in December, 1937, Miss M. Evans was appointed as Supervisor of Midwives and Corporation Nurses—the approval of the Ministry was obtained for this appointment.

The administration of the midwifery service is carried out by her, under the control of the Medical Officer of Health.

The scale of charges made for the services of a Municipal Midwife are as follows :---

Full-term	confinem	ent, or	miscarr	iage	 f_2	2	0
Abortion					 £1	1	0

Patients residing outside the Borough are not precluded from booking the services of a Dudley midwife, but an additional booking fee of f_1 . 1s. 0d., is charged in this case. Where the family net income of a patient falls below a certain minimum the full or part fee may be allowed according to a scale approved by the Council.

A Summary of the complete scheme is as follows :--

- 1. That 11 qualified midwives be employed by the Dudley Corporation—allowing for 80—90 confinements per annum for each midwife.
- 2. That the commencing salary shall be at the rate of £200 per annum rising by annual increments of £6. 10s. 0d., to a maximum of £226 per annum. That a travelling allowance of £10 per annum be allowed in addition and uniform provided. That where the Council thinks fit the commencing salary may be reduced below £200 or increased to any figure up to £226 per annum.
- 3. That Midwife Wootton be retired on account of her age (69 years) and compensated in accordance with the provisions of the Act.
- That in order to complete the number required, two additional midwives, who must be State Registered Nurses, be appointed.
- 5. That the midwives at present in practice who are to be employed by the Corporation be allowed to continue to reside in the districts in which they are resident at the present time.
- 6. That free choice of midwives by the patient continue to be permitted so far as possible.
- 7. That the equipment of each midwife be brought up to present standard of efficiency in the matter of obstetric bags, sterilized outfits, etc.
- 8. That arrangements be made as and when necessary for Post-Certificate courses—the expenses being met by the Corporation.
- 9. That action be taken against any unqualified person attending a woman in her confinement.
- 10. That a scale of fees to be paid to the Corporation for the services of a midwife be issued, such scale to be based on family income, and the amount (if any) received in respect of Maternity Benefit.

DOCTORS' FEES.

During the year £315. 1s. 0d., was paid in fees to Practitioners for Medical Aid rendered at confinements.

In 1936, £362. 2s. 6d., was paid.

The amount recovered from patients was $\pounds 99$. 1s. 9d.. Last year this figure was $\pounds 84$. 0s. 9d.

Full enquiries are made into the financial and family circumstances in every case and when all particulars have been ascertained they are sent to the Borough Treasurer with the Doctor's account. The decision as to what amount, if any, of the fee is to be recovered, is made according to a Family Income Scale arranged by the Committee.

MIDWIVES' FEES.

The amount claimed by midwives for fees not paid by, patients was f_{10} . 11s. 6d.

In 1936 this amount was £48. 17s. 0d.

MEDICAL AID.

Medical Aid was sought by midwives in 263 cases. This gives a percentage of 28.4 of those cases (926) attended in their homes by Dudley midwives.

Table I.

The table shows the Classification of reasons for sending for Medical Aid as stated on the Medical Help Form :--

ON ACCOUNT OF MOTHER:

Recommended at An	te-Nata	l Clinic		9
Torn Perineum				74
Delayed Labour				48
Inertia				11
Abortion				15
Ante-Partum Hæmor	rrhage			14
Post-Partum Hæmor				5
Adherent placenta				5
Rise of Temperature				6
Extended breech				4
Malpresentations				11
Other conditions				27
			Total	229

ON ACCOUNT OF INFANT:

Feebleness	 		15
Prematurity	 		9
Still-born	 	•••	7
Discharging eyes	 		3
		(D . 1	
		Total	34

Table II.

This Table shows the number of cases attended by each Midwife, together with the number of times Medical Aid was sought :---

		No. of cases.	No. of Medical Aid.
Midwife B.		154	38
Midwife C.		47	 7
Midwife D.		107	 40
Midwife G.		9	 8
Midwife H.		127	 41
Midwife J.		109	 7
Midwife M.		86	 18
Midwife N.		143	 46
Midwife R.		125	 32
Midwife W.		19	 3
Outside Midw	vives	59	 23
		985	263

MATERNITY HOMES.

There was one small Maternity Home registered in the Borough. The person in charge is not a qualified midwife, and therefore, with the advent of the Midwives Act, 1936, the registration was cancelled.

The agreement with the Staffordshire County Council was continued during the year for the reservation in the Rosemary Ednam home of four beds. These are controlled by the Maternity and Child Welfare and Public Assistance Committees. During the year 24 patients were admitted to the Rosemary Ednam Home, of which the Maternity and Child Welfare Committee was responsible for 19 and the Public Assistance Committee for 5. In all, 169 cases from Dudley were confined in Nursing Homes and Hospitals. The majority of these confinements took place in the Rosemary Ednam Home as private cases.

STILL-BIRTHS.

There was an increase in the number of still-births during the year, viz :- 50 compared with 40 in the previous year.

Reported by :--

Medical 1	Practitio	ner	 • • • •	8	
Midwife			 	42	
				_	50

Of this number, 11 were Inward Transfers. An analysis of the figures gives the following particulars :---

Males			 	32	
Females			 	18	
Territional					50
Legitimat			 	49	
Illegitima	ite		 	1	
					50
Full-time	Pregna	ncy	 	34	
Prematur	e		 	16	
					50
Primapar	a		 	18	
*Multipa			 	32	
				_	50
Presentat	tion :				
Vert			 	30	
	ch and f		 	13	
Plac	enta pra	evia	 	2	
	stated		 	$\frac{2}{5}$	
					50

*Of this number 3 were multiparæ of 10, 12 and 14 pregnancies respectively.

MATERNAL DEATHS.

During the year 5 women died as a result of childbirth, but on investigation only 3 were definitely classed as maternal deaths. This gives a maternal mortality rate of 2.49 per 1,000 total live and still births.

The Maternal Mortality Rate for England and Wales was 3.11 per 1,000 total live and still births.

Brief notes on each of the five cases are given below :---

- 1. Mrs. A. Age 35. 1st pregnancy. Attended own doctor for three weeks prior to delivery on account of bronchitis. Was attended at confinement by handywoman and subsequently developed acute lobar pneumonia from which she died a week later.
- 2. Mrs. B. Age 27. 1st pregnancy. Attended ante-natal clinic and had booked midwife for confinement. Doctor summoned during labour on account of uterine inertia. Delivered later with difficulty of a stillborn child. Subsequently developed rise of temperature with signs of septic infection of womb. Consultant called and patient was removed to hospital where she died.

Cause of death. (1) Puerperal septicæmia (2) Retained placenta.

3. Mrs. C. Age 43. 14th pregnancy. Prior to confinement had been attended by own doctor for pyelitis but had refused hospital treatment. Labour was easy but child was stillborn. An hour after labour patient collapsed and died.

Cause of death. (1) Post-partum shock (2) pyelitis.

4. Mrs. D. Age 31. 1st pregnancy. Ante-natal care by midwife. Doctor called in on account of delayed labour but attempts at delivery failed and patient was admitted to hospital where she was delivered of a still-born child. Later pyrexia developed with signs of septic infection of the womb and peritoneum necessitating an abdominal operation. Patient rallied after this but subsequently her condition gradually deteriorated and she died soon after.

Cause of death. (1) Septic peritonitis (2) Puerperal sepsis (3) Pyæmic abscesses of lungs.

5. Miss E. 2nd pregnancy. Pregnancy was concealed and patient received no ante-natal care. No one was present at the birth and a midwife, later summoned by the police, found the patient to be dead. There was evidence of considerable hæmorrhage having occurred. The coroner returned a verdict of death from natural causes. Post mortem examination showed fatty heart, and placenta prævia.

Full investigations were made into these cases and reports sent to the Ministry of Health.

Professor Sir Beckwith Whitehouse continued as Obstetric Consultant during the year with an honorarium of 50 guineas per annum.

All complicated obstetric cases are admitted to the Maternity Hospital, Loveday Street, Birmingham, while puerperal cases are sent to the General Hospital, Birmingham. Sir Beckwith Whitehouse is in charge of these cases while they are in hospital. By arrangement f_3 . 3s. 0d. is paid per week for maintenance of these patients. This is recovered either in whole or part from the patient according to circumstances. In necessitous cases the Council pay the whole cost.

THE TODDLER.

Mothers are encouraged to bring their babies to the Clinic after they have passed their first birthday. Numerous defects are thus found and corrected, which otherwise would not be discovered until the child's first school medical examination. The numbers attending do not yet warrant holding special sessions for the examination of toddlers. At present they are dealt with at the ordinary baby sessions.

During the year 584 toddlers' examinations were made.

4,643 attendances were made at the clinics by children between the ages of 1 and 5.

39 children between the ages of 1 and 5 died during the year.

The following two tables show (a) the age group and (b) the cause of death for the past 2 years.

			1	1986	1937.
	1 to 2 years		 	9	18
	2 to 5 years		 	17	21
				26	39
(<i>b</i>)	CAUSE OF DEATH.				
(-)	Diphtheria		 	4	2
	Measles		 	1	8
	Whooping Cough		 	1	2
	Tuberculosis		 	2	
	Scarlet Fever		 	1	
	Influenza and Bron	nchitis	 	-	1
	Pneumonia		 	13	15
	Diarrhoea		 		1
	Cancer		 		1
	Heart Disease		 		1
	Other causes		 	4	8
				26	39

(a) AGE GROUP.

MILK (Mothers and Children) ORDER, 1919.

Free milk (dried) is issued to necessitous expectant and nursing mothers and babies. Each week a "free milk form" is completed and brought to the Clinic, and if the net income is within the scale fixed by the Committee, the free issue of a one pound tin of dried milk is made. Each application form is carefully checked and the family income confirmed by writing to employers.

During the year 3,029 packets of dried milk were issued free at the four clinics.

The total cost of this was $\pounds 192$. 5s. 8d., as compared with 3,720 packets at a cost of $\pounds 273$. 3s. 2d., in 1936. There has been a steady decrease in these issues during the last few years indicating an improved condition of employment.

ORTHOPAEDIC TREATMENT.

No alterations have been made in the arrangements between this Department and the Maternity and Child Welfare Committee.

All new cases requiring treatment necessitating expenditure are reported to the Committee.

The following cases under 5 years old were under treatment during the year.

Paralysis				4	
Rickets				12	
Congenital	Defects			5	
Foot Defec	ts			16	
Others				5	
				42	
-					100
LOT	AL ATTE	NDANCE	25		 196

INFECTIOUS DISEASES.

SCARLET FEVER. There was a large decrease in the incidence of this disease in children under 5 years of age. Only 8 cases being notified as compared with 21 in the previous year.

Two cases were removed to hospital.

DIPHTHERIA. There was a slight decrease in the number of notified cases of diphtheria during the year in children under 5 years of age, viz :—22, as compared with 25 in the previous year. All the patients were removed to hospital and there were 2 deaths.

It is hoped to introduce immunization against diphtheria early in the new year. Full particulars are given in the School Medical section of the Report.

MEASLES AND WHOOPING COUGH. There were eight deaths from measles and two from whooping cough during the year.

TUBERCULOSIS. One case of pulmonary tuberculosis was notified to me in a child under 5 years of age.

During the past 5 years the following cases have been notified and treated appropriately :

Fubercular	glands			 2
11	knee			 1
	lungs			 1
	lungs a	nd spi	ine	 1
	lungs a	nd ab	 1	
		Т	otal	 6

DENTAL TREATMENT.

The report of Miss Ewing, Dental Surgeon, is as follows :--

"It gives me pleasure to report that there were 857 attendances, as shown in the appended analytical statement, during1937. This compares favourably with last year, and is a substantial increase on previous years. Although there has been a decrease in the number of baby and ante-natal cases, it is gratifying to note that the number of mothers attending has considerably increased.

We are finding in the routine examinations that the children entering school at the age of five have exceedingly bad teeth. It is regrettable that this neglect should occur as treatment for babies under five years of age is always obtainable at the clinic. It is apparent that the mothers think the temporary teeth take care of themselves; actually they require as much care and attention as the permanent dentition.

With regard to the adults, I am pleased to say I have had the opportunity this year of saving a number of teeth which would have been extracted if the mouth had been neglected even a few months longer. These cases were sent to me before the damage had become too extensive and I was able to scale the teeth, treat the gums and so prevent the extraction of perfectly sound teeth. I desire to draw attention to the fact that there were a great many other cases which required similar treatment but owing to their tardiness in attending the clinic the teeth were loose before they came under my care and no prophylactic treatment was possible. These mothers would be saved needless pain and trouble if they would attend the clinic for examination and advice in the early stages.

		Total	attendances
Mothers 1st appo	intments		251
" 2nd	11		229
Ante-Natal Cases			
11 1st			47
" 2nd			24
Babies 1st			229
" 2nd			64
Mental Defectives			13
	Grand Total		857

Number of attendances at each clinic :---

	I	Judley	Netherton	Holly Hall	Total
Permanent fillings		24	1	3	28
Temporary fillings		7	1	1	9
Permanent extractions		610	69	1	680
Temporary extractions		201.	73		274
Gas		553	98		651
Other permanent operations			2	5	30
Other temporary operations		51	2	22	79
Number of attendances		697	125	35	857

EAR, NOSE AND THROAT CLINIC.

There have been 28 operations carried out by Mr. Hallchurch in this department.

The work of the Ear, Nose and Throat Clinic among the infants and children under school age lies chiefly in (1) the treatment of discharging ears, usually arising from infection during the teething period; (2) the treatment of enlarged adenoids and tonsils.

Early and careful treatment of discharging ears is most important. The children are usually referred to us early from the Maternity and Child Welfare Clinics, and with good treatment by the mothers at home, or where this is not satisfactory, daily dressings by the Nurses at the Clinic, the results are very good.

The cases, which have required operation for removal of enlarged tonsils and adenoids, have, on the whole, shown marked benefit.

LADIES' VOLUNTARY COMMITTEE.

President: The Mayoress-Mrs. Young.

I am sorry that the ladies have not taken the active interest that it deserves. Several of the older members have ceased to attend, and it seems rather a difficulty to get new ones to take their place, although it only involves attendance once a fortnight as a rule.

The work can be made very interesting, but it does want regular attendance. Some of the Clinics are most faithfully attended by regular workers, and very great credit is due to them.

Our best thanks are due to Mrs. Hulme, the Secretary for the work she does.

BABY DAY.

This was held on June 23rd this year, the weather once again being favourable.

Entertainment was provided by Professor Marelle who, proved a great success with his "Punch and Judy "show, as well as his conjuring and ventriloquism.

Through the courtesy of the Staffordshire, Worcestershire and Shropshire Power Co., the mothers and children were entertained with a continuous relay of gramophone records through loud speakers.

Tea was provided for the exceptional number of mothers and toddlers, as well as the large number of guests that were invited.

The function is organised by the Ladies' Voluntary Committee.

HEALTH VISITORS.

The Health Visitors have worked very well during the year as is evident from the increasing number of attendances at clinics, and the number of home visits, etc., as shown in the table on page 95.

INFANT LIFE PROTECTION

(Children and Young Persons Act, 1932).

The four Health Visitors carry out the necessary supervision in this direction, and reports are made to me each week of any visits made. A report is made to the Maternity and Child Welfare Committee whenever necessary.

REPORT OF HEALTH VISITORS FOR THE YEAR 1937.

	Nur Eva		NUF BLA	RSE ACK.	Nui John	RSE NSON.	NU CAMP	RSE BELL.
Visits of Health Visitors :								
First visits to babies	320		230		304		250	
Re-visits	2046		1313		1380		1246	
Visits to 1-5 children	5404		3855		4707		5481	
Ante-Natal visits	158	12.11	56	1000	103		89	
Re-visits	103		73		125		164	
Visits to Still-births	8		10		9		12	
Visits to Midwives	38		81		18		16	
Visits to Ophthalmia Neon.		1011	1					
Re-visits	-		4					
Visits to Tuberculosis pat's.	17		21	8 . SK	12		10	
Re-visits	82		119	100	360		323	
Visits to whooping cough "	102		32		12		10	
Re-visits	27				29			
General advice	327		664		1587		1034	
House inspections	178		12		32			
Common yards visits	3		5		4			
Visits to Blind Persons	41		123		69		68	
Special visits	173		135		360		192	
-promission		9027		6734		9131		8885
Attendances at Clinics :			1		NT T			
New cases under 1 year	248		210		236		172	
New cases over 1 year	50		38		34		6	
		298		248		270		178
Total attendances :			11.25.0				1.2.22	
Under 1 year	5502		3808		3878		3304	
Over 1 year	1077		1808		1316		442	
over i year in in		6579	1000	5616		5194		374
Ante-Natal Clinics:		0070		0010	1000	0101		0/1
New cases	115		87		136		188	
011	340		203		369		381	
Old cases	040	455	200	290	000	505	001	569
Post-Natal :		400		200		000		00
New cases	0		1		3		1	
014	22		-		0			
Old cases	- 4	4		1		3		
		4				0		

95

COUNTY BOROUGH OF DUDLEY.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

ON THE

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN

INDEX.

	Page
Astley Burf Camp	112
Blind, Deaf, Mentally Defec-	
tive and Epileptic Children	112
Cleanliness	100
Dental Defects and Treatment	105
Ear, Nose and Throat Disease	s 108
Eye Diseases	105
Health Education	117
Hopfields	118
Infectious Diseases	102
Malnutrition	99
Medical Inspection	98
Medical Treatment	104
N.S.P.C.C. Co-operation	116

			1 490
Open-Air Educatio	n		111
Orthopædic			110
Physical Training			115
Provision of Meals			115
Provision of Milk			115
School Medical Serv	vice	Cost	118
School Nurses' Rep	ort		101
Secondary Educati			116
Skin Diseases			105
Staff			98
Swimming			115
Statistical Tables			120
Tuberculosis			103

Page

THE ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1937

During the year the Education Committee and the town of Dudley sustained a very sad loss in the death of the Director of Education, the late Mr. James Whaley. His sudden and untimely passing was a severe shock to everyone, and his death was acutely felt by all of us.

Mr. Whaley was a friend of mine and that friendship was considerably enhanced by the interest he took in my share of the work of the Education Committee in Dudley.

I hope I am not exceeding the bounds of modesty when I say that the standard of the School Medical Service in Dudley is high and equal to most towns in the country that have the distinction of occupying a high position of efficiency, but let me hasten to say at once that I am prepared to share in equal measure the credit of that achievement with my late friend Mr. Whaley. He was always sympathetic, willing and anxious to help in all my efforts which would tend towards improvement.

I shall miss his councils very much, and his association with my work and his friendship will always be a pleasant and lasting memory.

Most unfortunate and sad too, was the death of Mr. Bentley, which occurred within two months of the death of Mr. Whaley. The loss of the two senior officials of the Education Department within two months of each other was indeed a great calamity. We welcome Dr. Scotland who has succeeded Mr. Whaley as an integral part of the School Medical Service, and I do not think there is any doubt that he will give all the help he can in maintaining the efficiency of the work as it affects the health of the school child.

THE STAFF.

There has been no change in the staff of the School Medical Service. Perhaps it might be noted that the Deputy Medical Officer of Health (Dr. Wight) who is also Deputy School Medical Officer, does one Routine Medical Inspection and one Minor Ailments Clinic per week—and, of course, any other occasional work.

MEDICAL INSPECTIONS.

The routine medical inspections were carried out by Dr. Taylor, the Assistant School Medical Officer, as in other years *i.e.*, on an average 4 times a week. In all 3,163 children, boys and girls, were inspected and they are classified as follows :—

		1936	1937
Entrants		 1259	1094
Second age group		 922	881
Third age group		 924	1188
	Total	 3105	3163

Amongst the 3163 children examined 1031 defects were found, equal to a percentage of 32.6. Of this number, 821 needed some form of treatment and 210 were kept under observation.

There were 3990 children examined as "Specials." These were made up as follows :---

Examin	ed at School		98
	at Clinics		2400
	for swimming class	sses	1069
	for free meals, etc	c	423
		Total	3990

It should be noted that a Routine Inspection is one that is Statutory, *i.e.*, the Education Act requires that every child should be medically examined when it first enters school (Entrants) again when it attains the age of 8 years (Intermediates) (2nd age group), and finally, before leaving school at 12 years (leavers) (3rd age group). A "Special" on the other hand may be examined medically at any time at the request of the teacher or parent or attendance officer.

Total attendances made by the "Specials" were 9408.

The Defects found at these medical examinations are tabulated (Table No. IIa) at the end of this volume—" Routines" and "Specials" separately.

Most of these defects are very slight—definitely "minor ailments"—and are treated at the Clinic. The more serious defects or anything out of the ordinary are referred either to the private doctor or are sent to the Hospital. Some cases are sent to the Dudley Dispensary for treatment.

The following are the more common defects noted :---

		Routine.	Special
Skin Diseases	 	54	715
Eye Diseases	 	37	156
Defective Vision and Squint	 	197	106
Ear Diseases	 	36	57
Nose and Throat Diseases	 	313	121
Heart and Circulation	 	57	11
Lungs	 	71	67
Other defects and Diseases	 	159	9911

All serious defects (including defective vision and squint) associated with the eye, ear, nose and throat, or orthopædic conditions are referred to our special clinics for such complaints held at "The Firs."

MALNUTRITION.

Table II B shows the classification of cases of Malnutrition found at the Routine examinations. The Summary of this table is :—

			1936	1937
Excellent			580 or 18%	239 or 7.5 %
Normal			1900 or 61.1%	
Slightly su	ıb-norn	nal	524 or 16.9%	
Bad			101 or 3.2%	·
			3105 100 %	o 3163 100%
				And the second s

Thus it will be seen from the table that 85.6 per cent. of the children examined were found to have "normal" nutrition, 7.5 were "excellent" and only 6.8 were "slightly subnormal." There were no cases of "bad" malnutrition.

The habit of drinking Milk at School and the provision of Free Meals must considerably help towards the attainment of this good result. Perhaps better housing conditions have helped and perhaps also it is an indication of less unemployment.

CLEANLINESS.

The accompanying table shows the results of Inspections made by the School Nurses at the Schools for conditions of personal cleanliness.

The nurses made altogether 75,116 inspections, visiting each School in the Borough on an average of 9.7 times during the year. There were 778 **individual** children found verminous, some mildly and other severely. All these children are followed up regularly and reported. It is a fact that many of them are over and over again found to be dirty—no sooner are their heads made clean than at the next visit of the nurse they are as bad as ever. I have had on many occasions to report the cases to the Inspector of the N.S.P.C.C. It was found necessary to exclude 46 children from School on account of their dirty condition.

	Number of Visits paid to Homes.	20	22	54	15	25	39	22	24	5	28	18	22	294
1937.	Number of attendances at Eye Clinics.	1	3	9	1	1	3	4	1	I	4	8	2	35
THE YEAR ENDING 1937.	Number of attendances at Clinics.	101	88	83	95	66	106	115	79	8	134	92	102 .	1068
THE YEA	Number of visits paid to Schools.	54	54	55	70	52	83	94	68	5	105	81	73	791
REPORT FOR	Number of children found with skin disease.	3	9	2	3	3	s,	5	1	1	4	5	1	38
S' RE	er of Iren to be ean.	52	40	88	31	34	43	38	23	9	81	28	24	488
URSE	Number of children found to be unclean.	-15 	68	83	107	176	175	293	178	S	336	119	85	1697
SCHOOL NURSES'	Number of children examined.	6808	4097	6464	7826	5957	7915	9486	6995	456	10361	7010	6871	80146
		JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL

101

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×.

INFECTIOUS DISEASES.

During the year Scarlet Fever and Diphtheria have both been prevalent, though not in epidemic form.

Scarlet Fever. There were 46 cases of Scarlet Fever of school age, notified to me during the year—this is 29 less than in the previous year. Hospital treatment was given to 18 of these patients on account of unsatisfactory home conditions. One child died in Hospital. All children suffering from Scarlet Fever, and their contacts in the home, are excluded from School until they are pronounced free from infection.

Diphtheria. This disease was fairly prevalent all through the year with greater exacerbations at times. But this was not peculiar to Dudley, all the surrounding areas were also badly affected. At times this led to the Hospitals being filled to capacity so that several cases (other than school children) had to be nursed at home for want of accommodation. Curiously enough there were 61 children of School age notified to me in 1937-the same number as in 1936. All the cases were removed to Hospital. The mortality rate of these cases was rather high-13 having died in Hospital. In 1936 there were 5 deaths. It is rather sad to think that but for the want of more timely medical aid, several of these children need not have died. Parents leave their sick children too long, in the hopes that each day they will be better. before they send for the doctor. With diphtheria neglect for even one day may lead to a fatal issue, as the system soon becomes saturated with the poisons of the disease.

Every year I write in the same strain in my Annual Report that no sore throat in a child should be neglected. Perhaps in the majority of them nothing serious happens, but every now and again the sore throat is due to Diphtheria, and the sooner the child receives the anti-toxin for treatment, the better will be the chances of recovery. Diphtheria can be prevented to a considerable extent.

During the latter part of the year (1937) the case for Immunisation against Diphtheria was again put up to the Committee and after one or two discussions by a joint Committee consisting of the Health, Maternity and Child Welfare and Education Committees, it was agreed to, and sanctioned by the Council at their meeting in December. Preparations were immediately taken in hand by Dr. Taylor who has since then been steadily going ahead with the work. The ground was first prepared by sending a circular letter to the teachers and informative leaflets to the parents. Parents were then asked to give their consent for inoculation in writing. Children up to 8 years of age receive 2 injections of Alum Precipitated Toxoid, .1 c.c. and .5 c.c. at an interval of 14 days and those over 8 years have 3 weekly injections of 1 c.c. of Toxoid-Antitoxin Floccules. As this work was started at the commencement of the current year a further report with details will be made in the next Annual Report.

In the meantime, up to the time of going to print, 4,020 children have been completed. I should advise with all earnestness every parent to have their children immunised against Diphtheria. It is useless to say that it will positively prevent an attack of Diphtheria, but experience is overwhelming that very few children who have been immunised contract Diphtheria and then usually the attack is mild and very seldom results in loss of life. Complete immunity takes about 3 months to develop after the injections.

The total number of cases of Diphtheria of all ages notified to me during the year was 98. In the year 1936 there were 104.

The question of Infectious Diseases is more fully discussed elsewhere in this Report.

Tuberculosis. This disease affects all ages of the community from infancy to old age. Amongst children of school age 6 new cases were notified to me during the year—they were all girls and their ages varied from 7—13 years.

Localisation of the disease was as follows :---

Meningitis		 	2
Lungs	/	 	1
Spine		 	1
Cervical gland	s	 	1
Right hip		 	1

Three of these unfortunate children have since died—the two cases of tubercular meningitis and the one case of pulmonary tuberculosis. When the lungs and the meninges are affected in children, the disease is extremely fatal, especially the latter which practically always ends in death. These cases were probably infected with the human type of the tubercle bacillus, whereas the other three cases spine, hip and glands (surgical Tuberculosis) were probably infected with the bovine type of tubercle bacillus, *i.e.*, from milk. **Model** children drink only Pasteurised milk at all times.

104

Summary.

Lungs		 	 10
Cervical glan	ds	 	 2
Hip		 	 2
Peritoneum		 	 3
Spine		 	 1
Ribs		 	 1
Wrist		 	 1
Bones and jo	oints	 	 1
Abdomen		 	 1
Glands		 	 2
Meninges		 	 2
			-
			26

Of this number 6 children spent varying periods at the following Open-air Sanatoria, viz :--

Woodlands Orthopædie	c He	ospita	1	 3
Standon Hall				 2
Himley Sanatorium				 1

MEDICAL TREATMENT.

The treatment of Minor Ailments was proceeded with on the same lines as in former years.

Six Minor Ailments Sessions are held each week as follows :---

The Firs, Dudley	 Monday, Wednesday and
	Thursday afternoons.
Public Hall, Netherton	 Wednesday afternoons
Holly Hall	Friday afternoons.
Priory	 Friday mornings.

All children with minor defects and ailments are attended to at one or the other of these Clinics. When found necessary, children with more serious conditions are referred to their own doctor or to the Hospital for treatment.

Thus during the year 3990 individual school children attended the Minor Ailments clinics making a grand total of 9408 attendances altogether. Apart from the Minor Ailments Clinic, special clinics are held at The Firs for Ear, Nose and Throat, Orthopædic and Ophthalmic defects.

Skin Diseases.

Seven hundred and sixty nine individual children attended the Clinics for all forms of skin diseases, of this number 325 were suffering from impetigo and septic sores and 410 from other forms of unclassified skin affections.

The Health and Cleanliness Council say "Where there is dirt there is danger." Practically all these cases are preventable if a little more attention is devoted to cleanliness.

Classification.

Ringworm-scalp		 	2
Ringworm-body		 	6
Scabies		 	26
Impetigo		 	325
Various other form	ıs	 	410

Defective Vision.

All specialised Ophthalmic work is done by Mr. H. B. St. Clair Roberts, Ophthalmic Surgeon to the Dudley Guest Hospital and Eye Infirmary. He is assisted in his work by an Assistant approved by the Board of Education.

A Clinic is held once a week (Tuesdays). Mr. Roberts refracted 284 children during the year and prescribed glasses in 216 cases. In every case the glasses were provided at the cost of the parent or the parent was assisted from the School Medical Service Voluntary Fund.

Other Defects and Diseases of the Eye.

Most cases of other Eye defects, if they are simple, are treated at the Minor Ailments Clinic or, when necessary, they are referred to the Ophthalmic Surgeon at the Hospital. There is much neglect on the part of the parents in many cases of chronic inflammation of the eye lids. They are troublesome cases and need persistent treatment, but the parent and the child get tired of attending after a very short time and the eye is left to look after itself.

Dental Treatment.

Mr. Nelson the Senior Dental Surgeon has furnished the report set out on the following pages.

I feel with Mr. Nelson that the appointment of two lady Dental Attendants would considerably help towards a more complete and thorough Dental Service—and it would set free the nurses for other work for which they are more fitted, and which needs doing. I urge the Committee to consider this matter.

"The table given herewith shows the attendance and amount of work done at each individual clinic, whilst elsewhere is a complete table of approved form, giving all statistics relating to inspections, etc.

Clinic	Attendance	Casuals	Routine Cases	Inspections	Sessions	Permanent Fillings	Temporary Fillings	Permanent Extractions	Temporary Extractions	Nitrous Oxide	Other Operations Permanent	Other Operations Temporary	Cash Takings
DUDLEY	4618	1770	1434	22	537	1929	369	1021	2875	2945	515	259	96/6
NETHERTON	1636	473	720	11	194	583	103	317	1038	1038	133	84	10/-
HOLLY HALL	517	170	215	2	36	322	28	-	124	-	3	24	-
GRAND TOTAL	6771	2413	2369	35	767*	2834	500	1338	4037	3983	651	367	106/6

*(This figure includes approximately 110 sessions devoted to Maternity and Child Welfare Work. The attendance and work done for these cases is however additional to the above table and is shown elsewhere).

Although the figures given above do not vary materially from those given the previous year, it is impossible to make direct comparisons, owing to the fact that this year is the shorter by a matter of 22 sessions. Two main factors are responsible for this shortening—the first being the closing of the clinic for a period during Coronation week. The second is that we did not have the services of the Dental Board in our Health Week and that clinics had to be partially discontinued whilst we gave talks in various schools. Although the 1936 figures have not been passed, however, those shown this year are definitely superior to any prior to that date.

No material alteration has been made in the organisation of the clinic as a whole. Dudley is still allotted five joint and four single handed sessions. Netherton two joint and one single handed session and Holly Hall one single handed session per week. With the exception of the latter, these single handed sessions are devoted to conservative work. Alterations in the scheme are undoubtedly desirable, but these are being held up pending the completion of the Priory Clinic, when a complete revision of our time-table will be required. The demand for conservative treatment has steadily increased and expansion in this direction is limited only by the present number of sessions devoted to the work. The demand for fillings by casual cases is such that we are able to fill the majority of our conservative sessions, without drawing on our ever increasing list of routine cases. We have, therefore, a number of cases which can only be treated by increasing our number of sessions.

One problem which has always been with us, and which will become more acute as our scheme of decentralisation progresses, is the allocation of an adequate number of sessions to each clinic. For instance we have three clinics per week at Netherton. This enables us to complete the treatment (other than conservative work) in a matter of eleven months. To decrease the sessions to two would mean that the schools in that district were not completed in the year. It is essential that we shall not only have a definite time table for clinics in various districts, but that it shall be adhered to rigidly. Therefore it is impossible to close down the clinic for a few sessions, whilst we complete work in a busier area. One solution would be to have half sessions, at some of the smaller clinics, except for the fact that such an arrangement is most unsatisfactory in practice.

Linked with the above problem is the question of whole time attendants in the dental clinic. The present supply of nurses for this work is quite inadequate. Based on all figures which I have available, we should have two whole time attendants working between them 20 sessions per week, (this excluding Saturday mornings which would be devoted to administrative work). We are at the moment receiving nursing attendance to the extent of 12 sessions per weekor only 60% of average normal requirements). Two other difficulties also arise out of the present arrangements ; (a) none of the present staff have had any specialised training as dental attendants and are therefore unable to assist in conservative work; (b) that we cannot in all instances fix the dates of our clinics to best advantage, but have to be guided not only by when the rooms are available, but also by the time these nurses are not engaged in other duties. I am certain it would well repay us to engage two young girls and to train them ourselves as dental attendants. This would be advantageous to us and would release trained nurses for more important duties.

The cash takings at the Clinics are higher than for several years and it might be thought that this would indicate more prosperous times and better nutrition. If the teeth of the new admissions into infant schools are any indication of the present standard of nutrition, then this is definitely **not** improving. Never have I seen teeth worse than in the present 5 years olds—extractions in most instances is the only thing possible, when first these children come under our care. This however, is more a problem for the Maternity and Child Welfare side of the work. Propaganda is a partial solution and in this connection it is interesting to note that apart from approximately 3,000 leaflets distributed in November during Health Week, some 4,500 leaflets have since been sent round to the Schools. Many of these leaflets may reach home and the parent.

Talks were given in Health Week to all the senior schools and it is satisfactory to be able to record that we had an increased average attendance right up to the closing of school for the Christmas holiday. Films were shown at the usual cinemas, but we were unable to obtain the interesting exhibits from the Dental Board for display in School this year.

The Maternity and Child Welfare report is being dealt with in a separate section by Miss Ewing. These figures are in addition to those shown herewith, with the exception of the number of sessions worked. These cases attend during the School Clinics and I estimate that of our total 767 sessions roughly 110 have been devoted to this work. This gives an approximate attendance of 15 Maternity and Child Welfare cases per half day. (N.B. when general anæsthetics are being given and both dental surgeons are present, a half day counts as two sessions). I am of opinion that special times should be set aside for these cases and that they should not be treated during the course of normal school sessions."

Ear, Nose and Throat Diseases.

Dr. Winifred Dean has written the report on the work of this clinic. I am glad to add, however, that the operative treatment of tonsils and adenoids and other conditions has been very much expedited latterly.

No. of children who have attended :---446 New Cases Old Cases 2189 Number of Operations performed :--1. Removal of Tonsils and Adenoids 270 2. Antrum Washouts ... 71 ... 3. Cautery of Inferior Turbinates ... 49 4. Antrostomy ... 2 1 5. Laryngoscopy 6. Inferior Turbinectomy ... 1

The number of attendances at the Ear, Nose and Throat Clinic during the year 1937, shows an increase on that of the previous year. There have been 73 more new cases and attendance of 112 more old cases. This is satisfactory as we feel that more of the school children are receiving earlier treatment. The benefit of this is shown in the quicker recovery of the child from its disease or defect, with less risk of development of complications. It is usually more easy to treat a disease in the early stages, than when its hold upon the patient has become chronic. This applies especially to affections of the nose and throat and the ears. For example if we can treat the child whilst the effects of enlarged adenoids or inflammation of the ears, are in their early stages, we have much more hope of a permanent recovery, with no secondary effects such as malformation of the palate, bronchitis or deafness. If the parents wait to bring their child to the Clinic until these conditions are well advanced, the treatment is much more difficult and we cannot expect a perfect result.

The attendance on Saturday mornings has increased, showing the preference of many of the mothers for bringing their children on a day when no school time will be missed. There are still I am sorry to say some very bad attenders at the Ulinic, and these are quite often the ones who especially need attention, children with chronic discharging ears or chronically enlarged tonsils. Very little can be done without the proper co-operation of the parents and it sometimes takes a good deal of time and patience to convince the parents that treatment will be beneficial to their children. These cases are, fortunately, in the minority. Most of the parents are most willing to co-operate.

There have been 270 operations for removal of tonsils and adenoids. These have been performed by Mr. Hallchurch and his assistant at the Hospital, Mr. Hamilton, who has been appointed during the year in order to cope with the large number of operations, which have to be performed. Our waiting list is considerably smaller and, in the near future, it is probable that no case will have to wait before its operation can be performed. Of course urgent cases always have immediate treatment. 82 more operations have been performed in the year 1937 than were carried out in 1936.

The operations on the nose are composed of washouts of the nasal sinuses and cauterisation of the inferior turbinates; of these two together there have been 120 operations performed. Cases of nasal sinusitis, if allowed to become chronic before treatment is obtained, are usually difficult to cure, and may need two or three operations to bring about the desired result. The condition is aggravated by a smoky atmosphere and early treatment is of the utmost importance. A further danger of chronic nasal sinusitis is secondary affection of the eyes, with impairment of vision. If the aggravating cause is allowed to continue, this may become With thorough and careful treatment, not permanent. only by operation, but also that carried out daily by the Nurse at the clinic, we have been able to discharge the majority of these cases as cured. Some have come back a few months later with a fresh infection, but this, as a rule clears up with a short period of treatment. In these cases as with all those attending for treatment, it is important to see that the child's teeth contain no source of sepsis, and here the work of the dentists is of the greatest help. All suspected cases are referred to them for examination.

The post-operative results have been very good; also the results of the treatments, (non-operative), which have been carried out at the clinic have been most encouraging. The acute infections of the ear have healed quickly with return of good hearing. When it is possible for the child to go to the Open-Air School at Malvern for improvement of his general condition, after all the treatment possible has been carried out, the results are as a rule very good indeed. He, or she, usually gains in weight and develops a much better physique, and can be discharged as a perfectly fit child.

I should like to thank the Medical Staff for their cooperation in the treatment of the concurrent complaints of the Ear, Nose and Throat cases, and the nurses for their excellent and careful work.

Crippling Defects and Orthopaedic Treatment.

This Department continues to function very satisfactorily. No change has been made in the Staff or in the procedure of the work. The clinic is held at The Firs every Friday morning and on one, sometimes two of these Fridays the Orthopædic Surgeon, Mr. Wilson Stuart, attends. The after care treatment is carried out by the trained Orthopædic nurses.

In association with this Department there is a fully equipped Massage, Electro-therapeutic and Remedial section—together with a Sunray lamp. Qualified nurses carry out all this work.

As in the past, certain adjoining areas of Staffordshire and the Joint Tuberculosis Committee make use of this Clinic and pay an agreed amount (2/6d., for each visit and consultation at the clinic for massage etc.) Each Authority bears full cost of Hospital treatment and cost of all surgical appliances, X-ray etc. The Inpatient treatment is carried out at the Royal Cripples Hospital Woodlands), in Birmingham. Non-Tubercular affections :---

Paralysis		 	 9
Rickets		 	 10
Congenital			 5
Deformitie		 	 29
Other cone	ditions	 	 25
			78

30 of these were new cases. Total attendances made 349.

Tubercular affections :---

Spinal disease		 	6
Others		 	6
Total attendances	made	 	69

The following table gives a Summary of the attendances made by all patients at the Orthopædic Centre in Dudley :---

Dudley Education Committee Dudley Maternity and Child Welfare	Ortho- pædic. 139 196	Massage. 2023 76	Ultra- Violet Ray. 733 1514
Staffs. Education Committee	48	54	
Staffs. Health Visiting Committee	45	184	6
Tuberculosis Joint Committee	302	155	_
Borough of Rowley Regis	50	336	
	780	2728	2247
Grand Total	5755		

West Malvern Open-Air School.

The Dudley Education Authority reserved 30 places at this School for 15 boys and 15 girls. During the year 90 children were sent to this school for the benefit of their health. Thirty in March, June and September. From the middle of December to the middle of March the school is closed.

These children are usually selected from those who have been attending the clinic, they are delicate in health, probably have a bad family history and most of them are from poor families. Every effort is made to send only those who are really in need of a change from the health and environment point of view. Some of the children are so poor that they have to be equipped with clothing and shoes from a voluntary fund.

With very few exceptions all these children return very much improved in health. In appearance they are transformed, they look fit and happy and the picture of health. They all put on weight—in many cases over a stone. They all speak well of the school and say that they liked being there. The following table shows the average gain in weight.

	June.	Sept.	Dec.
Boys	 9 ¹ / ₂ lbs.	10 lbs.	$9\frac{3}{4}$ lbs.
Girls	 $10\frac{1}{4}$ lbs.	$10\frac{1}{2}$ lbs.	11 lbs.

Astley Burf Camp.

As in previous years 60 boys and 60 girls go to this camp each week from Monday to Friday, all through the Summer months. They are accompanied by teachers and they have their classes in the open. Lately the accommodation has been much improved. The camp is situated near Stourport in Worcestershire, in beautiful surroundings and not far from the river Severn.

BLIND, DEAF, MENTALLY DEFECTIVE AND EPILEPTIC CHILDREN.

Totally Blind children.—There were no blind children of elementary school age during the year 1937.

Partially Blind children.—There are 12 Partially blind children in Dudley. Most of these are high myopes (9)—1 double congenital cataract, 1 double dislocation of lens and 1 opticatrophy.

There is no special class in Dudley for these Partially Blind children, hence they have to attend the ordinary elementary schools. As a rule teachers are advised of this and asked to give the child every facility in the class room.

Totally Deaf children. There were 15 deaf children attending the Dudley Deaf School. Of this number there were only 4 belonging to Dudley, the remaining 11 were from outside authorities. This school has been approved as a Deaf School by the Board of Education. Two certificated teachers are engaged in this work. **Partially Deaf children.** There were 30 children of school age on the Register who were deemed partially deaf by the Ear, Nose and Throat Surgeon. These cases are due primarily to some trouble in the throat or nose, usually chronic tonsilitis with or without sinusitis. This leads to a chronic catarrhal condition of the middle ear which results in impairment of hearing.

All these cases are under regular treatment at the Ear, Nose and Throat Clinic.

Mentally Defective children (feeble-minded). In this category there were 51 children. There were none at certificated schools—40 were attending the Elementary schools, 4 were at Institutions other than Certificated schools and 7 were being kept at home.

All these children have been certified as fit for a special school for Mentally Defective children. Great difficulty is experienced in finding a place for even an occasional one. From time to time some of these children appear in the Juvenile Court and then a special effort is made for his or her removal to a Special School, or an Approved School.

Mental Deficiency (Notification of Children) Regulations, 1928.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1937, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified 5

DIAGNOSIS	5.	Boys.	GIRLS.
1. (i) Children incapable or further benef in a Special Sch	of receiving benefit fit from instruction ool :		
(a) Idiots .		-	-
(b) Imbecil	es	2 - 00	1
(c) Others		_	-
	be instructed in a without detriment to ther children :		
(a) Moral d	efectives	-	-
(b) Others			-
	notified on leaving or before attaining	3	1
3. Feeble-minded childre Article 3, <i>i.e.</i> , "spe cases	n notified under cial circumstances''	-	_
	d be notified under be Board have issued ate (Form 308M) to		
4. Children who in additio defective were blind	n to being mentally d or deaf	_	_
	eaf child should be t reference to the icle 2, proviso (ii)		
	GRAND TOTAL	3	2

Analysis of the above Total.

During the year there were 5 children notified to the Local Committee for the Care of Mentally Defective as incapable of receiving benefit in a special school, viz :—

> 3 boys and one girl as low grade feebleminded, and one girl as an imbecile.

Epileptic children. In table III, 5 children are shown suffering from Epileptic fits—2 are away at Epileptic Colonies—2 still attend in Elementary schools and one is kept at home owing to the severity of the fits.

Multiple Defects. Three children are shown as suffering from Multiple defects :---

M.D. with Epilepsy		 	1
M.D. with Crippling		 	1
M.D. with Congenital	heart	 	1

Last year there were 5, two having reached the school leaving age.

Physical Training.

Under the new arrangements noted in my last Annual Report this part of the school child's training is progressing very favourably. In a year or two's time results in this direction will be more apparent.

Swimming.

Organised swimming classes were continued during the year and 1069 children were medically examined by Dr. Taylor and Dr. Wight before the classes opened.

Free Meals.

A certain number (156) of Free Dinners have been given to necessitous children where the physical and financial conditions warranted it. The scheme has continued to work with satisfaction due to the helpful co-operation of the teachers.

Milk.

During the year a fair amount of milk has been consumed by the School children.

> The parents paid for 729,251 bottles. The Education Committee for 256,330 bottles. Making a total of 985,581 bottles.

These bottles contain a third of a pint of milk and cost $\frac{1}{2}$ d. each.

The Grammar School and the Girls' High School also provide milk to the boys and girls.

The milk is supplied by a well known Midland Dairy Company. It is graded as Accredited and is Pasteurised. All children receiving Free Milk and Meals are examined by one of the doctors and certified as needing the additional nourishment in accordance with the Board's circular. It is generally maintained by the teachers that the milk and free dinners are of definite benefit to the children.

The N.S.P.C.C.

I continue to receive great help from Mr. Budd, the Inspector. Frequently I have to refer cases to him for neglect on the part of parents. Most of the cases reported to him are on account of verminous condition, where the neglect has led to severe Impetigo of face and scalp. Other cases are of the type of neglect to provide spectacles or failing to get proper Orthopædic, Dental or Ear, Nose and Throat treatment. In all these cases every effort is first made by the nurse to induce the parent to carry out the necessary treatment, failing this the persuasive efforts of Mr. Budd are invoked and this is usually followed by good results.

Mr. Budd has classified the cases brought to his notice as follows :---

General neglect	 	 18
Dirty Heads	 	 4
Impetigo	 	 6
Dental cases	 	 4
Ear, Nose and Throat		 3
Eye Cases	 	 4
Other Conditions	 	 4

Many of these cases are repeated offenders-hardened sinners in fact.

Secondary Education.

The routine inspection of the Girls' High School is done by myself, and that of the Grammar School by a local medical practitioner.

The following were the figures on October 1st, 1936, the beginning of the School year 1936-7 :---

Number of children on School Register	 435
Number of Staffs. Fee Paying Children	 93
Number of Dudley Scholarship Children	 125
Number of Staffs. Scholarship Children	 86

During the year the following Inspections were made :-

Routine Inspections	 	 274
Special Inspections	 	 19

Tables showing the defects etc., will be found at the end of this Report. At the end of each examination a report is sent to the School Medical Officer for Staffordshire indicating the action taken in the case of all Staffordshire children.

On the whole very few defects are found, especially in view of the fact that a most thorough examination is made including feet and teeth. The general standard of health of the girls at the High School is excellent and I am sure that much of this is due to the care and watchfulness of Miss Frood and her staff of mistresses. Miss O'Dwyer, the Gym. mistress, is always present at my examinations and is very keen and anxious in all matters pertaining to the health of the girls.

HEALTH EDUCATION.

Health Week.

Health week was held from November 15th—19th. The same arrangements were made as in previous years. The managers of the various cinemas very kindly put their houses at our disposal for one morning during the week. Thus we had 5 theatres to which groups of schools sent their children on different days.

The films shown were :

The Death Mystery. (Health Cleanliness Council).

The Trapeze Man Talks. Smile if you Dare. }(Dental Board).

Food, Digestion and Air. (Food Education Society).

A short talk was given by me on the subject matter of these pictures.

Double crown posters on Dental and general Health and Cleanliness subjects were displayed at the Schools and the teachers gave Health talks in connection with them. Dental talks were given by Mr. Nelson and Miss Ewing each morning at various schools.

The Health and Cleanliness Council sent us Dr. Edith Shannon for the week. Dr. Shannon visited a group of schools each morning and afternoon, and talked on simple health matters to the children.

On the whole, Health Week went off quite satisfactority. I am especially obliged to the managers and staff of the Picture houses for all their help. I thank them.

The Hopfields.

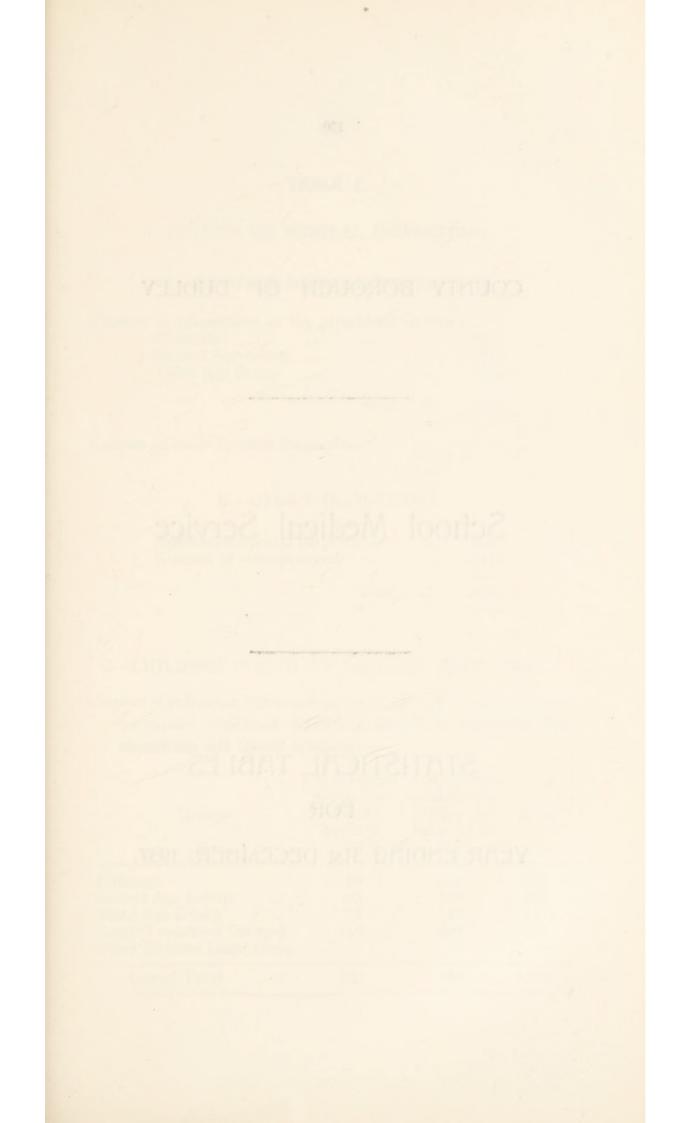
Two visits were again made to the Hopfields—one in August before the pickers went down and one in September after their arrival there. Several parties were made and each visited a group of farms and made an inspection. Each party made a separate report to the Education Committee.

On the whole the members felt that although there was some improvement in a large number of the farms, there were still some farmers who did not think it worth while to make any substantial effort to improve the general conditions of living for the pickers.

Cost of the School Medical Service.

All branches of the work in connection with the School Medical Service cost the Education Committee a sum of $\pounds 5187$. 2s. 6d., and the total amount recovered from the parents was $\pounds 48$. 13s. 10d.

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COUNTY BOROUGH OF DUDLEY

School Medical Service

STATISTICAL TABLES FOR

YEAR ENDING 31st DECEMBER, 1937.

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TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.-ROUTINE MEDICAL INSPECTIONS.

Number	of Inspections in the Entrants	ne pro	escribed (roups	1094
	Second Age Group				881
	Third Age Group				1188
			Total		3163
Number	of other Routine In	specti	ons		_

B.—OTHER INSPECTIONS.

Number of Special Inspect	ions	 3990
Number of re-inspections		 5418
	Total	 9408

C .- CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	vision (ex- cluding	For all other conditions re- corded in Table II A. (3)	Total (4)
Entrants	19	230	249
Second Age Group	66	119	185
Third Age Group	75	142	217
Total (Prescribed Groups)	160	491	651
Other Routine Inspections	—	—	
Grand Total	320	982	1302

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	DEPOST OD DICEACE		TOUTING THREE AVIAND	OFBUILDS.	VLS.
	DEFECT ON DISEASE.	No. for Treatment.	No. for Observation.	No. for Treatment.	No. for Observation.
SKIN :	Ringworm : Scalo	1	1	1	1
000	Body	ci 4	11	4 22	11
0 4 0	o	21 26 54	111	304 384 715	111
EYE:					
90	Blepharitis	o o	11	55 38	11
8		1	١	1	1
(6)	Corneal Opacities	1	1	3	1
(or)	and Squint)	18	1	60	- //
(11)	Defective Vision (excludi	160	12	16	I
(12)		18	2	15	1
EARS: (13)	: Defective Hearing	9	1	6	I
(15)		19	01 01	25 35	64

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16 64 16 8 16	61 10 1	23 1	11		-	13 44 9	9 210
24 190 24 8 21 8 21 8 21 8 21 8 21 8 21 8 21 8	9 1 1	45 2	01	11111	3 - 1	10 11 14	150 821
NOSE AND THROAT : (16) Chronic Tonsilitis only (17) Adenoids only (18) Chronic Tonsillitis and Adenoids (19) Other Conditions (20) Enlarged cervical glands (Non-Tubercular) (21) Defective Speech	HEART AND CIRCULATION : (22) Heart Disease : Organic (23) Functional	LUNGS : (25) Bronchitis	TUBERCULOSIS: (27) Pulmonary : Definite	 (29) Non-Pulmonary: Glands (30) Bones & Joints (31) Skin (32) Other forms TOTAL (Heads 29 to 32) 	NERVOUS SYSTEM : (33) Epilepsy	DEFORMITIES: (36) Rickets (37) Spinal Curvature (38) Other forms	(39) OTHER DEFECTS AND DISEASES (excluding Uncleanliness and Dental Diseases and Nutrition) TOTAL

B.-Classification of the Nutrition of Children Inspected during the

Age groups Child	Number of Children	A (Exce	llent)	I (Nor	3 mal)	C (Slig subno	htly	I (B) ad)
	Inspected	No.	%	No.	%	No.	%	No.	%
Entrants	1110	79	7.1	950	85.6	81	7.3	-	-
Second Age-group	871	51	5.9	750	86.1	80	9.2	-	_
Third Age-group	1182	109	9.2	1008	85.3	55	4.7	-	_
Other Routine Inspections	-	-	-	-	-	-	-	-	-
TOTAL	3163	239	7.5	2708	85.6	216	6.8		_

Year in the Routine Age Groups.

TABLE III.

Return of all Exceptional Children in the Area.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is only required in respect of children suffering from any combination of the following types of defect :---

Blindness (Nor Partial Blindness). Deafness (Nor Partial Deafness). Mental Defect. Epilepsy. Active Tuberculosis. Crippling (as defined in the penultimate category of the Table). Heart Disease.

Number of children suffering from any combination of the above defects 3

BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

Enter in this Section only children who are so blind that they can only be appropriately taught in a school for blind children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	-	-	-	2

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
	-	12	-	-	12

DEAF CHILDREN.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

•	At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
	4	-	-	_	4

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
-	_	30	_ 0	_	30

TABLE III.—continued

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
_	40	4	7	51

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
_	2	2	1	5

PHYSICALLY DEFECTIVE CHILDREN.

Physically Defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

A.-TUBERCULOUS CHILDREN.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	_	_	9	10

II .- CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

This category should include tuberculosis of all sites other than those shown in (I) above).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	6	- 14	5	16

TABLE III,-continued.

B .- DELICATE CHILDREN.

This Section is confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children should be included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
-	59	_	-	59

C .--- CRIPPLED CHILDREN.

This Section is confined to children (other than those diagnosed as tuberculosis and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.	
4	14	_	9	27	

D.-CHILDREN WITH HEART DISEASE.

This Section is confined to children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
481_	13	-	2	15

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
M.D+Epilepsy M.D+Crippling	 _	_	-	1	1
M.D+Heart Disease		-	-	1	i

TABLE IV.

Return of Defects treated during the Year ended

31st December, 1937.

TREATMENT TABLE.

Group I .- Minor Ailments (excluding Uncleanliness, for which see Table VI).

Disease or Defect.					Defects trea	
(1)				Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
Skin-						
Ringworm—Scalp. (1) X-Ray Treatment (2) Other				-	-	-1
.,						
Ringworm—Body Scabies	••••			$2 \\ 22$	-	$\frac{2}{22}$
Scables Impetigo				304	_	304
Other skin disease				384		384
Minor Eye Defects (External and other, but falling in Group II.)	 exclu	 iding	 cases	156	-	156
Miner F. D.C.d.				69	-	69
Miscellaneous (e.g., minor injuries, bruises, etc.)	 sores	, chilt	 olains,	1389	4	1393
Total				2327	4	2331

TABLE IV.—continued.

Group II.—Defective vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with			
Defect or Disease.	Under the Authori- ty's Scheme.	Other- wise.	Total	
(1)	(2)	(3)	(4)	
Errors of Refraction (including squint).	284	_	284	
Other Defect or Disease of the Eyes (ex- cluding those recorded in Group I.)	_	-	_	
Total	284		284	

Number of children for whom spectacles were prescribed :

(1)	Under the Au	thority's	Scheme	 	 216
(2)	Otherwise			 	 _

Number of children for whom spectacles were obtained :

(1)	Under the Au	thority's	Scheme	4.4.4	 216
(2)	Otherwise			 	

TABLE IV.-continued.

-			Rece	ived	Oper	ative				efects			
A		r the rity's ne, in c or oital	_	By titi pita	Priva oner d, ap: e Aut Sche	Perative Treatment. Private Prac- ner or Hos- , apart from Authority's Scheme. (2) (3)				Received other forms of Treatment. (4)	Total number treated. (5)		
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
_	-	235	116	-	-	-		_	_	235	116	709	1060

Group III .- Treatment of Defects of Nose and Throat.

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.

(iv) Other defects of the nose and throat.

Group I V .- Orthopaedic and Postural Defects.

Number of children treated under the Authority's Scheme : (i) Residential treatment with education 5 (ii) Residential treatment without education -65 (iii) Non-residential treatment at an orthopædic clinic Number of children treated otherwise : (i) Residential treatment with education (ii) Residential treatment without education (iii) Non-residential treatment at an orthopædic clinic ... 70 Total number treated

Cuath	VDental	Defecto
Group	-Dentat	Delegis.

				Grot	up VL	jentai .	Defects.			
(1)					o were :					
	(a, 1			y the	Dentist	:			397	
		Age							741	
			6 7						859	
			8						716	
		"	9						799	
			10						747	
			11						511	
			12						703	
			13						681	
			14						492	
							Total		6646	
	Speci	ials .							2413	
							Grand	Total	9059	
	(b)	Found	to re	amire	treatme	nt			6414	
			lly tre						4782	
	(0)	Actua	my ut	sateu					4704	
(2)	*Half da	ays de	evoted	to:	Inspectio	on				35
2.3		-			Treatme					657
								Tota	<i>ul</i>	692
(3)	Attend	ances	made	by c	hildren fo	or treat	ment			6771
(4)	Filling	e . D	erman	ent T	aeth					2834
(4)	r.mmg.		empor							500
			empor	ary 1	ceru					
								Tote	al	3334
								2 011		
(5)	Extrac	tions	: Per	rmane	ent Teeth					1338
1-1					ary Teeth					4037
								Tote	al	5375
(6)	Admin	istrat	ion of	gene	ral Anæs	thetics	for extrac	ctions		6983
(7)	Other	Opera	ations	: Pe	rmanent	Teeth				651
				Te	mporary	Teeth				367
								-		
								Tot	al	1018
*11	additio	on 6 F	falf-da	ays w	ere devot	ted to	Health Pr	opaga	nda.	
		Grou	p VI	-Und	leanlines	s and I	Ver mi nous	Condi	tions.	
(i.) Aver	age n	umber	of v	isits per s	chool	made duri	ng the	vear	
1					urses					9.7
/11										200
(ii.						or ch	ildren in t			75110
			hool 1			•				75116
(iii.) Num	ber o	f indiv	vidual	children	found	l unclean .			778
							and the second se			

SECONDARY SCHOOLS AND CONTINUATION SCHOOLS.

TABLE I.

A .-- ROUTINE MEDICAL INSPECTION.

Number of Code Group	Inspect	tions :				
Entrants					 	68
Intermediates					 	3
Leavers	••••	•••			 	233
					Total	304
	в.—	OTHER	INSPE	CTIONS.		
Number of Spec	ial Inspe	ections			 	19
Number of Re-I	nspectio	ns			 	—
						19

TABLE II.

RETURN OF DEFECTS FOUND.

DE	FROTO	OP	DISEASE.			ROUTINE INSPECTIONS.		
DE	DEFECTS		DISEA	.5E.		No. for Treatment.	No. for Observation.	
Skin Disease	1					1		
Eye Disease						4		
Nose and Thro	oat					9	1	
Ear Disease						-		
Deformities						7	1	
Other Defects						6	-	
				Total		27	2	