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County Borough of Dudley.

Annual Report

ON THE WORK OF THE

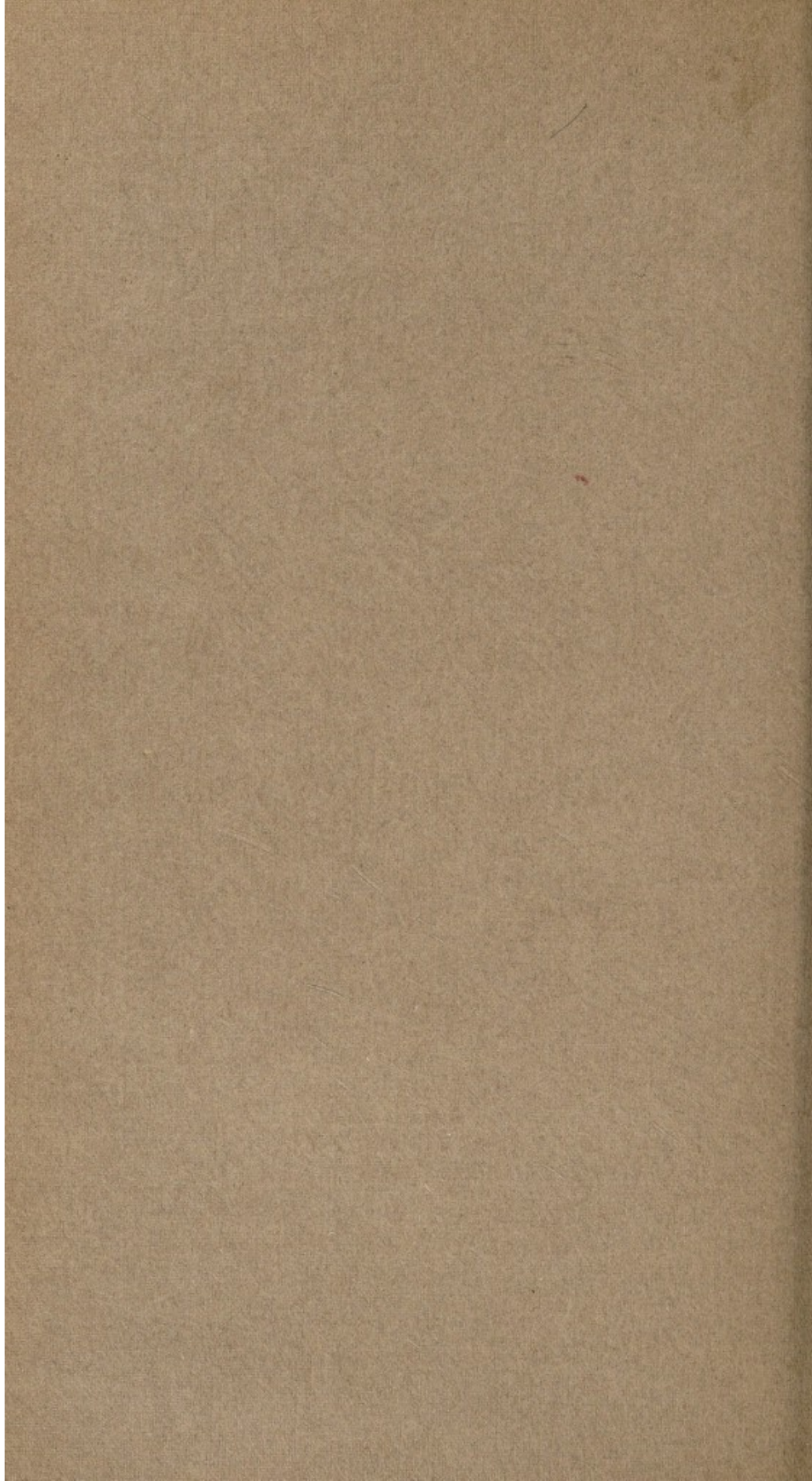
Public Health Services 1938

AND

Review from 1922 to 1939



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.





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MEMBERS OF COMMITTEES.
1938.

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COUNCILLOR W. SHUTTLEWORTH, Vice-Chairman.

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THE DEPUTY MAYOR.	" G. TAYLOR.
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MR. H. H. CARTWRIGHT, Vice-Chairman.

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ALD. J. A. TAYLOR.	" G. TAYLOR.
COUN. J. PRICE.	" MRS. J. S. TAYLOR.
" DR. A. W. WESTON.	" D. H. WHITEHOUSE.
" DR. F. G. LEWIS.	

(Members of the Council).

MRS. W. C. WILLIAMS.	MISS M. E. HALL.
MRS. F. C. 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 : 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. (Liverpool), MISS R. McKAY EWING, L.D.S. (Glasgow), (Resigned June, 1938), A. G. MARKS, L.D.S. (Liverpool), (Appointed June, 1938).
- Consulting Ophthalmic Surgeon : MR. ST. CLAIR ROBERTS, M.R.C.S., L.R.C.P.
- Consulting Orthopædic Surgeon : MR. WILSON STUART, M.C.M.D., Ch.M.
- 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. A. RICHARDSON, M.S.I.A.
- District Inspectors : *G. ROLLASON, A.R.San.I., M.S.I.A., *L. H. VALE, M.S.I.A., *L. EASTWOOD, M.S.I.A.
- Assistant Inspectors : *W. H. BOWMAN, A.R.San.I., M.S.I.A., H. E. HANCOX, A.R.San.I.
- Assistant Cleansing Superintendent : G. THOMAS.
- Veterinary Inspector : MAJOR R. L. GREEN, M.R.C.V.S.
- Chief Clerk : B. S. WOOD.
- Clerks : Miss M. BEASLEY, Messrs. F. L. JONES and R. D. HARRIS.
- Fumigation and Rat Officer : G. PEACOCK.
- Supervisor of Midwives, Health Visitors and School Nurses : MISS M. EVANS.
- Health Visitors : NURSE BLACK (Retired May, 1938), NURSE CAMPBELL, NURSE EVANS, NURSE JOHNSON, NURSE YOUNG (Appointed May, 1938).
- School Nurses : NURSE APPLETON, NURSE BURTON, NURSE GRIFFITHS, NURSE MUIRHEAD.
- Mental Deficiency Supervisor : NURSE REYNOLDS.
- Municipal Midwives : MRS. BEESTON, MISS BROWN, MISS CHATTIN, MRS. DAVIES, MRS. CRADDOCK, MISS GREPE, MRS. HALL, MISS HAWKINS, MRS. JAMES, MRS. McLELLAN, MRS. NIBLETT, MRS. RAYBOULD.
- Maternity and Child Welfare and School Medical Service :
 Chief Clerk and Cashier : L. DEARNE.
 General Clerks : MISSES B. TOMLINSON, D. LYMN, V. BATES and MR. H. D. PARSONS.

Temporary Staff (For Slum Clearance Work).

- Assistant Inspectors : *J. BILLINGHAM, M.S.I.A., R. C. STUTTLE, M.S.I.A.
- Clerk : MISS B. CLARKE.
- *Qualified Meat Inspectors.

REVIEW FROM

1922 : TO : 1939

				1922	1939
Population	...	...	...	57,100	61,600
Birth Rate	...	...	...	24.95	18.23
General Death Rate	...	...	...	12.77	11.22
Infantile Mortality Rate	...	...	...	87.89	46.30
Tuberculosis Death Rate	...	...	...	1.15	.84
Total No. of Houses	...	...	...	11,005	15,553
Rateable Value	...	...	...	£193,305	£277,880

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,

It was a bleak day in February, 1922, more than 17 years ago, that I came to Dudley for an interview. It was Tuesday, the Dudley Town Council would be sitting that day, and amongst other business would interview and confirm the appointment of a Medical Gentleman, previously selected by a special Committee, as Medical Officer of Health for the Borough. The late Alderman W. H. Hughes was in the Mayoral chair. When I look around the Council Chamber today I recognise only six members who knew me in those early days.

It had been snowing recently, and the ground was covered by a thick, dirty slush, some of which passing vehicles lifted from the ground, and spattered the mere pedestrians, of whom I was one. It was cold and raw, dirty and dismal, as I slushed up Castle Hill towards the old, dingy Municipal Offices of those days, where my fate was to be decided. I cannot say that I was inspired by the possible prospect of spending many years of my life in the town. I indeed felt I had come to the Black Country. However, I comforted myself by thinking that it may not be for more than a couple of years, but—I have stayed to the end of my professional life.

Time passed, and with my wife, we soon got to know many friends. We got to like Dudley and its people and now we pass on with many regrets. "So much a long communion tends to make us what we are" as Byron has said.

Having arrived at the Council House, I was ushered into the Mayor's Parlour—Mayor's Parlour did I say? It could not be—yes it was. I there met three other candidates—we were four altogether—we were an anxious lot. One by one we were interviewed by the special Committee. Then we waited for the Council to deliberate. Then the door opened and I was asked to re-appear before the Council. Thus my fate had been decided.

I promised the Council that I would commence my duties on April 1st. Some members of the Council in friendly humour thought that the 1st of April would not be an auspicious day to start, and so I reported for duty on April 3rd, 1922. The day after my arrival I paid my respects to the Mayor and Chairman of the Health Committee. I came to Dudley from a post in Colchester—from one old Castle Town to another. Immediately preceding my appointment at Colchester—there was only an interval of $2\frac{1}{2}$ months—I had served for $5\frac{1}{2}$ years in the army, and had passed through the tough times of the Great War, on the Western Front, receiving a severe wound which nearly cost me my life.

I want now, to set down in this review, things and circumstances as I found them in my early days, and how, in the process of time, by the working of various agencies, changes have been wrought and many things have been accomplished.

People often talked of " this ancient Borough with its Castle " but the ancient Borough was sadly neglected in my opinion. Today, it is a town full of achievement and aspiration and a vision for the future that will make this ancient Castle town worthy of its noblest and highest traditions. There is, today, a wonderful desire on the part of those who sit in high places and who by their counsels direct the destinies of the Borough, to go forward. Yes, for some years now—say ten—" Progress " has been the watchword with an increasing desire for its fulfilment. Go ahead wisely, but remember there is always danger of a retrograde movement. Beware of this.

My office in the " dingy " Municipal buildings was a surprise—an alarming surprise. A small room 10ft. square with the ceiling 6ft. 6ins. above my head—two small windows looking out on to the rear of the old Police married quarters with washing and dust-bins exhibited in the back-yards. That was the one and only outlook from my office. This did not cheer me very much. Adjoining my office was a small general office, in which two girl clerks worked.

The Sanitary Department was housed in two adjoining rooms—likewise dark and drab and dismal, with very poor ventilation. So the Health Department, which should exist by precept and by its application of the highest principles of the laws of sanitation—its working members were themselves carrying on under sanitary conditions that fostered a low standard of general health, lassitude and lack of energy in work for want of fresh air and light. They were, indeed, very unhealthy offices, but all the other departments were only a little better off, including the old Council Chamber which brought forth many a rude remark from legal gentlemen during the first two Inquiries on the Birmingham Street Slum Area which were held here.

And this was the old Civic Centre of Administration. It was a blessed day when this old structure was condemned and on the old site rose the stately and dignified Council House which now occupies its place and which was opened by H.R.H. the Duke of Kent on the 2nd December, 1935. This, today is the new Civic Centre of Administration. From its windows the old Castle on the hill and its wooded grounds and the Civic gardens with the fine statue of Apollo, is a very pleasing and refreshing sight. How different to the old day when the outlook here was a conglomeration of untidy looking allotments. Whatever may be the many attributes of Apollo (and he certainly had a few given him on the day of his unveiling) I should always like to remember

him as the God of Civic Pride and Inspiration, as the Mayor said on the occasion of the Ceremony. May the members of the Council, looking out from the windows of the Council House upon this pleasing scene, gain that Civic Pride and Inspiration of purpose from Apollo for the continued progress and betterment of Dudley. As a centre of administration it commands civic respect and I am sure the citizens of Dudley are proud of it.

In 1926 was laid the foundation stone of the New Town Hall by the Lord Lieutenant of Worcestershire, Lord Cobham, and this was opened in October 1928 by the then Prime Minister, now Earl Baldwin. This is a magnificent Hall, one of the most dignified in the Midlands, its simplicity is charmingly attractive. At the same time were built the War Memorial Tower, the new Police and Coroner's Court. The Town Clerks, Mr. Brock Allon and Mr. Cant, and the Borough Engineer, Mr. Gibbons, have joint honours for both of these magnificent Civic buildings.

And so we pass on from the centre of administration "as it was, and as it is now," to other considerations. Let me take first the sanitary circumstances of the Borough.

Sanitary Circumstances :—

I had not been very long in office when complaints began to reach me personally from all sorts of people, of all sorts of sanitary defects—defective houses, defective W.C's, ash-pits overflowing with refuse and night soil sumps unemptied.

So I interested myself in this matter and made personal visits to verify the statements. They were quite true. It was evident that the Sanitary Department were badly failing in their duties, and neglecting to take action under the powers given them of the Public Health Acts. I tried to remedy this for several years, suffice it to say I failed. But I noted them in my Annual Reports and bided my time. A complete change took place in the personnel of the Health Committee. This was my opportunity. I took the new Chairman of the Health Committee (the late Alderman Ballard), and together we made many visits of inspections in different parts of the Borough. He was convinced beyond doubt of the utter failure of the Sanitary Inspectors in their work. I remember taking him into one court. There were 4 water closets—3 were dilapidated, and utterly out of order, the fourth had a burst waterpipe. No less than 63 people were using this one and only water closet, and were carrying water in buckets from a stand pipe in the court to clear the pan. I then showed him some ash-pits. I mean "refuse pits" that had not been emptied for many many weeks—full, and as much lying on the ground adjoining—foul smelling and an abomination. On this same visit he saw a huge collection of similar filth—dumped in the street awaiting removal.

Many hundreds of houses existed in the Borough, utterly unfit for habitation—many of them in a tumbled down state and yet for years there had not been more than an occasional demolition order, and then only because the structure was dangerous. I took the Chairman to one where people were living at the time in a court in Pitfield Row.

I had just been in Dudley about a year, when I realised to the full extent, the appalling housing conditions in the town. It was with reference to tuberculosis. Many complaints came to me about these poor unfortunate people and the conditions under which some of them were living. I took the matter up and having made a list from my tuberculosis register, I visited personally a large number of these houses and made extensive notes on each case. From this I compiled a report which was presented to the Health Committee and members of the Council. Nothing further ensued from this report—I however, continued to make further inspections of houses throughout the Borough and came to the conclusion that there were several thousands of houses unfit for human beings to live in.

Houses are like most other things, that if they are not cared for they fall into disrepair, and go from bad to worse until they become unfit for habitation. The repair section of the Public Health Acts was not enforced and I cannot remember a single prosecution of a land-lord in court for neglect to comply.

And the same can be said with regard to the meat and drink of the people. I cannot call to mind a single prosecution in connection with the food supplies of the Borough from 1922—1928. Even though during this period new and stricter regulations were made by the Ministry of Health with regard to meat and milk. Some very poor meat came into the Borough and was disposed of on the market stalls, meat that was called "screw meat." Yes, a lot of under-hand work went on in this direction.

And so it was in consequence of all these things that mention was made in the newspapers, and this led to the Minister of Health sending Dr. Glover, an Inspector, in 1924 to make a Sanitary Survey of the Borough. His report to the Minister was scathing. It was printed and a strong letter sent to the Local Authority. However, there was very little net result from this report that could be put to the credit of Dudley.

Things continued in much the same way in spite of Dr. Glover's report, until May 1928. For some time previously the Aldermen and Burgesses of Dudley felt that an application should be made to Parliament for an extension of the Borough Boundary, the chief reason being the lack of suitable building land for the very large number of new houses that were necessary in Dudley. During the preparation of this Bill, I remember being asked by the Counsel briefed by the Corporation, how many houses I

thought should be demolished as unfit for human habitation—my answer was about 5,000. The members of the Special Committee of the Council present simply laughed at me. Later it will be seen if my estimate was wrong.

In November 1927, the town purchased the beautiful Priory Estate for building purposes and great credit to those who carried this transaction through for their vision and foresight of the future needs of the Borough. I think there were something like 522 acres in this estate and about one third of the area was outside the boundary in Coseley. Just about this time (1928) Dudley prepared and presented a Bill to Parliament (referred to above) for the extension of the boundaries of the Borough, and amongst other lands was included in the Bill that portion of the Priory Estate which was in the Coseley Area. The case for the extension of the Borough was held in the Committee rooms of the Houses of Parliament in May 1928—and lasted many days. The result was a scathing indictment of the sanitary circumstances of the town, and next to nothing was said in its favour. Needless to say, the extension was not granted, beyond the small portion of the purchased Priory Estate and about which agreement had already been reached between the two authorities—Dudley and Coseley (Staffs.).

Thus the Sanitary Department came through the Parliamentary Inquiry, in a worse plight than when the hearing commenced. How different, from this point of view, was the result (though the extension asked for was not granted) of the second Parliamentary Inquiry held in March 1938. The Opposition gladly admitted that much had been done by the Local Authority in the matter of the Public Health Services and that there was nothing to complain of. The result of the first Inquiry was, however, satisfactory in one respect. The Council decided to hold a private Inquiry which was to include the staff and the administration of the Sanitary Department. Dr. J. J. Buchan, Medical Officer of Health of Bradford, was engaged for this purpose as he was the expert witness for the Council in the Parliamentary Extension Bill. Dr. Buchan spent several days in Dudley and made an extensive examination of all the circumstances, medical and sanitary. He made his report to the Council in January, 1929. Suffice it to say that he strongly recommended a complete re-organisation of the Sanitary Department with practically a complete new personnel.

This then was really the new beginning—to me the great starting point—of a new adventure in my work—work that I was really very fond of; it was work that was concerned with the well being and happiness of the people. I have always enjoyed it.

It was a bit of a gamble, advertising and appointing a new Chief Sanitary Inspector. Many thoughts came to me from past experience—some perhaps were disquieting, but at worst there was an equal chance of hopefulness for the best. And so Mr. S. Skitt, our present Chief Sanitary Inspector came for his interview on May 23rd, 1929, with four other gentlemen, and he was appointed. He began his useful work at the end of June 1929. Within a month or two, he had re-staffed the Sanitary Department and began his hard task of re-organising the work. It was soon evident that Mr. Skitt was a worker and a man full of sound and original ideas. It was very hard work rescuing a department from a chaotic and moribund condition, and giving it new life.

I soon began to realise that I had some-one I could trust, someone whom I was able to leave in complete charge of his department, and who I knew would always keep me fully informed of everything of any importance. As time went on this feeling of confidence increased and I had more and more reason to believe in Mr. Skitt's conscientious desire to do his work thoroughly and to do it in close and friendly co-operation with me. I do not think that it is possible for two people to work together in more perfect unison and harmony. I felt he knew his work and loved his work and I was perfectly content to leave him to it, and I am satisfied beyond any measure of doubt that this attitude has been in the very best interests of the town and its people. Mr. Skitt's great enthusiasm for his work has been a great inspiration for all who work with him in his department. He is one of them and his spirit animates everyone. Wonderful team work it is. The whole country would be the better for this kind of thing.

And so, before the end of that particular year (1929), a new Sanitary Staff had been appointed and a new era of sanitation inaugurated in the Borough. The office work was re-organised drastically—this was needed very badly as shown in Dr. Buchan's report. Every item was on record and could be referred to at any time. The Borough was divided into three Sanitary Districts, each in charge of a District Sanitary Inspector, who had complete charge, including sampling of foods and drugs and meat inspection (the new inspectors appointed had the meat certificate of the Royal Sanitary Institute), and they reported to Mr. Skitt.

Soon after Mr. Skitt's advent he was appointed Cleansing Superintendent for that part of the work which concerned all house refuse collection and disposal. This was a grand piece of re-organisation. Up to now this work was done by two separate bodies—viz., (a) the house refuse from ash-pits was removed by contract—a sum of 6/8½d., being paid for each ash-pit cleansed and (b) the refuse in dust-bins was removed by Corporation workmen. In each case horse-drawn carts were used.

I have commented before on the ghastly failure of this work as done in my early days from the point of view of sanitary efficiency and economy. The horse-drawn vehicles were done away with, and the contract for ash-pit clearance terminated on April, 1929. Motor vehicles (S.D. freighters) were purchased and the whole work was done by a re-organised staff of Corporation workmen under a foreman. Ash-pits (there were over 2,000 in the Borough) were done away with in tens and twenties and gradually the Dudley Standard Bin was introduced into every house-hold. No more ash-pits, no more dumps of putrefying filth in the streets and no more insanitary open horse-drawn carts trundling along the street. A complete and up-to-date scheme of refuse collection had been introduced.

And what of the disposal of this refuse after it had been collected. In days gone by a small fraction of it (some of the trade refuse) used to be put into an old and dilapidated incinerator, and the rest (practically all) was open tipped—the incinerator and the main tip were at the Old Park Depot, off Wellington Road, but there were also many other tips in the Borough. There was absolutely no pretence whatsoever of any of the tips being controlled. Each cart-load came and emptied its contents on to the face of the tip and there the refuse remained for men, women, children and animals to scavenge and scrap on. Many complaints used to be made of the foul emanations from these tips. Controlled tipping was introduced by Mr. Skitt. The tips were reduced in number to suit the purpose of conveniently working the different parts of the Borough, with an eye to economy of working expenses generally. The tips were also chosen with a view to re-claiming derelict land. Thus, after taking levels, a fixed plan of tipping was started—thermometers inserted into the depths of the refuse in order to keep a watch on the possibilities of fire—and each day's tipping thoroughly covered with earth by two men working on the tip all day. It would take too long to give a full description of all that controlled tipping means. The net result is that the refuse has been disposed of in a scientific manner, without any external evidence of it whatever. Members of the Council should go and see for themselves. It is an education.

And financially was this considerably improved and sanitary service more expensive than the old insanitary and inefficient service? For the financial year ended March, 1929, the total cost for refuse collection and disposal was £10,329 with no capital charges, and of this the contractor was paid £4352. For the financial year ended March, 1931, the total cost was £8,015 including £1,682 for capital charges. And the efficiency of this service continues to be maintained at a high standard and equal to the best in the Country. The whole cleansing staff, including the workmen are to be highly complimented and congratulated for this. The ravine in the Priory, the land at Paradise, and others,

all derelict tracts of land have been levelled up and reclaimed and in the future may even be built upon.

Street Cleansing.

It should be added here in connection with this service that up to July, 1934, the cleansing of the streets came under the control of the Borough Engineer's Department. From this date the work was taken over by the Sanitary Department under the supervision of Mr. Skitt as Cleansing Superintendent. I am sure it has been an advantage to have the whole of the cleansing services co-ordinated under one control.

Housing has been, however, the biggest and most important and urgent problem in Dudley. As I have stated earlier the mass of the houses for the working classes in Dudley in my early days were deplorable and of a very low standard. Much of the dis-repair and dilapidations of individual houses was due to an utter and almost criminal lack on the part of the landlords to do their duty. But more astonishing than this was the gross failure of the responsible officials to exercise their powers through the Council, in compelling the landlords on pain of prosecution, to carry out all necessary repairs. Of course, the houses were old—many of them were put up during the period we call the "Industrial Revolution," and so they could not be made into new houses, but my point is that they could have been kept in a reasonably fit condition for habitation by necessary and timely repairs. Then again was there any town planning at this time of the "Industrial Revolution?" Comment on this point is unnecessary. It is very obvious that there was not. Many of the crowded areas (some of them now happily demolished), such as Church Street, Birmingham Street, Cawney Hill, The Mambles, Phoenix Passage, Garden Walk, and others, speak for themselves.

In searching the annual reports of the Borough, prior to 1929, one is amazed by the sanitary records in relation to Housing matters. For instance, in 1923, 1924, and 1925 there were no closing orders or demolitions effected for unfit houses. In 1926 there were only 4, in 1927 only 1 and in 1928 there were 11.

It is difficult to understand how such statements could have been put into print when there were simply many hundreds of houses unfit and indeed in a dilapidated condition.

As for any big idea of a slum clearance scheme being undertaken, that was very remote. Towards the end of this period, it is true that the Birmingham Street Slum clearance scheme was represented.

In 1929 the Housing problems of Dudley were systematically taken up. A complete census of all the houses in the Borough was made, and every house was put into a proper classification group, viz :—

- (1). Individual unfit houses.
- (2). Areas for slum clearance action.
- (3). Houses for repair action.
- (4). State of overcrowding in the Borough.

It would be a long story to put down in detail all that has been involved in dealing with the housing problems in all their aspects. It has meant very hard work. We have had easy cases and we have had more difficult cases. We have had cases of owners who have excited our very deep sympathy and compassion, and other owners for whom we could not feel anything but the utmost contempt—owners who had no scruples but to exploit their poor tenants and who would not spend so much as a farthing on any repairs or decorations. But we have always tried under all circumstances to do our work and give our decisions fairly and squarely, regardless of any individual interest, as our work was animated by a sheer desire to do the right thing for the good of the people. At times it was very difficult.

The Corporation have been building houses since 1919. The progress was slow at first, but as time went on the rate of progress was very much accelerated until at the present time they are being produced by hundreds.

Prior to 1929, only an occasional house was allocated for health reasons, and this in spite of the fact that health reasons underlie the whole problem of re-housing. At this time new houses or void houses were allocated solely by the Housing Manager, through the Housing Committee. The Health Committee had nothing to say in the matter. On repeated occasions it was pointed out that the Health Committee was essentially interested in all housing problems and that their nominees for houses on health grounds should have at least an equal consideration. This was eventually agreed to, and in 1929 it was agreed that 50 per cent. of all new houses and void houses should be allocated to persons recommended by the Health Committee. This was a very material gain, and it enabled us to house many families living in unfit houses, and also unfortunate people suffering from tuberculosis.

The housing of tubercular cases was entirely a new step in Dudley, and in fact, Dudley was one of the very first places in the Country that took this matter up systematically. It was definitely started in 1930. The report on tuberculosis referred to earlier above, showed how urgent this matter was, and it was

pointed out that there was not much point in sending these victims of tuberculosis to expensive sanatoria for periods of 3 to 6 months and longer and then letting them return to slum and unhealthy houses—it was all money wasted.

This mindful care of a poor unfortunate tubercular patient was a really profitable piece of work—it gave the poor patient a chance of living and it definitely lessened the chances of infection to other members of the family. All these cases are visited by Mr. Skitt and myself and if the housing conditions are bad, then arrangements are made to re-house them. If the financial circumstances warrant it, the Health Committee gives a rent assistance up to 3/9d. per week, according to circumstances, in order to make it easier for the patient. But he has to sign a stamped agreement to the effect that he will sleep in a room to himself and that he will regularly attend the tuberculosis dispensary. These cases are regularly visited by the Health Visitor to enforce the terms of the agreement. Thus 106 tubercular patients have been housed in Council houses since the commencement of the scheme.

Then came the National drive for **slum clearance** under the Housing Act, 1930. Dudley was ripe for this, there was no difficulty in scheduling areas for clearance for the five years campaign. Under this Act a government subsidy was given which encouraged Local Authorities in slum clearance. For this heavy work, additional temporary staff had to be employed and under Mr. Skitt's guidance the most careful and minute records were made on each and every house for representation. Each and every house was likewise visited by Mr. Skitt and myself and we made our own notes. Thus a thorough knowledge of detail was available and the Inquiries were always completed without a hitch. The credit for this is entirely due to Mr. Skitt and his staff for the thoroughness of all preparations in detail.

Dudley has nearly trebled the figure of the programme originally submitted to the Ministry of Health. The original figure was 1,000, for slum clearance and individually unfit houses whereas, actually represented and confirmed by the Ministry, the figure is 2,900, this being possible by the rapid progress in the erection of new houses by the Borough Engineer. There is still another 5 years slum clearance work ready for carrying through at the same rate.

With regard to the demolition of **individually unfit** houses, though 993 houses have been represented and demolition orders issued there has not been one appeal to the court. This again, in my opinion, is entirely due to the facts being accurately and minutely recorded and the judgment brought to bear on decisions as to action to be taken.

Under the **Repair Sections** of the Housing Acts, much has been done by the Sanitary Department. The Inspectors have

been busy making inspections and drawing up specifications of work to be done and thus something like 579 houses have been made fit. Whereas previously one seldom saw a landlord having repairs done to his property, it is not at all uncommon now to see contractors busy on houses.

Of course, **overcrowding** was prevalent to a marked degree. In my early days it was quite common for 8 to 10 persons in a family to be living in a 2 bedroomed house. Yes, and in houses with "one up, one down" there was often a family of 6 or 7 and more.

The Overcrowding Act of 1935 put down a standard of overcrowding and gave the Local Authorities instructions to make a census of overcrowding in the Borough, which, when completed, showed that 885 families were living under overcrowded conditions. The standard laid down by the Act is not good enough. All children under 10 years count as half a person and babies under 1 year do not come into the reckoning at all—also floor space of over 50 square feet is taken into the calculation. However, this is a beginning. When the worst cases have thus been dealt with, then the standard will probably be raised. One hundred and fifty nine houses have been built specially for overcrowding cases of large families. These houses include 5 and 6 bedroom types.

During the past 10 years, 584 cases of overcrowding have been re-housed. This does not include overcrowding in houses in slum clearance areas or individually unfit houses or tuberculosis cases. The total number of overcrowded cases abated is 989.

The achievement of Dudley in building new houses is second to no other authority for the size of the Borough, the goods produced in this respect are simply wonderful. Great praise is due to the Housing Committee and the Borough Engineer, Mr. F. H. Gibbons, and his department for the incessant hard work the production of a continuous flow of new houses has involved. The condemnation and demolition of hundreds of bad houses in Dudley could not have been done without somewhere to put the people. Numerous housing schemes throughout the Borough have been initiated and carried through rapidly to completion and as these new houses were handed over, so they were occupied by tenants of condemned houses. What a change for them! It should mean greater contentment and happiness. And yet many, no doubt, shed a tear of regret when they had to leave the places where they had been born, bred and rooted, although they were going from "Darkness into Light." It will be hard for the older ones to break away from old traditions, customs and habits. But there is hope for the younger generation.

In housing development, amongst the many Housing Schemes, special mention must be made of the Priory Estate. It has been a grand realisation. This estate of some 522 acres has

grown into a well planned township of 3,009 Houses, some shops, a park and recreation ground, and other amenities, spiritual and temporal. A part of the estate has been reserved for private enterprise, houses of a residential character—a choice bit in Dudley. Nearly one fourth of the population of Dudley is now resident on the Priory Estate.

To summarise the present housing position in Dudley since 1922, in a tabular form, thus :—

No. of individual unfit houses dealt with	...	993
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No. of houses in slum areas dealt with :—

Birmingham Street	163
Newhall Street	7
Phoenix Passage	...	...	...	45
Stafford Street (Garden Walk)...	...	...	...	34
Dunn Street	...	...	...	181
Pitfield Row	...	...	...	90
Cross Street, Woodside (4 Areas)	...	...	...	70
The Mambles	...	...	...	104
Bull Ring (2 Areas)	...	...	...	30
Paradise	...	...	...	35
Chapel Street, Dudley	...	...	...	32
Kates Hill	...	...	...	313
First Netherton Areas	...	...	...	221
Cawney Hill	...	...	...	70
Second Netherton Areas	...	...	...	82
St. John Street, Kates Hill	...	...	...	70
Third Netherton Areas	...	...	...	68
Fourth Netherton Areas	...	...	...	169
Fifth Netherton Areas...	...	...	...	80
Low Town	...	...	...	62—1926
Total				2919

No. of houses repaired and made fit	...	579
No. of overcrowding cases re-housed	...	584
No. of tuberculosis cases re-housed	...	106
No. of Council Houses built	...	4430
No. of houses built by private enterprise	2337—6767	

Though Housing matters generally have involved a colossal amount of work on the part of the Sanitary Inspectors, other matters have not been neglected. So let us turn to them.

For example, the **food** of the people of Dudley has received considerable attention, and the new orders and regulations of the Ministry with regard to them, have been rigorously enforced. Two articles of food, viz., **meat and milk** have never reached so high a standard of purity and goodness in Dudley as they are at the present time. I remember in 1924, personally reporting certain butchers to the Health Committee for infringements of the Meat Regulations of 1924. The Committee decided, after much argument, to prosecute the butchers concerned. When the minutes were before the Council for confirmation the decision of the committee was cancelled. A butcher on the Council was vehement in his denunciation of the poor Medical Officer of Health. There was no doubt that during those early days, the meat supply of the Borough was not only of a very poor quality but was also in many instances diseased. A large amount of this "screw" meat used to be brought into the Borough from outside. This has now been completely stopped. The Inspectors are very vigilant on this matter—and even today, occasionally diseased meat gets into the shops although the animal had been slaughtered in a public abattoir and presumably had passed inspection.

At first, the relations between the butchers and the officials were very strained, in fact they reached almost breaking point, and some very discourteous writings appeared in the local press from the pen of the Secretary of the local branch of the Butchers' Association. However, we have lived through all this, nor did it make one atom of difference to the proper carrying out of our work. It was all useless hot air. I think these relations have improved owing to a better realisation that the officials, after all, have to do their duty.

It should suffice to say that, prior to 1929 (from 1922 to 1929), there had not been one single prosecution of a butcher for any kind of infringement, but since that date, there have been 13 prosecutions.

Milk !—One of the most important articles of diet in the food of the nation. It is the child's food and the child is the nation of the future. There is good milk and there is poor milk. I mean in quality—and there is clean milk and dirty milk. I am sure that it can be claimed without any question of doubt that the general standard of the milk supply in Dudley has gradually and considerably improved, especially during the last 10 years or so.

Most of the milk for the use of the Borough comes from outside. There are not many cow keepers in Dudley and the number of milch cows has rarely been more than 200—it is much less than that now. Cows are very susceptible animals to infection from tuberculosis and though the incidence, shall I say, may have

decreased to some extent in very recent years, throughout the Country, it probably still is in the neighbourhood of 40—45% of milch cows. And no wonder, if some of the cowsheds seen in Dudley during my early days were an example of many such others throughout other parts of the Country, as I believe they were. They were simply filthy, dark and ill-ventilated and oh ! the dirty filthy cows. No wonder dung and all sorts of other dirt got into the milk, and milk being a suitable media for the growth of germs it simply teemed with them—*mostly germs of dirt*.

The Milk and Dairies Order became law in 1926 and in 1922 the Milk (Special Designations) Order was also put on the Statute Book. Yet both these important and useful regulations were very slow to move in Dudley. They began to be enforced in 1929 or thereabouts. Up to that time hardly any action had been taken to enforce them. It was quite a rare thing for any kind of an examination of the milk to be made—occasionally it was done for quality but never from the point of view of cleanliness or for the bacillus of tuberculosis.

Well, I am quite sure the cowsheds are cleaner places today, in fact three or four model cowsheds have been erected and others have all been considerably improved with proper drainage, water supply, light and ventilation. The cows' lot has been made happier. As I have often said before, that to lessen the incidence of tuberculosis in cows it must be attacked on much the same lines as tubercular disease in the human-being.

Regular samples of milk are taken every month and sent for analysis to the analytical chemist and every month samples are sent to the Staffordshire County Laboratory for a report on its cleanliness and a biological test for the tubercle bacillus. The results of these examinations are reported to the Health Committee every month. Whereas previously not one single milk-man had been prosecuted for infringement of the law, since 1929 no fewer than fourteen prosecutions were filed and many other offenders reported to the Health Committee and warned.

The people in Dudley can rest content that today the meat supply and the milk supply are of a very high standard in quality and purity and it is very satisfactory to know that a very large proportion of the milk is now of Grade A quality and Pasteurised. This used not to be so. The following is the position with regard the the milk supply in Dudley :—

*Pastureised	...	...	...	27.4%
Sterilised	...	...	...	31.2%
Other Heat Treated	...	...	...	1.3%
Tuberculin Tested	...	...	...	8.3%
Raw and untreated milk	...	...	...	39.2%

*(Includes 7.5% approximate Tuberculin Tested (Pasteurised) Milk).

The credit for this very great improvement is due to Mr. Skitt and his department. And so it is with all the other food supplies, whether in the butchers, grocers, pork butchers, the milk shops and milk bars and the chemists shops—samples from all are taken for report by the proper person, regularly and without fail and reports made to the Health Committee.

The New Sanitary and Public Cleansing Depot—I say new, but really it could scarcely be said that any kind of depot existed previously.

The new depot was formally opened by Mr. R. H. Bernays, M.P., Parliamentary Secretary to the Ministry of Health, on May 26th, 1938. It was a great culminating accomplishment in the re-organisation of the Sanitary Department as a whole. The cost of buildings and plant was £21,231. The basic plan with the essential needs were drawn up by Mr. Skitt and submitted to the Health Committee, and on these requirements the building plans were prepared by the Borough Engineer, Mr. Gibbons. The site chosen was at Lister Road. On the whole it is fairly central between Dudley and Netherton. The Depot comprises the following :—

1. Two cell Top Feed Trade Refuse Incinerator.
2. Steam Disinfector.
3. Building, Special Plant and Process and two vans for the removal and complete fumigation by Hydrogen Cyanide of furniture from slum dwellings.
4. Cleansing of persons station.
5. Condemned meat and offal stores.
6. Garage, stores and repair shop.
7. Workmen's canteen and conveniences and heating chamber.
8. Office.
9. Two houses for foreman mechanic and general foreman.
10. Disinfection stores.

The fact that included is a disinfestation service for verminous persons will be of great use to the School Medical Service, not only for de-lousing children, but for the practical treatment of scabies. Up to the time of the opening of this depot, cases of scabetic children were excluded from school and treated by the parent at home. This frequently meant weeks and weeks of exclusion from school. Now they attend the depot where they are treated by a person on the premises with the result that the whole family is treated and there is no chance of re-infection, and the children return to school in a very much shorter space of time.

Infectious Diseases.

During all the years I have been in Dudley I have been fortunate indeed and very lucky that there has not been an epidemic of any kind, and this in spite of many favourable conditions for the spread of infection, viz :—overcrowding of houses and persons and want of employment, and ignorance. I must admit, too, that in the early days notification of infectious diseases was very lax. Many cases were simply not notified. In the past nobody cared and no steps were taken to deal with the cases. As one doctor said to me "if I do notify the case to you, what do you do with it—nothing." And in point of fact, nothing was done. For instance, in 1922 only 8 cases of diphtheria were notified, and in 1923 only 7—for a town of 57,000 inhabitants, I think many cases were completely missed in the diagnosis. However, there is no doubt that today notification of all forms of infectious diseases has improved considerably—and our present records of all forms of notifiable disease is on the whole accurate. Whereas before a very perfunctory investigation was made of infectious cases, the procedure for many years now has been a very complete and thorough enquiry into every case.

But the pressing need and difficulty in Dudley has always been the question of accommodation for infectious disease patients. In my first and subsequent Annual Reports, I drew attention to this. Dr. Glover of the Ministry of Health made some remarks about it in his report and the opposition at the 1928 Parliamentary Inquiry had many nasty things to say about it. Perhaps very few of the members of the Council today will remember the premises set apart by the Local Authority as the Infectious Diseases Hospital at Blowers Green—a small house of the bungalow type, badly affected by mining settlement with three ordinary sized rooms and a kitchen, bathroom and W.C., severe dampness affecting every room. In this it was expected to isolate and treat typhoid fever, scarlet fever, diphtheria and any other infectious disease. The nursing staff consisted of one woman and a daily char. There were some very strong comments upon this matter by the Ministry of Health's Inspector, Dr. Glover, referred to earlier in this report. The building was, as a matter of fact, originally meant for a small-pox hospital. Quite a large sum of money was spent and wasted on patching up and re-decorating this bungalow. Eventually however, after much representation on my part, the use of the building as a hospital was discontinued and arrangements were made for our cases to be sent to outside hospitals wherever accommodation could be had. And so for many years our patients went to Hayley Green Hospital, (Stourbridge and Halesowen Joint Hospital) on payment of 3 guineas per week and extras.

An agreement, however, was entered into with Wolverhampton County Borough in 1936 who are re-building and extending

their Hospital. By this agreement, Dudley will have a reservation on 25 beds at any one time and more if necessary, provided accommodation is available. Up to the present, however, their re-construction works have not materialised, though they are doing their best to receive our cases. This has somewhat allayed our present anxieties and it will definitely ease the situation for some time to come. Oh, but what a bother it has been all the time ! The amount of money that must have been spent in telephoning here, there and everywhere begging people, cap in hand to take our patients. But other Local Authorities intend to look after their own patients first and fill the beds, and many times when diphtheria and scarlet fever have been very prevalent we have had to keep our patients at home. However, I shall touch on this point again later.

Tuberculosis.

The case of the unfortunate people suffering from tuberculosis in Dudley has been vested in the Staffordshire, Wolverhampton and Dudley Joint Tuberculosis Committee. This arrangement has obtained in Dudley, during all the years I have been here. And it has worked well. My immediate interest in this matter has been housing. Much of my agitation in housing matters has been on behalf of the tuberculous patient and I have mentioned elsewhere how every tubercular case is visited by myself and the Chief Sanitary Inspector and if the necessity of the case warrants it, a Council house is provided under a stated agreement with rent assistance if need be. I am also a member of the After Care Committee.

Venereal Diseases.

The history of the treatment of venereal diseases has had a certain amount of interest for me. During the first 9 years of my office the Venereal Diseases Services were entirely carried out by the Guest Hospital in the Out Patient Department under two local medical practitioners who were paid by the Council and who attended one session each per week. Dr. J. Menton, who is the Bacteriologist for Staffordshire and also a specialist in venereal diseases also attended two or three times a week. He was appointed in 1923. Dr. Menton was never satisfied with the arrangements for the treatment of venereal diseases. In my Annual Report for 1923, I made these remarks :—" I visited the Clinic during working hours and my one great comment is that the accommodation is inadequate and with the steady increase of the work this inadequacy will become more pronounced."

However, in 1923, Dr. Quine, the Ministry of Health's Inspector, made an inspection of the centre. He reported that he was very dissatisfied and considered that the whole position

should be brought before the Health Committee with a view to re-organisation. After this, the matter dragged on year by year. Dr. Menton and I called attention to the urgent need of proper suitable and adequate accommodation for this work. In 1928 (Annual Report) I wrote these words :—" This work is being very much hampered by the want of suitable and sufficient accommodation. This question has now occupied the minds of the various authorities concerned for several years. It is a fact that the Ministry of Health were foremost in pointing out this important defect, I think, in 1923 when the Venereal Diseases Representative came to Dudley, inspected the clinic and interviewed those responsible for the work and those carrying out the treatment. Since then, various other visits have been paid by representatives of the Ministry, various conferences with the Guest Hospital Authorities and the Local Authorities have taken place since 1923, but up to the present, we are still in the same position, except that Dr. Menton the Venereal Disease Director of the Clinic has tendered his resignation and will relinquish his duties at the end of May, 1929."

It is difficult to realise that this most important and urgent question should have lingered on unsolved for no less a period than five years.

Eventually, Colonel Harrison, Senior Medical Officer of Venereal Diseases, Ministry of Health, came to Dudley and interviewed representatives of the Guest Hospital and the Local Authority and then and only then was something definite done. It was then that the Local Authority took complete control and appointed its own full time Medical Officer to act as director of the Venereal Diseases Clinic and engage in other Public Health Work as required. Plans and estimates for a new self-contained clinic were made by the architect of the Guest Hospital and under financial arrangements with the Local Authority and the approval of the Ministry of Health, the new clinic was erected in the curtilage of the hospital, and was opened for work during the year 1931. The building is a credit to the architect and to the Hospital Board.

But what a long protracted affair it has been—since 1923 to 1931. Without any stint do I give all the credit for this to the fight made by Dr. Menton. It was a pity that a certain measure of ill-feeling was created over this business between the Hospital Authorities and the Local Authority and their officials. Has not its accomplishment added some prestige to the hospital ?

Welfare of the Blind.

The tragedy of blindness or the tragedy of deafness, which is the greater ? Much argument still goes on with regard to this problem. The degree of psychological refinement will no doubt

decide the matter in individual cases, at least to some extent. But to be born blind or (which is very much the same thing) to have both eyes destroyed by disease during the first month of life is definitely not so great a tragedy as to suddenly or rapidly lose one's power of vision later in life. In the former case the inner power of sight—that power which makes us appreciate the things we see, has not developed and, in fact, cannot develop because the brain, shall we say has not had any practice, but to the victim whose brain is full of all the meaning of sight, and who suddenly cannot see anything at all, to him indeed the tragedy is real—overwhelming.

The Blind Persons Act was passed and came into operation in 1920, and Local Authorities were required to frame schemes for their areas. If I remember right, the Health Committee framed its scheme and presented it to the Council in 1922 and recommended a total expenditure of £50 annually on behalf of the blind persons in the Borough. The Annual Report for 1925 shows that there were 59 persons certified as blind according to the Act in Dudley in that year, and in that year also, arrangements were made with the Wolverhampton Voluntary Society for the Blind (which later became the Wolverhampton, Dudley and District Institution for the Blind) for one of their visitors to give two days a week of his time for visiting and instructing the blind people of Dudley.

This work has rapidly grown since then. In 1926 there were 74 blind persons and the total expenses were £617.

Then in 1929 we find that further benefit was added on behalf of the blind, viz :—that an augmentation grant was made by the Council and Society jointly to bring the income of the unemployable blind persons up to £1. On this account alone £627 were spent and the total expenditure rose to £795.

And so this work has gone on developing. There were at the end of last year (1938) 105 certified blind persons on the register. They have the full time services of a Blind Home Visitor, who teaches them to read Brail and Moon, various handicrafts, like rugmaking, chair seating and basket making, and who also looks after their social wants, their pensions, their sick benefits and so on. They have recourse to the town's Public Library where they can get good literature in Brail and Moon. The educable blind when young are sent to the Birmingham Blind Institution for training and education, some of them work in the shops of the Wolverhampton, Dudley and District Institution at Wolverhampton. Every one of these people are seen, examined and certified by an Ophthalmic Surgeon of repute. And from £26 in 1922, the expenditure has risen to £2299 in 1938, and the number of blind persons has risen from 59 in 1922 to 105 in 1938. There is today a perfect ascertainment of Blind Persons in Dudley.

Some day perhaps, the poor deaf people will claim the practical sympathy of the Government and Local Authority.

Mental Deficiency Act.

And now for another sad bit of human life. Those people young and old, and yet who never grow old—their mind remains undeveloped and it is pathetic to see sometimes a man or woman well on in years still acting like a child and even playing with toys. When I go to the Occupation Centre, (I wish I could go there a great deal more), I always feel glad that these poor things know me and are friends with me without any reservation.

At first, very little was done for these unfortunate people. Only when one (male or female) of them got into trouble and was brought before the court, then, of course, the Law had to do something. It was then that an order was made and they were committed to the Poor Law Institution. And so matters continued in this way till 1929. Up to this time the Chief Sanitary Inspector was the Petitioning Officer. On his retirement the Chief Clerk in the Town Clerk's department was appointed Petitioning Officer, and in 1930 a supervisor Health Visitor was appointed. From this date the work has been systematically worked and gradually a complete ascertainment has been made. An occupation centre is gradually developing from small beginnings—very big things in life (even of National importance and certainly in Nature) frequently have very small and insignificant beginnings, and so we are hoping that in time we shall have a real live and useful Occupation Centre in Dudley. Nurse Reynolds, the supervisor, first got together a few ladies as voluntary helpers and she started in 1931, with one evening a week at "The Firs," the Central Clinic. In 1934 owing to the increased attendance, the centre was moved to the basement in the Education Offices. In this same year, two ladies were appointed at a salary, as teachers at the centre, and a part-time cook to prepare dinners at a small cost. The accommodation here was most unsatisfactory from more points than one. Being mental defectives they were really not wanted there. And so another move was made to the vacated Parson's Charity School in Wolverhampton Street in 1935, and here we are fixed for the present. There are two large rooms and rather poor kitchen accommodation. But even here the space is limited. The number daily attending the centre is between 25 and 35 and they are of all ages and both sexes. This number could easily be increased but for the accommodation. Further, the school is situated in a closed, paved yard with no open space or garden. However, things seem to be moving a bit at last. For several years there have been spasms of talks between the Mental Deficiency Committee, the Board of Control and the Board of Education about better quarters. We have even had talks with other Authorities (which the government always likes to tell us

to do), to combine with us for a Joint Centre, but, no, they were not having any—they never do. And so officials have to struggle on. At long last plans for a Centre in the Priory Estate have been practically accepted, (there is many a slip between the cup and lip) and so Dudley, will I hope have a brand new Occupation Centre, though by then, I shall have removed myself from Dudley. It will accommodate many more patients and they will have a better chance of developing their impaired powers.

It should be mentioned here, in connection with this work, that there is a much more ambitious scheme on foot—The West Midland Joint Board for the Mentally Defective. Now this being a big undertaking, the following authorities have joined in the scheme, viz., Worcester County, Worcester City, the County Boroughs of Wolverhampton, Smethwick, Dudley and Burton-on-Trent. This, of course, will be a residential institution. The site has been chosen, viz., the Lea Castle Estate, near Kidderminster. Dudley will have 64 places out of a total of 838. It is hoped that the next few years will see this scheme completed. It will then be possible to bring all our defective people together under one roof. At present, some of them are scattered over different parts of the Country. In 1922 the cost for this service was £365 and in 1937-38 it was £3648.

Let me proceed to other aspects of the work. Recently, there have retired from the Public Health Services in the Country, several Medical Officers of Health who have served in that capacity for periods of 35—40 years, and have well earned their rest. Some of these have retired from life altogether. These gentlemen, who are still with us, could relate to you in romance, the growth and development of the work done by the Medical Officer of Health. In those far away days his work to a great extent concerned itself with matters that related to sanitation generally and the prevention of infectious diseases. No doubt, there may have been other things that also engaged his interest according to the town or place in which he was stationed, but those were his main and essential duties. But the point to which I want to get, is that with the rapid growth of scientific medicine and indeed of surgery, the work of the Medical Officer of Health has become vast—it is indeed getting so big that there is a danger that it may suffer because of that fact. It will get to a stage when he will not be able to do it. Is it not there already? "A.R.P." seems to have contributed the last big straw. I wonder if there are any other straws.

The Medical Officer of Health today has to be a gentleman of many aspects—he has to have a good general knowledge of all sides of his profession—in fact he has to be a specialist of all kinds in a humble sort of way. And so, this brings me to the next part of my report, viz :—

Maternity and Child Welfare. This work has been acknowledged on all hands to be one of the most important in the whole range of the Public Health Services. It began as a voluntary service, like so many other good works, gradually developed and then became law in 1918 (Maternity and Child Welfare Act). Since then, much has been done by education of the mothers at clinics and by the work of the health visitors so that throughout the Country the Infantile Mortality Rate has been spectacularly reduced from as high a figure as 150 per 1000 live births to something like 45 to 60. In Dudley the Infantile Mortality Rate in 1913 was 148. I cannot claim that the rate has been reduced to as low a figure as I should like—though in 1922 the year I came here, it was 87.89 and since then it has fluctuated, but it is hardly believable that for 1938 the extraordinary low figure of 46.3 has been reached. This, of course, has surpassed everything. May it keep somewhere about this level.

The work was in progress in Dudley for a few years prior to my advent, and in fact, the work was started, and mothers and babies were seen by the Medical Officer of Health (he was a part-time Medical Practitioner) in his small office in the "dingy" old Town Hall (it shows what can be done if it has to be done). I note from the Annual Report for 1918 that 184 infants attended during the year and that they made 537 attendances. From this modest beginning the work has, year by year, steadily grown. Two sessions were held each week.

Then in 1920 "The Firs" was purchased by the late Sir George Bean and presented to the Corporation for the original purpose of adapting it for a Maternity Home. Instead, it was designated, The Sir George Bean Child Welfare Institution, and so it has remained to the present day. It is an old rambling private house standing high in its fine grounds. In my opinion, an ideal place for such an institution. Thus I began this work at "The Firs." Perhaps in a year or two, this building will be replaced by a successor worthy of its importance as the headquarters of all the Child Welfare work of the Borough.

Then secondly, there is a branch clinic held at Netherton. It was held in the small ante-room in which the doctor sat for consultation, all the mothers sat with their babies, in which the weighing was done, and in which the various foods were given out—all in one room. What a hopeless and intolerable state. How could anyone do even a modicum of good, working under such difficulties. However, after a year or two of this, some additional rooms were added to these premises, but these proved too small and the whole clinic was again reconstructed a year or two later, with a large doctor's room (used also for dental work), and two small rooms. This addition has also proved inadequate and now just before I leave, plans and estimates have been approved by the Ministry of Health for an up-to-date clinic on the same lines as the new clinic on the Priory Estate.

Thirdly, there is a branch clinic at Holly Hall. This has always been held once a week in the Free Library, occupying the large hall and ante-room on the first floor. Plans and estimates for a new clinic have been approved and no doubt will be opened for use sometime next year.

Fourthly, the Priory Clinic was completed and opened by His Worship the Mayor, Ald. A. Elliott Young, in June, 1938. The necessity for an efficient clinic in the Priory was great, as the development of this area now contains approximately a fourth of the population of the Borough. A plan of the clinic will be found elsewhere in this report. It contains a large doctor's room, dental room, weighing and nurses room, ante-natal cubicles, kitchen, stores and other offices with a large waiting-room. It is really a very nice place.

What was the result of my first year's work (1922). As the result of 5 baby sessions a week there were 9,247 attendances at all the clinics. Since that date the work has steadily increased year by year, and the total attendances made at all the Infant Clinics in 1938 reached the high figure of 24,999 and from 5, the number of baby sessions has grown to 9 per week. At first there were two health visitors, now there have been 4 for some years. The baby work has always been very popular in Dudley. The clinics have been well attended—the average attendances at each of the 9 sessions was 58 in 1938, and 83.3 per cent of babies under one year old attended. I am sure much useful knowledge has been radiated from these centres. Mothers, new and young and inexperienced and those older and more experienced and of all classes have attended the clinics for advice.

And now for the mothers themselves. Much has been written in recent times on the subject of Maternal Mortality, owing to the fact that for a considerable number of years there had been no reduction in the deaths of mothers from childbirth. The total puerperal mortality rate for the country remained between 4 and 4.5 per 1000 births, i.e., about 3,000 women lost their lives in childbirth each year. This subject was especially studied by a committee (the Maternal Mortality Committee) of experts under the Ministry of Health and as a result, two reports and many circulars have been issued by the Ministry indicating what measures should be taken to lessen the number of maternal deaths and amongst these measures came the Midwives Act of 1936.

In Dudley, like in many other places throughout the Country, the handywoman (unqualified midwife) has been practising midwifery for many years, and has flourished. Years ago they were the only midwives available. They did their work as well as they could, but they were ignorant and dirty, and many of them illiterate. Though most of them have ceased to exist there are still one or two of them who occasionally interest themselves in the work. It is now, however, possible to prosecute such women in Dudley, the Ministry having made an order to that effect.

The Midwives' Act, 1936, has raised the standard of the midwives very considerably—they are all now servants of the Corporation and are paid a salary. They are further to undergo refresher courses at regular intervals and in future they must all be fully trained nurses in general work as well. In Dudley we have now 12 Municipal Midwives of whom 7 are also fully trained State Registered Nurses. Their work is arranged and supervised by a Supervisor of Midwives.

However, many of the recommendations contained in the Ministry's circulars have been practised in Dudley for many years, e.g., Ante-Natal clinics. Three Ante-Natal clinics are held each week by the Deputy Medical Officer of Health—(63.9 per cent of all notified births attended in 1938). Provision has been made for the services of a consultant, and arrangements made for hospital beds for septic cases and complicated pregnancies and difficult labours. Dental treatment (excepting the supply of dentures) and bacteriological investigations have also been provided for. I think the service is as complete in these respects as any.

One big question has always been a bother in Dudley, and for very nearly all the years that I been here, viz., the provision of Maternity Beds for ordinary normal cases, other than Public Assistance cases and those whose home conditions warrant admission to a Home. I am not exaggerating at all, when I say that on innumerable occasions I have had expectant mothers who were willing to pay a moderate fee, come to me and ask me to arrange for their admission to Hospital or Home for their confinement. I am sure the inclination for women to go to institutions for their confinement is increasing and I do not blame them for this under modern conditions of life. It does away with a great deal of worry and inconvenience. During the past 12 or 13 years, I think, Dudley has prepared plans and estimates for a Maternity Home at "The Firs," and presented them to the Ministry more than once. Each time the proposal has been turned down. Latterly, we have approached the local Voluntary Hospital more than once at the behest of the Ministry. But up to the present no success has materialised. Honestly I think something should be done in this matter, and I feel it is up to the Ministry of Health to see to it. The Local Authority has always been willing, nay, very anxious and eager to provide this need.

The Maternal Mortality Rate in Dudley. During the period 1924—1938 17,956 babies were born in Dudley. In this number, 75 mothers lost their lives in childbirth, 56 directly due to puerperal causes and 18 to associated causes, such as pneumonia, consumption, gastric ulcer etc. The puerperal mortality rate averaged over the whole period 3.11 (based on 56 deaths) per 1,000 births, and the total mortality rate, (based on 75 deaths) per 1,000 averaged 4.17. There were two bad years—1925 with a figure of

10.7 and 1931 with 6.29. But for 8 years of this period it has been under 3 per 1,000. Of the 75 mothers who died, 35 were primiparas (first pregnancies) and 40 multiparas.

On the whole, therefore, the maternal mortality rate in Dudley is fairly satisfactory.

The Toddler. It has always been a difficult task to make the mothers of the working classes realise the importance of keeping the baby from 1 to 5 years of age under medical supervision. As long as the infant is in arms the attendance is very good, but once he begins to toddle about he is usually left to fend for himself, especially if the mother again becomes pregnant, and when the new baby arrives matters are much worse. It is during this pre-school period that these little dots get into trouble by exposure to all sorts of infection during a very susceptible period. However, we have tried to do something for them and have made a general examination of them whenever they have been brought to the clinic and the fact has been entered on a special slip pasted to the card. We especially seize this opportunity when they come up for dental treatment. For orthopædic, massage, sunray treatment and ear, nose and throat treatment, the toddler shares a combined clinic with the school children. This will be referred to later under the School Medical Work. More Nursery Schools would be in the best interests of the pre-school child from the health point of view and in fact, from every point of view, especially in a working class population of an industrial town like Dudley.

In 1922 the total cost of this service was £585 and in 1938 it rose to £4053.

Now from the toddler group we naturally go on to the school child, and so to the facts in connection with the **school medical service**. The School Medical Service has been in operation for over a quarter of a century. The medical examination of school children began somewhere in 1911. Steadily the scope of the work has increased since that date. It has been accepted on all hands that the results have been satisfactory and beneficial to the nation as a whole. Originally, the work in Dudley was done by various medical practitioners.

In 1922 when I came to Dudley, the work had already been taken over by the Medical Officer of Health, and the scope of the School Medical Work was limited to :—

1. Routine school medical inspections (at school).
2. Attendance at Minor Ailments Clinics at "The Firs," Netherton and Holly Hall.
3. Two morning sessions per week by a local dental practitioner.

4. Ophthalmic work—one session per week.

There were two school nurses.

I contend that at the present day, owing to the growth and development of the work, that the services rendered to the school children in Dudley is equal to any of the best in the Country. Although the schools of Dudley do not enter into the scope of this report, yet I cannot refrain from making a few general remarks on the subject since their structural conditions as to light, air, and sanitation do contribute towards the health of the school child. The Borough did not have the best of reputations at the Board of Education for having a good class of school building.

No, in fact many of the schools were blacklisted as out of date and unhealthy. However, our best thanks are due to the late Mr. James Whaley, the Director of Education for his untiring work on behalf of a complete re-organisation of all the schools in Dudley in accordance with the Hadow Plan. As a consequence, there have been completed during the past 10 years, seven new schools—all built on modern lines. They are a delight to see and I should say to work in—light and air and space and an artistic rendering. A few schools have been closed down entirely, and the others have been re-conditioned with alterations and made fit.

Amongst the new schools, one must mention the Nursery School, a perfectly delightful place and a charming experience to see the toddlers at work and play. People have different ideas with regard to the question as to whether we should have or not have Nursery Schools—and one argument that is put forward against Nursery Schools is that the parent is the right person to have the responsibility for the upbringing of the child and that they should be brought up so in their homes. In my opinion, the whole question should be governed by the home conditions and other circumstances. I cannot admit the fact that the average home conditions of the working classes prevailing in Dudley are satisfactory from every point of view—income, accommodation, number in family and ages of children, sometimes all these adverse circumstances are present at the same time. No, the toddlers' best chance is a Nursery School and now that the experiment has been tried in Dudley, I hope more of them will be introduced.

During the past 17 years, the Statutory Routine Medical Inspections have been regularly carried out at schools and on an average between three and four thousand children have been thus examined each year. These examinations have been elaborated from time to time for special investigations. **The Minor Ailments Clinics** have been well attended and much done by advice and treatment to remedy defects found at the routine inspections—six minor ailments sessions are held each week in different parts of the Borough. The average number of new cases attending each year was 2,595 and the total attendances made was 8,731.

Dental Work. Dental decay and disease is rife amongst the population, not of Dudley alone, but all over the country, and it is responsible for a large proportion of sickness and disease and incapacity generally, sometimes the idea seems far fetched to associate dental trouble as the cause of certain diseases. However, the teeth of the Dudley school children have been in a shockingly bad condition in the past, and that of their parents often still worse. The growth of the dental service in Dudley is interesting. At first, in 1920, the Committee sanctioned two morning sessions per week to be carried out by a local dental practitioner. In 1922 another two sessions per week was agreed to and the work carried out by another practitioner. Then in 1925 a full time Dental Surgeon and Dental Nurse were appointed in order to cope better with the enormous amount of dental work. The Board of Education, however, saw that the dental staff was still insufficient, and recommended and urged that an additional dental surgeon should be appointed. This appointment was made in 1931 and for the first time the expectant and nursing mothers and toddler group of children were included in the scheme of dental work in the Borough—the two dental surgeons being responsible for all the work. Why is it that the working class mothers and fathers and their children in this district have such appalling dental appendages? They have no concern—not the slightest—even if the mouth is full of a lot of broken down septic teeth and roots and suppurating gums. And since 1931 efforts by propaganda, by personal touch, leaflets and other ways have done very little to improve the attendance of mothers and babies. Only when they are racked with pain do they come and ask for the tooth to be taken out. However, I am happy that the dental work amongst the schools has done a great deal of good. Whereas, with one dentist very little conservative work could be done, now with two full time dental surgeons, much conservative work has been done each year. In 1937, 3334 filling operations were done and in 1938 this figure was a little lower, viz, 2984. A complete dental inspection is made of every child in the schools each year. The latest development of this service has been the appointment of two Dental Attendants—1939.

The care of the Eye. The specialised work in connection with the eye has been under the care of a specialist ophthalmic surgeon. This service provides for the effective treatment of any child suffering from defective vision or any acute or chronic disease of the eye. Each year, between 200 and 300 children have their eyes tested and glasses prescribed where necessary.

The crippling defects, that man suffers from are varied and many. At one time it was quite a common experience to see in the street a man or a woman or a child maimed and crippled, walking on crutches, or limping with a stick or even stumping along with a "dot and carry one" action on a wooden stump for

a leg. These sights are not quite so common now, though when met with, the sufferer is usually older in years. Strong efforts in the direction of remedial work for the cripples was begun after the Great War. Experience gained during the Great War and after, proved that much could be done to alleviate some of the defects, and in time to reduce the number of cripples. So Local Authorities were urged to do something in the matter. Dudley started an Orthopædic Clinic at "The Firs" for the treatment of these defects in children—and the first session was opened in August, 1926, under the care of a specialist Orthopædic Surgeon from Birmingham and special nurses.

In association with this a complete Massage Department with electrical and remedial exercises was also started under a full time and qualified masseuse. After a year or two an ultra violet lamp was also provided and many other items of equipment. The net result of this has been that we have in Dudley a fully equipped and staffed Orthopædic Clinic doing a tremendous lot of real good. Think of it! I personally have seen and sent to the clinic for treatment, 3 new babies one 2 days old, one 3 days and one 5 days old. Each one of these babies had a seriously deformed foot (club foot). They were treated at once. I saw them later, their feet were quite good with very little deformity left. We have a very close co-operation in this work with midwives, nurses, teachers and doctors which is in the best interests of the patients. The work of this clinic extends beyond the Borough boundaries. The neighbouring Local Authorities avail themselves of its usefulness and quite a number attend to see the specialist or the after-care nurses and get treatment in the Massage Department, payment, of course, is adjusted for these cases.

All forms of tubercular crippling defects are also treated here. I have always been in very close touch with the work of this clinic and during the period of its activities I have seen much good result. Much incapacity has been reduced and much wage-earning capacity has been increased, not to mention the priceless benefits of happiness.

Another great advance in specialised treatment was inaugurated in June, 1933. This was the **Ear, Nose and Throat Clinic** at "The Firs." I had been strongly urging for some time, the fact that the treatment of troubles associated with the delicate organ of hearing and those of the nose and the throat were best dealt with by a specialist who had at his command complete equipment for treating such cases. I was speaking from personal experience as I conducted a large minor ailments clinic each week and saw for myself how little could be done without systematic treatment.

The Ear, Nose and the Throat are intimately associated by a continuity of the different passages, any infection therefore, of

the throat may easily spread to the ear and the nose and vice versa—a perfectly healthy throat with good teeth reduces considerably any possible infection of the ear and nose. It used to be a common experience to have school children suffering from running ears on and off or continuously for many years. They visited the clinic spasmodically and I suppose the drops ordered, entered the ear spasmodically. These children ran a definite risk of serious diseases including meningitis, abscess in the brain and blood poisoning. All these cases are systematically and appropriately treated at the Ear, Nose and Throat Clinic. All medical treatment including Ionization is carried out at the clinic and definite arrangements under agreement with payment exist whereby *all* operative work is carried out at the Guest Hospital by the specialist. This clinic is under the supreme control of the specialist who is in charge of the Ear, Nose and Throat Department at the Guest Hospital and his assistant Dr. Winifred Dean attends at "The Firs" twice every week. All children from birth to school leaving age are cared for here.

I feel that the work done by this clinic is most valuable and it has supplied an urgent need. Last year, 446 new cases were seen who made 2189 attendances and 394 Ear, Nose and Throat operations were done.

Immunisation against Diphtheria.

Before concluding the School Medical Report, I should like to state that the Council gave approval to the scheme for the immunisation of children in December, 1937. My colleague, Dr. Taylor, who does all the school work, took the matter in hand, and through his great zeal and tact and hard work during the year 1938 and up to date, no less than 71 per cent of the school population have been immunised with T.A.F., and A.P.T., at a cost of 1/9d. each child.

The Malvern Open Air School. This school is under the Worcestershire County Council and by arrangement with that authority a certain number of delicate children from Dudley have been able to take advantage of the benefits accruing from open air under favourable conditions. Plenty of fresh air, plenty of good food and a proportional amount of rest will work wonders for almost any patient provided that there is no serious organic trouble underlying the state of health. It is interesting how this benefit in the treatment of school children has developed since advantage was first taken of sending children to Malvern. In 1922, 18 delicate children were sent during the whole year, 6 each during the Spring, Summer and Autumn term and since that year, this figure has gradually increased until in 1936 no less than 30 places were reserved for Dudley, making a total of 90 during each year since that date (45 boys and 45 girls). I want

to say that with very few exceptions, all the children have benefited tremendously and the gains in weight have averaged from 10 to 12 lbs., and indeed in many cases very much more. The physical benefits accruing from this change have been marked and one only wishes that it could be maintained after the return of the children, but the home conditions and the open air conditions at Malvern are different.

The Astley Burf Camp has also contributed in this direction. The camp is situated in open country not far from the banks of the Severn near Stourport. It is under the control of the Education Committee. During the summer months, 60 boys or 60 girls go down there with their teachers in alternate weeks from Monday to Friday. They live under camp conditions in beautiful surroundings. Perhaps this is the only week some of them get in the country.

I must add here a tribute to a man who has done a great deal for the children. Mr. E. C. Lewis, till quite recently used to arrange for many children being sent to the Moseley Hall Convalescent Home, and other places, through the **Dudley Children's Convalescent Aid Society** of which he was the enthusiastic secretary. For several years as many as 30 to 45 children were sent out into the country for varying periods. All this entailed a great deal of work and a great deal of money. Mr. Lewis and I worked in close co-operation in this matter and the children have much to be grateful for to Mr. Lewis. Unfortunately, ill health has lately compelled Mr. Lewis to give up this work. My best thanks are due to him.

Free Milk and Free Meals. In 1928 one school (Park) made arrangements with a firm of dairymen to supply 1/3rd pint bottle of milk at 1d. This was taken during the morning. At the end of that year, 15 departments were being supplied. In 1929, the Board of Education sanctioned the free supply of $2 \times 1/3$ rd. pint bottles of milk to necessitous cases. The numbers receiving *free* milk have varied each year, but in 1934 this number was 1202 and the cost to the Education Committee was £1591. In 1936 the amount of milk consumed by all children (free and paid for) was 43,762 gallons.

Free Meals. A good mid-day meal of two courses was started in December 1934. The cooking is done at one centre and distributed to convenient centres for the children. About 150 children were receiving free meals in 1937. The granting of free milk and free meals is not stated here just as a mere fact. A sufficiency of food is not only a necessity of health but in consequence of its effect on the health of the child it becomes also a necessity for obtaining the maximum of benefit in education and this fulfils

the conditions of the Board of Education. I think all the teachers are agreed that this contribution towards the daily food of the poor children has been of definite benefit.

Secondary Education. Routine medical inspections have been carried out at the Girls' High School by myself on an average of 3 times a year—Spring, Summer and Autumn. The examination is a complete and thorough one, including the state of the teeth and the feet. After the age of 11 years the girls are examined once every year.

The improvement in the general physical condition of the girls has been very striking. In the majority of them the improvement begins soon after they enter the school. Their health is well looked after by Miss Frood the Head Mistress and Miss O'Dwyer, the "Gym" mistress. Reports on all Staffordshire girls suffering from any defects are sent to the School Medical Officer of the Staffordshire County Council.

Cost of the School Medical Services. It is a common expression to say that health cannot be measured by £. s. d. To the child, however, who in later years will have to earn his living, health definitely means £. s. d.—the better the health, the more of it. Money spent cautiously in the interest of the child's health is money well spent and will be a saving to the rates later in life. The total cost of the school medical services in 1923 was approximately £1643—gradually this amount has been augmented till in 1937 the amount spent was approximately £5187 and in 1938 £5577. I consider the figures very reasonable for the amount of benefits received.

My Disappointments. I suppose I have had many disappointments in one way or another—small ones and some big ones. But I think on the whole I have been fortunate and my blessings have been greater and the small disappointments have been quickly forgotten. There are, however, a few things that I should like to have seen accomplished before I left.

During my whole period in Dudley I have been bothered and worried on an off with the question of accommodation for infectious diseases, and for maternity cases. This Local Authority in my opinion has done its best in both matters, and has tried more than once to cope with it, but it has not had the support and help of the Ministry of Health. Dudley has been rebuked by the Ministry more than once with regard to the lack of accommodation for infectious diseases. Dudley has offered to build a hospital—twice or three times plans and estimates have been examined by the Ministry, two of their representatives even came to Dudley and selected a site and then the proposal was turned down with instructions to try and get other neighbouring authori-

ties to combine in a joint scheme. These Authorities were approached twice and they refused. They are suspicious. Surely the Ministry of Health can make powers to insist on a group of Local Authorities to combine and build a Hospital for the joint needs of all—more economical and more efficient in every way. Even now, our needs in this direction have not been met, though we have had an agreement for the future with a neighbouring authority "when" they make their extensions. The lack of hospital accommodation for infectious diseases was one of the main props of the opposition in the Parliamentary Extension Bill in 1928, and I shall never forget the dressing down that Dudley got on that account. In spite of that, all Dudley's efforts to remedy the defect have rather met with rebuff than encouragement from the Ministry of Health.

As to the adequate maternity bed accommodation for Dudley, I really do not know when that need will be met, i.e., of course, if the needs of the ordinary normal cases are to be met. Most of the well-to-do people who can afford to pay big fees go into palatial Nursing Homes—the humbler folk who can and are willing to pay a reasonable fee must stop at home—though they, like their richer sisters prefer not to have the upheaval of a confinement in their small homes.

It is not my intention to enter into any argument with regard to small Maternity Homes or where they should be located, but I do think that something definite should be done. Perhaps the Ministry of Health have no power.

Clinics. I did think that before I left Dudley I should have seen new and modern clinics established at Dudley, Netherton and Holly Hall. I have, however, had the pleasure of seeing one built and working in the Priory Estate. It is a pleasure to work in it. Plans have been approved by the Ministry for a new clinic at Netherton and Holly Hall. These might have been completed, but "A.R.P." has held up all work.

"The Firs," however, is the main central clinic, where all the specialised work is done, but it is an old rambling building and the sooner it is replaced the better will it be for all concerned. Nevertheless, I have been very happy at "The Firs," and I am very proud of all the good work that has been done in it on behalf of the mothers and children of Dudley.

A.R.P. Hateful letters. Whoever thought that A.R.P. and all that it has meant would have ever come into the scope of the Medical Officer of Health's work? And it came at a time when many other acts and orders had been showered on the department and had already made the work heavy. Still National crises demand additional sacrifices on the part of everybody. But

the doing of this work has definitely meant that much of the ordinary Public Health work has had to be left.

I am very grateful to Dr. Taylor, my colleague, for the vast amount of help he has given me in this direction.

I feel I must leave a brief record in this review of my work in the Borough as **Police Surgeon**. The post had been occupied by Dr. Higgs, Medical Practitioner, who died very shortly after I came to Dudley, and the Watch Committee felt in their judgment that I should be asked to accept the post on a small additional remuneration. Since then I have filled the position. My work has been varied and interesting. Amongst other duties it has involved the care of the sick in the force, and various types of court cases. The latter has included cases of assault, the examination of mental defectives, the examination of youths before being taken to schools of correction, and of course, quite a number of "drunks in charge." Nice work in the early hours of the morning. All this has meant quite a fair amount of court work for me in the witness box. Oh yes, I had nearly forgotten I did have one murder case, which was tried at the Worcester Assizes by the late Lord Chief Justice Avory, and I was cross-examined by the late Sir Marshall Hall. I think I can safely say that all the Police Force and myself have been great friends.

Co-operation.

I am now coming to the end of my story; but I could not write "finis" to it without some grateful acknowledgement to all those who have helped me in my endeavours in the many aspects that go to make up my work as a whole.

For the first few years of my work I am obliged to say that I did not have a sympathetic and helpful Health Committee to back me up. Many times I was obliged to bring instances of glaring infringement of Public Health matters involving nuisances, housing, meat and milk etc., to the notice of the Committee with little or no result. My only redress was to note them in my Annual Report each year. However, that is past and long forgotten, and I do not want to say any more about it. Apart from that period, I have always had a Health Committee that has been deeply interested in my work and Chairmen who have made it a personal matter to study carefully all that was put before them, particularly I am mindful of all that the late Alderman Ballard as Chairman and the present Mayor (Mr. Alderman A. E. Young), as Vice-Chairman did for me in my difficult times. My Maternity and Child Welfare, School Medical Service, and Mental Deficiency Committees have invariably helped me and their Chairmen have all been eager to advance the work in the right direction. It is solely owing to these facts that I unhesitatingly maintain that these services are doing all that has been required of them and

much more. No minister of the Government can complain that we are wanting in regard to any of these services.

The net result of the work of all my Committees and their respective Chairmen has been, I humbly say it, the production of a general Public Health Service, equal to any of the best in the Country having regard to the size of the town. I thank you Sirs.

And to the Council as a whole I repeat my grateful recognition.

I would be depriving myself of a great pleasure if I did not acknowledge with grateful thanks all that I owe to the teachers throughout the Borough for their wonderful co-operation in the work of the School Medical Service. They have been wholeheartedly with us in our efforts and the success achieved has been in a very large measure due to their helpful support in all the activities of the work. Much help has also been given me by the Attendance Officers and also from the local branch of the National Society for the Prevention of Cruelty to Children. Their Inspectors have been of very great assistance to me.

Most of the advances in the School Medical service were carried out during the time that the late Mr. James Whaley was Director of Education and unstintingly I give him an equal share of the credit due. We co-operated very closely together, not only as chiefs but as friends. His death in 1937 was a great loss to the cause of Education in Dudley.

Coming now to my colleagues in the Corporation—I have known five Town Clerks in Dudley, viz :—Messrs. Holt, Tame, Knowles, Brock Allon and finally, Cant, who has been with us for the past ten years. As Chief Officials I have often had to seek their advice on many matters. The Borough Engineer, Mr. Gibbons and the Borough Treasurer, Mr. Dutfield have been my colleagues throughout my whole period. All these gentlemen have been very helpful to me and their advice has been appreciated. In their own spheres they have all played a very big part in the march of progress in latter years. I gratefully acknowledge many acts of personal kindness from them.

Next I come to my own immediate colleagues in work. I cannot mention them individually. The original meagre staff has grown to big dimensions as the work has steadily and gradually increased, both on the sanitary side and the medical side. On the latter side I have had several changes of doctors and dentists, and also of nurses and there have also been many changes in the Sanitary Department apart from Mr. Skitt, the Chief Sanitary Inspector who has been with us for ten years. To the loyalty and hard work of every one of them past and present, doctors, dentists, nurses, clerks, and caretaker on the medical side, and to Mr. Skitt and the whole of the staff on the sanitary side including the workmen, I ungrudgingly attribute whatever good

has been accomplished. We have all worked happily together and I have always had their very willing service. I can assure each and every one of them that my severance from them will be my keenest regret.

And thus I leave a different Dudley from that to which I came in 1922. Not only today does the town possess what is my immediate concern, an enlightened and progressive Public Health Service in all its branches, but you have accomplished many other things and have others in immediate contemplation. You have a new Town Hall, new Council House, a magnificent Technical College, the development of the Priory Estate and many other housing schemes ; the Civic Gardens and many improvements in the parks, and several new schools ; King Street has been widened and so have New Street and Stone Street, Station Road and Castle Street, Birmingham Street is being widened and now you have started on the new Police Buildings and Fire Station. Finally you have a grand scheme for a market hall and the widening of Hall Street shortly to be commenced. Add to all this a definite amenity and attraction, viz :—The Castle Zoo. What a wonderful record all this is. It shows what is more important still, a progressive and enlightened desire to keep Dudley worthy of its ancient and historic traditions.

In conclusion, Ladies and Gentlemen, I thank you all for your many kind considerations extended to me, and in return I extend to you and the town of Dudley all good wishes for its progress, prosperity, good bill of health, and happiness.

P. STANLEY BLAKER.

COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

(GENERAL)

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COUNTY BOROUGH OF DUDLEY.

POPULATION	1911 Census	51,079
"	1921 Census	57,100
"	1925, estimated	...	...	...	...	58,810
"	1926, estimated	...	...	...	...	58,930
"	1927, estimated	...	...	...	...	59,370
"	1928, estimated	...	...	...	...	58,820
"	1929, estimated	...	...	...	...	58,870
"	1930, estimated	...	...	...	...	58,820
"	1931 Census	...	...	...	...	59,579
"	1932, estimated	...	...	...	...	59,740
"	1933, estimated	...	...	...	...	60,140
"	1934, estimated	...	...	...	...	60,300
"	1935, estimated	...	...	...	...	60,400
"	1936, estimated	...	...	...	...	60,590
"	1937, estimated	...	...	...	...	61,140
"	1938, estimated	...	...	...	...	61,600

Elevation	{	Cawney Hill	...	...	820 feet above sea level.
		St. Thomas' Church	...	700	" "
		Eve Hill	...	720	" "
		Netherton	...	610	" "
		Woodside	...	570	" "

Geological Formation: Limestone, Carboniferous and Heavy Clays.

Area of the Borough ... 4,066 acres

Number of Inhabited Houses, Census, 1931 ... 13,385

Number of Inhabited Houses, (Estimate, 1938) ... 15,553

The increased Rateable Value of the Borough for
General Rate at 1st October, 1938 was ... £273,211

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

Total M. F.

Live Births	Legitimate	1094	572	522	Birth Rate per 1,000 of the estimated resident popula- tion 18.23	
	Illegitimate	29	10	19		
Stillbirths	...	...	44	20	24	Rate per 1,000 total (live and still) births ... 37.70
Deaths	...	...	691	392	299	Death Rate per 1,000 of the estimated resident popula- tion 11.22

Deaths from puerperal causes :—

			Deaths	Rate per 1,000 total (live and still) births.
Puerperal sepsis	...	...	2	1.71
Other Puerperal causes	...	...	3	2.57
Total	...	...	5	4.28

Death Rate of Infants under one year of age :—

All Infants per 1,000 live births	...	...	...	46.30
Legitimate infants per 1,000 legitimate live births	...	...	...	46.62
Illegitimate infants per 1,000 illegitimate live births	...	...	...	34.48
Deaths from Cancer (all ages)	...	...	...	70
Deaths from Measles (all ages)	...	...	...	—
" Whooping Cough (all ages)	...	...	...	1
" Diarrhoea (under 2 years of age)	...	...	...	2
Death Rate from principal Zymotic Diseases	...	...	...	0.47
Influenza Death Rate	...	...	...	0.26
Tuberculosis Death Rate	...	...	...	0.84
Total Deaths under 5 years of age	...	...	...	82

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 :—	1934	1935	1936	1937	1938
Men age 21 and over	2121	1739	1124	1101	1380
Young Men (18 to 20 inclusive)	84	26	12	19	38
*Boys (14-17 inclusive)	29	28	20	65	23
Women age 21 and over	221	252	259	262	315
Young Women (18-20 inclusive)	26	30	17	37	38
*Girls (14-17 inclusive)	78	41	37	82	34
Total	2559	2116	1469	1566	1828

The number of contributors to Unemployment Insurance is 16,000 males and 6,000 females, total 22,000 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 1123 (Males 582 and Females 541). In addition there were 44 Still Births. The Birth Rate per 1,000 of the population is estimated at 18.23.

For England and Wales the Birth Rate was 15.1, and 15.0 for 126 Great Towns in the Country.

The Illegitimate births numbered 31 (12 males and 19 females).

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

Year.		Births.		Birth 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
1938	...	1123	...	18.23

DEATHS.

The Registrar General has given the number of Deaths in Dudley as 691. This figure includes Dudley residents who died outside the Borough. There were 392 males and 299 females.

The Death Rate per 1,000 of the population is 11.22 and in 1937 it was 12.20.

For England and Wales the Registrar General's figure is 11.6, and 11.7 for 126 Great Towns in the Country. It was 12.4 and 12.5 respectively in 1937.

Thus it will be seen that the Death Rate was universally lower in 1938 than in 1937.

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
1938	...	11.22	...	46.30

MONTHLY DEATH RATE FROM ALL CAUSES.

Year.	Jan.	Feb.	Mar.	Apr.	May.	June & July	Aug.	Sept.	Oct.	Nov.	Dec	
1928.	10.1	7.89	7.2	12.9	9.4	8.36	8.3	9.27	8.6	11.2	11.0	
1938	11.07	7.5	10.3	10.6	14.4	8.6	9.5	6.4	7.96	7.83	8.35	9.24

GENERAL REMARKS ON THE DEATH RATE.

As usual I have reproduced on Pages 70 and 71 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 the number of deaths in 1938 was 55 less than in 1937.

The following causes accounted for 450 of the total of 691 deaths.

	1937.	1938.
Heart Disease	122	130
Cancer and Malignant Disease	79	70
Pneumonia	63	87
Bronchitis	67	38
Tuberculosis	51	52
Cerebral Hæmorrhage, etc.	48	50
Congenital Debility and Prematurity, etc.	47	23
Total	477	450

HEART DISEASE.

This disease claims the highest number of deaths, namely, 130. The figure for 1937 was 122, being 8 lower than this year.

CANCER AND MALIGNANT DISEASE.

The number of deaths recorded under this heading is 70, and these are set out in age groups in the following table.

Ages	0—	1—	5—	15—	25—	35—	45—	55—	65 and over
Deaths	—	—	—	—	1	1	13	14	41

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.

BRONCHITIS.

The number of deaths due to Bronchitis are considerably lower than in 1937 being 38 as against 67.

PNEUMONIA.

The number of persons dying from Pneumonia during 1938 amounted to 87.

TUBERCULOSIS.

The Registrar General states that the number of deaths of Dudley persons from all forms of Tuberculosis during 1938 was 52.

Only 7 deaths occurred under the age of 15.

CEREBRAL HAEMORRHAGE.

The number of deaths under this heading is 50 which is two more than the previous year. 26 of these were males and 24 females, and of the total of 50, 42 occurred in the case of people over the age of 55 years.

CONGENITAL DEBILITY, PREMATURE BIRTH AND MALFORMATIONS, ETC.

The number of deaths certified under this heading is 23, which is a reduction of 24 over the previous year.

It will be observed from the figures given under Neo-Natal Deaths that of these 23 deaths, 11 died before they were 1 month old.

DEATHS IN AGE GROUPS.

In age groups the 691 deaths are allocated as follows, together with the same figures for 1937.

Age Groups.	1937		1938	
0— ...	92	}	52	}
1— ...	18		17	
2— ...	21		13	
5— ...	26	}	24	}
15— ...	21		25	
25— ...	82		74	
45— ...	184	}	192	}
65— ...	140		163	
75— ...	162		131	
	<hr/> 746		<hr/> 691	

INFANTILE MORTALITY.

There were in 1938, altogether 52 deaths of babies under one year old—28 males and 24 females. Amongst the males there was 1 illegitimate birth.

This gives an infantile mortality rate of **46.30 per 1,000** live births. In 1937, there were 92 such deaths, and the infantile mortality rate was 79.58.

For England and Wales, the Infantile Mortality Rate in 1938 was 53. For 126 of the Great Towns it was 57.

The Infantile Mortality Rate is the lowest ever recorded for Dudley, the previous lowest figure being 65.52 for the year 1930. It is hoped that for future years we shall be able to report a similar low Mortality rate.

NEO-NATAL DEATHS.

Closely related to the Infantile Mortality Rate is the large and important factor contributed by deaths of babies under one month old. Of the 52 babies dying under one year old, 18 of these died before they reached the age of one month and the cause of deaths attributed to 11 of these latter was Congenital Debility, Premature Birth, Malformations, etc.

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

Total of all deaths under 1 year.				Deaths under 1 month old (included in first column).	
Bronchitis	...	...	3	...	1
Pneumonia	...	...	16	...	1
Diarrhoea	...	...	2	...	—
Congenital Debility	...	...	23	...	11
Premature Birth	...	...	
Malformations, etc.	...	...	
Other defined diseases	...	...	8	...	5
<hr/> 52 <hr/>				<hr/> 18 <hr/>	

STILL BIRTHS.

There were 44 Still Births notified to me during 1938, this is 4 less than in 1937 (viz, 48). 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 Ministry of Health.

The Registrar General states that only five women could be classed as having died from Child-birth, giving a Maternal Mortality Rate of 4.28.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND NOTIFIABLE DISEASES.

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

	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Scarlet Fever ...	41	28	58	56	123	151	125	126	67	48
Diphtheria ...	28	42	31	28	19	64	109	104	98	104*
Puerperal Pyrexia	12	6	15	5	10	5	5	5	7	9
Ophthalmia										
Neonatorum ...	7	4	8	6	7	7	2	5	9	11
Pneumonia ...	58	38	43	72	69	75	108	69	69	114
Erysipelas ...	25	16	22	7	7	21	31	21	23	24
Encephalitis										
Lethargica ...	2	1	1	1	—	2	—	—	—	1
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, 1 case was notified and removed to Hospital but the notification was later withdrawn owing to the fact that it was a carrier case.

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, 1938	...	...	...	1003
No. of successful vaccinations during the year	...	...	...	208
No. of cases of insusceptibility	...	...	...	—
No. of Statutory Declarations under Section 1 of the Vaccination Act, 1907	...	...	...	640
No. of Deaths unvaccinated	...	...	...	30
No. of Postponements of children unfit for Vaccination	...	...	...	16
No. of removals not found and residing elsewhere	...	...	...	33
No. of cases not accounted for in any of the previous columns	...	...	...	76
TOTAL	...	...	...	1003
No. of Q. Form Notices issued to parents	...	...	...	248
No. of cases visited over 4 months old	...	...	...	189

SCARLET FEVER.

Again I am able to report that there has been a reduction of Scarlet Fever cases notified during the year, compared with the previous year, namely 48, as against 67. The cases notified in age groups are as follows :—

Under 1 year old	...	...	...	1
Between 1 and 5 years old	...	...	...	10
Between 5 and 14 years old	...	...	...	28
14 years old and over	...	...	...	9
Admitted to Hospital	...	...	...	9
Died in Hospital	...	...	...	—
Died at Home	...	...	...	—

DIPHTHERIA.

During the year 105 cases were notified, but one notification was withdrawn as this case was a "Carrier." Details of the cases in age groups, and as to the cases being admitted to Hospital, Deaths, etc., are as follows :—

Under 1 year	...	...	...	1
Between 1 and 5 years old	...	...	...	22
Between 5 and 14 years old	...	...	...	68
14 years of age and over	...	...	...	13
*Admitted to Hospital	...	...	...	86
Died in Hospital	...	...	...	6
Died at Home	...	...	...	1

*Carrier not included (1).

DIPHTHERIA IMMUNISATION.

The following report has been written by Dr. Ellis Taylor, my colleague. He has been responsible for the whole scheme and for practically all the immunisation work. I think the immunisation of 71 per cent. of the school population in one year is a great achievement.

Immunisation can be said to have first commenced in Dudley in 1935 when the Medical Officer of Health was given authority to supply General Practitioners with Diphtheria Prophylactic, at their request ; but only a small number of children were thus immunised. The position was again considered in November 1937, and the Council was recommended to adopt a scheme for the immunisation of school and pre-school children, which they did in December, 1937.

Actual immunisation commenced in the schools at the end of January, 1938. From the Medical point of view there is now no shadow of doubt that the resistance of the child against diphtheria can be satisfactorily increased to adult levels by means of immunisation. The only disturbing factor, is the theoretically (so far) increased risk to the non-immune minority in any class or school. But why should the majority, or any individual child for that matter, have to run an unnecessary risk of death from diphtheria, because some parents do not agree to inoculation or are to lethargic to bother ?

In brief, the scheme is as follows :—

Material : Toxoid Antitoxin Floccules for children over the age of 8 years. Three doses of 1 cc. at a minimum interval of one week.

Alum precipitated Toxoid for children under the age of 8 years. Two doses 0.1 cc. and .5 cc. at a minimum interval of two weeks.

Co-operation. This was sought from the local General Practitioners and from the Headteachers. The Doctors were circulated, acquainting them with the scheme and the offer to supply them free of charge with the required material, on condition that they returned the duly completed record cards. A meeting with the Headteachers was arranged by the Director of Education, and the principles of immunisation and the proposed scheme were explained to them. The enthusiasm of the Director and Teachers has been most encouraging, and to them must undoubtedly go much of the credit for the success of the scheme.

Routine. It was decided that the immunisation of school children should take place in school, and that of Toddlers at the usual Maternity and Child Welfare Clinics. A start was made in the Infant Schools, then the Junior Schools were visited and

finally Senior Schools were given the opportunity of immunisation so that the whole of the elementary school population has been offered protection. In future only the Infant Schools will be visited each year.

A pamphlet dealing with diphtheria and immunisation and a Consent Form were distributed to every child in school, to be taken home. A few days later, cards were sent to parents inviting them to hear the School Medical Officer explain immunisation and to see their children inoculated. Large numbers of parents availed themselves of this opportunity—in many schools the halls have been filled to capacity.

A common feature throughout, has been the surprise of most children that the needle really did not hurt, and then their satisfaction at getting a sweet after it was all over. These sweets have played a most important part and have added the 'Human' touch. It is generally stressed during the talks to parents that the children who ought to be immunised especially, are those who are not so fit as their fellows: weakly children and 'cardiacs' and also the 'only spoiled' child who is terrified of leaving home, i.e., children whose hearts would react badly to the poison of diphtheria. In many cases, even with the pre-school child, it has been found that the parent allows the child to decide for itself, and fortunately some children show more sense than their mis-guided parents. It is interesting to note that in France, the immunisation of the child is compulsory.

On completion of the series of injections, which are entered on a special record card, the child is given a Certificate of Immunisation which emphasises the point that notwithstanding immunisation a sore throat ought to be seen by a doctor. A note is also made on the child's routine Inspection Card so that the information is passed on as the child goes from school to school.

Cost. It was originally estimated that the cost per head would be 2/3d., but it has actually worked out at 1/9d. Now that the older children have been completed, it is anticipated that the cost of immunising the Entrants will be about 6d., per child, i.e., if every child entering school accepted, the total expenditure would be £25. per annum.

Schick Testing. Up to date there has not been an opportunity for performing this, except in the case of a number of young adults who were tested before inoculation. It is hoped that at least, sample post-Schick testing done at random, will be possible later.

IMMUNISATION AGAINST DIPHTHERIA. 1938.

School.	Children on Roll	Consent Forms issued	Number Immunised	Number of Injections	% Immu-nised	Previously immunised	% Immunised of total children in school
Dudley Wood C. ...	149	116	114	283	98.3		
Northfield Road In.	225	198	187	374	94.9		
Park Infants ...	227	197	164	328	83.3		
Priory Hall Temp.	134	135	99	301	73.3		
Holly Hall Inf. ...	313	287	235	475	81.9		
Wolverhampton St.	166	152	126	385	82.9		
Wrens Nest Inf. ...	344	303	121	248	39.9		
Kates Hill Inf. ...	161	152	106	324	69.7		
N'ton C. Girls ...	300	278	232	617	83.6		
Blue Coat Inf. ...	90	82	58	118	70.7		
Halesowen Road Inf.	229	195	128	260	65.6		
Blowers Green ...	170	148	121	264	81.8		
St. Thomas' Inf. ...	105	99	66	136	66.6		
Priory Infants ...	400	345	333	671	96.5		
Netherton C. Boys	202	198	148	444	74.7		
St. Johns Inf. ...		143					
St. Johns Junior ...	291	127	193	483	71.5		
Park Senior Girls ...	423	381	322	979	84.5		
Brewery Fields T. ...	99	98	79	149	80.6		
St. James Infants ...	124	112	99	202	88.4		
Holly Hall Jnr. ...	280	258	168	524	65.1		
Netherton C.E. Jnr.	241	232	190	593	81.9		
Wrens Nest Jnr. ...	376	350	212	646	60.6		
St. Edmunds ...	226	222	142	373	63.9		
St. Josephs Inf. ...							
St. Joseph Jnr. ...	338	312	209	594	69.1		
*Kates Hill Jnr. ...	233	167	124	376	74.3	66	81.5
*Halesowen Rd. Snr.	309	260	144	466	55.4	29	56.3
*St. Thomas' Jnr. ...	175	143	93	283	65.0		
*Priory Junior ...	518	305	212	640	69.5	191	77.8
*Jesson's Junior's ...	186	108	74	230	68.4	75	80.1
*Netherton C.E. Snr.	189	145	106	322	73.1	42	78.4
*Holly Hall Snr. ...	262	178	86	258	48.3	54	53.5
*Blue Coat Senior ...	309	274	146	451	53.2	35	58.5
*Northfield Rd. Snr.	249	195	134	406	68.9	54	75.5
*Park Senior Boys...	443	351	244	740	69.6	92	76.3
*Rosland Senior ...	331	328	220	675	67.1	32	76.1
*Baylies' ...	141	136	92	271	67.5	5	68.9
*Intermediate ...	486	382	202	673	52.8	74	57.4
TOTAL... ...	9444	8092	5729	15562	70.8		

Schools marked * were immunised after September, i.e., include children who have been moved from Infant and Junior Schools which had been immunised previously.

230 pre-school children have also been immunised.

126 children were immunised by General Practitioners.

TOTAL NUMBER IMMUNISED UNDER LOCAL AUTHORITY'S
SCHEME : School children ... 5827
Toddlers ... 258

Total ... 6085

ENTERIC FEVER.

No cases were notified.

PUERPERAL PYREXIA.

Nine cases were notified—of this number five died.

OPHTHALMIA NEONATORUM.

Eleven babies were notified to me as suffering from Ophthalmia Neonatorum. Six 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 137 beds for surgical and medical cases.

(2)—**Infectious Diseases** - The extension Scheme for the Wolverhampton Isolation Hospital has not yet materialised, and the existing arrangements for isolation of Infectious Diseases cases is that Wolverhampton accept as many as possible and in any remaining cases, endeavour is made to effect removal to Hospitals of adjoining Authorities.

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

	Admitted.				Recovered.				Died.			
	North Worcs.	W'ton	B'ham	Walsall	North Worcs.	W'ton	B'ham	Walsall	W'ton	North Worcs.	B'ham	Walsall
DIPHTHERIA ...	27	53	4	2	26	50	3	1	3	1	1	1
SCARLET FEVER	—	9	—	—	—	9	—	—	—	—	—	—

(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 £3. 3s. 0d., per week.

TUBERCULOSIS.

During the year 74 cases of all forms of Tuberculosis were notified to me, this being 5 more than last year.

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

TABLE I.

Pulmonary.

Males ...	...	37
Females ...	...	26
		—
		63
		—

Non-Pulmonary.

Males ...	...	4
Females ...	...	7
		—
		11
		—

TOTAL ... 74

Of the total number, 2 cases were notified by the School Medical Officer.

TABLE II.

Pulmonary Tuberculosis	...	...	...	63
Non-Pulmonary :—				
Bones and Joint	...	...	...	1
Glands	...	...	...	2
Abdomen	...	...	...	1
Meningitis	...	...	...	2
Skin	...	...	...	1
Knee	...	...	...	1
Hip	...	...	...	3
				—11
				—
Total			...	74
				—

There were 12 other cases brought to my notice from sources other than by Notification, viz :—

TABLE III.

Weekly Death Returns	...	...	8
Transfer from other area	...	...	1
Posthumous notification	...	...	3
			—
			12
			—

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 86.

The Deaths due to Tuberculosis numbered 52—40 Pulmonary and 12 Non-Pulmonary. The Tuberculosis Death Rate calculated on the Registrar General's figure of 52 deaths, is 0.84.

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

TABLE IV.

	1937	1938
Number of cases of Tuberculosis dying within one month of Notification ...	11	11
Number of cases dying within two months of Notification ...	6	2
Number of cases dying within three months of Notification ...	1	2
Number of cases dying within six months of Notification ...	5	3
	<hr/> 23 <hr/>	<hr/> 18 <hr/>

The following table shows the new cases of Tuberculosis and Deaths during 1938, in age groups:—

Table V.

AGE PERIODS.	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1 ...	—	—	—	—	—	—	—	—
1 to 5 ...	—	—	1	4	—	—	1	3
5 to 15 ...	—	3	1	1	—	1	—	2
15 to 25 ...	16	13	1	3	5	4	—	—
25 to 35 ...	11	4	3	1	3	3	4	2
35 to 45 ...	6	4	1	—	2	3	—	—
45 to 55 ...	7	2	—	—	12	1	—	—
55 to 65 ...	2	1	—	—	4	1	—	—
65 and upwards ...	—	—	—	—	—	1	—	—
Totals ...	42	27	7	10	26	14	5	7

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.

Table VI.

	No. of Cases Notified.	No. of Deaths.	Tuberculosis Death Rate.	General 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
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
1938	74	52	.84	11.22	46.30

Lastly, Table VII. gives a statement of the number of cases of Tuberculosis on the Register on the last day of 1938.

Table VII.

Total No. of Cases on the Register at the end of 1938.						
Pulmonary			Non-Pulmonary			Grand Total
Males	Females	Total	Males	Females	Total	
231	179	410	61	58	119	529

VENEREAL DISEASES.

The following report on the work carried out at the Venereal Disease Clinic during 1938 is made by Dr. Wight.

The number of new patients was 203 this being 1 less than in 1937.

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

TABLE I.

	Dudley.	Worcs.	Staffs.	West Brom.	Total for 1938	Total for 1937
Syphilis ...	11	0	14	1	26	23
Chancroid ...	—	—	—	—	—	1
Gonorrhœa ...	34	5	37	2	78	88
Non-Venereal Conditions ...	46	2	48	3	99	92
TOTAL ...	91	7	99	6	203	204

In addition to these new patients, 196 others who on January 1st, 1938, had not completed their treatment continued to attend. Two patients who had been removed from the register in the previous year again reported for treatment and observation of the same infection and 12 patients were transferred to other centres. During the year, therefore, 413 patients were under active treatment, an increase of 2 on the previous year.

The total attendances made by male patients were 5,801¹ and female patients 2,513, a total of 8,314. This compares^s with 8,943 in 1937.

The number of new cases of syphilis was 3 more than in the previous year. All the new cases could be placed into two classes (1) Congenital syphilis (2) Acquired Syphilis in the later stages. There were no cases of primary syphilis in the year under review.

The numbers of male and female new cases of gonorrhœa were 61 and 17 respectively. The tracing of infected females is a difficult matter and it is sometimes even more difficult to impress on them the need for prolonged treatment. It is probable that there will be no marked reduction in the incidence of the disease until a greater proportion of females can be brought under active treatment.

The number of non-venereal conditions encountered at the Clinic is an indication that more patients who believe that they may be infected with venereal disease are using the facilities provided and is a welcome feature. All suspicious cases from the ante-natal clinics are fully investigated and a number of cases of venereal disease were thereby discovered during the year.

The serological work was carried out as in previous years by Dr. Menton at the County Bacteriological Laboratory, Stafford.

During the year he carried out tests on 716 blood sera and 4 cerebro-spinal fluids.

432 bacteriological examinations for the diagnosis of gonorrhœa were made at the Clinic.

The number of injections given for the treatment of syphilis was 2,107 as compared with 2,736 in 1937. The drugs used were substantially the same as in former years.

Notable advances have been made in the treatment of gonorrhœa. The use of sulphanilamide compounds has resulted in a reduction in the duration of treatment and a lowering of the incidence of complications. Clinical cure is in many cases attained in an astonishingly short time as compared with the older methods. A direct result of this advance has, of course, been a fall in the total attendances, as patients are now cured more quickly. Towards the latter part of the year a more recent drug known as M. & B. 693 was used, and the results obtained were even more favourable. It is gratifying to note, however, that the rapid apparent cures produced did not lead to an increase in the defaulter rate. There is always this tendency as the absence of signs and symptoms of the disease leads many patients to believe that they no longer require medical supervision.

208 patients were discharged after completion of treatment and final tests of cure. 36 defaulted before completion of treatment, and 11 after completion of treatment, but before final tests of cure. 23 cases were transferred to other centres.

Close co-operation is maintained 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 their loyal co-operation and assistance.

G. D. WIGHT.

WELFARE OF THE BLIND.

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

REPORT TO DUDLEY TOWN COUNCIL.

1st January to 31st December, 1938.

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 District 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.
3. Employment of Dudley blind workers in the Institution Workshops at Wolverhampton.
4. 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.

			<i>Males.</i>	<i>Females</i>	<i>Total</i>
Children at School	...	...	2	2	4
Home Workers	...	...	1	1	2
Workshop Employees	...	...	3	3	6
Institution Pianoforte Tuner	...	...	1	—	1
Employed elsewhere	...	...	3	2	5
Mentals and other cases in					
Institutions	...	...	5	4	9
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 as a compensation for the handicap of blindness 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 ;
Pianoforte Tuning.

From the Registration classification shown, it will be seen that a Dudley blind man is 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.

1,927 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.

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

Social work has been extended by the opening of an afternoon Centre held fortnightly on Tuesdays at the People's Mission Room. The monthly evening Social Centre at King Street Congregational Church Room is being continued. Both Centres are always well attended and excellent musical programmes are provided.

In addition, mention must be made of the special Christmas Dinner and Concert, and of the Annual Outing to Alton Towers.

Augmentation of Income.

The income of unemployable blind persons is augmented on a basis of £1 per week. Under this Scheme, administered by the Institution on behalf of the Town Council, 60 blind persons receive weekly grants.

The improvement in the general service and provision for the blind in Dudley continues to be maintained, and the Institution Committee gratefully acknowledge the help and co-operation of the Town Council.

(Signed) J. CHAMBERLAIN,
Superintendent and Secretary.

THE CARE OF THE MENTALLY DEFECTIVE.

I set out hereunder a Report by the Petitioning Officer, Mr. Backler, giving particulars of mental defectives at the 1st January, 1939, viz —

		M.	F.	T.
1.	(a) In Institutions under Order ...	20	22	42
	(b) On Licence from Institution ...	1	—	1
2.	(a) Under Guardianship ...	1	7	8
	(b) On Licence from Guardianship ...	—	—	—
3.	Under Statutory Supervision ...	31	33	64
	Of whom awaiting removal to an Institution ...	1	3	4
4.	Mental Defectives in receipt of Poor Law Relief —			
	(a) In Institutions ...	15	6	21
	(b) In receipt of Out-door Relief ...	4	7	11
5.	Number of Mental Defectives not at present subject to be dealt with under the Mental Deficiency Acts, but for whom Local Authority may subsequently become liable ...	16	15	31
	Of whom number under Voluntary Supervision ...	16	15	31
6.	Number of above Cases on the Registers of Occupation Centre :—			
	(a) Under Statutory Supervision ...	9	17	26
	(b) Under Voluntary Supervision ...	3	1	4
	(c) Under Guardianship ...	1	4	5
	(d) On Licence from Guardianship ...	—	—	—

Number of cases granted Licence during the year:—

(a) From Institutions	1	—	1
(b) From Guardianship... ..	—	1	1

Number of cases on Licence returned to Institutions during the year — 1 1

Cases notified by Local Education Authority:—

(a) Sent to Institutions by Order ...	1	—	1
(b) Placed under Statutory Supervision	1	2	3

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 carried 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 sputum 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 Swabs...	...	...	936	Positive	60
Sputa for Tuberculosis	...	...	31	"	5
Ringworm	...	...	2	"	—
			<hr/>		<hr/>
Total	...	...	969		65
			<hr/>		<hr/>
Urines	...	...	...	92	

VITAL STATISTICS

TABLES

1.—TABLE SHOWING THE COMPARATIVE MORTALITY OF CERTAIN TOWNS IN
1938 AND THEIR BIRTH RATES, Etc.

Town	Population	Birth Rate per 1,000	Death Rate per 1,000	Zymotic Death Rate	Respira- tory Death Rate	Phthisis Death Rate	Infantile Death Rate
England and Wales (1938)	—	15.1	11.6	—	—	—	53.00
Burton-on-Trent	46,800	14.1	11.3	0.09	—	0.47	49.00
Wolverhampton	145,300	16.9	11.5	0.56	1.67	0.67	55.00
DUDLEY	61,600	18.23	11.22	0.47	2.13	0.84	46.30
Worcester	53,290	15.4	11.58	0.47	0.94	0.9	53.8
Birmingham	1,048,000	16.7	10.9	0.15	1.18	0.70	61.00

III.—DEATHS FROM THE PRINCIPAL ZYMOTIC DISEASES

WERE :—

Diseases	Total Deaths	Under 5 years	5 years and upwards
Scarlet Fever	—	—	—
Measles	—	—	—
Diphtheria	7	—	7
Whooping Cough	1	1	—
Small Pox	—	—	—
Typhoid and Paratyphoid Fever	—	—	—
Diarrhoea	5	2	3
Influenza	16	—	16
Totals	29	3	26

IV.—THE NUMBER OF DEATHS FROM THE PRINCIPAL ZYMOTIC DISEASES
IN THE VARIOUS WARDS WERE :—

Diseases	St. Thomas	Castle	St. Edmund	St. James	St. John	Netherton	Woodside	Guest Hospital	North Worcestershire Hospital	Wolverhampton Hospital	Birmingham Hospital	Walsall Hospital
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	—	1	—	—	1	—	—	—	1	3	1	1
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	1	—	—	—	—	—
Small Pox ...	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea, etc....	—	—	—	—	1	2	1	—	—	—	—	—
Influenza ...	1	2	1	3	—	1	1	—	—	—	—	—
Typhoid & Paratyphoid Fever ...	—	—	—	—	—	—	—	—	—	—	—	—

[illegible]

VI.—DEATHS AT VARIOUS AGE PERIODS.

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

	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Under 1 year ...	119	145	117	135	80	146	80	93	109	91	87	71	79	92	52
Between 1 and 5 years	55	115	48	77	57	92	53	54	54	30	31	32	26	39	30
Between 5 and 15 yrs.	65	41	24	34	36	26	26	19	29	19	32	21	25	26	24
Between 15 and 25 yrs.	97	36	67	40	85	46	39	39	35	40	40	37	27	21	25
Between 25 and 65 yrs.	160	223	210	246	154	282	252	260	264	265	227	248	245	266	266
Over 65 years ...	234	233	153	256	239	295	238	313	279	264	234	258	290	302	294

COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

OF THE

CHIEF SANITARY INSPECTOR

AND CLEANSING SUPERINTENDENT

ON THE

SANITARY CIRCUMSTANCES OF THE AREA

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SANITARY CIRCUMSTANCES

OF THE

COUNTY BOROUGH OF DUDLEY

*To the Chairman and Members of the Health Committee of the
County Borough of Dudley.*

MR. CHAIRMAN, COUNCILLOR MRS. TAYLOR AND GENTLEMEN,

One of the reminders of the passing of the years is the forcible one of having to prepare, for purposes of report and record, a summary of the activities of the year under the above heading.

Looked at from the beginning it constitutes another laborious task. When viewed as a finished product and acquired during preparation, comes a recognition of something achieved for the year's endeavour. Slums abolished—overcrowding abated—houses repaired—milk, meat and other foods examined to protect the consumers from disease,—the public protected against themselves and in some cases their own bad habits by a Public Cleansing Service daily and even hourly given. Factories, Shops, Licensed Premises, all received considerable attention during the year 1938 in order to secure improvement in Sanitary Accommodation and the Health and Comfort provisions of workers in Shops.

No amount of progress slackens the rate of complaint. On the contrary, experience seems to show that so surely as housing and sanitary and general health standards are raised, so surely dissatisfaction is created with conditions which, once of comparatively good standard, have now become the lowest. The strange thing is that the old and worst were often not recognised as such, or were put up with as something that nothing could be done about.

The outstanding items affecting the Sanitary Services of 1938, were, of course, the opening of the Depot at Lister Road in May, and the "Clearance Certificate," if I may call it such, which was given by Mr. Bernays, Parliamentary Secretary to the Ministry of Health, and in the observations of the Chairman (Lord Airlie) and of Mr. Trustram Eve at the hearing of the Corporation Extension Bill by the House of Lords' Committee in February.

Air Raid Precautions continued to add its quota of increase to the already full timetable, and to the cost of the service ; these are however items which are expected to be " puckered in " and hardly call for report in Health Services. The only pertinent comment would be that the latter are in danger of being swamped by the former, a position which might not be without danger if, as a consequence, essential Health Services had to suffer unduly.

The details of the year's work are again set out under their four main headings, for use in comparison with previous years.

The Staff changes during the year saw Mr. Richardson, District Sanitary Inspector promoted to Deputy Chief Sanitary Inspector, following the vacancy caused by Mr. Holden's appointment to Bromsgrove ; Mr. Etherington, District Sanitary Inspector appointed to a similar post at Manchester, and the appointment of Mr. Vale of Brierley Hill and Mr. Eastwood of Birmingham to fill the two District Sanitary Inspector vacancies.

Again I am glad to record my appreciation of the help of the Chairman and Members of the Committee and of Dr. Blaker and other colleagues for their help and confidence.

The Staff and Workmen have continued to give excellent and loyal service, for which I am grateful.

I am,

Yours obediently,

S. SKITT,

*Chief Sanitary Inspector and
Cleansing Superintendent.*

HOUSING.

OPERATION OF THE HOUSING ACTS, 1925—1936.

The tables 1, 2 and 3, which follow are in all respects similar to those appearing in the Annual Reports for the past eight years. They provide an excellent summary of the types and accommodation dealt with under the different sections of the Act.

Table 4 gives the record of families rehoused and the cause of rehousing.

The summary of records required by the Ministry of Health follows and the number of houses erected during 1938, which is provided by the Borough Engineer, completes the information under those sections, with the addition of the smaller items as to subsidy allowance and total results of action since 1930.

The record of achievement in the abatement of Overcrowding is one which the Council can be congratulated on, as this has been obtained without reducing the rate of Slum Clearance.

A summary of the Housing action position up to 31st December, 1938, 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 (Garden Walk) ...	34 houses	Do.
Dunn Street ...	181 houses	Do.
Pitfield Row ...	90 houses	Do.
Cross Street (Woodside) (4 areas) ...	70 houses	Do.
The Mambles (3 Areas)	104 houses	1 house remaining.
Bull Ring (2 Areas) ...	30 houses	3 houses remaining.
Paradise ...	35 houses	Order confirmed by Ministry.
Chapel Street ...	32 houses	Demolished.
Kate's Hill ...	313 houses	110 houses demolished.
		203 remaining.
1st Netherton Areas ...	221 houses	72 demolished.
		149 remaining.

Cawney Hill	70 houses	Order confirmed.
2nd Netherton Areas ...	82 houses	Order confirmed.
St. John Street (Kates Hill)	70 houses	Order confirmed.
3rd Netherton Areas ...	68 houses	Order confirmed.
4th Netherton Areas ...	169 houses	Represented to Ministry.
5th Netherton Areas ...	80 houses	Officially inspected but not represented.
Total	<hr/> 1864 houses. <hr/>	

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

Number Demolished	728
Number approved for Demolition	252
Number closed under Undertakings not to re-let	41
Number Closed under Closing Orders	17
Number made fit	579
Total	<hr/> 1617 <hr/>

Summary.

Total number of Houses Demolished since 1930 ...	1663
Total number of Houses closed since 1930 ...	58
Total number of Houses approved for Demolition but not completely Demolished at 31/12/38	933

(c) **Overcrowding.**

During the year, 63 fresh cases of overcrowding arising from new tenancies and increased families came to the knowledge of the Department.

The total number of Overcrowding cases abated during 1938, was 264, leaving 410 cases of overcrowding still remaining at 31st December, 1938.

The following table gives a summary of the overcrowding cases abated :—

Overcrowding cases in Corporation Houses.		Overcrowded Cases in houses dealt with under the demolition provisions of the Housing Act.		Overcrowded cases in houses not affected by Housing action and not being Corporation houses	
Rehoused by Council	Abated by finding own accommodation	Rehoused by Council	Abated by finding own accommodation	Rehoused by Council	Abated by finding own accommodation
32	25	127	19	27	34
57		146		61	

The most striking feature of this table is the great contribution which has been made towards the abatement of overcrowding by action taken during the year under the Slum Clearance and Individual Demolition provisions of the Housing Act.

TABLE I.
HOUSING ACTS, 1930—36. OPERATION OF SECTIONS 17 & 9
(Repairs Section).

No. of Houses inspected and recorded—56.					
Preliminary Notices :			Statutory Notices :		
Served ...	...	56	Served ...	...	12
* Complied with ...	...	23	Complied with ...	...	34
* Work commenced ...	...	53	Work commenced ...	...	25

Analysis of Housing Accommodation and Type.

HOUSING ACCOMMODATION. No. in brackets indicates the number of houses in that class having scullery in addition	Back to Back	Black back wall	Through vent or light	Through Houses	Court Prop- erties
1 B.R. & 1 L.R. ... (—)	—	—	—	—	—
2 B.R. & 1 L.R. ... (—)	—	—	—	—	—
3 B.R. & 1 L.R. ... (—)	—	—	—	—	—
2 B.R. & 2 L.R. ... (1)	—	—	—	22	—
3 B.R. & 2 L.R. ... (22)	—	—	—	26	—
3 B.R. & 3 L.R. ... (6)	—	—	—	6	—
3 B.R. 2 L.R. & Shed (—)	—	—	—	2	—
Houses having more than above ... (—)	—	—	—	—	—

Analysis of Conditions Found.

CLOSET ACCOMMODATION.	Separate ...	...	...	...	56
	Common to 2 houses	...	...	...	—
	Common to 3 houses	...	...	...	—
	Common to 4 or more houses	...	...	...	—
	Type : Water Closet	...	...	...	56
	Other Types	...	...	...	—
WATER SUPPLY.	Separate	...	...	...	56
	Common to 2 houses	...	...	...	—
	Common to 3 houses	...	...	...	—
	Common to 4 or more houses	...	...	...	—
	Well water	...	...	...	—
WASHHOUSE ACCOMMODATION.	Separate	...	...	...	56
	Common to 2 houses	...	...	...	—
	Common to 3 houses	...	...	...	—
	Common to 4 or more houses	...	...	...	—
FOODSTORE.	Satisfactory	...	...	...	21
	Common with coals	...	...	...	—
	Other unsatisfactory	...	...	...	35
YARDS.	Paved	...	...	...	56
	Unpaved	...	...	...	—
	Part paved	...	...	...	—
	Separate	...	...	...	56
	Common to 2—6 houses	...	...	...	—
	Common to 7—12 houses	...	...	...	—
	Common to over 12 houses	...	...	...	—
SINKS AND BRICK SILLS.	Scullery :	No. of sinks	...	...	39
		No. of brick sills	...	...	—
	Washhouse :	No. of sinks (sep.)	...	...	17
		" " " (com.)	...	...	—
		" " sills (sep.)	...	...	—
		" " " (com.)	...	...	—

* These figures have reference also to notices served in 1935, 1936, 1937, 1938.

TABLE 2.
HOUSING ACTS, 1930-36. OPERATION OF SECTIONS 19, 11,
20 and 12.

(Demolition and Closure Sections for Individual Houses).

No. of Houses inspected and recorded—102.

No. of Closing Orders served	1	No. of houses where Undertakings	
No. of Dem. Orders served	89	were accepted:	
No. of houses demolished...	87	A. To make fit	... 14
No. outstanding for demolition	... 252	B. Not to re-use for human	
		habitation...	... 2
		No. actually made fit	... 16

No. of Houses Closed (Closing Orders and Undertakings)—7.

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 Prop- ties.
1 B.R. & 2 L.R. ... (—)	—	—	—	—	—
2 or 3 B.R. 1 L.R. & Shop (—)	—	—	—	4	—
1 B.R. & 1 L.R. ... (—)	8	2	3	4	5
2 B.R. & 1 L.R. ... (16)	16	8	7	8	10
3 B.R. & 1 L.R. ... (—)	—	—	—	—	—
2 B.R. & 2 L.R. ... (1)	—	1	2	28	2
3 B.R. & 2 L.R. ... (2)	—	—	—	6	—
3 B.R. & 2 L.R. & Shop (1)	—	—	—	2	—
3 B.R. & 3 L.R. ... (—)	—	—	—	2	—
4 B.R. & 1 L.R. ... (—)	—	—	—	1	—

Analysis of Conditions Found.

CLOSET ACCOMMODATION.	Separate ...	...	...	...	30
	Common to 2 houses	...	...	...	36
	" " 3 houses	...	...	...	—
	" " 4 or more houses	...	...	...	—
	Type : Water closet	...	...	...	61
	Other Types	...	...	...	5
WATER SUPPLY.	Separate ...	...	...	...	47
	Common to 2 houses	...	...	...	13
	" " 3 houses	...	...	...	3
	" " 4 or more houses	...	...	...	6
	Well Water	...	...	...	—
WASH-HOUSE ACCOMMODATION.	Separate ...	...	...	...	50
	Common to 2 houses	...	...	...	14
	" " 3 houses	...	...	...	5
	" " 4 or more houses	...	...	...	3
	No provision	...	...	...	—
FOODSTORE.	Satisfactory	...	...	...	—
	Common with coals	...	...	...	5
	Other unsatisfactory	...	...	...	85
	No provision	...	...	...	12
YARDS.	Paved ...	...	...	...	8
	Unpaved...	...	...	...	4
	Part Paved	...	...	...	36
	Separate ...	...	...	...	15
	Common to 2—6 houses	...	...	...	32
	" " 7—12 houses	...	...	...	1
	" " over 12 houses	...	...	...	—
SINKS AND BRICK SILLS.	Scullery :	No. of sinks	...	...	19
	" " sills	...	...	...	3
	Wash-house :	" " sinks (sep.)	...	...	28
	" " " (com.)	...	...	...	10
	" " sills (sep.)	...	...	...	6
	" " " (com.)	...	...	...	8
	No provision	...	...	...	2

TABLE 3.
HOUSING ACTS, 1930—36. OPERATION OF SECTIONS 1 & 25.
(Clearance Areas).

No. of houses inspected and recorded—312.

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 Prop- ties.
1 B.R. & 2 L.R. ... (—)	—	—	—	2	—
1 B.R. & 1 L.R. ... (3)	13	20	4	7	26
2 B.R. & 1 L.R. ... (67)	5	11	30	98	1
2 or 3 B.R., 1 L.R. & shop (3)	—	—	—	8	2
3 B.R. & 1 L.R. ... (2)	1	1	—	2	—
2 B.R. & 3 L.R. ... (—)	—	—	—	—	—
2 B.R. & 2 L.R. ... (9)	1	6	1	81	27
3 B.R. & 2 L.R. ... (6)	—	—	—	14	—
2 or 3 B.R., 2 L.R. & shop (2)	—	—	—	2	—
3 B.R. & 3 L.R. ... (3)	—	—	—	3	1
4 B.R. & 2 or 3 L.R. ... (—)	—	—	—	2	—
4 B.R., 1 or 2 L.R. ...	—	—	—	—	—
& shop ... (—)	—	—	—	—	—
Premises having more than above ... (—)	—	—	—	—	—

Analysis of conditions found.

CLOSET ACCOMMODATION.	No Provision ...	...	...	...	—
	Separate ...	...	...	...	112
	Common to 2 houses	...	...	...	92
	" " 3	...	...	...	4
	" " 4 or more houses	...	...	...	1
	Type : Water Closet	...	...	...	207
	Other Types	...	...	...	2
WATER SUPPLY.	No provision ...	...	...	...	—
	Separate ...	...	...	...	171
	Common to 2 houses	...	...	...	37
	" " 3	...	...	...	8
	" " 4 or more houses	...	...	...	8
	Well Water ...	...	...	...	—
WASH HOUSE ACCOMMODATION.	No provision ...	...	...	...	1
	Separate ...	...	...	...	185
	Common to 2 houses	...	...	...	35
	" " 3	...	...	...	7
	" " 4 or more houses	...	...	...	4
FOODSTORE.	No provision ...	...	...	...	16
	Satisfactory ...	...	...	...	12
	Common with Coals	...	...	...	48
	Other unsatisfactory	...	...	...	236
YARDS.	Paved ...	...	...	...	10
	Unpaved ...	...	...	...	9
	Part paved ...	...	...	...	92
	Separate ...	...	...	...	31
	Common 2—6 houses	...	...	...	71
	" 7—12	...	...	...	9
	" over 12 houses	...	...	...	—
SINKS AND BRICK SILLS.	Scullery :	No. of sinks	...	...	80
		" " sills	...	...	15
	Wash-house :	" " sinks (sep.)	...	...	71
		" " sinks (com.)	...	...	34
		" " sills (sep.)	...	...	21
		" " (com.)	...	...	15
	No provision	...	...	...	3

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, 1938.

Families Removed : 1929, 34 ; 1930, 350 ; 1931, 150 ; 1932, 155 ; 1933, 300 ; 1934, 85 ; 1935, 266 ; 1936, 435 ; 1937, 580 ; 1938, 844 ; Total : 3199.

Conditions causing Removal.		Families Re-housed.	
(1)	Caravans ... ..	...	17
(2)	Corporation— Having T.B. patient and being	...	...
	(Munition Hutments) overcrowded ... ..	...	3
	" being overcrowded ... ..	...	12
	" For other purposes ... ..	...	87
(3)	Overcrowding only ... ..	...	584
	" with T.B. in family ... ..	...	49
(4)	Specials ... ..	...	66
(5)	Street Widening ... ..	...	94
(6)	Unfit House only (individual Sections 11 & 12) ...	...	710
	" with T.B. in family ... ..	...	3
	" with Overcrowding ... ..	...	175
(7)	Tuberculosis only ... ..	...	51
(8)	Birmingham Street Slum Clearance Area ... ..	...	159
(9)	New Hall Street Slum Clearance Area ... ..	...	17
(10)	Phoenix Passage Slum Clearance Area ... ..	...	49
(11)	Stafford Street (Garden Walk) Slum Clearance Area ...	...	35
(12)	Dunn Street Slum Clearance Area ... ..	...	182
(13)	Pitfield Row Slum Clearance Area ... ..	...	82
(14)	Woodside Slum Clearance Areas ... ..	...	50
(15)	The Mambles Slum Clearance Areas ... ..	...	100
(16)	Bull Ring Slum Clearance Areas ... ..	...	33
(17)	Paradise Slum Clearance Area ... ..	...	33
(18)	Chapel Street, Dudley Slum Clearance Areas... ..	...	33
(19)	Kates Hill Slum Clearance Area ... ..	...	308
(20)	1st Netherton Slum Clearance Areas ... ..	...	173
(21)	2nd Netherton Slum Clearance Areas ... ..	...	33
(22)	3rd Netherton Slum Clearance Areas ... ..	...	1
(23)	Cawney Hill Slum Clearance Areas ... ..	...	60
Total number of Families removed from Houses in Clearance Areas ... ..		...	1348
Number of Families removed from Houses in Clearance Areas during 1938 ... ..		...	578

Six families having a tubercular patient were rehoused during the year. Three tuberculosis families were in receipt of financial assistance at the end of the year amounting to £29. 5s. 0d., per annum.

The total number of families rehoused, having a tubercular member up to 31st December 1938, was 106.

The number of families in receipt of financial assistance under the 1930—1936 Acts on the 31st December, 1938, was 1109, and the average amount of assistance given, *i.e.*, deducted from net rent, was 2/0½d., 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)	1302
	(b)	Number of inspections made for the purpose	1480
(2)	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932	470
	(b)	Number of inspections made for the purpose	648
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	470
(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	832

2.—Remedy 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	88
--	----

3.—Action 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	12
--	----

- (2) Number of dwelling-houses which were rendered fit after service of formal notices :—
- | | | | | | |
|---|-----|-----|-----|-----|------|
| (a) By Owners | ... | ... | ... | ... | 34 |
| (b) By Local Authority in default of Owners | ... | | | | Nil. |

B.—Proceedings under Public Health Acts :—

- | | | | | | |
|--|-----|-----|-----|-----|------|
| (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied | ... | ... | ... | ... | 71 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices :— | | | | | |
| (a) By owners | ... | ... | ... | ... | 72 |
| (b) By Local Authority in default of Owners | ... | | | | Nil. |

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

- | | | | |
|---|-----|-----|----|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made | ... | ... | 89 |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders | ... | ... | 87 |

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 | ... | ... | ... | ... | 1 |
| (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. |

4.—Housing Act, 1936—Part IV.—Overcrowding :—

- | | | | | | |
|--|-----|-----|-----|-----|------|
| (a) (i) Number of dwellings overcrowded at the end of the year | ... | ... | ... | ... | 410 |
| (ii) Number of families dwelling therein | ... | | | | 452 |
| (iii) Number of persons dwelling therein | ... | | | | 2884 |
| (b) Number of new cases of overcrowding reported during the year | ... | ... | ... | ... | 63 |
| (c) (i) Number of cases of overcrowding relieved during the year | ... | ... | ... | ... | 264 |
| (ii) Number of persons concerned in such cases | | | | | 1719 |

The following is a summary of the Return submitted to the Ministry of Health on December 31st, 1938, as to the progressive achievement under the Housing Acts, 1930–36.

Part I. of the Act. Clearance Areas.

No. of unfit dwelling houses demolished	...	...	913
No. of other houses demolished	...	...	22
No. of persons displaced from demolished houses	...		4097

Part II. of the Act. Individually Unfit Houses.

No. of houses demolished	...	...	670
No. of persons displaced from above	...	...	2764
No. of Voluntary Demolitions	...	...	58
No. of persons displaced from above	...	...	167
No. of dwelling-houses closed under undertakings			41
No. of persons displaced from above	...	...	184
No. of parts of buildings closed (Closing Orders)	...		17
No. of persons displaced from above	...	...	79
No. of dwelling-houses made fit—formal action	...		169
No. of dwelling-houses made fit—informal action	...		410

Street Widening.

Sixty-one 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.

Livingroom, Scully and 3 Bedrooms.			Livingroom, Scully and 2 Bedrooms.		
RED HILL	...	156	ROSLAND	...	294
BLOWERS GREEN	...	60	BOWLING GREEN...	...	24
NORTHFIELD ROAD	...	60	PRIORY ESTATE	...	587
BURNT TREE	...	24	WOLVERTON ROAD	...	164
WOODSIDE	...	250	WOODSIDE	...	22
BUNNS LANE	...	60	COLE STREET	...	94
WHITE NOBS	...	32	BAPTIST END	...	47
CRADLEY ROAD	...	216	SALTWELLS ROAD	...	74
BREWERY FIELDS	...	16			
TANFIELD ROAD	...	22	TOTAL	...	1306
BELPER ROW	...	20			
WATSONS GREEN	...	116	Livingroom, Scully and 4 Bedrooms.		
BOWLING GREEN..	...	101	WOODSIDE	...	2
PRIORY ESTATE	...	1449	PRIORY ESTATE	...	82
WOLVERTON ROAD	...	114	ROSLAND	...	32
ROSLAND	...	114	COLE STREET	...	8
COLE STREET	...	28	BAPTIST END	...	2
BAPTIST END	...	14	SALTWELLS ROAD	...	4
SALTWELLS ROAD	...	28			
TOTAL	...	2880	TOTAL	...	130
Parlour, Livingroom, Scully and 4 Bedrooms.			Parlour, Livingroom, Scully and 3 Bedrooms.		
RED HILL	...	8	RED HILL	...	12
NORTHFIELD ROAD	...	6	BLOWERS GREEN	...	44
PRIORY ESTATE	...	68	NORTHFIELD ROAD	...	14
ROSLAND	...	2	BURNT TREE	...	18
COLE STREET	...	8	PRIORY ESTATE	...	78
BAPTIST END	...	2			
SALTWELLS ROAD	...	4	TOTAL	...	166
TOTAL	...	98			
Livingroom, Scully and 1 Bedroom.			Livingroom, Scully and 6 Bedrooms.		
ROSLAND	...	6	PRIORY ESTATE	...	35
BUNNS LANE	...	6	COLE STREET	...	2
SALTWELLS ROAD	...	6	ROSLAND	...	8
BAPTIST END	...	4	BAPTIST END	...	1
COLE STREET	...	4			
TOTAL	...	26	TOTAL	...	46

SUMMARY.

SITE.	Total No. of houses erected to date.
RED HILL ...	176
BLOWERS GREEN	104
NORTHFIELD ROAD	80
BURNT TREE ...	42
WOODSIDE ...	274
BUNNS LANE ...	66
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 ...	456
SALTWELLS ROAD	116
BAPTIST END ...	70
COLE STREET ...	144
GRAND TOTAL...	4652

HOUSES ERECTED BY
PRIVATE ENTERPRISE.

Year.	Subsidised	Not Subsidised.
1919/23	—	37
1924	71	17
1925	20	12
1926	32	15
1927	44	22
1928	18	9
1929	24	21
1930	—	35
1931	—	62
1932	—	113
1933	—	298
1934	—	322
1935	—	310
1936	—	379
1937	—	232
1938	—	260
Total	209	2144
Grand Total—2353.		

HOUSING.

Number of new houses erected during the year 1938 :—

(a) Total including numbers given separately under (b) and (c)				
(1) By the Local Authority	...	...	...	778
(2) By other Local Authorities	...	...	...	—
(3) By other bodies and persons	...	...	...	260
(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 (allocated to the 1924 Act)	...	...	...	—
(c) For other purposes (allocated to 1930 Act).	...	...	...	766
(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				
	...	...	...	12
Inhabited houses—1931 Census	...	...	...	13,385
New houses erected since 1st January, 1932 :—				
By private enterprise	...	...	...	1914
By Corporation	...	...	...	2676
				—
				4590
				17,975
No. of houses known to be demolished and vacated since 1st January, 1932				
	...	...	...	1807
Estimated No. of houses in Borough at 31st December, 1938				
	...	...	...	16,168

PUBLIC FOOD SUPPLIES.

INSPECTION OF PUBLIC FOOD SUPPLIES AND FOOD PREMISES.

The most striking feature of this section of the report is the increase in the number of animals slaughtered and inspected, an increase of more than 3,500 over last year, or nearly a quarter of last year's total.

This is accounted for by the increase in the number of Sheep and Lambs killed, viz :—3,200 and Pigs 300 more than last year.

There was a decrease in the number of samples of food taken for chemical examination, but a considerable increase in the number of samples of milk taken for bacteriological examination.

The latter service, has, I am sure, done much to emphasise the need for care by producers and retailers in the production and distribution of milk. Even yet, however, there are too many counts that are higher than they should be. The steps necessary to procure and purvey clean milk free from disease, and with full food values, are now so well known and so practical of achievement, that there is no justifiable excuse either for small or large dairymen to produce less than Accredited, and no reason at all except commercially, why so much Sterilised milk should be sold.

The Food and Drugs Act which comes into operation in October, 1939 brings new powers and new responsibilities on Local Authorities and Tradesmen. It is to be hoped that both will use it to the full advantage of the Public.

The Tables which follow are in similar form to those of previous years.

**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 :—

	Total.
Loose Milk	97
Bottled " only	268

B.—Producers, Dairymen or Wholesalers	27
---	----

Under the Milk (Special Designations) Order, 1936.

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

DAIRIES AND COWSHEDS.

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

*Cowkeepers	9
Wholesalers	11
Retailers	365

*All Cowkeepers are included as Retailers.

BACTERIOLOGICAL EXAMINATION OF MILK.

Bacteriological Content A.															Phosphatase Test	Tuberculosis Content B.	
Samples.	No. taken for		Bacteriological Count per c.c.				Methylene Blue Test		Coliform organisms present in				Neg.	Pos.			
	Bact. Count A.	T.B. Count B.	Under 30,000	Under 200,000	Under 500,000	Over 500,000	satisfactory	unsatisfactory	1 c.c.	10th	100th	1000th				Absent in 1 c.c.	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Loose Milk ...	52	26	—	—	—	—	31	21	—	6	9	21	16	—	22	4	
Bottled Milk ...	2	1	—	—	—	—	2	—	—	—	—	1	1	—	1	—	
Designated Milks :— Accredited (Grade "A")	2	3	—	—	—	—	2	—	—	—	1	—	1	—	3	—	
Tuberculin Tested (Grade "A.T.T.") ...	1	1	—	—	—	—	1	—	—	—	—	—	1	—	1	—	
T.T. Pasteurised ...	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	
Pasteurised ...	76	—	75	—	—	1	—	—	—	—	—	—	—	76 samples pass the phosphatase Test	—	—	
Totals ...	133	32	75	—	—	1	36	21	—	6	10	22	19	76 samples pass the phosphatase Test	28	4	

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Total number of samples taken ... 84.

Milk	...	...	41	Tapioca	...	...	1
Rice	...	...	1	Fish Paste	...	...	1
Cocoa	...	...	1	Shredded Suet	...	...	1
Lard	...	...	1	Creamy Butter	...	...	1
Lemon Cheese	...	...	1	Sponge Cake Powder	...	...	1
Margarine	...	...	1	Aspirins	...	...	1
Ground Coffee	...	...	2	Lemon Kali	...	...	1
Mustard	...	...	2	Tea	...	...	1
Cheese	...	...	1	Cream	...	...	2
Self Raising Flour	...	...	1	Sausage	...	...	2
Demarara Sugar	...	...	1	Glauber Salts	...	...	1
Baking Powder	...	...	2	Camphorated Oil	...	...	1
Condensed Milk	...	...	1	Full Cream	...	...	1
Pepper	...	...	1	Evaporated Milk	...	...	1
Bread	...	...	1	Ground Ginger	...	...	1
Mincemeat	...	...	1	Apple Juice...	...	...	1
Epsom Salts	...	...	1	Foie Gras Paste	...	...	1
Tinned Peas	...	...	2	Ground Cinnamon	...	...	1
Arrowroot Powder	...	...	1	Malt Vinegar	...	...	1
Balsam of Aniseed	...	...	1				

Five samples were adversely reported upon by the Public Analyst for the year 1938, viz :—

Sample No.	Description.	Result of Analysis.	Remarks.
580.	Milk	Solids not fat 10.1% Fat 2.4%. Total Solids 12.5%.	Legal proceedings taken.
581.	Milk	Solids not fat 9.2% Fat 2.5%. Total Solids 11.7%.	Legal proceedings taken.
588.	Milk	Solids not fat 8.9% Fat 2.9%. Total Solids 11.8%.	Legal proceedings taken.
610.	Sausage	Sulphur Dioxide 196 parts per million	Verbal and Written warning given.
646.	Baking Powder	Deficient of 15% available Carbon Dioxide	Deficiency does not warrant further action.

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

There are at the present time 11 Licensed Slaughter Houses and 8 Registered Slaughter Houses.

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

	1936		1937		1938	
	Notified	Inspected	Notified	Inspected	Killed	Inspected
Beasts ...	1657	1614	1783	1731	1929	1927
Sheep ...	5990	5830	6154	5745	9394	9325
Pigs ...	7723	7602	7182	7021	7502	7495
Calves ...	35	35	17	13	17	17
Totals ...	15405	15081	15136	14510	18842	18764

In addition 9 pigs were notified and 9 inspected at premises not Registered or Licensed.

Visits to Slaughter Houses for inspection of Meat and premises 2,502.

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

CARCASSES INSPECTED AND CONDEMNED.

	Cattle (excluding Cows)	Calves	Sheep and Lambs	Pigs	Cows
Number killed ...	1683	17	9394	7502	246
Number inspected ...	1681	17	9325	7495	246
<i>All diseases except Tuberculosis.</i> Whole carcasses condemned ...	—	1	4	3	1
Carcases of which some part or organ was condemned	117	—	100	651	73
Percentage of the number inspected affected with disease other than tuberculosis ...	7.0	5.9	1.1	8.7	30.1
<i>Tuberculosis only</i> Whole carcasses condemned	1	—	—	5	5
Carcases of which some part or organ was condemned	109	1	—	859	93
Percentage of the number inspected affected with tuberculosis ...	6.5	5.9	—	11.5	39.9

Meat and other Foods Condemned.

	Cattle	Calves	Sheep	Pigs	Total
Carcases	7	1	4	8	20
Heads	83	1	—	769	853
Lungs... ..	212	1	19	791	1023
Livers	154	1	76	261	492
Hearts	5	—	1	352	358
Kidneys	8	—	—	16	24
Udders	21	—	—	1	22
Loins	1	—	—	5	6
Forends	—	—	—	2	2
Mesenteries	38	—	—	54	92
Spleens	8	—	—	21	29
Collars	—	—	—	21	21
Flanks	2	—	1	2	5
Omenta	1	—	—	10	11
Briskets	5	—	—	1	6
Legs	—	—	1	—	1
Tongues	3	—	—	—	3
Intestines	29	—	—	118	147
Shoulders	1	—	—	4	5
Stomachs	12	—	—	46	58
Skirtings	12	—	—	—	12
Belly Pieces	—	—	—	3	3
Jaws	1	—	—	—	1
Neck Ends	8	—	—	6	14
Trimmings	—	—	—	1	1
Strippings	3	—	—	—	3
Necks	—	—	—	1	1
Hindquarters	1	—	—	—	1
Forequarters	5	—	—	—	5
Chines	5	—	—	—	5
Loins (Portions of)	2	—	—	—	2
Forend Pieces	—	—	—	7	7

DISEASES.

	Cattle lbs.	Calves lbs.	Sheep lbs.	Pigs lbs.	Total lbs.
Tuberculosis	10737	10	—	14863½	25610½
Pneumonia	44	—	—	900½	944½
Pericarditis	5	—	—	157½	162½
Cirrhosis	122	—	22	110	254
Congestion	1	—	—	41	42
Strongylosis	—	—	47	—	47
Pleurisy	114	—	—	385	499
Hydronephrosis	1	—	—	14	15
Peritonitis	95	—	2	151	248
Distomatosis	415	—	54	2	471
Mastitis	260	—	—	—	260
Inflammation	103	—	—	39	142
Immaturity	—	80	—	—	80
Bruising	—	—	20	9	29
Parasitical Cysts	342	—	100	60	502
Angiomatosis	344	—	—	—	344
Actinomycosis	26	—	—	—	26
Necrosis	8	—	—	14	22
Strangulation	—	—	—	2½	2½
Abscesses	372	—	—	40	412
Unduration	139	—	—	—	139
Fevered	—	—	—	323	323
Fatty Degeneration	—	—	—	6	6
Pentastomis	1	—	—	—	1
Moribund	—	—	40	—	40
Badly Bled	—	—	120	—	120
Emphysema	8	—	—	—	8
Emaciation	20	—	—	—	20
Fatty Infiltration	14	—	—	—	14
Nephritis	8	—	—	—	8
Dropsy	450	—	—	—	450
Tumours	—	—	2	—	2

Total Weight of Meat Condemned—13 tons 18 cwts. 3 qrs. 24 lbs.

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

Premises.

General Food Premises—Shops and Markets	...	1280
Food preparing premises	... ..	50
Cold Stores	... ..	10

Food Condemned.

Rabbits ...	...	...	...	...	94
Tins of Fruit	...	...	...	...	176
Fish Roes	...	...	...	...	3 Boxes
Imported Eggs	...	...	...	...	33 dozen
Pork Sausage	...	...	...	...	8 lbs.
Carrots ...	...	...	...	...	59 bags.
Tins of Prawns	...	...	...	...	2
Rabbits Livers	...	...	...	...	3
Tins of Ox-Tongue	...	...	...	...	1
Tins of Corned Beef	...	...	...	...	7
Tins of Tongue	...	...	...	...	2
Blackcurrants	...	...	...	...	10 lbs.
Tins of Cooked Meat	...	...	...	...	1
Sheeps Brains	...	...	...	...	42 Boxes
Pigs Brains	...	...	...	...	3 Boxes
Turkeys	...	...	...	...	6
Mutton ...	...	...	...	...	148 lbs.
Pigs Livers	...	...	...	...	4 Boxes
Pigs Heads	...	...	...	...	2
Pigs Chawls	...	...	...	...	2

PUBLIC CLEANSING.

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

It is usual to dismiss this subject in the report with a few words drawing attention to the tables which follow and which give the statistics as to costs and work done.

I am afraid that on this occasion, I must follow the same procedure. Yet a Service which is full of interest, affects the public intimately, and involves a direct cost to the rates of £12,000 approximately per annum, without Capital Expenditure, deserves more attention in the Annual Report.

In October of 1938, I issued a **Special Cleansing Report to the Health Committee which discussed every phase of the Service in relation to its problems and future developments.** Recommendations were made which are gradually bearing fruit.

Changing traffic conditions, changing habits of life of the people, of domestic amenities and the distribution of the population, all make new problems for Public Cleansing Officers, with the result that new methods have to be evolved to provide the answer.

During 1938 a three shift system covering the 24 hours was tried for Street Sweeping.

The result was to improve the condition of Street Cleansing, but also to give rise to some complaint of disturbance from noise. A modified organisation aiming at a full Street Cleansing Service by two shifts from 7 a.m. to 12 midnight will be tried in 1939.

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

HOUSE REFUSE COLLECTION.

Financial Year Ending—	1938.	1937.	1929 *
No. of houses and other premises to which collection service was given ...	15,258	14,965	12,500
Average No. of ashbins cleansed per week ...	15,510	15,199	8,546
Average No. of privymiddens cleansed per week ...	7.5	8	No data
Average No. of pail closets cleansed per week ...	139	134	No data
Average No. of cesspools cleansed per week ...	10	13	No data
No. of ashpits emptied throughout the year ...	2	3	11,204
Total refuse collected in tons (estimated) excluding night soil	22,782	20,661	20,733

COSTS.

A. GENERAL.

Financial Year Ending :—	1938.	1937.	1929 *
Total net Cost of Collection and Disposal	£8,286	£8,297	£10,329
Capital Cost defrayed out of Revenue with Loan Charges	£111	£1,504	Nil.
Expenditure for all purposes	£8,397	£9,801	£10,329
Income from Trade Refuse and Miscellaneous Sales and Royalties ...	£106	£158	£13
Net expenditure for all purposes	£8,291	£9,643	£10,316
Rateable Value	£277,880	£258,619	£213,618
Product of Penny Rate	£1,135	£999	£812
Total Rates in £	16/6d.	16/-d.	15/3d.
Net Cost—equivalent Rate in the £ ...	7.305d.	9.653d.	11.6d.
Percentage of above total rates in the £ ...	3.689%	5.027%	6.34%
Total net cost per premises cleansed	10/9d.	10/10d.	16/6d.
Weight (in cwts) per 1,000 population per day (365 days)	20.42	18.68	19.3

B. COLLECTION.

Financial Year Ending :—	1938.	1937.	1929*
Total net cost (including loan charges and exclusive of Income)	£6,601	£7,893	£9,106
Total net cost per ton	5/9½d.	7/6½d.	8/9d.
Total net cost per premises cleansed	8/8d.	10/10d.	14/7d.
C. DISPOSAL.			
Total net cost (including loan charges and exclusive of Income)	£1,796	£1,908	£1,223
Total net cost per ton in the Control of Tips	1/7d.	1/10½d.	No data

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

D. VEHICLE COSTS.

Financial Year Ending :—	1938	1937
S.D. Freighters engaged in the collection of ashbin trade refuse and Cesspool Emptying	Five Freighters	Five Freighters
No. of miles covered	22,951	21,064
No. of tons collected	22,158	19,477
Average cost per ton	3/6d.	3/9d.
Average cost per mile travelled	3/5d.	3/5d.
Two Morris Commercial Vehicles engaged in various duties		
No. of miles covered	21,271	23,473
No. of tons collected	2,245	2,561
Average cost per mile travelled	1/—.	11d.

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 :—

Year Ending.	Contract or Direct Labour.	Total Collection and Disposal Cost.			Premises Cleansed.	Cost per annum per house Cleansed.
		Net Collection and Disposal Cost.	Capital Charges.	Total Cost.		
		£	£	£		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
31 3 38	D. L.	8,180	111	8,291	15,258	10 9

STREET CLEANSING.

COMPARATIVE COSTS.

	FINANCIAL YEAR ENDING :			
	31 3 38	31 3 37	31 3 36	31 3 34
Revenue Account.				
Net Cost	£4,525	£3,686	£3,869	£5,112
Unit Costs.				
Net Cost per 10,000 sq. yds. Cleansed ...	11/2d.	10/3d.	11/9d.	—
Net Cost per 1,000 of population	£74	£60	£64	£94
Rate Poundage.				
Net Cost equivalent Rate in the £ ...	3.98d.	3.64d.	4.21d.	6.5d.
Mileage of Streets Cleansed.				
At least once daily ...	8.07	5.50	5.50	5.1
Three times weekly ...	8.57	7.88	7.88	2.5
Twice weekly	15.67	6.6	6.6	6.5
Once weekly	37.44	47.5	44.76	47.9
Total Mileage Cleansed ...	69.75	67.48	64.74	62.0

GENERAL.

DRAINAGE, SEWERAGE, RIVERS AND STREAMS.

Extensive investigations, with reports to the Health and Public Works Committees following, were carried out, to ascertain the extent and cause of the pollution of the two main Brook Courses in the Netherton District namely, Blowers Green—Baptist End—Withymoor Course and Northfield Road—Cole Street Course.

The result of the investigations and report have been that all known direct pollution from private premises is being dealt with by the Health Committee while the evidence obtained as to pollution from Sewers has been reported to the Public Works Committee.

Twelve samples of the water from the Brook Courses were obtained for Analysis, and I should like to put on record my appreciation of the painstaking and thorough manner in which the matter was dealt with by the Netherton District Sanitary Inspector, Mr. Eastwood.

SANITARY ACCOMMODATION.

Statement of Sanitary Accommodation on the 31st Dec., 1938.

No. of houses and other premises (estimated)	...	16,480
No. of houses and other premises served by W.C.'s draining into public sewers	... ..	16,247
No. of houses and other premises served by ashbins		16,446
No. of privies in the Borough	... ..	30
No. of Cesspools in the Borough	... ..	47
No. of Pail Closets in the Borough	... ..	138

Particulars of Conversions from Conservancy System. (During the year).

Pails converted to W.C's	... ..	nil.
Privies converted to W.C's	... ..	nil.
Privies abolished by demolition of dwellinghouses		nil.
Privies converted to Pails...	... ..	nil.
Additional Pails provided to other than dwelling- houses	... ..	1
W.C's and Cesspool drainage connected to Public Sewers	... ..	nil.
No. of dry ashpits abolished	... ..	nil.
New ashbins Provided (replacements and additional)		230

SANITARY INSPECTION OF THE AREA.

Record of Inspections and Results.

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. ...	832	2246	2083	1870
Drainage work only ...	204	131	245	119
Closets ...	178	350	408	272
Ashplaces ...	368	330	355	251
Yards, Courts, etc. ...	34	16	99	8
Overcrowding ...	368	—	3	—
Miscellaneous ...	666	28	113	37

Other Visits.

With respect to Public Cleansing Services	...	168
With respect to Infectious Disease	... ..	165
Interviews with Owners and Traders (District Inspectors only)	... ..	1178

Notices served.—All purposes.

	<i>Informal.</i>	<i>Statutory.</i>	<i>Total.</i>
Notices served	851	93	944
Notices complied with ...	630	93	723
Choked Drains cleansed by Department's Drain Cleanser	—	—	144
Choked Water closets cleansed by Department's Drain Cleanser	—	—	39

WATER.

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

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

OFFENSIVE TRADES.

Number of Fish Fryers' Licences for renewal in December, 1938	...	...	...	...	18
Number complying with Byelaws and approved for renewal	...	...	...	...	18
Number where specification was issued for works to be carried out before renewal	...	...	...	...	—
Number actually renewed	...	...	...	...	18
Number of applicants for the establishment of the business of a Fish Fryer during the year	...	...	...	...	6
(a) Approved unconditionally	...	...	...	...	3
(b) Number approved subject to carrying out of specification of requirements	...	...	...	...	1
(c) Number disapproved	...	...	...	...	2
Number of specifications issued during the year in addition to the above-mentioned	...	...	...	...	1

OUTWORKERS.

During the year 24 lists of Outworkers have been received from employers containing 118 names and addresses, 72 of which were outside the Borough. These were forwarded to the respective Councils in whose Districts the Outworkers resided.

I also received 4 lists containing 23 names and addresses from other Authorities, making a total of 141 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 Cemetery and Markets	...	...	12/5/30
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, the Factory Act, 1937, came into operation during the year.

Although mainly of a consolidating nature this necessitated complete review and revision of existing forms and practice in the Department from both technical and administrative stand-points.

COURT PROCEEDINGS—Court Proceedings were taken during the year as follows :—

Acts, Byelaws or Regulations under which proceedings were instituted.	Default or Offence.	Result.	Fine. £ s. d.	Costs. £ s. d.
Food and Drugs (Adulteration) Act, 1928.	Selling milk to the prejudice of the purchaser.	Convicted and fined.	2 0 0	10 6
Food and Drugs (Adulteration) Act, 1928.	Selling milk to the prejudice of the purchaser.	Convicted and fined	2 0 0	10 6
Public Health Act, 1875. Sections 116 to 118.	Exposing unsound meat for sale.	Dismissed. Appeal to Kings Bench Divisional Court allowed; Magistrates reconsidered case. Defendants convicted but dismissed under probation of Offenders Act.		
Public Health Act, 1936. Sections 91 to 100.	Failure to abate nuisances arising from general defects of property.	Withdrawn—work proceeding.		3 6
Public Health Act, 1936. Sections 91 to 100.	Failure to abate nuisances arising from general defects of property.	Withdrawn.		3 6
Public Health Act, 1936. Sections 91 to 100.	Failure to abate nuisances arising from general defects of property.	Order for completion within 14 days.		8 6

COURT PROCEEDINGS—(Continued).

Acts, Byelaws or Regulations under which proceedings were instituted.	Default or Offence.	Result.	Fine. £ s. d.	Costs. £ s. d.
Public Health Act, 1936. Sections 91 to 100.	Failure to abate nuisances arising from general defects of property.	Order for completion within 14 days.		8 6
Public Health Act, 1936. Sections 91 to 100.	Failure to abate nuisances arising from general defects of property.	Withdrawn.		3 6
Public Health Act, 1936. Sections 91 to 100.	Failure to abate nuisances arising from general defects of property.	Order for completion within 14 days.		8 6
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Public Health Act, 1936. Sections 91 to 100.	Failure to abate nuisances arising from general defects of property.	Withdrawn.		3 6

RATS AND MICE DESTRUCTION ACT, 1919.

Attention in this respect has continued as in previous years, complaints being investigated and service given as the circumstances require. A feature of the year's work has been the frequency with which defective drains and sewers have resulted in rat infestation of premises, and by no means least in the causes of infestation, is that produced by the demolition of old buildings, the migratory rat population causing infestation which has happily turned out to be temporary, and which has rapidly yielded to treatment.

Notices were inserted in the local paper during rat week, asking for co-operation of the public, advertising the free distribution of baits, and requesting any one with infested premises to apply for help and advice.

Premises having received attention from the Rat Catcher.	No. of visits and re-visits made.	No. of baits laid.	No. of baits taken.	No. of rats actually caught.	No. of Premises where attention has been terminated after satisfactory service.
73	565	13344	10057	99	52

DISINFECTION AND DEFESTATION.

The family removal and disinfection service has become an organisation in itself, when 718 families are removed in a year.

This, together with the arrangements necessary to secure the disinfection of 95 Council Houses, has involved far more than is generally appreciated, both in control and in the actual performance.

The procedure for the fumigation of furniture and effects of families before rehousing has been altered during the year when new plant and vehicles were installed with the New Sanitary Department Depot. Details of the present method together with its effect on costs are shown on the following page.

The number of complaints, or claims for damage are remarkably small and this speaks well for the way in which the Foreman and men engaged in this work carry out their difficult task. They are full time employees of the Council and their normal duties include removal of furniture and fumigation service, maintenance of Depot Premises, Rats and Mice and Drain Cleansing Service and duties in the Public Cleansing Service as required.

Fumigation and Removal Service.

(1)	Number of Council Houses found to be infested	101
(2)	Number of Council Houses disinfested	95
(3)	Number of Other Houses found to be infested ...	15
(4)	Number of Other Houses disinfested	14
(5)	Number of families rehoused in Council Houses whose furniture has been fumigated (not included in 1 to 4 above)	718
(6)	Number of families removed whose furniture was not fumigated	—
(7)	Total number of families removed (including those in Nos 5. and 6 above)	718

Costs.

The cost per family under the existing system, which commenced in January, 1938, excluding replacement of bedding, is ... £1. 15s. 5d.

The cost per family under the previous system, excluding replacement of bedding was ... £2. 9s. 6½d.

Eradication of Bed Bugs.

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

	(i) <i>Found to be Infested.</i>	(ii) <i>Disin- fested.</i>
1. (a) Council Houses	101	95
(b) Other Houses	15	14

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

Council Houses—by HCn Fumigation and Insecticides.

Other Houses—by Insecticides.

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

Fumigation of furniture is by HCn. Liquid. HCn is vaporised and injected into specially made vans to secure a gas tight chamber. This is capable of easy and quick ventilation by the expulsion of air under pressure at the termination of fumigation. Bedding and clothing is submitted to steam disinfection.

4. Work of disinfection 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.

The usual procedure was carried out during the year in cases of Infectious Disease by investigation, isolation and disinfection. In total, 152 cases were investigated and necessary action taken.

FACTORIES ACT, 1937.

SANITARY ACCOMMODATION REGULATIONS, 1938.

This Act came into operation on 1st July, 1938, replacing the Factory and Workshop Act 1901, and various later Acts. In co-operation with H.M. Inspector of Factories, the register of Factories and Workshops has been revised having regard to the division of premises into mechanical and non-mechanical Factories. There is a total of 339 Factories in the Borough of which 260 are mechanical and 79 non-mechanical factories.

The Local Authority is responsible for the Sanitary accommodation in mechanical factories and for provision in respect of cleanliness, overcrowding, ventilation, drainage of floors and sanitary accommodation in non-mechanical factories.

A total of 121 mechanical factories have been inspected and recorded and in 75 cases, notice has been given requiring the alterations or maintenance of the sanitary conveniences in accordance with Section 7 of the Act. Of these, 32 notices have been complied with.

85 inspections of non-mechanical factories have been made, and 16 notices served requiring the execution of works.

FACTORY AND WORKSHOP ACT, 1901, AND THE FACTORY ACT, 1937.

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH.

Including Inspections made by Sanitary Inspectors.

PREMISES.	Number of		
	Inspections	Written Notices	Occupiers Prosecuted
Factories with mechanical power	345	75	—
Factories without mechanical power	83	16	—
Other Premises under the Act	—	—	—
<i>Total</i>	428	91	—

2.—DEFECTS FOUND.

PARTICULARS.	Number of Defects			No. of Prosecutions
	Found	Remedied	Referred to H.M. Insp'tor	
Want of Cleanliness (S. 1)	17	19	—	—
Overcrowding (S. 2)	—	—	—	—
Unreasonable temperature (S. 3)	—	—	—	—
Inadequate Ventilation (S. 4)	—	—	—	—
Ineffective Drainage of Floors (S. 6)	—	—	—	—
Sanitary Conveniences { insufficient	24	5	—	—
(S. 7) { unsuitable or defective	400	78	—	—
{ not separate for sexes... ..	5	1	—	—
Other offences	41	3	40	—
(Not including offences relating to Home Work and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937).				
<i>Total</i>	487	106	40	—

ATMOSPHERIC POLLUTION.

The attention required by the Department in this respect has in the main been directed to a small number of works and business premises emitting smoke in such quantities as to be a nuisance.

Improvement has followed as a result of informal action and advice. Atmospheric pollution in this Borough is due largely to wrong type of fuel and negligent stoking practice with the result that advice on these matters brings about immediate improvement. It is, however, a fact which has to be acknowledged that as both these factors can be classed in the "human element," improvement is not always maintained, a falling off in either one or the other, resulting in further attention from the Department.

HOUSE-LET-IN LODGINGS AND COMMON LODGING HOUSES.

In the report for 1937, reference was made to the possible closing of the two remaining private Common Lodging Houses in the Borough as a consequence of the new powers in the Public Health Act, 1936.

The action taken will have the effect that as from 1st July, 1939, there will only be the one common Lodging House and that owned by the Council. The provision of this was an experiment and it is not intended that it shall remain as the permanent provision of the Local Authority.

In July 1938 the Housing Committee visited the newly erected Hostel at Newcastle-under-Lyme, and were much impressed by the provision and its possibilities. A site in the Mambles Area has been earmarked, and as and when circumstances will allow, it is hoped that a Hostel of a type similar to Newcastle will be erected, providing accommodation for 75 male lodgers, with planning to increase the provision to 150 if necessary.

LICENSED PREMISES.

This year has seen a continuation of the improvement in the conditions at licensed premises. In the erection of new premises and reconstruction of others, there has been close co-operation between the Clerk to the Licensing Justices, the Borough Engineer, and myself, to ensure that plans provide for adequate and conveniently accessible conveniences from all parts of the premises, that the sexes are suitably provided for and that the Licensee's provision and general living accommodation is satisfactory.

In addition, visits have been made to older premises. In 24 premises instances of insanitary and/or insufficient accommodation have been remedied by the provision of impervious surfaces and automatic flushing facilities to 23 urinals, and 6 additional W.C's have been installed.

Particular attention has been given to ensure that sanitary accommodation is separate for the sexes, and that additional and separate accommodation is available for the Licensee.

SHOPS ACT, 1934.

The provisions of the above Act in respect of sanitary and washing accommodation, facilities for meals, ventilation and lighting are administered by the Health Committee, and considerable progress has been made during the year in the inspection and recording of shops affected by the Act.

157 Shops have been inspected and recorded, of which number the provisions of the Act were not applicable to 77, no assistants being employed. Of the remaining 80 premises, 26 were found to be below the standard required and notices were served in all cases asking that the necessary work be carried out. 25 notices were complied with during the year.

By co-operation with the Borough Engineer's Department plans for new shop premises are always considered carefully, to secure the requirements of the Shops Act.

REGISTERED TRADES AND PREMISES.

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

	1932	1938
Trades and Premises in order and Registered	157	537
Trades and Premises accepted as recorded in Registers but not approved as in order since 1929 approx.	291	393
Trades and Premises that have been struck off Registers through discontinuance, removal, etc.	92	205
Trades and Premises concerning which consideration had been deferred ...	3	—

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.

One application was received during the year to be entered on the poisons list. The applicant's premises were visited and the application recommended.

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 a warning by letter in one case.

Twelve samples were taken under the Fertilisers and Feeding Stuffs Act, three of which were unsatisfactory.

COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AS TO

MATERNITY AND CHILD WELFARE

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MATERNITY AND CHILD WELFARE.

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

The following table shows the types of Clinics held and the attendances made :—

<i>Clinic.</i>	<i>Attendances.</i>
Ordinary Baby Clinics	24,999
Ante-natal, Post-natal and others ...	3,229
Dental (Mothers and Toddlers) ...	817
Orthopædic	222
Massage	259
Ultra Violet Ray Therapy	1,575
Total ...	31,101

The Total for 1937 was 25,666

Nine Baby Clinic Sessions 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.

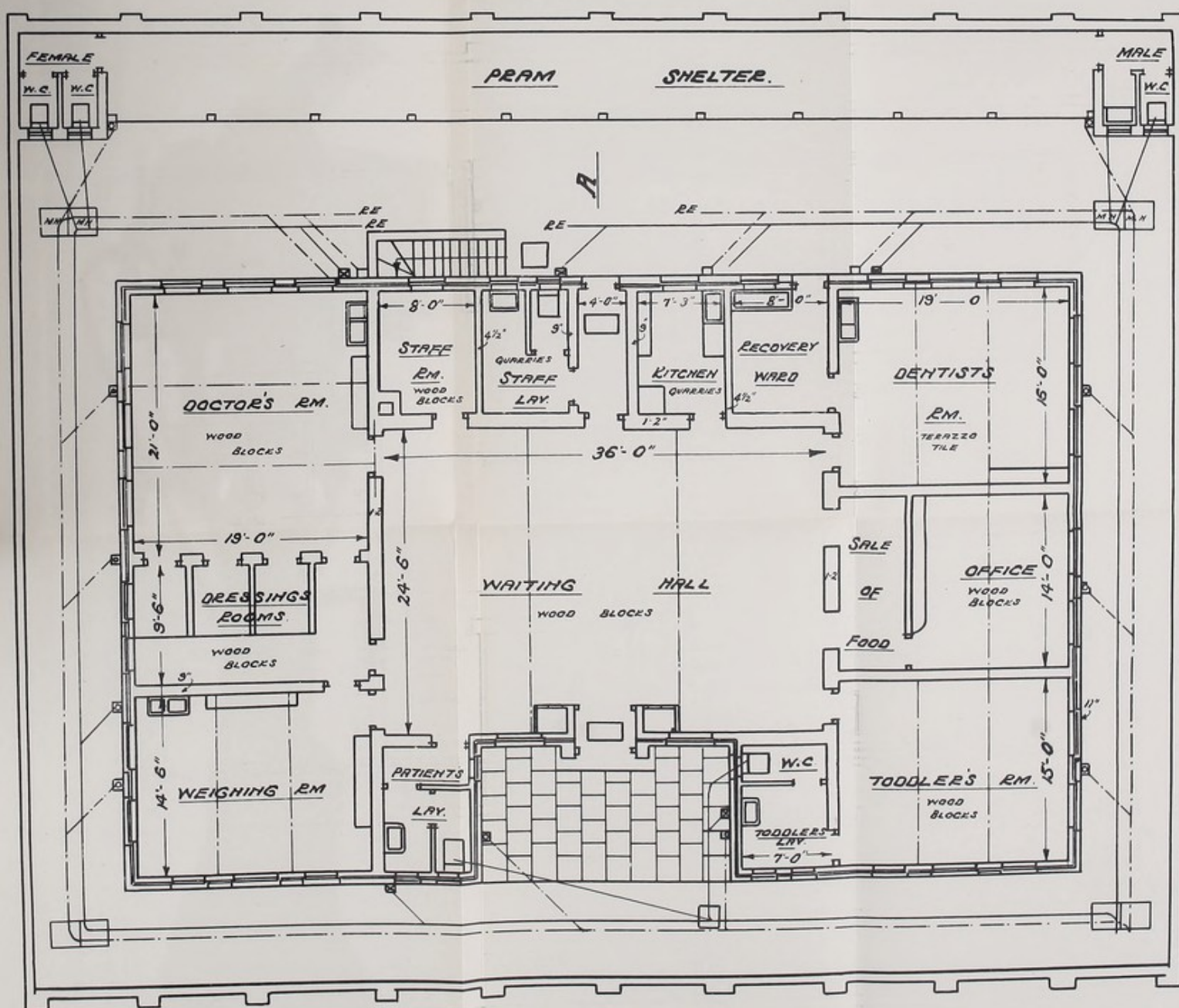
Two at the Priory Clinic on Tuesday and Thursday afternoons.

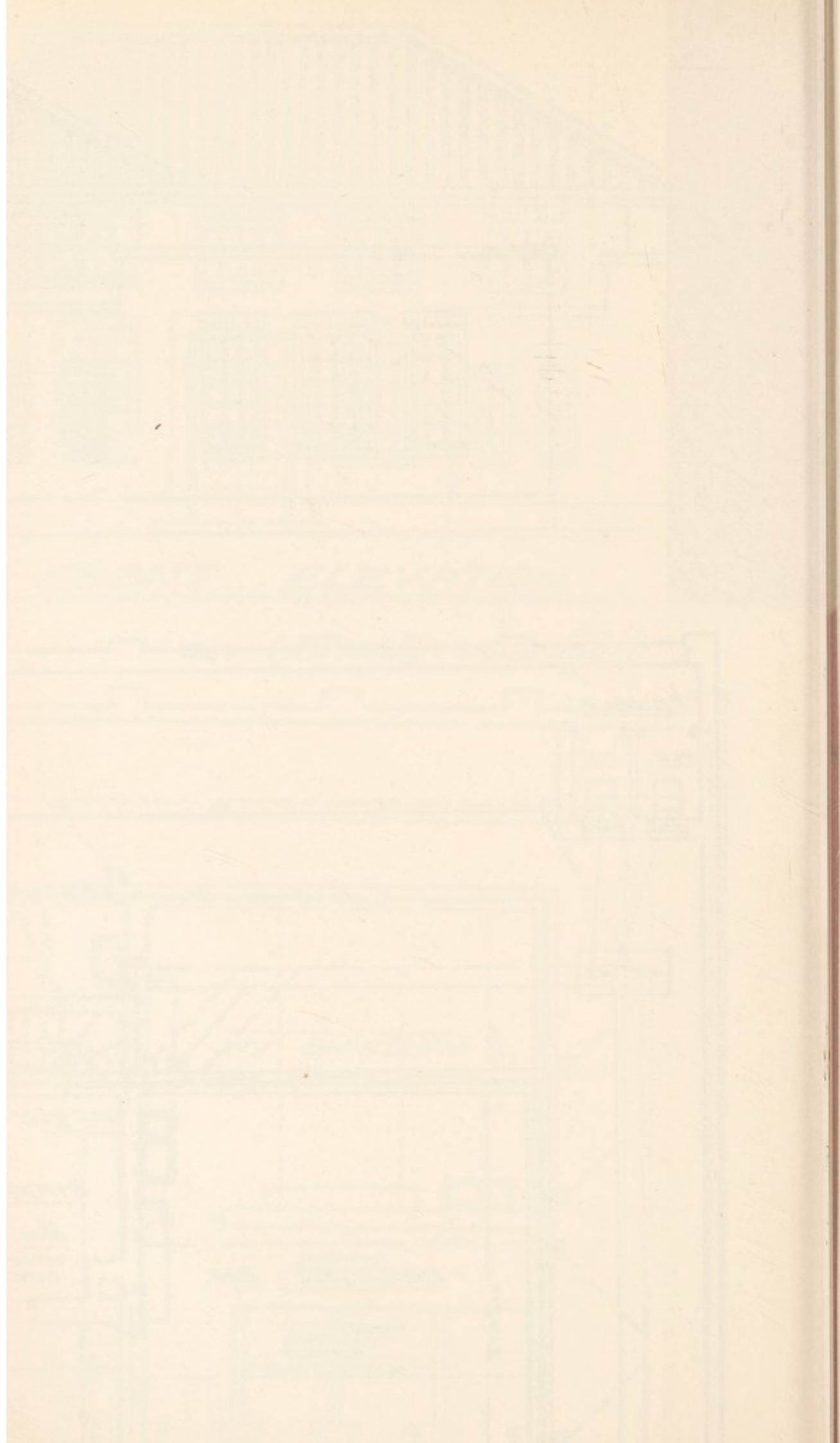
The attendances made at the Baby Clinics were :—

<i>"The Firs " Netherton Woodside Priory</i>				
New cases under 1 year...	350	192	113	293
New cases over 1 year ...	81	22	17	11
Total attendances :				
Under 1 year	8520	3924	2384	4902
Over 1 year	1679	1825	1182	583



FRONT ELEVATION





PRIORY CLINIC.

In June, 1938 a new clinic was opened on the Priory Estate by His Worship the Mayor (Alderman A. E. Young).

This branch clinic embodies all the modern requirements for Maternity and Child Welfare and School Work. The plans were drawn up by the Borough Engineer, Mr. F. H. Gibbons.

The building, as can be seen by the attached floor plan consists of :—

A large waiting room. Leading from this on the left are :—

- (a). Doctor's room giving access to
- (b). Dressing room and
- (c). Weighing and Minor Ailments treatment room.

On the right of the waiting room are :—

- (a). Dental room giving access to recovery room.
- (b). Office and store.
- (c). Toddler's room.

Staff room, kitchen and the usual conveniences are also provided.

ANTE AND POST-NATAL CLINICS.

The attendances at the ante-natal clinics continue to increase.

Owing to this it was found necessary to hold the Clinic at the Priory weekly instead of fortnightly. The sessions are now as follows :—

Every Wednesday morning at "The Firs."
 Every Thursday morning at the Priory.
 Alternate Monday mornings at Netherton.

When the new Clinic at Holly Hall is opened it will be necessary to hold a clinic there.

The following table shows the attendances made at the Clinics during 1938.

			<i>The Firs.</i>	<i>Priory</i>	<i>Netherton</i>	<i>Total</i>
Patients reporting for first time	...	...	313	235	104	652
Subsequent visits	...	...	1211	1018	348	2577
Totals	...	...	1524	1253	452	3229

Grand Total of ante-natal attendances : 3,229.

The total number of ante-natal patients was 652, which gives a percentage of 63.9 of all births notified by Dudley midwives during the year.

Midwives are encouraged to attend the Clinic with their patients and subsequent to each visit of the patient, a written report is sent to the Midwife concerned.

Only 15 patients reported for post-natal examination.

MIDWIVES.

The following notes on the working of the Municipal Midwifery Service have been provided by Miss Evans, the Supervisor of Midwives.

The Municipal Midwifery Service has now been in operation just over a year and definite progress has been made. Patients and midwives are beginning to adapt themselves to the changes which have been necessary under the new regime. It is in the best interests of both patient and midwife that the latter should not book too many cases and in achieving this it has not always been possible for the patient to book the midwife of her choice. Patients have thus had to accustom themselves to the idea of having a midwife allocated to them, and sometimes being attended at the confinement by a midwife other than the one originally booked. An attempt is being made to keep the midwives working in pairs but it has not always been possible to do this, owing to off-duty, illness and other reasons connected with the work. A feature of the year has been the increase of the work in the Netherton area, and it will be necessary to have three midwives in this part of the Borough. Nurse McLellan who worked in Netherton, resigned for reasons of ill-health in June and was duly compensated under the terms of the Midwives Act 1936. Two midwives are already stationed in the North and South of Netherton respectively and it is proposed to place a third somewhere in the centre. The housing of midwives is a very real difficulty as it is essential that they should be satisfactorily accommodated in close proximity to the patients they serve.

The Midwives Act, 1936, requires that every Local Supervising Authority shall provide or arrange for the provision of a post-graduate course of instruction for midwives practising in their area, once in seven years as from January 1939. Arrangements have been completed with the Radcliffe Infirmary, Oxford, for the reservation each year of two places during the months of January and February, so that all our midwives will have had a course within six years. Two midwives will be sent in 1939.

The midwives have been encouraged to attend the ante-natal clinics with their patients but it is felt that a more satisfactory response could be obtained than has hitherto been the case.

The introduction of the Municipal Service has resulted in a great increase in the amount of clerical work demanded from the midwife as numerous records have to be kept. The midwives have experienced some difficulty with this, but these difficulties are gradually being overcome.

DOCTORS' FEES.

During the year £425. 0s. 6d., was paid in fees to Practitioners for Medical Aid rendered at confinements.

In 1937, £315. 1s. 0d., was paid.

The amount recovered from patients was £134. 1s. 3d. Last year this figure was £99. 1s. 9d.

STILL-BIRTHS.

There was a decrease in the number of still-births during the year, viz :—38 as compared with 50 in the previous year. The Registrar General's figures for the Borough is 44.

Reported by :—

Medical Practitioner	...	...	0	
Midwives	...	...	28	
Institutions, etc.	...	...	10	
			—	38

Of this number, 10 were Inward Transfers. An analysis of the figures gives the following particulars :—

Males	...	...	...	17	
Females	...	...	...	21	
				—	38
Legitimate	...	...	...	37	
Illegitimate	...	...	...	1	
				—	38
Full-time Pregnancy	...	...	...	25	
Premature	...	...	...	13	
				—	38
Primipara	...	...	...	8	
Multipara	...	...	...	30	
				—	38

Presentation :—

Vertex	...	...	...	24	
Breech	...	...	...	8	
Transverse	...	...	...	1	
Face	...	...	...	1	
Not stated	...	...	...	4	
				—	38

MEDICAL AID.

Medical Aid was sought by midwives in 316 cases. This gives a percentage of 31.7 of those cases (997) attended in their own 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 ante-natal clinic	...	17
Torn perineum	... ..	86
Delayed labour	... ..	43
Uterine inertia	... ..	19
Abortion	... ..	33
Malpresentations	... ..	12
Pregnancy toxæmia	... ..	6
Ante-partum hæmorrhage	... ..	10
Post-partum hæmorrhage	... ..	6
Adherent placenta	... ..	3
Pyrexia	... ..	18
Other conditions...	... ..	31
Total		284

ON ACCOUNT OF INFANT :

Feebleness	... ..	5
Prematurity	... ..	6
Still-born	... ..	1
Discharging eyes	... ..	10
Others	... ..	10
Total		32

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.	101	27
Midwife C.	73	16
Midwife D.	117	37
Midwife G.	62	17

Midwife H.	...	98	...	45
Midwife J.	...	117	...	24
*Midwife M.	...	45	...	9
Midwife N.	...	103	...	43
Midwife R.	...	89	...	22
Midwife Bs.	...	86	...	38
†Midwife Cr.	...	7	...	3
Midwife H.	...	42	...	17
‡Midwife Gd.	...	36	...	11
Outside Midwives		23	...	7

*Resigned, June 1938.

†Commenced duties, November, 1938.

‡Resigned, October, 1938.

MATERNITY HOMES.

During the year the agreement with the Staffordshire County Council was renewed for the reservation in the Rosemary Ednam Home of two beds.

During the year 14 patients were admitted to the Home under this agreement of which the Maternity and Child Welfare Committee were responsible for 2, and the Public Assistance Committee for 12.

In all, 150 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.

MATERNAL DEATHS.

During the year, 4 women died as a result of childbirth.

This gives a maternal mortality rate of 3.42 per thousand total live and still births.

The Registrar-General's figure is 5 giving a rate of 4.28.

The Maternal Mortality rate for England and Wales was 2.97.

The cause of death in each of the 4 cases is given below :—

1. Mrs. A. Age 25. 1st pregnancy.

Cause of death. (1) Toxæmia and general peritonitis. (2)

Septic broncho-pneumonia. (3) Puerperal sepsis.

2. Mrs. B. Age 23. 1st pregnancy.

Cause of death. (1) (*a.*) Pulmonary embolism.

3. Mrs. C. Aged 29. 1st pregnancy.

Cause of death. (1) (*a.*) Syncope. (*b.*) Parturition. (*c.*) abnormal labour, viz., acute toxæmia from ante-partum death of twins and acute pyelo-nephritis.

4. Mrs. D. Age 27. 1st pregnancy.

Cause of death. (2) (*a.*) Post-partum hæmorrhage. (*b.*) child-birth.

Investigations were made into all 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.

As hitherto, all complicated obstetric cases were admitted to the Maternity Hospital, Loveday Street, Birmingham, while puerperal cases were sent to the General Hospital, Birmingham. Sir Beckwith Whitehouse is in charge of these cases while they are in hospital.

THE TODDLER.

During the year, 465 toddler's examinations were made. 5,249 attendances were made at the clinics by children between the ages of 1 and 5.

MILK (Mothers and Children) ORDER, 1919.

During the year 3,805 one pound packets of dried milk were issued free at the four clinics.

The total cost of this was £239. 0s. 6d., as compared with 3,029 packets at a cost of £192. 5s. 8d., in 1937.

ORTHOPAEDIC TREATMENT.

The arrangements between this Department and the Maternity and Child Welfare Committee have been the same as in former years.

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

Paralysis	1
Rickets	10
Congenital defects ...	4
Foot defects	15
Others	10
	<hr/>
	40
	<hr/>

TOTAL ATTENDANCES 222

INFECTIOUS DISEASES.

SCARLET FEVER. There was a further decrease in the incidence of this disease in children under 5 years of age. Only 3 cases being notified as compared with 8 in the previous year. There was one death.

DIPHTHERIA. There was a large decrease in the number of notified cases of diphtheria during the year in children under 5 years of age, viz :—10, as compared with 20 in the previous year. All the patients were removed to hospital and there was 1 death.

Immunization against diphtheria was introduced during the year. Full particulars are given in the Health section of the Report.

MEASLES AND WHOOPING COUGH. There were no deaths from measles and one from whooping cough during the year.

TUBERCULOSIS. Five cases of pulmonary tuberculosis were notified to me in children under 5 years of age.

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

Tubercular preauricular abscess ...	1
" knee	1
" lungs	1
" lungs and spine...	1
" lungs and abdomen ...	1
" meningitis	6
" peritonitis	1
	<hr/>
Total	12
	<hr/>

3 children died during the year.

DENTAL TREATMENT.

This table shows that although the total attendance at the clinics is slightly less than last year's total, yet the numbers of extractions and anæsthetics are about the same as last year's figures. This is accounted for by the policy of trying to persuade the patients to submit to a more comprehensive and useful course of treatment than that of merely having the one or more aching teeth extracted. Unfortunately, this principle cannot be applied to a large percentage of the cases dealt with. This is because of the widespread practice of not attending for treatment until absolutely forced to. By then, the teeth have mostly decayed into an incurable state and the mouth is usually in a septic condition. Sometimes filthy inflammatory conditions of the gums and soft parts are present, alone, without many decayed teeth. In these cases scaling is advised and mouth-washes are prescribed, but often the patients just cannot realise that such conditions are other than normal, and will not co-operate after the pain has disappeared.

Discretion has to be used with many patients whose teeth are beyond the help of artificial restoration, yet who could not afford to pay for dentures to replace them if they were all extracted. Restricted treatment must be given and the patient warned that the cost of dentures will have to be met sooner or later. If the teeth were all extracted and not replaced by dentures, then the effects of improper mastication might be worse than those caused by a few unsavable but partly functional teeth. This obviously can only be a temporary state of affairs but in many cases is the only possible way out.

As to the babies, their case is much the same. Their mothers rarely bring them until toothache starts, and in the majority of cases, by then the teeth are in an advanced state of decay. It is noticed that amongst young children, dentitions are either very good or very bad. This means that if one tooth has decayed to such an extent that it aches, then it is probable that many of the other teeth are approaching that state. It is not often found that only one tooth in a mouth is badly decayed. This state of affairs can be accounted for in several ways and the causes traced to a very early date. Improper ante-natal feeding by the mother continued during the weaning period will cause poorly formed teeth with low resistance to decay due to the lack of proper tooth forming constituents in the blood. Sugar, soft, clinging foods that need no real mastication together with the absence of artificial cleansing will cause the teeth, especially if poorly formed, to disintegrate rapidly. Since certain children are subject to most of these influences following one another and others to none at all, thus the marked division of good and bad dentitions occurs.

The small number of fillings done during the year is accounted for, mainly by the facts pointed out earlier on, since fillings are useless without the co-operation of the patient. It is a waste of time to fill one or two teeth in a mouth of dirty decayed ones, because fillings must be kept clean, and be inspected at intervals. It is difficult to get patients to alter lifelong habits of neglect and filth in order to save something that is not considered very valuable. Most of the fillings that were done, were inserted in the anterior teeth of those patients who cared for their appearance and therefore would be likely to clean their front teeth and attend for examination at reasonable intervals. These cases do not fall in completely with the true aims of the dental scheme which strives for an improvement in dental and therefore general health, but nevertheless, have a certain value as propaganda.

All patients are medically examined before attending each new course of treatment and a written report is issued by the doctor before they receive a general anæsthetic. An interesting point is the rather reluctant way in which many patients submit to the examination. It is free, of course, and is a definite safeguard of their lives which is not generally forthcoming in private practice. Moreover, it imposes a lot of extra work on the Medical Staff.

During the year, a new series of printed medical report forms have been issued which are numbered in series and initialled according to the various clinics authorising treatment after medical examination. From these it is possible to check the number of patients who do not attend for dental treatment after having been examined and advised by the doctors. Although this scheme has not been in effect long enough to obtain accurate, useful figures, it is seen that there are quite a number of such patients.

That fact, together with the general poor attendance at the dental clinic seems almost incomprehensible. The treatment obtainable is free and is of a type that would not be expected by the people it is meant for if sought privately. A general anæsthetic with an anæsthetist and an operator and a nurse present at each extraction even of one tooth, certainly is not always provided except in special circumstances and at extra expense and yet little opportunity is taken of the service.

	Mental Deficiency 1	Mental Deficiency 2	M. & C.W. 1	M. & C.W. 2	Ante- Natal 1	Ante- Natal 2	Blind 1	Blind 1	Total
Dudley ...	9	1	214	149	55	16	158	31	633
Netherton	—	—	30	8	5	—	46	10	100
Priory ...	—	—	24	5	5	—	24	6	64
Holly Hall	—	—	5	9	—	—	6	—	20
	9	1	273	170	65	16	234	47	817

	Perm. Ext.	Temp. Ext.	N ₂ O	Perm. Op.	Temp. Op.	Perm. Fillings	Temp.
Dudley...	657	180	538	23	21	16	—
Netherton	59	54	80	2	10	—	—
Priory ...	51	39	61	2	1	—	—
Holly Hall	—	—	—	8	9	—	—
	767	274	679	35	41	16	—

EAR NOSE, AND THROAT CLINIC.

Notes by Dr. Winifred Dean :—

There has been a good attendance of infants and children under school age at the Ear, Nose and Throat Clinic during the year. The majority of cases have been brought for treatment of discharging ears, as a rule due to infection during the teething period. Some of these children had associated enlarged adenoids and infected tonsils, and have required operation for the removal of these. Altogether 34 operations have been performed. Careful local treatment of the ears, which are infected, is carried out in conjunction with the surgical procedures, and the results have been most satisfactory. In other cases only the local treatment is required, and this is carried out by the Nurses at the Clinic, and the mothers at home.

The results in this department have been very encouraging, as in previous years. This is an important branch of the work, as by this means, the child starts school with a clean bill of health.

LADIES' VOLUNTARY COMMITTEE.

President : The Mayoress—Mrs. A. Elliott 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, and was a great success.

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 tables on page 116 and below.

CHILD LIFE PROTECTION.

Public Health Act, 1936 Sections 206—220.

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 1938.

	NURSE EVANS.	NURSE BLACK.	NURSE JOHNSON.	NURSE CAMPBELL.
Visits of Health Visitors :				
First visits to babies ...	302	121	415	260
Re-visits	1967	629	1655	1069
Visits to 1—5 children ...	4864	2097	4506	4565
Ante-Natal visits	133	40	124	67
Re-visits	52	43	98	121
Visits to Tuberculosis pat's.	73	116	332	174
General advice	328	322	1344	781
Sanitary visits	152	8	36	—
Visits to Blind Persons ...	44	56	54	13
Special visits	103	92	294	40
Total ...	8018	3524	8858	7090

Nurse Black retired in August 1938, after being away through illness since May.

Nurse Young was appointed in her place and commenced in October, 1938.

COUNTY BOROUGH OF DUDLEY.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

ON THE

MEDICAL INSPECTION AND

TREATMENT OF SCHOOL CHILDREN

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THE ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1938

This report follows as closely as possible the form set down by the Board of Education.

Re-organisation of Schools.

During the year the following schools were re-organised :—
Netherton C. Junior Girls' and Netherton C. Infants' were amalgamated as Netherton C. Junior Girls' and Infants' School on 10th January, 1938.

The Priory Hall C. Temporary Junior School was closed in September, 1938.

New Schools.

During the year the Priory Nursery School was opened in March, the Wren's Nest C. Infant School was opened on 10th January, and the extensions to the Priory C. Junior School were opened in October.

Classification of Schools.

The classification of schools during the year was as follows :—

- 9 Senior Departments.
- 10 Junior Departments.
- 4 Junior and Infant Departments.
- 13 Infants' Departments.
- 2 Un-reorganised Departments.
- Total number of Departments—38.

The average number of children on the registers was 9,099, and the average attendance was 8,212.

The above information has been supplied by Dr. A. Scotland, the Director of Education.

1. STAFF.

During the year Miss Ewing, Assistant Dental Surgeon, resigned to get married. Her place has been taken by Mr. A. G. Marks of Stoke. There have been no other changes in the Staff.

2. CO-ORDINATION.

The collaboration of the various departments of the Health Services is as complete as possible and is becoming more comprehensive as this Service is extended. Two important links in the chain were forged during the past year: one being the opening of the Nursery School on the Priory Estate, and the other the opening of the Sanitary Depot and Cleansing Station in Lister Road. The specialist services of the School Medical Staff are also available to the pre-school child, so that on entering school the continuity of treatment is pursued. In the treatment of scabies, the co-operation of the Sanitary Staff is of the utmost value in getting at the roots of the disease, and the use of the Cleansing Station has been invaluable during the latter half of the year. The closest contact is maintained to ensure the efficient control of infectious disease.

The provision of a Nursery School on the new estate is proving a veritable boon to the parents, and more particularly the children, who are accommodated in its airy class-rooms. The gap between the efforts of the Maternity and Child Welfare Department and those of the School Services is slowly being lessened, and with the amalgamation of the duties of the School Nurses and Health Visitors, perhaps possible in 1939, contacts will be brought even more closer.

3. SCHOOL HYGIENE.

The foresight of the Education Committee is clearly shown in its provision of new schools on the estates re-housing the inhabitants of slum cleared property—their hygienic excellence is unquestioned. Re-organisation is not yet complete, and one or two schools in which conditions are far from ideal will shortly be replaced. A more complete survey of the sanitary arrangements of the schools, with special reference to drinking facilities is contemplated in 1939.

4. MEDICAL INSPECTION.

The statutory requirements for routine inspection had to be curtailed, and only about one third of the children were examined. With the inception of the Council's scheme for immunization against diphtheria, it was decided that it was advisable to go ahead

with inoculation. The numbers offering themselves for immunization far exceeded expectations and as a result many routine inspections had to be postponed.

The routine medical inspections were carried out by the Assistant School Medical Officer, on four mornings each week when circumstances permitted, and by the Deputy School Medical Officer on one morning of alternate weeks.

Statutory medical examinations : Every child is examined at least three times during its school life at the following age periods :—

		1938	1937
(i)	Entrants 5 years of age	219	1094
(ii)	Second age group 8—9 years	669	881
(iii)	Third age group over 12 years	479	1188
	Total	1367	3163

There were 551 defects among these 1367 children, of which 345 required treatment and 206 were put under observation for a varying period.

In addition to the above, 77 children were examined at the Nursery School, and among these, there were 45 defects. A full report is given later.

Secondary School Children—The boys at the Grammar School are examined by a General Practitioner.

Girls at the High School are examined by the School Medical Officer during their first term and thereafter annually.

Other inspections. These are ' Special ' inspections—children seen by the Medical Officer at any time, at the request of the teacher, parent, or attendance officer. The examination may take place at school or at the clinic. The numbers are made up as follows :—

Examined at school	...	...	19
" at clinics	...	...	2224
" for free meals and milk	...	...	598
" for juvenile employment	...	...	132
" for swimming classes (at school)	...	...	954
			3927

Many of these children were re-inspected on several occasions and in addition made a total of 8182 attendances. The total attendance at the clinics was 11,136.

The defects discovered are tabulated in Table IIA.

These defects that are minor ailments are treated at the clinics, serious defects of the eye, the ear, nose and throat, or orthopædic conditions are referred to specialist clinics held at The Firs. Other serious defects are sent to the private doctor, to the Hospital or the Dudley Dispensary.

The more common defects found are as shown below :—

			1937		1938	
			Routine	Special	Routine	Special
Skin Diseases	...	...	54	715	19	622
Eye Diseases	...	...	37	156	9	121
Defective Vision & Squint	...	...	197	106	107	229
Ear Diseases	...	...	36	57	21	67
Nose and Throat Diseases			313	121	177	138
Heart and Circulation	...	...	57	11	30	12
Lungs	...	...	71	67	54	76
Other Defects	...	...	159	991	134	1170

Employment of School Children.

The Children and Young Persons Act, 1938, permits children *over* the age of 12 years to be employed before or after school hours, in certain occupations, on condition that such employment is not prejudicial to their health or education. All these children are medically examined at the Clinic, and appropriate certificates issued, to guide the Juvenile Employment Officer.

Examined for Delivery of Milk or Newspapers	...	92
Examined for Shops and Errands	...	40
Total		132

For the year ending 31st July 1938, the Juvenile Employment Officers reports that " Action was taken to prevent the continued employment of 41 children who were under 12 years of age, and 6 children over 12 years of age who were employed in prohibited occupations. In no case was it necessary to take legal proceedings."

5. FINDINGS OF MEDICAL INSPECTION.

(a) MALNUTRITION.

Table IIB. sets out in detail the findings with regard to this survey.

The numbers are really too few to allow of any conclusions being drawn from them, but it is noteworthy that again this year, as last, no case of pathological malnutrition was seen. The

general impression gained from examination of the children for other reasons is that the figures obtained are more or less average. This must in no small part be due to the provision of free meals and milk in schools, and to the alertness of the teachers and nurses in observing the needy child. A rather disturbing feature which predominates among the large numbers of children suffering from subnormal nutrition is their plea that they do not like milk or that it does not 'suit' them, and they refuse to drink it, even if provided free. There are facilities in all the schools for warming the milk, and everything is done to persuade children to drink more milk. In spite of assistance from the authorities, in the form of advice or finance, far too many children are given diets deficient in calories or more particularly in substances so necessary for normal growth.

Even more alarming than the refusal of a child to drink milk, the reason for which can at least be appreciated, is the refusal of a number of children (fortunately small) to partake of the free meals provided for them. They even 'play truant' from the feeding centres, apparently preferring their 'fish and chips' or as it is more frequently, just chips. Until these children are taught to relish a decent hot, cooked dinner, little can be done to ameliorate their subnormal nutrition.

It would appear that the two outstanding evils that these children have to face, are not so much insufficient food, as rather the wrong type of food, and lack of healthy sleep. Too many times does one see children of a mere 5 or 6 years 'running the streets' at 10 or 11 o'clock at night, even on the re-housing estates where the overcrowding difficulty ought not to be markedly evident. Another factor, which is being dealt with especially when found in children examined for free meals or milk, is that of extensive dental sepsis. It is obviously a waste of food to give with each mouthful, a dose of poison, which in itself will probably undo all the good likely to ensue from the meal or the milk.

(b) **UNCLEANLINESS.**

The accompanying table embodies the result of inspections carried out by the School Nurses.

During the past year they made 76,512 inspections of the heads of school children, and each school was visited on an average 9 times. 536 *individual* children were found to be unclean.

SCHOOL NURSES' REPORT FOR THE YEAR ENDING 1938.

Month	Number of children inspected.	Individual children unclean.	Number found unclean. + ++		Visits to School.	Visits to Homes.	Attendances at Clinics.	Attendances at Eye Clinics.
JANUARY	7446	132	121	25	62	21	100	2
FEBRUARY	5984	87	160	21	80	20	104	4
MARCH	9442	83	231	18	108	59	131	5
APRIL	5899	55	157	27	62	32	79	2
MAY	7296	59	184	30	80	28	108	4
JUNE	5666	28	115	33	96	39	93	2
JULY	7270	27	164	23	84	44	117	3
AUGUST	4622	8	113	9	63	36	103	1
SEPTEMBER	1038	2	22	4	10	13	43	1
OCTOBER	7277	20	182	28	87	33	101	4
NOVEMBER	7669	23	151	25	93	50	104	2
DECEMBER	6603	12	174	17	87	40	100	2
TOTAL	76512	536	1774	260	912	415	1183	32

These children were seen on several visits and resulted in 1,774 *examinations* being classed as verminous and 260 classed as very verminous. It is thus obvious that the same children time and again are found in a verminous condition, and although most parents are impressed by an explanation of the dangers associated with lice, there are a few who make little or no prolonged effort to cleanse their children.

It would appear that whenever a new type of action is threatened against the worst cases, it has the desired effect, until the offenders think they have nothing to fear from it.

Section 49 of the Education Act 1921 was utilised for the first time in Dudley and proceedings under the School Attendance Bye-Laws were taken in two cases, both children of one family and a conviction was obtained in each case.

(c) **MINOR AILMENTS AND DISEASES OF THE SKIN.**

The group of defects under the latter head forms the largest number of conditions calling for treatment at a clinic. Scabies and impetigo are by far the most important, even if only by their numbers and infectiveness. The number of cases of impetigo was 306, many of them extensive and involving the scalp. There always seems to be a very noticeable increase in the severe or neglected impetigo, at the end of a school holiday—proving the value of early diagnosis and regular treatment. It will be noticed that the number of cases of scabies has more than doubled itself this year, but steps have been taken to attempt to deal with this problem. The spread of this disease may be connected with the practice of buying second-hand clothing and pawning, whereby one set of infected clothes could easily infect others.

Cleansing.

As a result of the opening of the Sanitary Department Depot, Lister Road, in May, facilities for the more active treatment of Scabies (Itch) became available. Advantage has been taken of these during the latter half of the year, and so far, results have been encouraging. There is very close co-operation between the School Medical Service and the Sanitary Department to ensure the adequate disinfection of bedding and clothing in all cases. Following the discovery of scabies in a school child, the infection is almost invariably found in older and pre-school members of the family, and it is the efficient treatment of these persons that is all important in preventing 'relapses' and prolonged infection. According to Sir Arthur MacNalty, Chief Medical Officer of the Board of Education in his last Annual Report, the incidence of scabies is on the increase generally, and this would appear to be

borne out in Dudley. The simple, ambulatory treatment provided at the new Lister Road Depot, should certainly be of the greatest benefit to the infested, and help considerably in combating any further spread of the disease, and lessen non-attendance at school. At the close of the year, a total number of 74 people had been cleansed by the Cleansing Department. This figure includes about 38 persons not of school age.

It is thus obvious that the bulk of the work of the Minor Ailment Clinic is taken up in dealing with the effects of dirt and neglect.

Classification.

			1938	1937
Ringworm—Scalp	...	...	—	1
—Body	...	...	3	2
Scabies	...	...	47	22
Impetigo	...	...	306	304
Other forms of Skin Disease	...	...	266	384
Other minor ailments	...	...	1564	1618

(d) VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

At routine inspection, 74 children were found to be suffering from defective vision, and this figure included the Entrants, whose vision was tested by means of special test-type consisting of various common objects instead of letters. Even so, the testing of young children is always a long and tedious business, calling for a maximum amount of patience and discretion so that results can hardly be really trustworthy, except in the case of the child who reads all the lines, i.e., it cannot be assumed that a child has defective vision if it does not read to 6/9 or 6/12. This will, of course, lead to greater numbers being referred to the Ophthalmic Surgeon who have no true refractive error. The Assistant Consulting Ophthalmic Surgeon—Mr. I. Lloyd Johnstone attends at The Firs each Thursday morning for the purpose of refraction, the Clinic being under the supervision of Mr. B. H. St. Clair Roberts.

During the year, 332 children were so examined, and of these 215 were prescribed glasses. All the spectacles were provided, either by the parent entirely, or with some assistance from the Voluntary Fund.

All children with a high degree of myopia are examined annually. Six children were admitted to the Guest Hospital to undergo operation for squint, and one child is awaiting operation for cataract, and one for subluxation of the lens (bilateral). The more severe and intractable external diseases of the eye are

referred to the Ophthalmic Surgeon, but the majority are treated at the Minor Ailments Clinics. Much of the chronic blepharitis is undoubtedly evidence of some degree of malnutrition, and these children invariably do well at the Open Air School.

DENTAL TREATMENT.

Mr. Nelson, the Dental Surgeon, submits the following report :—

Below, is given a table of statistics showing the relative amounts of work carried out at the four clinics in the Borough, whilst elsewhere is a table containing further information relating to the inspections carried out in schools. The Priory Clinic is additional to former years, and has been open six months.

Clinic	Total Attendance	Total No. of Routines	Total No. of Casuals.	No. of Sessions	Permanent Fillings	Temporary Fillings	Permanent Extractions	Temporary Extractions	No. of General Anaesthetics	Other Operations Permanent	Other Operations Temporary
DUDLEY ...	4284	1219	1760	489	1574	405	995	2416	2603	700	332
NETHERTON ...	1593	735	378	206	544	137	309	941	960	207	107
PRIORY ...	484	210	174	48	88	1	52	471	384	15	38
HOLLY HALL ...	496	269	150	40	220	17	3	136	—	60	89
GRAND TOTAL	6857	2433	2462	783	2426	560	1359	3964	3947	982	566

At present Dudley is allocated 11, Netherton $5\frac{1}{2}$, Priory $2\frac{1}{2}$ sessions, and Holly Hall 1 session weekly. The half sessions actually denote whole sessions held once every two weeks.

Whilst the above figures are well up to previous years' standards no direct comparison can be made, owing to the resignation earlier in the year of the Assistant Dental Officer, with the inevitable disorganization. Her successor Mr. A. G. Marks, very rapidly adapted himself to the new routine and proved very capable in making good all arrears.

The amount of clerical and similar work has continued to rise during the past few years, and it has long been felt that it was neither economical nor desirable to pay fully trained nurses to do these duties, when they could be better employed in their own vocations. It is, therefore, of note that the cost of two attendants has been included in the estimates for 1939—40. Their ultimate appointment will mark a definite step forward in the work.

Since the adoption of 'consent forms' for routine cases, the acceptance rate (formerly over 90%) has dropped to about 70%. It has been felt that this is largely due to the unwillingness of parents to sign 'a document' which they do not fully understand. Following a consultation with a number of the Head Teachers, a new and much simplified form has been introduced, which, it is hoped, will overcome this difficulty. Consent forms are now also used for all casual cases. Certain bad cases, who have refused treatment for a number of years, have been reported to the N.S.P.C.C. In nearly every instance, this has had the desired result, the parents finally accepting treatment, and the child benefitting in health.

The somewhat large number of permanent extractions has been largely in children from 12 to 14 years. They represent arrears of work from 7 to 9 years ago, when not being fully staffed to deal with the numbers, very little conservative work was possible. A further source of permanent extractions is the High School, age groups over 14 at the Intermediate School, and other schools which are not normally inspected by the dental staff.

General anæsthetics are now so greatly in demand, that local anæsthetics have been discontinued except at the Holly Hall Clinic and in certain special cases. It is anticipated that with the opening of the new Holly Hall Clinic in the near future, local anæsthetics will be discontinued there also. All general anæsthetics are administered by the dental staff.

It is hoped that the conservative figures will show a big increase in the next few years. The supply of work appears to be almost unlimited, and what is far more important, the demand for fillings is steadily rising. Our filling sessions are booked to full capacity, with long waiting lists, and endeavours are being made to re-organise the sessions, so that more time can be devoted to this work. Each conservative case, is, as far as possible, re-inspected at half-yearly intervals.

Every endeavour is made to obtain appropriate treatment for orthodontic and other special cases, either locally or at the Birmingham Dental Hospital. Many hundreds of silicates have been inserted in incisors and in cases where pulps have been found to be dead, a departure has been made from our usual routine and root fillings have been carried out at the Clinic. Surgical orthodontic cases, as distinct from those cases in which appliances are required are dealt with at the Clinic, any X-rays required being supplied by the Guest Hospital.

Although a greater number of children were examined in schools than in the previous year, the percentage actually requiring treatment will be seen to have fallen. This bears out a point that can be far better observed in the actual examination of the children than can be conveyed by any statistics, namely, that during the past few years, partly due to an increased appreciation of the value of teeth, and partly due to the work carried out, there is a marked improvement in the dental condition of the school children in the Borough.

Our thanks are once again due to the Dental Board for the lectures by their representative, and for the usual excellent demonstrations during Health Week.

Ear, Nose and Throat Diseases.

The Ear, Nose and Throat Clinic at "The Firs," is conducted by Dr. Winifred Dean, under the supervision of Mr. W. Hallchurch.

The following report has been prepared by Dr. Dean :—

No. of children who have attended :—

New Cases	...	...	...	...	366
Old Cases	...	...	...	...	1787

No. of operations performed :—

1. Removal of Tonsils and Adenoids	297
2. Antrum Washouts	148
3. Cauterisation of Inferior Turbinate	85
4. Antrostomy	1
5. Mastoidectomy	1
6. Ossiculectomy	1
7. Removal of tumour of tongue	1
	<hr/> 537 <hr/>

The number of operations, during the year, performed by Mr. Hallchurch and his assistant, Mr. Hamilton, shows an increase of 163 over the total of the previous year, 1937. This does not mean that the percentage of children requiring operation, has increased to this apparently large extent ; but that it was necessary, and found possible to increase the amount of surgical work carried out at the Dudley Guest Hospital, for cases from this Clinic. At the present moment, we have practically no waiting list, and children examined now, for the first time, can have their operations performed as soon as the necessary preliminaries have been arranged. These preliminaries include attention by the dentists to any

septic teeth, examination as to fitness for an anæsthetic, and allowing time for any acute inflammation of tonsils, associated adenitis, nose or ears to subside.

The main indications for tonsillectomy and adenoidec-tomy can be placed under six headings :—

- 1). Frequent sore throats, this is one of the most reliable indications.
- 2). Frequent colds and catarrhal symptoms. This is not so reliable a criterion as frequent sore throats, but, occurring in association with other signs of disease, is of value.
- 3). Ear disease, i.e., otorrhæa, or catarrhal otitis media. Operation should not be performed in the acute stages of these conditions. The local disease is treated until cured, or until the maximum improvement has been obtained. Then, if necessary, the tonsils and/or adenoids are removed.
- 4). Sinus disease. This may be the primary cause of mouth breathing, sore throats, deafness, coughs, and general illhealth. In cases such as these, the treatment of the nasal condition is the first indication. Many children have associated disease of the tonsils, and if these are not also treated, the sinus affection will recur. With careful, consistent local and general treatment, one can hope for marked improvement. Nasal disease, once it has passed the initial acute stage, is apt to be intractable, and irregular attendance of the children concerned, add greatly to the difficulties of efficient treatment. Great care is taken to impress upon the parents, the importance of continued treatment at the time, and they are asked not to lapse in their attendance because the child shows a temporary improvement. Almost always he, or she, will be brought back some months or even years later with a much worse infection, which by then is, of course, in the chronic stages. This applies also to aural disease, causing deafness. Once the impairment of hearing has progressed beyond a certain stage, there is very little hope of obtaining any improvement.
- 5). Chest conditions, including bronchitis and asthma. When these are secondary to infected tonsils and sinus disease, there is indication for operation. Not all children with chronic bronchitis however, would improve with tonsillectomy.
- 6). Rheumatism. In rheumatic cases, if the tonsils are obviously diseased, they should be removed.

It will be seen that the number of attendances is smaller than that in 1937, a total of 2153 for the year 1938 against that of 2635 for the year 1937. This is to be accounted for by the fact that for four months, I was unable to carry out any work at the Clinic, due to illness. It was kindly arranged by Dr. Blaker that Mr. Hamilton should take my place. He, however, was able to devote only half the time usually occupied by work at the Clinic, hence the smaller number of attendances.

Defective hearing is a difficult problem, and the estimation of degree of deafness is important with regard to the education of the child. The parents of a child with such advanced deafness, that he can make no progress at the ordinary schools, have, as a rule, a very strong objection to sending their child to a "deaf" school, and this adds to the difficulty. The measurement of the "hearing level" by testing with the human voice, is unreliable, and, at times, the amount of loss of hearing is difficult to assess. Routine group testing of all children in schools could be carried out by the use of a gramophone audiometer, and, for the purpose, one of the nurses could be quickly trained. By this means, children suffering from any deafness, could be graded according to its degree. When necessary, then, the child could be helped in its education by favourable position in class, and instruction in lip-reading. Also, all children affected could be referred to the Ear, Nose and Throat Clinic for examination. This would be a great advance on present methods, which are unsatisfactory.

On the whole, the results of treatment, operative and non-operative, for the year have been very good, and it is encouraging to see the smaller number of children now attending for treatment of chronic disease. They are sent to us in the acute stages, and treatment is thus rendered more easy, with a better end result.

I should like to thank the Medical Staff for their courtesy, and co-operation in treatment of concurrent complaints, and the Nurses for their careful and excellent work."

6. FOLLOWING UP.

Although it might be expected that parents would be only too willing to carry out the advice given them for the treatment of their children, many cases have to be followed up by the School Nurses and sometimes by the Inspector of the N.S.P.C.C. 5359 re-inspections took place at the various clinics, principally to ensure that the child's condition was improving.

The Nurses paid 415 visits to the patients' homes, and 912 visits to schools.

7. ARRANGEMENTS FOR TREATMENT.

Five Minor Ailment Clinics are held each week as follows :—

The Firs.	Monday and Thursday afternoon.
Netherton	Wednesday afternoon.
Priory	Friday morning.
Holly Hall	Friday afternoon.

Two Ear, Nose and Throat Clinics on Tuesday and Saturday morning. One Ophthalmic Clinic on Thursday morning.

Massage Clinics daily.

Artificial Sunlight Clinics on Monday, Wednesday, and Friday.

Orthopædic Clinic on Friday.

Dental Clinics are held throughout the week at The Firs, Netherton, Priory, and Holly Hall Clinics.

With the opening of the new Priory Clinic, by the Mayor (Alderman A. E. Young) on June 22nd the facilities for the treatment of the 1600 children attending Priory and Wren's Nest Schools, were tremendously improved. Without a doubt, the new clinic leaves little to be desired, either by patients or staff. The provision of complete dental treatment is an important added asset.

CRIPPLING DEFECTS AND ORTHOPAEDIC TREATMENT.

The existing arrangements with the Birmingham Royal Cripples' Hospital continue to function very satisfactorily. A Clinic is held weekly at The Firs, and Mr. F. Wilson Stuart attends once each month or more frequently if necessary.

The agreement with surrounding Authorities who send patients for consultation and treatment was continued.

Patients requiring ultra violet ray, massage, electrical or remedial treatment, obtain this at The Firs—Specialist Nurses attend for this purpose. Children requiring in-patient treatment are admitted to the Royal Cripples' Hospital and to Woodlands Open-Air Hospital, which is also a certified special school.

The following is a synopsis of the work of this department :—

Non-Tubercular affections :—

	<i>Old Cases.</i>	<i>New Cases.</i>
Paralysis	8	1
Rickets	5	1
Congenital deformities	3	1
Deformities of feet	20	5
Other conditions	18	11
New Cases	19	
Total attendances made	154.	

Tubercular affections :—

Spinal disease	3
Others	4
Total attendances made	37

Summary of Attendances at The Firs.

	Ortho- pædic.	Massage.	Ultra Violet Ray.
Dudley Education Committee ...	191	1371	1009
Dudley Maternity and Child Welfare	222	259	1575
Staffs. Education Committee ...	39	314	—
Staffs. Health Visiting Committee...	51	237	—
Tuberculosis Joint Committee ...	273	194	9
Borough of Rowley Regis ...	26	240	—
Private	—	100	3
	<hr/> 802	<hr/> 2715	<hr/> 2596
Grand Total	6113		

ULTRA VIOLET LIGHT THERAPY.

This Clinic is held at The Firs, on Monday, Wednesday, and Friday morning of each week. The work is carried out by a qualified nurse, under the clinical supervision of Dr. Wight. A course of General Ultra Violet Ray therapy lasts 6 weeks, and consists of exposures at a distance of 24" given thrice weekly. The duration of exposure starts at $\frac{1}{2}$ minute and increases gradually up to 5 minutes.

37 cases of school age attended for various conditions.

The total number of attendances made was 1009.

The results are as follows :—

	Alopecia.	Psoriasis.	Debility.	Bronchi- tis and Asthma	Miscell- aneous
No. of Cases ...	8	6	12	5	6
Av. Length of treat- ment in weeks ...	8½	13½	8½	10	9
Defaulters ...	1	2	—	—	—
Cases much improved	4	4	5	1	2
Cases slightly im- proved ...	2	2	5	4	1
Not improved ...	1	—	2	—	3

8. INFECTIOUS DISEASES.

Of the notifiable diseases, Diphtheria and Scarlet Fever have once again been the most prevalent. School closure has never been necessary. Children suffering from infectious diseases and the contacts are excluded from school as laid down in the circular from the Board of Education.

Scarlet Fever. This continues to be of the mild type, and many cases must go undiagnosed. On many occasions, children have been brought to the clinics, not because they were ill, but because they were desquamating. Unfortunately, even the mild cases may develop any of the complications of the disease, especially if untreated. The majority of cases are nursed at home, those removed to hospital being principally on account of the difficulty of isolation. There were 29 cases among school children and no deaths—only 2 cases being admitted to hospital.

Diphtheria. Whilst it never reached epidemic proportions, this disease remains the most dangerous and persistent acute infectious disease—no respecter of persons so long as they be non-immune—affecting rich and poor alike—in fact, the child who has lived a more or less secluded, sheltered life is the more likely to have a severer attack than his otherwise less fortunate fellow, who has had to fend for himself among the crowds and the germs. As will be seen from the report on Immunization, much propaganda work has been done in bringing home to the parent the dangers of diphtheria, by talks given to them by the Assistant Medical Officer of Health at the schools.

It is fairly satisfactory to know that just over 70% of the children in school have been immunized against the disease. The results obtained at all the schools, and further information about the scheme will be found in the Report to the Health Committee. There were 68 cases of Diphtheria among school children with 6 deaths. The value of early diagnosis and anti-toxin cannot be over emphasised, nor can the need of expert nursing in hospital.

It is far more important that a child suffering from Diphtheria should go into hospital for its own sake, rather than for the risk of others catching the infection. If a child has any chance of recovery, then it will recover best in hospital. Owing to great difficulties in hospital accommodation at certain peak periods in the year, only 55 out of the 68 cases were admitted—the 13 being nursed at home.

Tuberculosis.

All cases and suspected cases of tuberculosis are referred to the Tuberculosis Officer (Dr. Loughran) of the Staffs. Wolverhampton and Dudley Joint Committee.

During the past year the following new cases were notified :—

- 1 Surgical T.B. (Hip).
- 2 Pulmonary Tuberculosis.

Children on T.B. Register.

Lungs	...	...	...	9
Cervical Glands	...	...	...	4
Hip ...	...	...	...	2
Peritoneum	...	...	...	2
Ribs ...	...	...	...	1
Wrist	...	...	...	1
Bones and Joints	...	...	...	1
Abdomen	...	...	...	1
Glands	...	...	...	2
Total				23

8 children of school age were admitted to hospital for the treatment of their condition as follows :—

Woodlands	...	...	2	} Orthopædic Cases.
Standon Hall	...	...	2	
Himley Sanatorium	...	...	4	Pulmonary cases.

9. OPEN AIR EDUCATION.

(a) Other than at Certified Open Air Schools.

i. This, of course, is not a feasible proposition in the majority of the older type of school, with enclosed, shut-in playgrounds. The modern schools, e.g., Priory Junior and Infants, Wren's Nest Junior and Infants, and Blower's Green, are built in such a manner that when the weather permits, the classrooms can be thrown open on two sides.

ii. During the year, the Juvenile Organisation Committee handed over the Camp at Astley Burf, Nr. Stourport, to the Education Committee. Throughout the summer, 60 children from various schools in turn spent a week there. In all, 720 children visited the Camp. The amenities at Astley Burf are adequate for all weathers, and its value to the children selected to go there is seen on their return to ordinary school life. All the children attending the Camp are medically examined immediately previous to their departure.

(b) **At Certified Open Air School.**

West Malvern Open Air School.

The arrangements with the County of Worcestershire Education Committee were as in previous years, and 90 delicate children were sent to the school during the year. Owing to the administrative difficulties of dealing with young children during the cold weather, it was decided that children under the age of 8 years should not be sent during the Spring Term.

Every care is taken in the selection of these children, which is pursued throughout the year. The final choice is made from the current list of delicate children, i.e., children who, if there was sufficient accommodation, would all be certified as being incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary elementary school. During the year the names of 129 delicate children were on this register.

All the children returning from Malvern showed a definite improvement varying in degree. The depreciation in condition of many of these children when seen six months or more after their return is probably principally due to insufficient healthy sleep and unsuitable food, rather than the return to the not so open air of Dudley.

As in other years, the poorer children were assisted with clothes and shoes from the voluntary fund.

The average gains in weight were as follows :—

	Spring	Summer	Autumn.
Boys ...	9 $\frac{1}{4}$	8 $\frac{1}{4}$	8 $\frac{1}{4}$
Girls ...	12 $\frac{3}{4}$	9 $\frac{1}{2}$	10 $\frac{1}{4}$

10. PHYSICAL TRAINING.

Physical training is supervised and organised by Mr. A. J. Spears and Miss I. Munden, who spend 2/5 of their time in Dudley Schools. They each submit a report of the progress of Physical Training during the year as follows :—

Report on Physical Training in Schools.

" The year has undoubtedly produced a general raising of the standard of Physical Training work in the schools. Children are beginning to show more skilful control of bodily movement and nimbleness of foot. Posture training, however, still needs emphasis, and attention to sitting and standing positions outside the physical training lessons would be a great help in establishing the " Postural-reflex " with the consequent lessening of neuro-muscular fatigue.

One expects to see a corresponding alertness of mind synchronising with the general quickening of the physical reactions. A buoyant, happy state of mind finds expression, if not unduly repressed, in joyous movement. Conversely, since mind and body unite in one personality, pleasurable physical activity will rouse and exhilarate the mental state. Our task is to see that this alert state of mind and body becomes habitual throughout the vital formative years of school life.

EQUIPMENT AND APPARATUS.

The scope of Physical Training has been increased by the steady issue to the Schools of essential apparatus.

One important forward step was taken when the supply of plimsols was supplemented to equip 50% of all the children on school registers.

Another Senior Department has been equipped with portable gymnastic apparatus, making four in all so provided. The remaining six Senior Departments are scheduled for some degree of re-organisation which will furnish them with halls or gymnasias, so that a full gymnastic programme for all senior scholars should not be very long delayed.

ORGANISED GAMES.

Playing fields are still a serious problem. The temporary suspension of play on Grange Park and Woodside Park has hampered the work of games coaching in four departments. Temporary arrangements will shortly be made for users of the Grange Park to go to the undeveloped space adjoining the Training College fields.

The Education Committee have prepared two fields for use during 1938, one of $2\frac{3}{4}$ acres at the Priory school, and one of approximately 1 acre at the Intermediate and Blowers Green Schools. These have been prepared and marked out by arrangement with the Parks' Committee, and have been greatly appreciated by the Schools.

SWIMMING.

The time table of swimming instruction was revised to permit 21 Boys' Departments (an increase of 3 on last year) to send classes to the Baths. 17,709 attendances were made by boys and girls: 659 Certificates of Proficiency were awarded. The Baths Committee again generously gave the full use of the small Bath to the schools, but even this precludes a large number of scholars from attendance.

An additional Swimming Bath in the Borough would be a great asset.

POST SCHOOL RECREATIONAL ACTIVITIES.

A "Keep-Fit" class for youths was started in the Spring Term at the Park C. Senior School, under Section 86 of the Education Act, as amended by the Physical Training and Recreation Act. This opened very enthusiastically, and though the numbers are not high, great keenness for the work is maintained by those attending.

THE SCHOOL ATHLETIC FESTIVAL.

Was held on the 29th June and was successfully conducted in spite of less favourable weather conditions.

In summing up the work for the year, no claim is made to having attempted or achieved anything spectacular, but the foundations for future progress are sound. The loyal co-operation of the teaching staffs has been a source of great encouragement and ensures that the work can go forward in a spirit of confidence.

Girls and Infants.

During the year there has been a marked improvement in the Physical Education in the Schools. Owing to the efforts of the Teachers, the children are beginning to get a much better understanding of such features as good posture, relaxation, and team co-operation, in addition the children are getting a very keen enjoyment from their lessons and their skill is increasing.

During the year there has been a further Course for Teachers in Junior Schools and also a Course in field games during the summer months. Much of this work has been carried over to the Schools with good results.

In the Infants' Schools the work is much more purposeful and the children are going up to the Junior Schools with good foundations of alertness, individual response, supple bodies and varied physical skills. A further supply of plimsols from the Education Committee has now brought the number up to fifty per cent in all departments. Too much clothing in the Infants' Schools remains a problem.

In the Junior Schools also, progress has been made. A few schools are arranging that their girls shall change into knickers and blouses in the good weather. This is a great aid to personal hygiene, in addition to the many other benefits.

In the Senior Girls' Schools the need for changing for the Physical Training lesson is even more marked. Here, a part of the scheme of work involves the use of Swedish Gymnastic Apparatus, and long skirts become a danger and an obstacle. In addition a pride in her personal appearance is an important asset to a senior girl and helps towards the necessary sense of self respect she should be acquiring before leaving. About half the Senior Girls' Schools change for their lessons—the others are hindered from working to a proper Senior Scheme through lack of hall accommodation and apparatus. Two more departments have converted empty classrooms for indoor use. An attempt has been made this year to link up with the mothers of senior girls by having meetings with the Staff to discuss the health problems of their daughters. One such meeting has been held at a Senior School with success, and it is hoped that others will follow.

Recreational Adult Classes.

These have been carried on as during the last year. There are still no outstanding additions. An attempt has been made to link up with the Voluntary Organisations and form "Keep Fit" Classes but the response has been nil.

To sum up, there has been a general raising of the standard in the schools, but no increase in enthusiasm on the Adult Recreational side.

11. PROVISION OF MEALS AND MILK.

The arrangements for the selection and medical examination of children recommended for free meals and milk is as in previous years, and the procedure and results appear to be satisfactory. The establishment of an additional feeding centre at the Wren's Nest School would be appreciated, especially by the infant children. These children frequently arrive at the Priory Centre soaked to the skin, and certainly with wet feet, as their footwear is rarely in anything but a neglected condition. Apart from the weather, they are hardly in a fit condition, physiologically, to eat a hearty meal, after rushing from their school straight to the table, often to the accompaniment of instructions to hurry. Although these children are allowed out of school a little earlier they cannot be trusted to go directly to the centre and seem to dawdle and hurry alternately. The ideal is for a child to rest *before* a meal as well as *after* it.

There is an increase of 10,608 bottles in the amount of milk provided both by parents and the Education Committee, although the number of children in average daily attendance was 20 less compared with last year.

Paid by parents ...	81,079	bottles of one third pint each
Paid by Educ. Com.	280,986	" " " " "
<hr/>		
Total ...	1,091,665	" " " " "
<hr/>		

This is equivalent to 45,496 gallons of milk.

Milk is also supplied to the two Secondary Schools, 83,983 bottles being consumed, and to the Technical College, where 3,166 bottles were consumed.

The milk is Pasteurised Accredited, and has always been found to be satisfactory bacteriologically and analytically.

12. CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS, AND VOLUNTARY BODIES.

Parents. Taken as a whole, parents do make an effort to keep their children fit, and show evidence of this in their attendance at routine inspections—more particularly at Infant and Junior Schools, and in agreeing to various forms of prophylactic treatment. The majority are grateful for the facilities provided by the Local Authority. Inevitably, there are a number who need more or less persuading and cajoling and much following up to ensure the ultimate welfare of their offspring.

Teachers.

The co-operation of the Director of Education, Head-Teachers and Assistant Teachers is of the greatest value and relations between them and the Medical Staff are truly cordial. Our sincerest thanks are due to them for their invaluable assistance in dealing with many of the problems that have been met during the year. The scheme for immunization against diphtheria could not have been so successful, had it not been for their wholehearted co-operation.

School Attendance Officers.

The School Attendance Officers are immediately informed of all children excluded from school and they also refer many children to the Clinics for special examinations. Their help in many matters pertaining to the health and well-being of the school child has been greatly appreciated.

N.S.P.C.C.

As in previous years the active co-operation of the Inspector, Mr. Budd, has been of the greatest service. When, in spite of visits by the Nurses and warnings from the Department, the desired results had not been obtained, Mr. Budd was invariably successful—the divers types of cases he was called upon to deal with, is as shown in the following table. Our very best thanks are due to Inspector Budd.

General neglect	...	...	14
Verminous Heads	...	...	6
Impetigo	...	...	7
Dental Treatment	...	...	2
Eye Cases	...	...	3
Other Conditions	...	...	3
Total	...	...	<hr/>35 <hr/>

13. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

There has been no modification in the scheme for the ascertainment of these children.

Blind. There were three blind children under the age of 16 years, and three blind persons over the age of 16 years in attendance at Schools for the Blind. The children of elementary school age attend the Kindergarten Branch of the Birmingham Royal Institute for the Blind (2), and the Blind and Deaf School, Stoke-on-Trent (1).

Partially Blind. There were 10 such children in Dudley and as there is no special school they attend the ordinary elementary schools, receiving extra care and supervision. The consultant Ophthalmic Surgeon keeps them under observation and sees them annually.

Deaf. There were 5 totally deaf children of school age, and of these, four are in attendance at the Deaf School. The total number of children on the register is 13, the other 9 being from outside authorities. There were 21 *partially deaf* children who attended the ordinary elementary schools, and like the partially blind, received extra care from the teachers. These children attend the Ear, Nose, and Throat Clinic regularly.

Mentally Defective Children. There were 38 Feeble-minded children in the Borough. As there is no Special School, the majority of these children (26) remain in attendance at the ordinary elementary school. A certain number of schools have ' Practical Classes '—in which the small number of children receive almost individual attention, and instruction is limited to the absolute necessities of life, and handwork of the repetitive kind—at which many of these children show aptitude. Three children have been accommodated in an Institution and 9 are at no school or in-situation.

MULTIPLE DEFECTS.

In addition, there was one case of M.D., and Crippling at an Institution, one case of M.D., and Heart Disease, and one case of M.D. and Epilepsy both at home.

EPILEPTIC CHILDREN.

Of the four children suffering from severe epilepsy, one was in an institution, one was at home, and two were allowed to attend ordinary school.

MENTAL DEFICIENCY (Notification of Children) REGULATIONS, 1928.

Four children were notified to the Local Committee for the care of the Mentally Defective as being ineducable in a Special School. They were all low grade feeble-minded, two boys and two girls.

SECONDARY EDUCATION.

As in previous years, the routine inspections at the Girls' High School were carried out, as shown in the following table. The defects are tabulated at the end of the Statistical Tables—they are few in number and mainly of a trifling nature. The eye defects were refractive errors, correctable by glasses, and the deformities were principally postural curvatures of the spine, correctable by appropriate exercises.

The following were the figures on October 1st, 1937, the beginning of the School Year.

Number of children on School Register ...	444
Number of Staffs. Fee paying Children ...	112
Number of Dudley Scholarship Children ...	120
Number of Staffs. Scholarship Children ...	90
The following inspections were made :—	
Routine Inspections... ..	293
Special Inspections	10

15. NURSERY SCHOOLS.

There is one such school in Dudley.

The Nursery School on the Priory Estate was opened by Lady Astor on 3rd March, 1938.

This has partially satisfied a long felt want in Dudley and since it opened its doors, its success was assured—both medically and sociologically.

The children selected to first attend this school were in large part suggested by the Health Visitors.

Children are admitted from the age of two years old.

The building, classrooms, kitchen, toilet arrangements, and Medical Inspection room are ideal.

A Nurse visits the school daily to deal with the minor troubles to which these children are susceptible and a Medical Officer visits weekly or as required.

The close proximity of the Priory Clinic is a distinct advantage from every point of view.

It is thus obvious that the children are under constant medical supervision.

The great advantage of the School over a Nursery Class, lies in the fact that the children in the former have their meals in school—meals that are 'balanced' i.e., containing the various foods so necessary for normal growth and development—and what is just as important, have appropriate rest at the optimum time, i.e., soon after a meal. Children attending the Nursery School are provided with breakfast, dinner and tea,—at a cost to the parent of 1/8d. per week, if their income allows it. The menus for the meals are drawn up by the Headmistress in consultation with the Medical Officer of Health, and the Director of Education. They are also given a daily dose of cod liver oil and malt—more in winter, less in summer, and every child drinks at least 2/3rds. of a pint of milk each day, apart from that contained in the meals. How could a child fail to thrive under such circumstances and conditions?

Apart from the health of the child, the Nursery School teaches these children the value of hygiene; and the part it plays in correct habit training is enormous.

There are 80 children on the registers, with an average attendance of 65.

Each child is weighed and measured monthly, and examined at a routine inspection annually. The results of these investigations are as follows :—

Routine Inspection :—

Number examined	...	...	77
Number of Defects	...	...	45
Number of individual children with defects,	...	...	36

The majority of the defects are made up of enlarged tonsils—almost certainly physiological, and for that reason are put under observation. The orthopædic defects are mainly minor foot troubles.

Defect.	Routine Inspection No. of defects		Special Inspection No. of defects	
	Requiring Treatment	Requiring Observa- tion	Requiring Treatment	Requiring Observa- tion
Impetigo ...	3	—	12	—
Other Skin Diseases ...	3	—	18	—
Eyes : Blepharitis ...	—	1	3	—
Nose and Throat				
Tonsils only ...	—	17	—	—
Chronic T & A ...	1	—	2	—
Other conditions ...	—	4	—	—
Enlarged Cervical Glands	—	4	—	—
Heart Disease ...				
Functional ...	—	1	—	—
Bronchitis ...	—	—	—	4
Deformities				
Other forms ...	1	6	—	—
Miscellaneous ...	1	3	2	—
TOTAL DEFECTS ...	9	36	37	4

Special inspections—41. Re-examinations—64.

Nutrition. 74 normal and 3 slightly sub-normal.

The progress of 50 children who had been at the school for six months was investigated. The summary is as follows :—

BOYS.	Weight.	Height.	GIRLS	Weight.	Height.
Average Gain	3 lbs.	1.5/8"		2 3/4 lbs.	1.1/3"
Greatest Gain	7 lbs.	2 1/4"		5 lbs.	2"
Least Gain	1/2 lb.	1"		10 oz.	3/8"

The following is a specimen of the routine at the school :—

8.30 a.m.	Children arrive. Take off outdoor clothes. Wash if necessary. Comb hair. Breakfast.
9.15 a.m.	Lavatory. Clean teeth.
9.30 a.m.	Free play.
9.50 a.m.	News time. Bible story or hymn and prayer.
10 a.m.	Physical Training.
10.10 a.m.	Language lesson.
10.20 a.m.	Music.
10.35 a.m.	Play material—sense training. Go in groups to bathroom.
11.10 a.m.	Prepare for dinner.
11.30 a.m.	Dinner. Lavatory.
12.15 p.m.	Prepare for sleep
12.30 p.m.	Sleep.
2.30 p.m.	Get up. Go to lavatory. Clean teeth, wash, comb hair.
3.0 p.m.	Play—individual occupations, singing, games etc.
3.30 p.m.	Clear away. Prepare for tea.
3.50 p.m.	Tea.
4.30 p.m.	Children go in groups to dress. Story.
5.0 p.m.	Go home.

18. HEALTH EDUCATION.

Training College. The arrangements are continued, whereby the Students attend the Minor Ailment Clinics to gain some insight into the working of such a clinic, and to see typical examples of the common ailments to which their future charges may be subject.

Dudley has played its part in the National Health Campaign to encourage the wider use of the Health Services, which was sponsored by the Government and conducted by the Central Council for Health Education.

Large posters were displayed at six prominent positions and on five Empire Marketing Board Hoardings. Posters and Counter Cards were distributed to shops, hotels, schools, doctors, etc., and bookmarks were included in books issued by the Public Library. Large supplies of the leaflet on 'Use your School Medical Services' were distributed from the clinics.

Health Week.

The Health Week in schools proceeded along similar lines to previous years, and was held from November 14th, to the 18th.

Films. Children over the age of 11 years were shown the following films at local cinemas. Four theatres were put at our disposal by the generosity of their managers and proprietors—for which we are very grateful.

1. Why Willie was willing to wash.
2. The Trapeze Man talks.
3. The Highway Code.

The screening of the films was followed by a brief talk on health matters.

Health Talks. Mrs Hayman of the Health and Cleanliness Council, gave a series of talks in the Senior Schools on 'Health's Great Enemy.' These were thoroughly practical and full of useful advice.

Dental Talks. We were indebted to the D.B.U.K. for providing the services of Miss Ballance, who gave talks and demonstrations in all Senior Schools. Time was also found to visit the Girls' High School.

Posters on Dental and Health subjects were distributed to the schools.

THE HOP-FIELDS.

Once again, two visits were paid to the Worcestershire hop-fields, one in August before picking had commenced, and the other in September, when the harvest was in full swing. The concensus of opinion appeared to be that, as far as the farmer was concerned, conditions had improved, BUT, the pickers, instead of appreciating them, did their utmost to undo them, with disastrous results.

COST OF THE SCHOOL MEDICAL SERVICES.

Owing to the fact that the financial year does not coincide with the year under review, some difficulty is experienced in obtaining an exact statement of the costs of various branches of the department's work.

The total cost of the services to the Education Committee was £5,577. The amount recovered from parents was £34.

COUNTY BOROUGH OF DUDLEY.

School Medical Service

STATISTICAL TABLES

FOR

YEAR ENDING 31st DECEMBER, 1938

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :					
Entrants	...	...	...	...	219
Second Age Group	...	...	...	...	669
Third Age Group	...	...	...	...	479
				<i>Total</i>	...
					1367
					—
Number of other Routine Inspections				...	—

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	3927
Number of re-inspections	...	5359
		—
<i>Total</i>	...	9286
		—

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.	For defective vision (excluding squint).	For all other conditions recorded in Table II A.	Total
(1)	(2)	(3)	(4)
Entrants ...	14	54	68
Second Age Group ...	34	135	169
Third Age Group ...	26	73	99
Total (Prescribed Groups)	74	262	336
Other Routine Inspections	—	—	—
Grand Total ...	74	262	336

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31st DECEMBER, 1938.

DEFECT OR DISEASE.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					No. for Treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	No. for Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
(1)					(2)	(3)	(4)	(5)
Skin	1	Ringworm : Scalp	...	...	—	—	—	—
	2	Do. Body	...	...	—	—	3	—
	3	Scabies	...	...	4	—	47	—
	4	Impetigo	...	...	5	—	306	—
	5	Other Diseases (Non-Tuberculous)	...	...	9	1	266	—
TOTAL (Heads 1 to 5)					18	1	622	—
Eye	6	Blepharitis	...	...	5	—	32	—
	7	Conjunctivitis	...	...	—	—	32	—
	8	Keratitis	...	...	—	—	1	—
	9	Corneal Opacities	...	...	—	2	—	—
	10	Other Conditions (excluding Defective Vision and Squint)	...	...	2	—	56	—
TOTAL (Heads 6 to 10)					7	2	121	—
Ear	11	Defective Vision (excluding Squint)	...	...	74	8	204	—
	12	Squint	...	...	25	—	25	—
	13	Defective Hearing	...	...	5	—	7	—
Ear	14	Otitis Media	...	...	9	1	22	—
	15	Other Ear Diseases	...	...	6	—	38	—
Nose and Throat	16	Chronic Tonsillitis only	...	...	5	11	10	—
	17	Adenoids only	...	...	6	—	6	—
	18	Chronic Tonsillitis and Adenoids	...	...	61	77	61	2
	19	Other Conditions	...	...	17	—	59	—
	20	Enlarged Cervical Glands (Non-Tuberculous)	...	...	12	24	12	—
Heart and Circulation	21	Defective Speech	...	...	15	4	1	—
	Heart Disease :							
	22	Organic	...	...	5	7	4	1
Heart and Circulation	23	Functional	...	...	1	8	3	—
	24	Anæmia...	...	...	8	1	4	—

TABLE II.—continued.

(1)		(2)	(3)	(4)	(5)
Lungs	25 Bronchitis.....	37	14	62	—
	26 Other Non-Tuberculous Diseases	2	1	14	—
Tuber- culosis	Pulmonary :				
	27 Definite.....	—	—	—	—
	28 Suspected	—	—	—	—
	Non-Pulmonary :				
	29 Glands.....	—	—	—	—
	30 Bones and Joints.....	1	—	—	—
	31 Skin.....	—	—	—	—
	32 Other Forms	1	—	—	—
TOTAL (Heads 29 to 32) ...		2	—	—	—
Nervous System	33 Epilepsy	—	1	—	4
	34 Chorea.....	1	—	8	—
	35 Other Conditions.....	—	3	—	—
Deform- ities	36 Rickets	4	10	—	—
	37 Spinal Curvature.....	7	13	1	—
	38 Other Forms	6	10	7	—
39 Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)		12	9	1126	11
Total Number of Defects...		345	205	2417	18

**B.—Classification of the Nutrition of Children Inspected during the
Year in the Routine Age Groups.**

Age groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	219	9	4.1	164	74.8	46	21.0	—	—
Second Age-group	669	26	3.9	537	80.2	106	15.9	—	—
Third Age-group	479	57	11.9	373	77.9	49	10.2	—	—
Other Routine Inspections	—	—	—	—	—	—	—	—	—
TOTAL	1367	92	6.7	1074	78.4	201	14.7	—	—

TABLE III.*Return of all Exceptional Children in the Area.***CHILDREN SUFFERING FROM MULTIPLE DEFECTS.****BLIND CHILDREN.**

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
3	—	—	—	3

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.
—	—	10	—	—	10

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	—	—	1	5

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.
—	—	21	—	—	21

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.
—	26	3	9	38

EPILEPTIC CHILDREN.**CHILDREN SUFFERING FROM SEVERE EPILEPSY.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	2	1	1	4

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.
3	—	—	6	9

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	5	—	4	14

TABLE III.—continued.**B.—DELICATE CHILDREN.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	39	—	—	39

C.—CRIPPLED CHILDREN

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	14	—	10	28

D.—CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	16	—	1	17

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 ...	—	—	—	1	1
M.D+ Crippling ...	—	—	1	—	1
M.D+ Heart Disease ...	—	—	—	1	1

TABLE IV.

Return of Defects treated during the Year ended
31st December, 1938.

TREATMENT TABLES.

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

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
Skin—			
Ringworm—Scalp.			
(1) X-Ray Treatment	—	—	—
(2) Other „	—	—	—
Ringworm—Body	3	—	3
Scabies	47	—	47
Impetigo	306	—	306
Other skin diseases	266	—	266
<i>Minor Eye Defects</i>	121	—	121
(External and other, but excluding cases falling in Group II.)			
<i>Minor Ear Defects</i>	67	—	67
<i>Miscellaneous</i>	1376	2	1378
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Total	2186	2	2188

TABLE IV.—*continued.*

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

Defect or Disease.	No. of Defects dealt with		
	Under the Authority's Scheme.	Other-wise.	Total.
(1)	(2)	(3)	(4)
Errors of Refraction (including squint).	328	—	328
Other Defect or Disease of the Eyes (excluding those recorded in Group I.). ...	4	—	4
Total	332	—	332

Number of children for whom spectacles were prescribed :

(1) Under the Authority's Scheme	...	...	...	215
(2) Otherwise	...	...	...	—

Number of children for whom spectacles were obtained :

(1) Under the Authority's Scheme	...	...	...	215
(2) Otherwise	...	...	...	—

TABLE IV.—continued.*Group III.—Treatment of Defects of Nose and Throat.*

Number of Defects.													
Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
—	—	331	244	—	—	—	—	—	—	331	244	685	1260

- (i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.
 (iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of children treated under the Authority's Scheme :

(i)	Residential treatment with education	...	...	6
(ii)	Residential treatment without education	...	...	—
(iii)	Non-residential treatment at an orthopaedic clinic	...	...	80

Number of children treated otherwise :

(i)	Residential treatment with education	...	...	—
(ii)	Residential treatment without education	...	...	—
(iii)	Non-residential treatment at an orthopaedic clinic	...	...	—
Total number treated				86

Group V.—Dental Defects.

(1) Number of children who were :						
(a) Inspected by the Dentist :						
Aged	5	...	...	...	...	611
"	6	...	...	...	...	794
"	7	...	...	...	...	842
"	8	...	...	...	...	630
"	9	...	...	...	...	734
"	10	...	...	...	...	780
"	11	...	...	...	...	633
"	12	...	...	...	...	747
"	13	...	...	...	...	634
"	14	...	...	...	...	350
<i>Total</i>						6755
Specials	...	...	...	...	...	2462
<i>Grand Total</i>						9217
(b) Found to require treatment						6218
(c) Actually treated						4895
(2) *Half days devoted to :						
Inspection						37
Treatment						677
<i>Total</i>						714
(3) Attendances made by children for treatment						
						6857
(4) Fillings :						
Permanent Teeth						2426
Temporary Teeth						560
<i>Total</i>						2986
(5) Extractions :						
Permanent Teeth						1359
Temporary Teeth						3964
<i>Total</i>						5323
(6) Administration of general Anæsthetics for extractions						
						3947
(7) Other Operations :						
Permanent Teeth						982
Temporary Teeth						566
<i>Total</i>						1548

*In addition 6 Half-days were devoted to Health Propaganda.

Group VI.—Uncleanliness and Verminous Conditions.

(i.)	Average number of visits per school made during the year by the School Nurses	...	...	...	9.4
(ii.)	Total number of examinations of children in the Schools by School Nurses	...	...	...	76512
(iii.)	Number of individual children found unclean	...	...	...	536
(iv.)	Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	—
Number of cases in which legal proceedings were taken :—					
(a)	Under the Education Act, 1921	...	...	...	—
(b)	Under School Attendance Byelaws	...	...	...	2

SECONDARY SCHOOLS AND CONTINUATION SCHOOLS.

TABLE I.

A — ROUTINE MEDICAL INSPECTION.

Number of Code Group Inspections :—

Entrants	...	...	...	...	...	...	26
Intermediates	...	...	...	...	...	...	7
Leavers	...	...	...	...	...	...	260
<i>Total</i>							<u>293</u>

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	10
Number of Re-Inspections	...	...	...	...	—
					<u>10</u>

TABLE II.

RETURN OF DEFECTS FOUND.

DEFECTS OR DISEASE.	ROUTINE INSPECTIONS.	
	No. for Treatment.	No. for Observation.
Eye Disease ...	8	—
Nose and Throat ...	1	2
Deformities ...	5	—
Other Defects ...	2	—
<i>Total</i> ...	<u>16</u>	<u>2</u>