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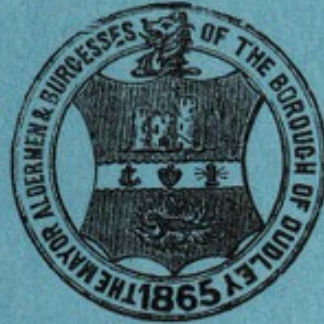
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COUNTY BOROUGH OF DUDLEY.

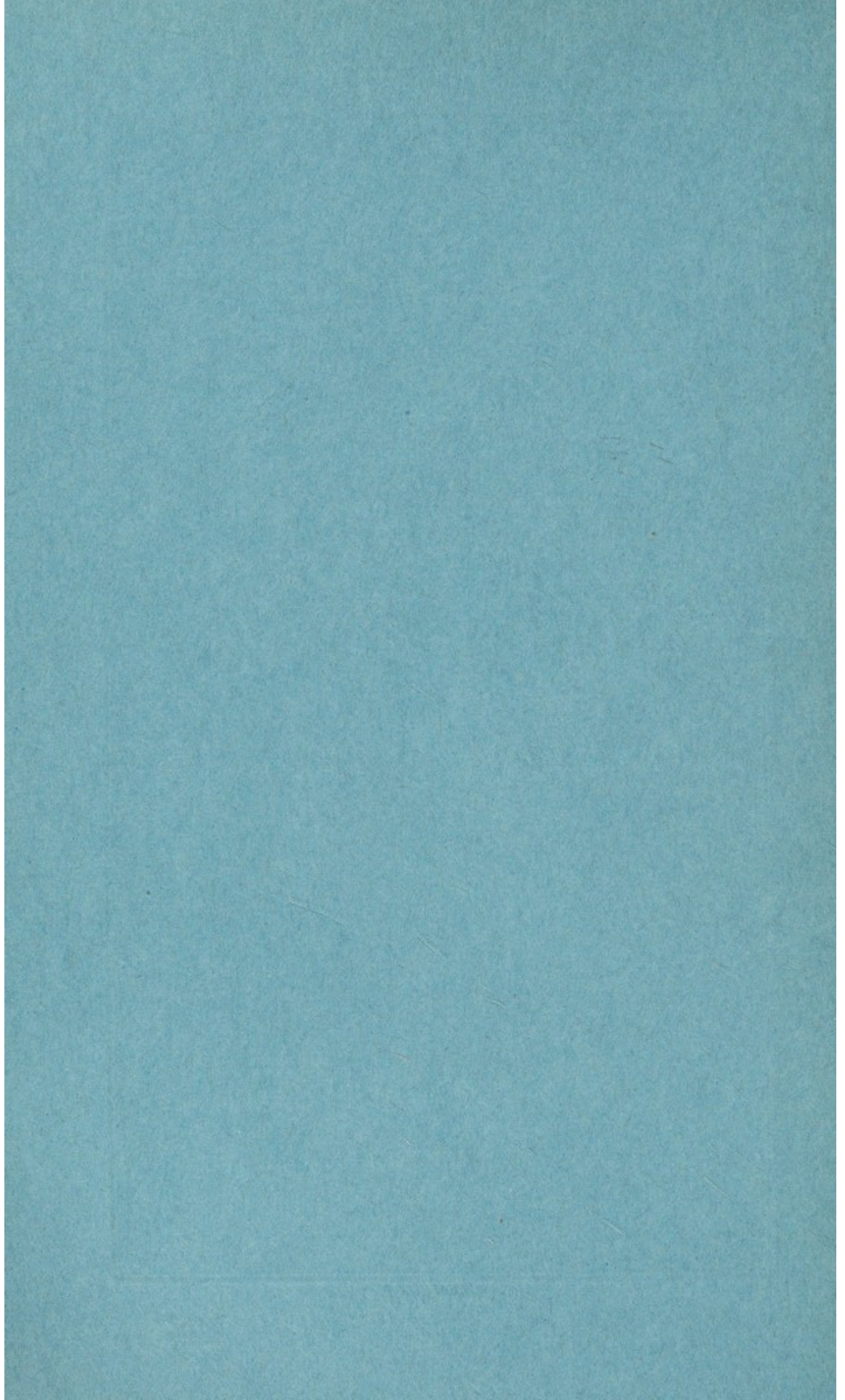
ANNUAL REPORT

on the work of the
PUBLIC HEALTH SERVICES, 1945



W. K. DUNSCOMBE, M.D., D.P.H.,
Medical Officer of Health and School Medical Officer.

W. PARKER, M.R.San.I., M.S.I.A.
Chief Sanitary Inspector and Cleansing Superintendent.





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The Mayor, Aldermen and Councillors
of the County Borough of Dudley.

Mr. Mayor, Ladies and Gentlemen,

(1) It is but natural that the great news of victory in Europe and against Japan, coupled with the results of a momentous General Election, has overshadowed completely the routine, almost humdrum, work which is preventive medicine in daily life.

(2) **Infant Mortality.** However, even so, certain points as affecting the health of this Borough in particular are of profound importance. First of these in view of the immense value healthy citizens are to any country is the Infant Mortality. It is, therefore, a matter for congratulation, but not complacency, that the figures show a substantial improvement on those of last year, though they are still high.

(3) **Housing.** Further comment on this sad story is made below, but here it suffices to point out that gross overcrowding and bad housing conditions generally are the Herods of babyhood since they slaughter the Innocents so mercilessly. It might have been a further indictment in the Nuremberg trials that on account of the war, house building has been held up and houses destroyed, and that as a consequence numbers of babies have died who might otherwise have lived.

(4) **Measles.** This year Dudley had a very large epidemic of this disease, figures of which appear on page 9. This disease's principal victims are the very young unprotected children, and, reinforced by overcrowding and bad housing conditions generally, we are fortunate that its price in young lives has been relatively light.

(5) **Hospital Survey.** A long awaited event was the publication of the Report of the Surveyors on the Hospital accommodation in the West Midlands. This is a very important document which affects everybody, and undoubtedly when a National Health Service is instituted the opinions of the Surveyors of all the regions in Great Britain will be taken carefully into account in developing the Health Services.

In conclusion I should like to thank the members of the Council for their interest. In the past Public Health has been associated in the mind of the public with a drain-pipe concept, but since, however, it affects everyone it is hoped that a new and more informed opinion will now develop.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

W. K. DUNSCOMBE,

Medical Officer of Health.

SECTION A—VITAL STATISTICS.

(1) Summary.

Population—Registrar General's estimate, mid-year, 1945	58,850
Rateable Value (1st April, 1945)	£294,688
Product of Id. rate (1st April, 1945)	£1,178
Livebirths:—	M. F. Ttl.
Legitimate ...	562 494 1056
Illegitimate ...	28 26 54
	} Rate per 1000 population ... 18.9
Stillbirths:—	
Legitimate ...	22 9 31
Illegitimate ...	- 1 1
	} Rate per 1000 total (live and still) births ... 28.0
Deaths ...	367 325 692
	} Rate per 1000 population ... 11.8
Infant Deaths ...	32 31 63
	} Rate per 1000 live births ... 56.75
Illegitimate Infants Deaths	4
	} Rate per 1000 illegitimate live births ... 74.07
Maternal Deaths ...	1
	} Rate per 1000 total (live and still) births ... 0.88

(2) Deaths from All Causes.

Table 1.

Cause of Death.	M.	F.	Ttl.
1. Typhoid and Paratyphoid Fever ...	-	-	-
2. Cerebro-Spinal Fever ...	2	-	2
3. Scarlet Fever ...	-	-	-
4. Whooping Cough ...	1	-	1
5. Diphtheria ...	1	-	1
6. Tuberculosis of Respiratory System ...	22	17	39
7. Other forms of Tuberculosis ...	3	5	8
8. Syphilitic Diseases ...	-	2	2
9. Influenza ...	1	1	2
10. Measles ...	3	-	3
11. Acute Poliomyelitis and Polio-encephalitis ...	-	-	-
12. Acute Infective Encephalitis ...	-	1	1
13. Cancer of Buccal Cavity and Oesophagus (m) (Uterus (f)) ...	9	4	13
14. Cancer of Stomach and Duodenum ...	13	11	24
15. Cancer of Breast ...	-	11	11
16. Cancer of all other sites ...	40	20	60
17. Diabetes ...	1	6	7
18. Intra-cranial Vascular Lesions ...	40	48	88
19. Heart Disease ...	71	100	171
20. Other diseases of circulatory system ...	13	5	18

21.	Bronchitis	...	...	...	...	34	19	53
22.	Pneumonia	...	...	...	...	22	12	34
23.	Other respiratory diseases	...	...	...	...	6	1	7
24.	Ulcer of the Stomach and Duodenum					5	—	5
25.	Diarrhoea under 2 years	...	...	...	...	4	3	7
26.	Appendicitis	...	...	...	...	3	—	3
27.	Other digestive diseases	...	...	...	...	1	14	15
28.	Nephritis	...	...	...	...	10	9	19
29.	Puerperal and Post-abort. Sepsis	...	...	...	...	—	1	1
30.	Other maternal causes	...	...	...	...	—	—	—
31.	Premature Birth	...	...	...	...	4	6	10
32.	Congenital Malformations, Birth Injuries, Infant Diseases	...	...	...	...	14	9	23
33.	Suicide	...	...	...	...	4	—	4
34.	Road Traffic Accidents	...	...	...	...	4	1	5
35.	Other Violent Causes	...	...	...	...	10	1	11
36.	All other Causes	...	...	...	...	26	18	44
						<hr/> 367	<hr/> 325	<hr/> 692

(3) Principal Causes of Death.

Table 2.

Cause of Death.	M.	F.	Ttl.
1. Heart Disease	71	100	171
2. Cancer	62	46	108
3. Intra-cranial Vascular Lesions	40	48	88
4. Bronchitis	34	19	53
5. Other Causes	26	18	44
6. Respiratory Tuberculosis	22	17	39
7. Pneumonia	22	12	34
8. Premature Birth, Congenital Malformations, Birth Injuries, Infant Diseases	18	15	33
9. Nephritis	10	9	19
10. Other Diseases of Circulatory System	13	5	18

(4) Discussion.

(a) Heart Diseases—Deaths.

From the above table it will be seen that once again diseases of the heart and arteries are by far the greatest causes of death, the age periods as against 1944 being as follows:—

Age Groups.	5—15		15—45		45—65		65 & over	
	45	44	45	44	45	44	45	44
Males	—	—	10	6	29	39	85	91
Females	1	—	10	3	30	31	112	88

(b) Cancer Deaths.

The figures are given above. There has been an increase on those of 1944, since in that year 94 deaths were recorded.

During the year an arrangement to ensure a follow-up of treated cases was arrived at with the Cancer Centre of the Royal Hospital, Wolverhampton. Details of all persons dying of this disease in Dudley are sent to the Hospital each month and in return we are told which cases have been treated by the Centre. The Cancer Scheme for the West Midlands is not yet operating. However, in view of the approach of the new Health Service it may be inadvisable to commence the Scheme, which will involve extensive administrative arrangements which might have to be greatly modified in a very short time.

SECTION B—GENERAL PUBLIC HEALTH.

(1) Water Supply.

A careful control was exercised over this during the year and regular samples were taken by the Statutory Undertakers. The water has been satisfactory in quality and quantity and the South Staffordshire Waterworks Company examine as a routine the raw waters and those going into the Shavers End and Cawney Hill reservoirs. Results of the examination of two samples are given below as being typical of all those taken.

It is, however, still not possible to state accurately the number of houses with a separate water supply as against those supplied by standpipes. It is hoped that returning staff and the overtaking of arrears will permit of this figure being given next year.

One point about water supplies deserves consideration particularly at the present time when there is some talk of a national grid. If such a thing came into existence it would obviously be of importance to try and make the hardness or softness as reasonably uniform as possible. In the meantime, especially in view of the difficult position of soap rationing, the Government, where the water is hard, should give very careful thought to the possibility of softening it down to, say, 11 degrees total hardness either at the source or before going into the service reservoirs. I cannot see that the individual should be put to the expense of installing a water softening plant into his house when it could be done cheaper and better en masse. The economy it would effect in soap consumption alone would make it worth while and experiments should be started in various areas to see if it is reasonably possible.

Sample Ref. No. W2830.

RESULTS OF EXAMINATION OF SAMPLE OF WATER FROM DUDLEY.

Sample taken on 1st November, 1945.

Bacteriological Examination.

Bacteria.	Colonies per ml.	Coliform Bacteria.
Nutrient Agar at 20°C. 3 days ... ..	.5	Presumptive Test: Absent
Nutrient Agar at 37°C. 1 day ... ..	.5	Differential Tests: Absent
Nutrient Agar at 37°C. 2 days	1	

Physical Characters.

Colour (Burgess) ... 4 mm.	Taste: Normal.
Turbidity: Trace susp. matter.	
pH 7.0	Odour: Nil.

Chemical Analysis (expressed in Parts per 100,000).

Free CO ₂ 1.45	Silica (SiO ₂) 1.2
Alkalinity (CaCO ₃) ... 8.9	Calcium (Ca) 5.38
Chlorides (Cl) 3.11	Magnesium (Mg) ... .46
Ammoniacal Nitrogen Trace	Sodium (Na) (by diff.) 1.81
Albuminoid Nitrogen ... Trace	Carbonate (CO ₃) ... 5.34
Oxidised Nitrogen ... .26	Sulphate (SO ₄) ... 4.85
Oxygen Absorbed (3 hrs. at 27°C) ... .012	Iron (Fe) ... .. .005
Temporary Hardness .. 8.4	Manganese (Mn) ... Nil
Permanent Hardness ... 7.0	Zinc (Zn) Nil
Total Hardness ... 15.4	Poisonous Metals { Cu Nil
Total Solids (dried at 180°C) 26.1	{ Pb .002
Diss. Oxy. .74, Temp. 55°F.	Free Cl (p.p.m.) ... Nil

Hardness calculated from calcium and magnesium 15.3.

Probable combination: CaCO ₃ 8.9
CaSO ₄ 6.19
MgSO ₄ ... .. .6
MgCl ₂ 1.33
NaCl 3.5
NaNO ₃ 1.58
SiO ₂ 1.2
Difference ... 2.80
T. Solids ... 26.1

A pure and wholesome supply.

Sample Ref. No. W2831.

RESULTS OF EXAMINATION OF SAMPLE OF WATER FROM NETHERTON.

Sample taken on 1st November, 1945.

Bacteriological Examination.

Bacteria.	Colonies per ml.	Coliform Bacteria.
Nutrient Agar at 20°C. 3 days 0		Presumptive Test: Absent
Nutrient Agar at 37°C. 1 day 0		Differential Tests: Absent
Nutrient Agar at 37°C. 2 days 0		

Physical Characters.

Colour (Burgess) ... 2 mm.	Taste: Normal.
Turbidity: Trace susp. matter.	Odour: Very faint (h-lc).
pH 7.3	

Chemical Analyses (expressed in Parts per 100,000).

Free CO ₂ ... .. .75	Silica (SiO ₂) 1.2
Alkalinity (CaCO ₃) ... 10.3	Calcium (Ca) 6.2
Chlorides (Cl) 3.42	Magnesium (Mg) ... .51
Ammoniacal Nitrogen . Trace	Sodium (Na) (by diff.) 2.18
Albuminoid Nitrogen ... Trace	Carbonate (CO ₃) ... 6.18
Oxidised Nitrogen ... .25	Sulphate (SO ₄) ... 6.04
Oxygen Absorbed (3 hrs. at 27°C.) ... 0.12	Iron (Fe) ... .. .003
Temporary Hardness .. 9.8	Manganese (Mn) ... Nil
Permanent Hardness ... 7.8	Zinc (Zn) Nil
Total Hardness ... 17.6	Poisonous Metals ... Nil
Total Solids (dried at 180°C.) 29.3	Free Cl (p.p.m.) ... .04
Diss. Oxy. .87, Temp. 56°F.	

Hardness calculated from calcium and magnesium 17.6.

Probable combination:	CaCO ₃ 10.3
	CaSO ₄ 7.07
	MgSO ₄ 1.32
	MgCl ₂ ... .. .94
	NaCl 4.49
	NaNO ₃ 1.52
	SiO ₂ 1.2
	Difference ... 2.46
	T. Solids ... 29.3

A pure and wholesome supply.

(2) **Infectious Disease.**

The figures here show an increase over those of last year. Special points of interest are:—

(a) **Measles.** Dudley had one of the greatest epidemics it could ever have known. For the period from the 1st January to 31st March, 1945, no less than 641 cases were notified. This is a proportion of approximately 11 cases in every thousand of the population, which includes, of course, those who have had measles before and, therefore, are not likely to get it again. As there were only a very few cases indeed among adults, and we know that a number of cases were not notified, it can be seen what a tremendous epidemic occurred among the susceptibles. The number of notifications began to increase from the week ending January 6th and declined very rapidly after 31st March. The epidemic showed a peak of 87 cases in the week ending 10th

March. Practically all the cases were nursed at home and in only very few was it possible by reason of complications to get patients to hospital, as all available accommodation in the West Midlands was full. On the whole the epidemic, however, was of mild type and the general practitioners of the area deserve the greatest credit for the way in which by judicious treatment they prevented the development of the respiratory complications which are so dangerous. The table below gives the age incidence (total cases for the year).

0—	1—	3—	5—	10—	15—	25 & over
41	173	210	266	7	5	4

(b) **Diphtheria.** An increase took place in the number of cases compared with last year, in spite of immunisation being proceeded with as much as possible. An important point is the severity of infection in this area in the unprotected and the virulence of the disease in general. One death occurred compared with four in 1944, though there were a number of toxic cases.

Infectious Disease Cases for 1945.

	Numbers originally notified.		Final Numbers after correction.	
	M.	F.	M.	F.
Scarlet Fever	18	42	18	41
Diphtheria	33	28	29	24
Whooping Cough	8	14	8	14
Measles	344	363	343	363
Pneumonia	19	12	19	12
Enteric or Typhoid Fever	1	—	1	—
Erysipelas	1	6	1	6
Dysentery	—	1	—	1
Puerperal Pyrexia	—	4	—	4
Ophthalmia Neonatorum ...	1	—	1	—
Anterior Poliomyelitis ...	3	2	3	2

The position as regards immunisation is as follows:—

	Immunised during year	Total now Immunised.	Population (est.)	% now Immunised
Children under 5	613	1954	5240	37.3
Children over 5	502	7884	9820	80.3

(3) **Smallpox.**

During this year a number of contacts of cases of smallpox were reported to the Department. These were all in persons returning from the East and every such notification meant daily visits until the period of surveillance was over. In my opinion to allow persons into the country who are close contacts with a known case or one strongly suspected to be smallpox, relying on

surveillance alone, even if combined with vaccination, is going the wrong way about it. Many do not know or do not care about the potential risk in this very unprotected country, and the onus for finding these cases should NOT be put on the inland Health Departments but should be placed where it properly belongs—on the contact—who should be issued at the arrival port with a card instructing him or her to report to the Health Department on arrival at his destination, and there receive such instructions as are necessary. There should be some penalty for default.

One example is given to show this. A man who was a small-pox contact arrived in the town on leave from the East. Although we knew he had come home, and made repeated efforts to see him, he could not be found for five days. If the man had been incubating smallpox a number of cases might have occurred. These anxieties could be avoided or at least greatly lessened by the method suggested above.

(4) Venereal Disease.

A summary of the figures from the Annual Return to the Ministry is given below. Regulation 33B continues to be almost a dead letter here, and we have had more success by our persuasion method than that of following up persons as the result of receipt of Form 1. 36 persons defaulted while still infective. The only remedy is to make these diseases notifiable if in an infectious state. It follows of course that treatment must then be accepted, with heavy penalties for non-compliance or for defaulters.

	Dudley.	Worcs.	Staffs.	West Bromwich. Forcs.		Total
Syphilis ...	12	4	15	1	1	33
Soft Chancre ...	—	—	—	—	—	—
Gonorrhoea ...	30	7	41	3	10	91
Non-Venereal and conditions not yet diagnosed ...	85	18	104	6	15	228
Total ...	127	29	160	10	26	352

Total number of attendances of all patients residing in each area ... 2397 415 3039 138 90 6079

Of these, the number of patients who ceased attending while still in an infectious state are:—

Syphilis.										Gonorrhoea.	
Primary.		Secondary.		Latent in 1st year of infection.		All later stages.		Congenital.		M.	F.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
1	—	3	5	—	1	2	2	1	1	12	8

The number of patients admitted for in-patient treatment was 26.

(5) **Tuberculosis.**

The sad story here can be read in the figures of persons on the register at the beginning and end of the years 1944 and 1945. It will be seen that a steady increase is shown, and this is no isolated case, as it appears unfortunately that in many areas the decline in Tuberculosis which was such an encouraging feature between the wars has certainly been arrested and an increase may even be beginning. This has a close relation to the cessation of slum clearance and reduction of overcrowding throughout the war period, though, as I have pointed out before, the long hours of work, rationing, blackout, and lack of ventilation, etc., have undoubtedly contributed, and although good housing and removal of slums and overcrowding will certainly not cure Tuberculosis, bad housing is the evil genius.

It is now generally accepted that careful attention should be paid to contacts, especially if they are children of open cases of pulmonary tuberculosis, but what chance have they got when they have to live with an infective case in a slum house? Prevention becomes a mockery in such circumstances, and still more is this the case when it is impossible to hospitalise the open cases and indeed when Sanatorium beds are being closed everywhere for lack of staff. Mass Radiography with its emphasis on the urgent treatment of the early case becomes a farce, if to provide beds we have to turn out the very infective cases, or alternatively, when we have to tell the early cases that they must wait until beds are available.

In recent years nothing more dreadful in the whole of preventive medicine has occurred than the retreat from nursing tuberculosis cases. In many instances the Sanatoria have brought it on themselves. They are placed all too often in the most God-forsaken places, miles from any town, and not till the shortage became acute did many of the responsible Authorities even attempt to do anything about providing reasonable amenities for either the nursing or domestic staffs. We should try and lessen the difficulties by:—

(a) the most extensive propaganda backed up by *proof of goodwill* to show that the nursing and domestic staffs in Sanatoria are getting the best possible staff conditions;

(b) to recognise that, whatever the medical pundits say, the parents of potential Tuberculosis Nurses consider there is a risk attaching to work in a Sanatorium;

(c) for the Government to state definitely that if a nurse contracts Tuberculosis while engaged in nursing in a Sanatorium or Hospital she will be automatically eligible for full compensation.

(d) for the Ministry of Health to say that extra money must be paid to both nursing and domestic staff in Sanatoria; not the small amount paid at present, but something substantial.

Only recently Prestwood had to close 50 beds and send the patients home through lack of staff, so how *can* we talk about preventive medicine in view of this? However, from the strictly preventive side the time is more than ripe for a large scale experiment in the use of B.C.G. This is a special vaccine which has been tried extensively on the Continent with very good results, and if used here might go a long way to reducing the incidence of the great social disease that Tuberculosis is.

The Tables give (a) the number of persons on the register at 31/12/44 and at the end of December, 1945, and (b) the number of notifications and deaths from Pulmonary and Non-Pulmonary Tuberculosis according to age groups. Notifications are placed first.

(a) REGISTER.

	No. on Reg. 31.12.44.	Removed from Reg. 1945.	New Cases 1945.	No. on Reg. 31.12.45.
Pulmonary ...	406	49	66	423
Non-Pulmonary ...	149	14	24	159

(b) NOTIFICATIONS AND DEATHS.

Age Groups. 0-1	1-5		5-15		15-45		45-65+		Total all ages			
	N	D	N	D	N	D	N	D	N	D		
Pulmonary.												
Male ...	-	-	1	-	-	-	26	10	9	12	36	22
Female	-	-	-	1	2	-	24	12	4	4	30	17
Non-Pulmonary.												
Male ...	1	1	4	1	2	-	1	1	-	-	8	3
Female	-	-	4	-	6	1	5	3	1	1	16	5

(6) **Housing.**

This is part of the same story and this paragraph is placed in juxtaposition to that on Tuberculosis since they are closely related. The position can be put quite briefly. In the year under consideration from 1st January to 31st December only 18 families were rehoused from the Health Department's list, of which two were families in which there was a case of Pulmonary Tuberculosis. Since then our list of persons urgently needing re-housing on health grounds has been growing at an alarming rate and has been accentuated by the addition of a number of houses certified as dangerous. More than 300 families are still living in confirmed slum clearance areas, the latest of which was confirmed in 1939. It can hardly be said that the houses have improved in the intervening 6 years! As a result all too many decent ordinary men and women who with the last ounce of their strength helped Britain to win are condemned to live in houses in which a farmer would not wish to house cattle. It is indeed an ironic commentary on who won the war that Britishers must live in slums, while Hun prisoners are vastly better housed.

As far as this Authority itself is concerned, I am convinced that the present arrangements whereby the Health and Housing Departments have 50% each of the lettings of any houses that become available, is unsatisfactory. NEED should be the principal if not the only factor and therefore there should be only *one* list. This could be put into effect at once and might do something to lessen the heart-breaking stories of overcrowding, tuberculosis, or other illness which are the daily lot of this Department. It is pretty poor comfort to tell anyone coming with a perfectly genuine story of this nature, that all we can do will be to put the name on the list and give it as high priority as possible, but that there are others whose needs must first be satisfied.

In the provision of new houses the country as a whole should bear in mind that the West Midlands and industrial North were the founders of our supremacy in Victorian times. One of the consequence of the industrial revolution was the building of mean dwellings very close to the factories so that their workers could be housed. These houses were in courts, or back-to-back, or with other gross sanitary defects, and in the West Midlands we are still getting the aftermath in spite of the active housing programmes between the wars.

Since, therefore, these areas have been the architects of our industrial greatness and the derelict land and houses have been left as a nice legacy to their posterity, it is only reasonable that with the exception of replacing war damage, the South should wait for houses while the Midland slums are cleared away.

(7) **Town Planning.**

(a) **General.**

A Town Planning Scheme was approved by the Council in the early part of the year. This was prepared by an expert and therefore any remarks which follow are made purely from the point of view of a Medical Officer of Health. Some of these apply within broad limits to a very considerable portion of the whole country and others more particularly to Dudley.

In general over most of our land we seem to be blind to the deficiencies of our climate to an almost incredible degree. One of the characteristics of this is the raw, penetrating, damp cold with which we are afflicted. It follows, therefore, that every possible effort should be made to counteract this chill hand. Advantage should be taken of any southern aspect, and maximum insulation against heat loss and draughts aimed at.

Unfortunately all too often we have houses whose front doors open due north, with relatively large bay windows almost designed to ensure that the maximum amount of the house surface is exposed to the same quarter; with no porches; and with bath wastes placed on the north side to make reasonably certain that they freeze up

at the least opportunity, while kitchens and larders are often situated on the south side. This is because it is the accepted fact that the front door must face the road purely to look "posh" and *of course* to do the right thing. It is almost unbelievable that we could be so idiotic, and though this may be due partly to sheer indolence through following sheepishly what our forefathers did, it is not the whole story by any means. It is about time we realised that in this country we have at least eight months winter out of twelve, and built and heated our houses, and clothed ourselves accordingly, instead of deluding ourselves that after all it is only cold here for a month or two and we really need not bother much about proper heating, etc., of houses.

Further, very little seems to have been forthcoming from what is described in official parlance as "high levels" on the problems of district heating, house refuse disposal, etc. It might have been assumed that with a coal and other fuel shortage of almost catastrophic proportions, *anything* would be actively supported which would lead to fuel economy in new housing areas—which district heating is alleged to do—and that at any rate some experiments would be encouraged, if necessary by Exchequer grants.

As far as house refuse disposal is concerned, further details will be found in the Report of the Chief Sanitary Inspector, but surely in these days when such difficulty is experienced in getting rid of it, it is worth while trying out the Garchey system on a wide scale. As far as I am aware there are no instances in the country of its being used on a housing estate, since its main reputation here rests on its proved efficiency in a very large block of flats in Leeds.

(b) **Smoke Pollution.**

Nothing in a discussion on Town Planning can be more important than smoke pollution. This Black Country is still well named, for a disgusting smoky pall still almost covers an area of approximately 130 square miles. It hasn't "paid" in the past to take active steps for smoke abatement, and one can only hope that we are becoming slowly wiser, but at what a cost in infant lives and general happiness. It is hoped that compulsion will soon be forthcoming to ensure that attempts at smoke reduction are made. A smokeless zone in the Black Country really would be a change.

From all the above a lesson can be drawn for this town in particular, which can be stated quite simply and it is this. In view of the position of the town, balanced as it were on the two slopes of a high ridge which runs nearly East and West, all possible efforts should be made to take advantage of this important geological feature and as far as possible houses should be sited on the *south* side while the industries which are essential if full employment is to be maintained could be placed on the north side of the ridge, where communications by road, rail, and water are better. As it is now, one cannot but view with alarm the possible expansion of the gas works into what could be (if the slums are cleared) very good housing sites on the south slope.

In very few plans anywhere in the country has the importance of the southern aspect been given the prominence it deserves. In the past Dudley has looked north to the Castle, but it is high time this feudal notion was forgotten and we looked to the south instead.

(8) **Ambulance Service.**

The heavy ambulances are still run by the Police, but an innovation which was commenced towards the end of this year as the result of consideration of Ministry of Health Circular 70/45 was the setting up of a Sitting Case Car Service under the control of the Health Department. This was begun on December 3rd to transport those persons needing treatment to out-patient departments, clinics, etc. Two important provisos were made as (1) the vehicles are only for those who are unable to use public transport, and (2) with the exception of patients in the E.M.S. are only for Dudley residents. The transport is free and a close watch is kept to see that no abuse of the Service occurs. Two cars originally bought for the Casualty Service for transporting sitting cases were purchased from the Government and have justified their cost already.

During the year, also in response to the suggestion contained in the above Circular regarding the setting up of an Ambulance Service over as wide an area as possible, attempts were made with neighbouring Authorities to try and set up a Joint Ambulance Committee to cover the following areas: —

The County Borough of Dudley,
The Boroughs of Rowley Regis and Tipton, and
The Urban Districts of Brierley Hill, Sedgley and Coseley.

Two meetings of representatives of the Authorities named were held and several meetings of the Medical Officers of Health of those areas, who were asked to place a scheme before the Joint Meeting. This was done but the idea fell through. The proposed setting up of the Boundary Commission had perhaps something to do with this unfortunate failure, but it is not a good augury for the future if such a simple and reasonable project is to fail for no very evident reason. This Authority did all in its power to facilitate the proposed arrangement and on rateable value, would have contributed practically double the amount of the largest of the remaining areas.

(9) **Food Rationing.**

In general it can be said that we got by during the war on our rationing system quite extraordinarily well and there have been fair shares for all with preferential treatment for expectant and nursing mothers and young children. The proof of this is seen in the generally good physical health of the children of 5 and under. This is as it should be, but it does not seem to be appreciated that rationing hits the person living alone, especially if old, and the housewife. The former is not able to stand in a

queue for a long time and his present fat ration is almost microscopic, and the housewife, in spite of all the hard manual labour she does, never gets anything more than wordy praise from those in office, and she often sacrifices herself to feed her family.

It must be said now that we have reached the absolute limit in the reduction of fats and proteins. On no account should these be reduced again as this may have very serious effects on the resistance of the community to disease. There is far too much talked by the so-called experts about calories and not enough about *food* which is tasty and satisfying. Recently on returning from the East a certain well-known Air Marshal described the country as fat but not fit, and on account of the largely starchy foods eaten this charge has a considerable degree of truth. In any case the workers in the heavy industries need more first class protein than sedentary workers.

It follows, therefore, that every possible step must be taken to protect the consumer both in the quantity and more especially from the Public Health point of view, in the *quality* of foodstuffs. In the past things have been in favour of the seller and this should be altered. Already a licence to supply has to be obtained from the Ministry of Food if certain purveyors wish to start a business, but this should, however, be a duty attached to the Local Authority, and no person should be allowed to sell retail any food (including drinks) without a licence to be obtained from the Local Authority, and in respect of this the Authority should be allowed to lay down such conditions regarding inspection and cleanliness as might be thought fit. At the present time all too often the public are expected to buy and like it, food which has been kept under unsatisfactory conditions, while accredited milk is too often discredited, and undesignated milk is frequently unsatisfactory. As far as milk is concerned, though general pasteurisation is not a cure for all ills it would at least prevent the death or crippling illness of some two thousand or more children per year from non-pulmonary tuberculosis. In this country we are years behind the times in the Public Health aspects of food cleanliness and stimulation of the public conscience is necessary.

(10) **Ice Cream.**

After V.E. Day the consumption of this product began to increase greatly and the quality of that sold in the town was examined. It must be said that from the bacteriological point of view this was not entirely satisfactory, but this has been the picture all over the country, and it is small wonder that urgent representations have been made to the Ministry to lay down some standards for ice cream, particularly as regards the bacterial content, as ice creams are found all too often containing large numbers of organisms, a considerable proportion of which are coliforms. This indicates inadequate or non-sterilisation of utensils, dirty hands, and careless handling. The proof of this is that when shown how to do it properly and adequately stimulated, the bacteriological quality improves by hundreds per cent., and

though pasteurisation of ice cream will not cure dirty methods in exactly the same way as it will not cure dirty milk, it will at least render the organisms harmless.

The writer has had experience of the regular bacteriological examination of the ice cream produced by a large organisation abroad when by careful attention to the sterilisation of utensils and adequate pasteurisation, a product was forthcoming which regularly gave bacterial counts below 1,000 organisms per c.c. with coliforms absent in 1 c.c., which is a most excellent result. The same results could be obtained in England if sufficient interest was shown.

(11) **Disinfestation.**

(a) **Lice.** There is in this town still too large a number of children mostly (but some adults also) with lice in their heads. Not unnaturally the problem families about whom I wrote last year contribute a great deal more than their quota to the head lice population, and this cleansing of heads and the necessary advice has taken up quite a lot of time of the Health Visitors.

(b) **Scabies.** During the year school children and those under school age continued, where required, to be cleansed at the various clinics, but by the end of the year arrangements were in an advanced stage to centralise the scabies cleansing at Lister Road Depot. This will be more satisfactory.

The following figures give some idea of the efforts needed to deal with scabies:—

(a) Adults and Adolescents cleansed at Lister Road.

Male 58	Female 99
---------	-----------

(b) Children (school age or under) cleansed at Lister Road:

Male 47	Female 17
---------	-----------

(c) Children (school age or under) cleansed at the Clinics:
475

(12) **Laboratory.**

The little Laboratory attached to the Central Clinic continued to function during the year and the following specimens were examined:—

352 swabs for Diphtheria, of which 25 were positive.

29 sputa for Tuberculosis, 7 being positive.

Last year I criticised the work of the laboratory and the same comments obtain again. Unfortunately the scheme for the district laboratory at the Guest Hospital has been so long in coming to any sort of fruition that one almost despairs, as until this is functioning the laboratory at the Clinic must carry on, though it should cease immediately the district laboratory is ready.

SECTION C—MENTAL DEFICIENCY.

The figures of cases of defectives for whom this County Borough is responsible are given below. No improvement in the position regarding accommodation occurred, but the patients maintained by this Council in Hortham Colony were visited for the first time since before the war.

Proposals were put forward to obtain a different building as an Occupation Centre since the present place is very unsatisfactory. The suggestion is to use a building formerly requisitioned as a war-time nursery which should not be too expensive to adapt. Though it is a rather old building it at least has a bath, running water, and kitchen facilities which the other place has not, and also has a reasonable sized garden which will allow some of the boys attending to work off surplus energy.

A.—Number of mental defectives ascertained to be "subject to be dealt with":—

1. Under "Order":—	M.	F.	Ttl.
(a) (1) In Institutions (excl. cases on Licence):—			
Under 16 years of age ...	1	—	1
Aged 16 years and over ...	23	27	50
(2) On Licence from Institutions:—			
Under 16 years of age ...	—	—	—
Aged 16 years and over ...	3	2	5
(b) Under Guardianship (incl. cases on Licence):—			
Under 16 years of age ...	1	—	1
Aged 16 years and over ...	2	1	3
2. In "places of safety":—			
Under 16 years of age ...	—	—	—
Aged 16 years and over ...	—	—	—
3. Under Statutory Supervision ...	38	40	78
<i>Of whom</i> awaiting removal to an Institution ...	1	—	1
4. Action not yet taken under any one of the above headings ...	2	7	9
B.—Number of Mental Defectives not at present "subject to be dealt with," but for whom the Local Authority may subsequently become liable ...	18	22	40
<i>Of whom</i> number under Voluntary Supervision ...	18	22	40

Number of cases on the Registers of
Occupation and Industrial Centres 10 16 26

1.—Cases reported by Local Education Authorities (Section 57,
Education Act, 1944):—

	M.	F.	Ttl.
Reported under Sect. 2 (2) of 1913 Act	2	1	3
Reported under Sect. 57 (3) ...	—	1	1
Reported under Sect. 57 (5) ...	—	—	—
Total reported during 1945 ...	2	2	4

Method of disposal:—

	M.	F.	Ttl.
Sent to Institutions (by Order) ...	—	—	—
Placed under Guardianship (do.) ...	—	—	—
Placed under Statutory Supervision	2	2	4
Taken to "Place of Safety" ...	—	—	—
Died or removed from Area ...	—	—	—
Action not yet taken	—	—	—
Total ...	2	2	4

2.—Of the total number of mental defectives known to the Local
Authority:—

(a) Number who have given birth to children during 1945:—

(1) After marriage	Nil
(2) While unmarried	Nil

(b) Number who have married during 1945

Males.	Females.
Nil	Nil

SECTION D—MATERNITY AND CHILD WELFARE.

(1) Births.

Of the total number of births (live and still), 795 were born at home and 320 in nearby Maternity Homes and Hospitals. This will give some idea how the 10 beds rented from the Staffordshire County Council at the Rosemary Ednam Home have been used, though the total for institutional confinements includes 123 others in addition.

Comments are made below on the question of Maternity Hospital accommodation and the foregoing figures are meant to show the size of the problem. As far as the domiciliary service is concerned it functioned very well and the midwives gave excellent service, although the very serious illness of one midwife and her subsequent death cast a gloom over us all. We can only deplore the loss of a young, extremely capable and willing worker who certainly put service above self.

Of the 795 domiciliary confinements 646 were attended by Midwives alone and in 149 cases a doctor also attended. In 352 cases Medical Aid was sent for, a percentage of 54.5 as against 47.3 in 1944.

(2) **Maternity Hospital Accommodation.**

In view of the continuing urgent need for Maternity Hospital accommodation a meeting was held at the Guest Hospital in May at which representatives of the neighbouring Borough of Rowley Regis were also present, with a view to setting up of a Maternity Unit, which, while primarily for complicated cases of pregnancy, or complications occurring during or after labour, would provide at the same time beds for normal cases, since (a) it is impossible for even the most expert to say whether a case previously normal will not develop some abnormality, and (b) it is thoroughly bad from the teaching point of view that nurses should train on the abnormal only. The outcome of the meeting was that the Hospital's architect was to get out rough sketch plans for a Maternity Unit of 40 beds, of which 10 would be Ante-Natal beds, and then the representatives would meet to discuss them. Unfortunately the plans were not available at the end of 1945.

In the meantime we have to take advantage of what beds are available in Birmingham, and once more it is my privilege to express to the Maternity Hospital at Loveday Street the thanks the Department feels for the wonderful help they have given us, not only by their magnificent Flying Squad Service, which assisted us on three occasions, but also for taking in many of our seriously complicated cases. But even then we are merely "farming out" and there still remains the problem of the local provision of beds for complicated cases of pregnancy who require rest, diet and medical supervision. The need for these beds is so terribly urgent that the Ministry should make some move towards alleviating it, as the number of cases showing some or all of the symptoms of toxæmia of pregnancy is too high here, and such patients unless put to bed under expert supervision go in daily fear of sudden complications so grave that a life itself can be lost despite the best skill in the world. Nothing in the whole realm of medicine better justifies the saying "prevention is better than cure."

(3) **Infant Mortality.**

The figures are considerably better than last year—a matter for gratification—though they are still not good enough. They have been affected by the housing position and also by the measles epidemic, and although the former cannot be remedied immediately, next year measles should not cause us the worry it has in 1945. The stillbirth rate was practically unchanged. The new procedure as advised by the Ministry for checking Premature Births, i.e., infants weighing 5½lbs. or less, was put into force, but the supervision of these very small babies requires staff, and it also requires hospital beds and this is referred to below.

The infant deaths are shown below as to the age of occurrence. It will be seen that once again a very large proportion of the deaths occurred within the first month, and there has been a tendency recently to pay more attention to these neo-natal deaths than to the deaths occurring in the later period (3—12 months). To my mind *these* are the important cases, and reflect faithfully the combined factors of maternal care, housing standards, climate, and respiratory infections. The neo-natal deaths are often those of children prematurely born as the result of toxæmia of pregnancy, or with some form of serious congenital deformity, and therefore, with certain notable exceptions as evidenced by a famous statesman, from the purely racial point of view cannot be regarded as so grave a loss as, for example, the death of a normal infant from gastro-enteritis in the 3—12 months period. A corollary is of course that the more we know of the causes of prematurity the better chance will we have of getting full term babies.

Total Infant Deaths.

Under	1 wk.—	1—3	3—6	6—12
1 wk.	1 mth.	mths.	mths.	mths.
18	9	14	12	9

Mention was made previously of the necessity of providing beds for premature babies as it is absolutely essential in any scheme that accommodation for them should be available in hospital. Their care is a most highly skilled job and needs first class team work, and therefore to avoid dissipation of effort it is better to have a fairly large premature unit for not less than, say, 10 babies than a small unit for 1—2, which some quarters imagine is satisfactory. A further point is that in spite of elaborate arrangements for transport these infants do *not* travel well for any distance. It is obvious of course that a premature unit should not be alone and it is best housed, in my view, in a special block of a Maternity Hospital.

I have already mentioned the lack of a Maternity Hospital in this area, and such a hospital could include a premature unit of the size mentioned above which would suffice in the ordinary way for the Dudley and Stourbridge Hospital Districts. Any small unit is grossly uneconomical from the staffing point of view and is a waste of money. It is to be hoped that the Regional Hospital Boards which will be set up under the New Health Bill will remember this.

(4) Ante-Natal Clinics.

These continue to be well attended though more could come if they wished. 677 women made 2,632 attendances during the year. It was hoped to commence the holding of routine post-natal clinics but the position as regards Doctors and Nurses does not permit this as it is almost entirely a problem of staffing. Routine Wassermann tests were continued and a total of 631 tests were carried out at the County Laboratory, Stafford, of which 2 were positive.

(5) Work of the Health Visitors.

This was still affected by the lack of staff, though the nurses themselves have worked very well indeed.

The Department continued the policy of employing Acting Health Visitors mentioned in last year's report and again it proved outstandingly successful. Although the arrangement whereby each nurse acts as a Health Visitor and School Nurse threw rather a lot of work on to her, in view of the additional visiting as well as attending the requisite Clinics, it undoubtedly was repaid by the added interest given in her work. It is to be hoped that soon the Tuberculosis visiting will also be done in the Borough by the Health Visitors.

The figures for the work done are as follows:—

Clinics.

(a) Ante-Natal.			
677 women attended.	Total Attendances	2,632	
(b) Post-Natal.			
17 women attended.	Total Attendances	20	
(c) Child Welfare.		Total Attendances.	
		1944	1945
Children under 1 year		18,618	17,273
Children between 1 and 5 years ...		1,693	2,029
		<hr/>	<hr/>
		20,311	19,302
		<hr/>	<hr/>

Health Visiting.

Visits to children under 1 year:—

(a) First Visits	1210
(b) Total Visits	3881
Visits to children between 1 and 5 years ...	5264
Pre-natal Visits	117
Stillbirth Investigations	32
Infant Death Visits	41
Ophthalmia Neonatorum Visits	6
Miscellaneous Visits	1902

Orthopaedic Clinic.

Orthopaedic Treatment Attendances	106
Massage Attendances	759
Ultra-Violet Ray Clinic Attendances	451

It is evident that insufficient staff is available, and it must be emphasised that it is impossible to increase the services provided unless the nursing staff is increased also. The proposals in the New Health Bill will unquestionably increase the work to be done

and therefore obtaining the necessary staff becomes a matter of great importance. Unfortunately it is quite certain that there will be a most serious shortage of qualified Health Visitors for a number of years unless the present training of nurses in general is drastically modified so as to lay the accent on practical values rather than academic high falutin attainments. One hears a great deal nowadays of pompous verbiage about keeping up our standards, especially as regards the training of Nurses and Health Visitors, and in all this the person who matters—the patient—is in grave danger of being overlooked. It can only be hoped that the thoroughly sound and practical views of that great medical paper "The Lancet" will be heeded, and that instead of turning out Nurses who are nearly three-quarter baked doctors we will produce efficient, human, practical women who have that grasp of the essentials of dealing with the patients which is the hallmark of a really good nurse.

(6) **Work of the Dental Surgeon.**

Throughout the year the Dental Surgeon was working alone, trying to cope with the School Dental work, and we are grateful that he found the time to treat any Maternity and Child Welfare cases at all.

The need for the provision of dentures is mentioned once again, and I am thankful that the New National Health Bill has stated quite clearly that the Local Health Authorities are expected to provide a complete dental service for the priority classes. This will of course include the provision of dentures, as no scheme is complete without this.

REPORT OF THE DENTAL SURGEON.

"The Maternity and Child Welfare work for the year centres, as it must do also in the future, round staff and equipment. Very little treatment of any kind was given until June, owing to the great volume of school work to be undertaken single-handed. In addition, nobody could be found to administer the general anaesthetics required in the majority of cases. From June onwards we have had the occasional services of the Assistant Medical Officer, which has made it possible to clear up a certain number of the more urgent cases.

Whether it is economic to employ Dental Officers to administer general anaesthetics for one another, either in this or in school work, is a matter for debate. One point is at least certain and that is, with few exceptions, by using nitrous oxide one can achieve the most satisfactory results.

Expansion of the scheme is now overdue. Dentures should be supplied just as soon as laboratory accommodation can be found and equipment installed. One warning must be given. The pre-war staff will be quite inadequate to cope with the present school population and no great advance can be expected unless increased materially. Whether it will be found desirable to appoint

a dental mechanic, or whether dentures should be made at outside laboratories, is a point which depends on factors at present unknown.

Almost without exception the cases seen at this Clinic are the product either of ignorance or lack of ordinary cleanliness or of both. As long as this completely disinterested spirit persists, I feel that it is bad policy during this and future periods of understaffing to press treatment on those who have been dentally doomed for years. Dentures and the ease with which they can be obtained have largely been responsible for fostering a nationwide neglect of the teeth. I would, therefore, urge that all the efforts be made to educate and maintain the teeth of the *coming* generation, and that no man-power should be diverted from this issue, to the provision of free (or nearly free) dentures, until this purpose has been achieved."

Maternity and Child Welfare—Dental Statistical Table.

Total Attendances—			
Mothers	...	53	No. of Mothers attending 38
Total Attendances—			
Ante-Natal	...	35	No. of Ante-Natal cases attending ... 28
Total Attendances—			
Pre-school children	...	59	No. of Pre-school children attending ... 45
		Total ... 147	Total 111
Fillings—			
(a) Permanent	...	36	(b) Temporary ... 8
Extractions—			
(a) Permanent	...	61	(b) Temporary ... 37
Other operations—			
(a) Permanent	...	36	(b) Temporary ... 23
General Anaesthetics		...	80

(7) War-time Nurseries.

These continued to function throughout the year, those at the Priory and at Netherton at more or less full strength, while that at Dixons Green was affected for several months by the threat of closure, and in addition the operation of the Council's rule of the non-admission of children under two, meant a gradual lessening of the numbers by virtue of the others reaching school age.

For the past two years a remarkable feature of these war-time nurseries has been in general the freedom from infectious disease,

Netherton Nursery had a smouldering outbreak of whooping cough in March, April and May of 1944, but never sufficient to warrant closure, while in spite of the great epidemic of measles in the early months of 1945 to which reference has already been made, it was so generalised and consequently so diffused that again it was never necessary to close any of the Nurseries on account of the disease. Credit for this very satisfactory state of affairs must go to the Nursery Staffs, who watched their flocks with eagle eyes for suggestive symptoms. As a result, in spite of the extensive prevalence of measles, in only one Nursery for only two weeks did the average attendance fall below 50% of those on roll.

It is generally held that the collecting together of young children in such Nurseries at ages when they are most susceptible to epidemic disease is wrong, but the above shows that these fears are not always substantiated. During the war such Nurseries have done a really good job of work all over the country and have relieved a number of mothers of cares which would otherwise have prevented their assisting the country in munition factories, etc. It is, therefore, a matter of profound regret that no day nurseries will be in existence here in 1946 as a Local Authority responsibility, as I firmly believe they have a part to play in the general care of children which we are all so anxious should be developed to the maximum.

(8) Clinics.

As a building, the condition of the Central Clinic remains as unsatisfactory as ever. The amount of work now being done at this Clinic is so great and varied that it is practically impossible to expand the Services there any more. Putting a quart into a pint pot is simple compared with what is done there each week and more still is needed. At the end of the year arrangements were made to improve the accommodation at Netherton by using the old Brewery Street Infants' School, but the arrangements were not complete until after Christmas.

An innovation at the Central Clinic was the commencement of a "Sunray" Clinic. The installation consists of an ultra-violet lamp and four "Sollux" infra red lamps which were supplied by Messrs. Hanovia Ltd. This has already proved very popular and as soon as possible it is hoped to begin the irradiation of expectant mothers, though the fact that the electricity supply for that area is D.C. limits severely the purchase of apparatus for individual application.

SECTION E—STAFF.

This has been a year of many changes in which all the divisions of the Department have been affected, but in particular I must make mention of the death of Mr. G. Rollason, Senior District Sanitary Inspector, at the early age of 35. His great ability and keenness were a constant stimulus, and his loss has been severely felt.

Also a serious loss was the retirement due to illness of Mr. Skitt, the Chief Sanitary Inspector, who since his appointment had worked unceasingly for the good of the town. A great deal of the credit for improvements effected in the town in the last 15 years must go to him.

At the end of the year one Municipal Midwife was very seriously ill. She has since died.

Dr. F. Mautner was released to return to his own country at the special request of the Czechoslovakian Government, and Dr. J. R. B. Gibson was appointed in his place.

Mr. W. Parker was appointed Chief Sanitary Inspector vice Mr. Skitt, and his already extensive experience will be of very great help to us.

The staff of all divisions have worked exceedingly well in spite of many difficulties due to shortage which meant in many cases members taking on additional responsibility which normally would not have been necessary.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER.

To The Chairman and Members of the
School Medical and Attendance Sub-Committee.

Mr. Chairman, Ladies and Gentlemen,

In any review of the work of the School Health Service for 1945, apart from the momentous world consequences of victory, the coming into operation of what may be described as the medical portions of the Education Act must eventually have profound effects, but it is most earnestly to be hoped that the new Health Service Act, when passed, will provide for a complete interlinking with the School Health Service. At the moment this is uncertain and the relationship urgently needs clarifying, as obviously it would be absurd to have two services side by side.

The aim of the School Health Service of the country can be stated in two sentences:—

- (a) To keep healthy all school children that are healthy.
- (b) To ascertain and subsequently to get the best and most suitable treatment for those needing it.

Though this question of prevention is constantly before us, the need for the treatment of defects still remains and, therefore, all those working with school children welcome with open arms the opportunity Section 48 (3) gives to provide Medical Services more complete than ever before, and it is unfortunate that the wording of this and other Sections of the Act dealing with medical matters can be interpreted differently in different areas. This certainly should not have been the case.

In conclusion, I should like to thank the Chairman and Members for their interest. Nothing could be more fascinating than to ensure by all possible means that the younger members of our community grow up to become healthy adults in mind and body, and anything that helps towards this is very well worth while. I should specially like to thank the Chief Education Officer and his staff, who have given us all the help possible, and also the teachers for their assistance, as without their aid and co-operation we could not possibly achieve the end we all have in view.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

W. K. DUNSCOMBE,
School Medical Officer.

(1) Routine Examinations.

This year we have been able to commence the examination of the second age groups, and the number examined shows a material increase on last year. The percentages of children classified under the existing four grades of nutrition show some variation, but since this is a clinical assessment these variations from year to year are to be expected, especially if there are staff changes.

The figures of examinations and classifications of nutrition are given in the Tables at the end of the Report (page 36). I have repeatedly drawn attention to the unsatisfactory classification system and to the urgent need for its amendment and simplification.

Ascertainment of defects was improved during the year, but we still have a long way to go before we can claim that it is completely accurate.

(2) Nutrition.

The figures based on the present classification have already been referred to, but I must state that I have the impression that the restrictions in the supply of fats particularly and also of fresh fruit are beginning to affect the children of school age, especially those of 8 plus.

Minor skin diseases are fairly prevalent and blepharitis is relatively common, and though these manifestations are more frequent in children of the problem families—as might have been expected—it is not the whole case, and other children seem to be more often affected than one could reasonably have assumed.

(3) School Meals.

The number of children taking school meals on a day in December was 2,246. This is again a substantial increase on last year and all concerned must be congratulated for a very excellent piece of work. For years I have been an unrepentant school mealer and I remain so. Nothing is likely to prove of so much benefit in the long run, and the only difficulty is that some children are still deterred from getting these mid-day meals on account of the cost. Their parents have been brought up in the virtues of independence, and of standing on their own feet, and therefore anything savouring in any way of "charity" for their children is barred. Their views can be admired, but only up to the point where the children begin not to benefit.

In any case the organisation, cooking, service and distribution of so many meals, which are tasty, appetising, and served hot, is a big job, which the public do not realise sufficiently.

(4) Ascertainment of the Deaf.

In the absence of reasonable equipment such as a pure-tone audiometer, ascertainment of deaf and partially deaf children must of necessity be inadequate. During the year the School Medical

Officer attended a short Course on the problem in Birmingham, which was held by Dr. and Mrs. Ewing, of Manchester, and he was so impressed that later in the year, along with the Director of Education, the Department for the Education of the Deaf at Manchester University was visited. Unfortunately the marvellous work and the results obtained by Dr. and Mrs. Ewing in the training of deaf children seem to be known to few, and it is high time that something similar was commenced in the Midlands.

(5) **Eye Defects.**

Here the numbers examined for errors of refraction and for other defects show a great increase, as also do the cases for which spectacles were prescribed and obtained. After 1st April it was arranged to have a dispensing optician in attendance at the time of the special eye clinic, so that all the patients have to do is to take the spectacle prescription from one room to another to be measured for the frames, and subsequently to collect the completed spectacles. The result has been that whereas formerly it was a matter of considerable difficulty to persuade the parents to pay for and obtain the necessary glasses, this has now been very greatly improved, though it is still difficult sometimes to persuade the indifferent parents to take the trouble to have the glasses repaired if they get broken, even though this is also free.

(6) **Diseases of the Throat, Nose and Ear.**

The numbers again show a substantial increase; for those operated on for removal of tonsils and adenoids, as well as for other defects treated. The increase in the cases operated on is due to a considerable extent to the fact that it was possible to reduce the very long waiting lists at the Guest Hospital through the release of beds in the tonsil ward from the E.M.S. Service.

However, the problem of the running ears still remains. This is of particular importance in the industrial areas where catarrhal infections of the upper respiratory tract are so common, especially if this is combined with a high incidence of measles, as was the case this year in Dudley. There is no royal road to the cure of these very obstinate cases, but it is obviously impossible to dry out all the running ears of school children every day, as some seem to expect, and it may be advisable to consider having a special clinic to deal solely with such cases, as the consequences of long continued otitis media are likely to be seriously detrimental to any child unfortunate enough to contract it.

(7) **Comprehensive Treatment.**

The coming into operation of Section 48 (3) of the Education Act, 1944, has not so far altered the position regarding treatment. Through the inability of the various bodies to agree nationally as to costs, final arrangements with the various hospitals in the area to treat those cases for whom the Local Education Authority assumes responsibility had not been reached at the end of the year, so that comprehensive facilities for treatment were not, in fact, available.

It is also unfortunate that the Act is vague on a very important point. I refer to the question of whether attendance at a Doctor's surgery is to be regarded as domiciliary treatment, or as treatment for which the Local Education Authority should pay, and it is all very well to say it will all come right when the National Health Service starts, but what happens in the meantime?

(8) **Paediatric Service.**

Comprehensive treatment for school children is associated inevitably with a full Service for dealing with children's diseases generally and it is hoped that the recently formed Institute of Child Health in Birmingham will radiate its beneficial influence throughout the West Midlands. Certainly there would be plenty of scope for a paediatrician in the area covered by the suggested Dudley and Stourbridge Hospital districts.

(9) **Infectious Diseases.**

The number of cases of infectious diseases notified among school children is given below. It will be seen that 31 cases of diphtheria were notified, which is too many, although several of these were among un-immunised children, and also in some of the other cases the diagnosis was revised after admission to Hospital.

The great epidemic of measles to which reference has already been made in the report of the Medical Officer of Health naturally had repercussions on school children. Altogether 273 school children were affected and the age distribution is given below. The Nursery School was also not affected as badly as might have been expected.

Age Group.	Measles.		Diphtheria.		Scarlet Fever.		Whooping Cough.	
	M	F	M	F	M	F	M	F
5—10 ...	131	135	13	10	9	16	1	—
10—15 ...	5	2	6	2	4	10	—	—

(10) **Tuberculosis.**

The following is the number of notifications received of both pulmonary and non-pulmonary tuberculosis in children of the age-group 5—15. There is an increase of one non-pulmonary case as compared with last year.

	Males.	Females.	Total.
Pulmonary ...	—	2	2
Non-Pulmonary ...	2	6	8
Totals ...	2	8	10

(11) **Lack of Special Schools.**

Mention was made in paragraph 1 of the fact that ascertainment of defects is improving, but it cannot be questioned that, even when ascertained, accommodation for the treatment of certain long stay cases is hopelessly inadequate.

This is particularly the case for children with heart disease and other rheumatic manifestations, notably chorea, severe lung disease (not tuberculous), and orthopaedic cases. These latter are almost all long stay cases, and the only beds available are in The Woodlands in Birmingham and some in Standon Hall in the Central Staffordshire District, while for other classes of cases mentioned above the accommodation available in the Midlands is even more grossly insufficient.

It is not too much to say that the lack of adequate facilities for the treatment of these conditions so associated with crippling illness in children is a reflection on the administrations of the responsible Local Education Authorities and on the Ministry, and though inevitably and with justification it can be said that the war upset various proposals for amelioration, that should be altered now. We should be encouraged and supported in every way by the responsible Government Departments to get on with the job of providing this accommodation which is so desperately needed.

(12) **Orthopaedic Clinic.**

Difficulty was experienced at times in obtaining an Orthopaedic Surgeon to attend at the monthly Surgeon's Clinic. This was due largely to the amount of Orthopaedic work then being done for the Forces, but the position was cleared up by the end of the year.

The following are the figures, from which it will be seen that the Clinic serves other areas for approximately one-third of its time. However, the number of cases requiring massage and exercise is so great as to tax the capacity of the Masseuse to the utmost, and additional staff for this is necessary.

Orthopaedic Clinic—Attendances, etc., 1945.

	Dudley Cases.	Other Authorities.	Total.
Cases seen by Orthopaedic Surgeon	94	33	127
No. of Children Treated	263	187	450
No. of attendances for Massage ...	1964	1066	3030

(13) **Malvern Open-Air School.**

This was open for the usual three terms during the year and our children took advantage of all the places we could provide. Unfortunately, however, many scores more children from the Borough need the regime which an open-air school provides and the provision of such a school, where more suitable climatic conditions prevail than on the Malvern site, so as to permit of its being used all the year round, would be of immense benefit and is, in fact, an absolute necessity for the school children of the Borough.

(14) Dental Work.

The report of the Senior Dental Officer follows, but here it should be pointed out that he functioned *alone* for the whole year and when his figures are examined in the light of this fact it will be seen that a remarkable record of work is shown. It must be emphasised that, even with Mr. Marks' return, there are very considerable arrears to be made up and a third dental surgeon will be a necessity if the High, Grammar, and Junior Technical Schools are to be treated.

REPORT OF THE SENIOR DENTAL OFFICER.

"The year has been a somewhat incompatible mixture of decreased staff and increased work, the former arising out of the impossibility of replacing the temporary assistant dental officer (who left in October, 1944) and the latter in part due to the provision of the new Education Act and partly to the increased demand for treatment. In spite of this and many other difficulties, it has been possible to maintain about 75% of the usual *joint* output and also to extend the service in certain directions. The administration of anaesthetics, etc., single-handed is highly undesirable, however, and it is hoped that the staff will be up to normal strength early in 1946.

Under the Education Act our liabilities are increased not only by virtue of the additional groups of children now eligible for treatment, but also by the increased scope of the treatment which must be provided. It seems apparent that, even apart from such mechanical work as the provision of dentures and similar appliances, an increase in the number of Dental Officers from two to three or four will be required. Associated with this development will be the necessity of providing more accommodation (both surgery and laboratory) and additional Dental Attendants.

Staff shortage and the impossibility of obtaining certain essential equipment have imposed certain limitations on the work as a whole, and it is therefore of particular note that definite progress has been made in the Orthodontic Service. We have been fortunate in obtaining the services of Miss E. M. Still, an orthodontic consultant, and, although only attending twice per term at present, this arrangement can be modified as required. In addition, provision has been made for the yearly treatment of twenty of our more complex cases at the Birmingham General Dispensary. Orthodontists are very few in number and our greatest concern has been to establish the service before all available persons were absorbed in the post-war orthodontic schemes of other authorities. The treatment given at present is severely limited by lack of essential equipment.

All work during the year has been carried out at the Central Clinic, as this was considered to be the most economical way of carrying out single-handed working—the only consideration being to provide the maximum benefit for as many patients as possible.

The main issue being the treatment, I fear that in many instances during the pressure of sessions, there has been little time for the clerical work necessary to classify the patients in the finer statistical categories.

It must not be assumed that, whilst working from one centre, the other clinics have been forgotten. A very considerable amount of thought has been given to the lay-out of the new Netherton Clinic, and obtaining equipment has absorbed much useful time. My experiences during this period have strengthened my conviction that decentralisation of the Dental Service, as far as Dudley is concerned, is a bad policy. Apart from uneconomic working, no clinic is adequately equipped for comprehensive and satisfactory treatment. As a very rough estimate, the total expenditure on all the dental equipment, in all the Clinics in the Borough, would just about be adequate to equip one comprehensive centre. One properly equipped centre is better than any number with inadequate apparatus, both from the point of view of quality and quantity of production.

Apart from the surgical side, the necessity of providing dentures for mothers and even school-children, does mean that certain premises and equipment are required for laboratory use. The actual fabrication of the dentures will have to be carried out, for the time, at some outside laboratory, as I do not think the appointment of a whole-time mechanic is at present justified. Our own laboratory would be concerned only with fitting dentures, repairs, record models and the hundreds of minor items which occur in every practice.

It is hoped that this year will see the end of a great handicap caused by lack of X-ray equipment. In the past we have had to depend on local hospitals for occasional work, which has been of a fairly uniformly indifferent standard, at a prohibitive price and subject to considerable delays. This system of working has been quite useless where it has been needed most—in providing immediate information during the progress of instrumentation. Further, I do not consider the average hospital X-ray department has sufficient experience to be able to turn out the specialised type of work associated with orthodontic records.

The statistical tables seem to call for no particular comment. It has not been possible, being single-handed, to examine every school in the Borough this year, but over 70% of the usual examinations have been carried out. Whilst only the names Dudley and Holly Hall appear in the tables, this does not mean that Netherton and Priory children have received no attention. These have all been treated (as already mentioned) at the Dudley Clinic and are included in those returns.

In addition to the work shown, 27 orthodontic cases of a fairly complex nature were seen at Miss Still's two special orthodontic sessions and treatment arranged. A number of cases were referred to Miss Still at the Birmingham General Dispensary, and seven very severe cases are under course of treatment. Apart from the

above, one removable appliance has been provided, 127 cases of varying severity treated by purely surgical means and 87 cases put on remedial exercises, or advised on habits, etc.

Our new responsibility for the treatment of certain children from other areas, attending schools in the Borough, has added a considerable volume of work. The High School, Grammar School and Intermediate School alone, to mention but three, seem capable of providing sufficient work to keep one Dental Officer fully occupied. These secondary schools provide a large volume of conservative work, and it is hardly surprising, therefore, that the waiting list for fillings is becoming steadily longer.

The years ahead are busy, both from the purely dental and from the administrative point of view. Much time will have to be devoted to the problems of reconstruction, re-organisation and future development. These, in turn, depend on future staff and equipment, both of which are at present unknown quantities.

D. NELSON,
Senior Dental Officer."

(15) **Orthodontics.**

Owing to the large number of pupils who were found to require some regulation treatment, arrangements were made to deal with this by (a) sending 20 of the worst cases per year to the Birmingham General Dispensary Dental Division, and (b) the appointment of a Consulting Orthodontic Surgeon. The value of these arrangements has been proved over and over again, and the Committee deserve to be congratulated on their progressive outlook, as in few areas of comparable size is such a scheme so far advanced.

(16) **Work of the School Nurses.**

With the exception of one Assistant Nurse and one Nursing Auxiliary all the School Nurses act also as Health Visitors, thus achieving the integration of the whole child health service. The work has been carried out very well indeed, though more nurses still are needed if the school clinics are to be developed and extended as they really should be. The work done is given in the Tables.

(17) **Employment of Children and Young Persons.**

These examinations were continued during the year and 112 pupils were examined and 110 certificates granted. As is usual elsewhere the great majority of the applications were for delivering papers.

(18) **Speech Therapy.**

In the previous year's report I mentioned that agreement had been reached with the Staffordshire County Council as to the joint use of a Speech Therapist and the need for this Officer is accepted

by all. Unfortunately in spite of all possible efforts being made to obtain one we have been entirely unsuccessful. It is a matter for profound regret that the supply is so small and we can only hope that it will be possible to obtain a properly qualified person very soon.

(19) **Child Guidance Clinic.**

The question of a Joint Child Guidance Clinic was considered in connection with the County Boroughs of Walsall, West Bromwich and Smethwick, and the Staffordshire County Council, and certain Clinics were visited by a deputation. It did appear, however, from these visits that the whole subject is in such a state of flux and the supply of suitable psychiatrists so limited that a little more patience in the matter might be of advantage in ensuring that, when eventually set up, the Clinic would function on the right lines.

(20) **Health Propaganda.**

With a view to enlisting still further the invaluable aid of the teachers, arrangements were made to distribute the magazine "Better Health" to each Department of the various schools.

STATISTICAL TABLES, 1945.

Table I.

Medical Inspections of Children attending Local Authority's Schools.

A. Routine Medical Inspections.

(1) Number of inspections in the prescribed age groups:—

Entrants	...	...	...	...	2092
Second Age Group	...	...	...	...	887
Third Age Group	...	...	...	...	721
					3700
					3700

(2) Number of other routine inspections:—

Deaf and Blind	21
----------------	-----	-----	-----	----

B. OTHER INSPECTIONS.

Number of special inspections and re-inspections ... 2224

Table II.

Classification of the nutrition of children during the year in the routine age groups:—

Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
3700	421	11.4	2795	75.5	484	13.1	—	—

Table III.

Group I. Treatment of Minor Ailments (excluding Uncleanliness).

Total number of Defects treated or under treatment during the year under the Authority's Scheme ... 18,446

Group II. **Treatment of Defective Vision and Squint**, under the Authority's Scheme:—

Errors of Refraction (including squint)	314
Other defects or diseases of the eyes (excluding those recorded in Group I.)	65
Total	379

Number of children for whom spectacles were

(a) Prescribed	203
(b) Obtained	192

Group III. **Treatment of Defects of Ear Nose and Throat.**

Received operative treatment	346
Received other forms of treatment	333
Total number treated	679

Table IV.

Dental Inspection and Treatment.

Attendances and Work Done at Dudley Clinic.

School Children.

	Total Attendance	Casuals	Routines	Fillings Permanent	Fillings Temporary	Extractions Permanent	Extractions Temporary	General Anaesthetics	Other Operations Permanent	Other Operations Temporary
DUDLEY, PRIORY & NETHERTON CHILDREN ...	3352	1076	938	1638	156	473	1581	1625	783	674
HOLLY HALL CHILDREN ...	271	53	159	176	—	40	214	191	26	26
TOTALS	3623	1129	1097	1814	156	513	1795	1816	789	700

Dental Inspection and Treatment.

(1) No. of Pupils Inspected by the Dentist:	(6) Fillings:	
(a) Routine-Age-Groups ... 4071	Permanent Teeth 1814	
(b) Specials ... 1129	Temporary Teeth 156	
(c) Total (Routine and Specials) 5200	Total ... 1970	
(2) No. found to require treatment ... 2562	(7) Extractions:	
(3) Number actually treated ... 2226	Permanent Teeth 513	
(4) Attendances made by pupils for treatment ... 3623	Temporary Teeth 1795	
(5) Half-days devoted to:—	Total ... 2308	
Inspection ... 22	(8) Administrations of general anaesthetics for extractions ... 1816	
Treatment* ... 373	(9) Other Operations:	
Total ... 395	Permanent Teeth 789	
	Temporary Teeth 704	
	Total ... 1493	

* This includes time devoted to M. & C.W. work.

Table V.**Verminous Conditions.**

(1) Average number of visits per school made during the year by the School Nurses or other authorised persons	61
(2) Total number of examinations of children in the Schools by School Nurses or other authorised persons	56,451
(3) Number of individual children found unclean ...	6,596

Table VI.**Blind and Deaf Children.**

Number of totally or almost totally blind and deaf children who are not at the present time receiving education suitable for their special needs:—

	1	2	3
	At an Ordinary School	At an Institution other than a Special School	At no School or Institution
Blind Children	—	—	3
Deaf Children	—	—	1

3—Awaiting admission; 1—parents refused.

Table VII.**Sunray Clinic.**

	Dudley Cases.	Other Authorities.	Total.
No. of Children receiving ultra-violet ray therapy	239	9	248
No. of attendances	649	56	705

**ANNUAL REPORT OF THE CHIEF SANITARY
INSPECTOR & CLEANSING SUPERINTENDENT
FOR THE YEAR ENDED 31st DECEMBER, 1945.**

To the Chairman and Members of the Health Committee.

Mr. Chairman and Gentlemen,

In presenting my first annual report, I am compelled to comment upon the obvious. As I only commenced my term of office on the 1st November, 1945, by far the greater amount of the work shown in this report was done prior to my commencement. Praise, therefore, is due to the Inspectorial Staff who carried on short-handed for a considerable portion of the year.

With the cessation of hostilities, we can now look forward to a gradual but increasing return to normal services and, I hope, to greater improvements. Housing is, and will continue to be, the most pressing need. There are people without homes for whom homes must be provided, but the people who have cheerfully lived on in unfit houses must not be forgotten. The condition of many of these houses after another six years inattention is deplorable.

Attention must be paid to premises where food is prepared and handled and there is still a pressing need for the adoption of more food standards.

I would like to express my thanks to all the members of the Committee who have been more than helpful to me since I came here. Also to the staff for their wonderful teamwork and the way in which they are rapidly reducing many of the arrears of the war years. Lastly, but by no means least, I take this opportunity of expressing my greatest appreciation of the co-operation afforded to me by Dr. W. K. Dunscombe.

I am, Gentlemen,

Yours obediently,

W. PARKER,

Chief Sanitary Inspector and
Cleansing Superintendent.

GENERAL**Sanitary Accommodation.****Statement of Sanitary Accommodation on the 31st December, 1945.**

No. of houses and other premises (estimated)	16110
No. of houses and other premises served by W.C.'s draining into public sewers	15921
No. of houses and other premises served by ashbins ...	16067
No. of privies in the Borough	31
No. of cesspools in the Borough	70
No. of pail closets in the Borough	89

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 dwelling houses ...	Nil
Privies converted to pails	Nil
Additional pails provided to other than dwellinghouses ...	Nil
W.C.'s and cesspool drainage connected to public sewers	Nil
No. of dry ashpits abolished	Nil
New Ashbins provided (replacements and additional) ...	618

SANITARY INSPECTION OF THE AREA.**Particulars of Inspections.**

Reasons for Inspection.	No. of Inspections.	Nuisances or defects found.	No. of re-visits.	Nuisances or defects remedied.
Houses under P.H.A. ...	401	605	426	231
Drainage work only ...	161	59	146	40
Closets	95	150	71	79
Ashplaces	972	1035	1067	784
Overcrowding	261	—	4	—
Miscellaneous	308	60	69	12
Tents, Vans and Sheds	83	51	59	51
Totals ...	2281	1960	1842	1197

Other Visits.

Common Lodging Houses	4
Interviews with owners or agents, etc.	494
Public Cleansing Services	11

During the year the following notices were served:—

	Informal Action.		Formal Action.	
	Served.	Complied with.	Served.	Complied with.
Public Health Act ...	842	583	178	189
Housing Act ...	1	1	—	—
Milk and Dairies Order	1	—	—	—
Food and Drugs Act ...	3	1	—	—
Factory Act ...	17	7	—	—
Dudley Corporation Act	7	6	—	—
Totals ...	871	598	178	189

Some of the notices complied with were outstanding from the previous year.

WATER.

No. of houses (excluding Council Houses) having a private supply ...	7322
No. of Council Houses ...	5300
No. of houses having common water supplies ...	2959
No. of standtaps ...	61

These figures are not based on any complete survey and are very approximate. They have been worked out chiefly on local knowledge and are, therefore, liable to considerable error. Particularly does this apply to the number of standtaps.

Water Samples.

(a) Bacteriological Samples:

Samples from Public Baths ...	8
Water from Watercress beds ...	2
Water from Mains (taps) ...	3

(b) Chemical Samples:

Sample from Watercress beds ...	1
Sample from Mains (taps) ...	1

DISINFESTATION.

Fumigation and Removal Service.

No. of houses treated with HCn:—

Corporation ...	4
Private ...	Nil
No. of rooms involved ...	11
No. of household furniture removals and treatment with HCn ...	10

No. of houses treated with insecticide:—

Corporation	...	...	...	...	...	...	8
Private	...	...	...	...	...	...	12

No. of rooms involved:—

Corporation	...	...	...	...	...	...	21
Private	...	...	...	...	...	...	25

No. of visits to tips re crickets, etc.	...	...	...	...	...	125
Choked drains cleansed	...	...	...	...	...	162
Choked W.C.'s cleansed	...	...	...	...	...	48
No. of Library books disinfected	...	...	...	...	...	31

Articles disinfected or destroyed:—

	Disinfected.	Destroyed.
Mattresses	125	3
Pillows	335	2
Bolsters	109	6
Sheets	255	—
Blankets	673	—
Overlays	750	12
Sundries	297	11
Total	2544	34

Rodent Control.

No. of complaints received	...	...	...	...	159
No. of premises found to be infested	...	...	...	...	163
No. of premises serviced by the Department	...	...	...	...	161
No. of baits laid	...	...	...	...	2545
Estimated total kill of rats and mice	...	...	...	...	1860

INFECTIOUS DISEASES.

The District Sanitary Inspectors have carried out routine investigation of notified infectious diseases occurring within the Borough. In all cases satisfactory arrangements were made either for isolation at home or for hospital treatment. The following particulars show the amount of work carried out.

Disease.	No. of cases.	No. of visits (including re-visits).
Scarlet Fever	60	239
Diphtheria	61	
Smallpox Contacts	14	

Particulars of disinfection work carried out during the year:—

No. of houses disinfected after infectious diseases	...	161
---	-----	-----

FACTORY ACT, 1937.

1. Inspections for purposes of provisions as to health.

Premises.	No. of visits.	No. of re-visits.
Factories with mechanical power	21	14
Factories without mechanical power	4	1
Other premises under the Act	—	—
Total	25	15

2. Defects Found.

Particulars.	No. of defects found.	No. of defects remedied.
Want of Cleanliness (S.1)	2	—
Overcrowding (S.2)	—	—
Unreasonable temperature (S.3)	—	—
Inadequate ventilation (S.4)	—	—
Ineffective drainage of floors (S.6)	—	—
Sanitary Conveniences (S.7)—		
Insufficient	1	—
Unsuitable or defective	26	8
Not separate for sexes	2	2
Other offences	—	—
(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).		
Total	31	10

3. Outworkers.

(a) No. of lists received from employers	15
(b) No. of employers involved	9
(c) Outworkers involved	48
(d) No. of outworkers living outside Borough	35
(e) No. of Districts in (d)	6
(f) No. of lists received from outside authorities	6
(g) No. of employers involved	7
(h) No. of outworkers involved	24

During the year additions or alterations have been made at several factories in the Borough. In all cases there has been close co-operation between the Borough Engineer and myself to ensure that the submitted plans provided for adequate and satisfactory conveniences and for suitable lighting, ventilation and other necessary requirements.

PUBLIC CLEANSING.

During the year the whole of the personnel engaged in Public Cleansing have carried out a good job of work. Difficulties of labour shortage, transport and the vexed question of bin supply have been daily trials, but in spite of these the collection and disposal of household and trade refuse has continued satisfactorily. It is to be deprecated that there has been a falling off in the amount of salvage available for collection. The need is as great as ever and the public are being reminded continually. One hopes that the request for more and more salvage will not be in vain. It is interesting to note, however, that the profits from salvage have increased by £278 over the profits of last year.

House Refuse Collection.

	Financial year ending		
	1945	1939	1929*
No. of houses and other premises to which collection service was given	16110	15264	12500
Average No. of ashbins cleansed per week	9100	15619	8546
Average No. of privy middens cleansed per week	2	7	No data
Average No. of pail closets cleansed per week	190†	90	No data
Average No. of cesspools cleansed per week	20.6	10	No data
No. of ashpits emptied throughout the year	-	-	11204
Total refuse collected in tons (estimated) excluding night soil	18850	22282	20733

† This average figure includes cleansing of 195 A.R.P. Shelter pails 3 times per month up to the end of September, when service ceased.

Costs.

A. General.	Financial year ending		
	1945	1939	1929*
Total net cost of collection and disposal	£10989	£8915	£10329
Capital cost defrayed out of revenue with loan charges	£1859	£456	Nil
Expenditure for all purposes ...	£12848	£9371	£10329
Income from trade refuse and miscellaneous sales and royalties ...	£556	£103	£13
Net expenditure for all purposes ...	£12292	£9268	£10316
Rateable value	£294688	£269047	£213618
Product of penny rate	£1178	£1099	£812
Total rates in £	17/-	16/-	15/3
Net cost—equivalent rate in the £	10.43d.	8.433d.	11.6d.
Percentage of above total rates in the £	5.11%	4.392%	6.34%
Total net cost per premises cleansed	15/3	12/1½	16/6
Weight (in cwts.) per 1,000 population per day (365 days)	17.48	19.82	19.3

B. Collection.

	Financial year ending		
	1945	1939	1929*
Total cost (including loan charges and exclusive of Income) ...	£9548	£7126	£9106
Total cost per ton	10/2	6/5	8/9
Total cost per premises cleansed ...	11/10	9/4	14/7

C. Disposal.

Total cost (including loan charges and exclusive of Income) ...	£3300	£2245	£1223
Total cost per ton in the Control of of Tips	3/6	2/-	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.

SALVAGE REPORT.

Years ending 31st March, 1945 and 1946.

MATERIALS	MATERIAL SOLD				MATERIALS IN STOCK				Total Weight Collected (Tons)		EXPENDITURE £		
	Weight (Tons)		Value £		Weight (Tons)		Value £						
	1945	1946	1945	1946	1945	1946	1945	1946	1945	1946	1945	1946	
Paper	333	279	2204	1837	20	5	128	32	348	264	Wages ...	3379	2166
Rags	40	23	381	193	5	1	30	6	45	19	Transport	736	480
Metals	145	127	307	223	13	6	25	11	39	120	Bonus ..	555	588
Glass	31	24	248	156	8	5	64	40	34	21	Materials	333	82
Bones etc. ...	13	8	60	36	—	—	—	—	13	8			
Kitchen Waste	530	394	1848	1208	—	—	—	—	530	394			
Rubber	6	—	14	—	—	—	—	—	—	—			
TOTALS ...	1098	855	5062	3653	46	17	247	89	1009	826		5003	3316

Summary of salvage values.

	Year ending 31.3.46.	Year ending 31.3.45.
Total income	£3653	£5062
Total expenditure ...	£3316	£5003
Nett profit	£337	£59

Records of Yearly Returns of Salvage Sold.

Materials	Year ended 31st Mar. 1942		Year ended 31st Mar. 1943		Year ended 31st Mar. 1944		Year ended 31st Mar. 1945		Year ended 31st Mar. 1946		Totals	
	T.	C.	T.	C.	T.	C.	T.	C.	T.	C.	T.	C.
Waste Paper ...	564	17	572	0	386	18	333	18	279	2	2136	15
Ferrous Metals ...	432	9	280	3	324	6	147	2	127	6	1311	6
Non-ferrous Metals	1	11½	2	12	1	7½	0	7	—	4	6	1½
Textiles	45	15	66	7	56	19	39	11	23	7	232	19
Glass	88	15	196	18	87	16	31	10	24	13	429	12
Kitchen waste ...	656	18	705	18	672	16	530	6	394	16	2960	14
Condemned Meat	1	15	2	13	3	6½	1	18	3	9	13	1½
Bones	27	19	12	12	11	5	11	9	4	19	68	4
Total Tonnage ...	1920	19½	1839	3	1544	13½	1096	1	857	16	7158	13

HOUSING.

Appended is a table showing the progress in housing from 1931 to 1945 inclusive. During the war years it has been impossible to carry out any housing programme other than the demolition of dangerous and very insanitary void houses. During this period many many families have continued patiently to live under intolerably bad housing conditions. This was inevitable, but as the building programme develops attention must be focussed upon the extreme need of the people who have been compelled to live in unhealthy houses and who, in my opinion, deserve considerable priority.

Operation of the Housing Acts, 1925—1936.**Position at December 31st, 1945.****(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	do.
Bull Ring (2 areas) ...	30 houses	do.
Paradise ...	35 houses	do.
Chapel Street ...	32 houses	do.
Kate's Hill ...	311 houses	305 houses demolished 6 remaining.
1st Netherton Areas ...	219 houses	175 houses demolished 44 remaining.
Cawney Hill ...	71 houses	62 houses demolished 9 remaining.
2nd Netherton Areas ..	82 houses	43 houses demolished 39 remaining.
St. John Street (Kate's Hill) ...	70 houses	40 houses demolished 30 remaining.
3rd Netherton Areas ..	67 houses	35 houses demolished 32 remaining.
4th Netherton Areas ..	169 houses	3 houses demolished 166 remaining.
5th Netherton Areas ..	80 houses	Inquiry held.
Low Town ...	62 houses	Inquiry held.

 1922

Total number of houses demolished ...	1454
Total number of houses remaining ...	468

(b) INDIVIDUAL UNFIT HOUSES.

Year	Total number of houses dealt with		Demolition Orders made		Houses demolished		Outstanding at December, 1945	Closing Orders made	Closing Orders			Under-takings to make fit		Under-takings complied with		Under-takings to make fit		Under-takings not to re-let.		Under-takings not to re-let			Under-takings to convert back-to-back houses						
	Formal	Informal	Formal	Informal	Formal	Informal			Determined	Demolished	Outstanding at December, 1945	Formal	Informal	Formal	Informal	Formal	Informal	Formal	Informal	Determined	Demolished	Outstanding at December, 1945	Accepted	Completed	Outstanding at December, 1945				
1930	5	4	nil	nil	nil	nil	1	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	
1931	164	127	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	
1932	62	40	9	9	25	9	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	4	2	nil	5	4	2	2	2	
1933	137	117	nil	nil	63	nil	1	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	
1934	60	32	23	23	62	23	2	nil	nil	nil	2	1	nil	nil	15	nil	nil	nil	nil	nil	nil	nil	nil	3	1	nil	nil	nil	
1935	97	66	23	23	57	23	3	nil	nil	nil	2	4	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	2	4	nil	nil	nil	nil	
1936	264	239	1	1	72	1	8	29	1	7	1	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	2	14	nil	nil	nil	nil	
1937	244	192	nil	nil	213	nil	5	30	nil	5	3	1	1	1	1	1	1	1	17	nil	nil	26	nil	17	26	nil	14	14	
1938	107	89	nil	nil	77	nil	1	26	nil	1	6	nil	nil	nil	6	nil	nil	5	1	nil	6	6	22	2	6	22	6	6	
1939	89	77	2	2	106	nil	4	39	nil	4	nil	nil	nil	nil	nil	nil	nil	nil	1	nil	6	6	nil	nil	6	6	4	4	
1940	nil	nil	nil	nil	45	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	2	nil	
1941	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
1942	nil	nil	nil	nil	29	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
1943	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
1944	nil	nil	nil	nil	3	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
1945	nil	nil	nil	nil	16	2	nil	nil	nil	nil	nil	nil	nil	nil	5	nil	nil	nil	nil	3	nil	nil	nil	nil	nil	nil	nil	nil	nil
Totals ..	1229	983	58	58	857	58	24	126	1	21	50	3	48	3	3	1	1	53	18	32	58	28	30	32	58	28	30	30	

The following short table shows the families re-housed during the year from the Department's waiting list:—

Houses let during 1945.

Tuberculosis	2
Overcrowding	12
Overcrowding and Special Health	1
Section 11	3
	—
Total	18
	—

INSPECTION OF FOOD.

Particulars of Registrations of Purveyors of Milk in the Borough.

Milk and Dairies (Amendment) Act, 1922 and Milk and Dairies Order, 1923.

A. Retailers:—

Loose Milk	100
Bottled milk only	275

B. Producers, Dairymen or Wholesalers 47

C. Dairies and Cowsheds.

The number of registered cowkeepers, wholesale purveyors of milk and retailers is as follows:—

Cowkeepers	4
Wholesalers	10
Retailers	375

Milk (Special Designations) Regulations, 1936—1942.

No. and type of Dealers'	Tuberculin		
	Accredited.	Tested.	Pasteurised.
Licences	1	1	—
No. and type of Supplementary Licences	4	2	4

BACTERIOLOGICAL EXAMINATION OF MILK

Samples	BACTERIOLOGICAL CONTENT A											Phosphatase		Tuberculosis Content B		
	No. taken for		Bacteriological Count per C.C.				Methylene Blue Test		Coliform Organisms present in		Coliform Organisms absent in		Satis.	Unsat.	Neg.	Pos.
			Under 30,000	Under 200,000	Under 500,000	Over 500,000	Satis.	Unsat.	1 10th C.C.	1 100th C.C.	1 10th C.C.	1 100th C.C.				
	Bact. Cont. A.	T.B. Cont. B.														
Undesignated Milk	22	8	—	—	—	—	6	16	—	14	—	8	—	8	—	
Heat-treated Milk	4	—	—	—	—	—	1	3	2	—	—	—	3	1	—	
Sterilised ..	54	—	—	—	—	—	50	4	—	—	—	—	54	—	—	
DESIGNATED MILK: Accredited ..	7	—	—	—	—	2	1	6	2	4	—	1	—	—	—	
T.T. Pasteurised	15	—	11	4	—	—	10	5	4	—	—	—	14*	—	—	
Pasteurised ..	34	—	20	6	2	6	15	19	21	—	—	—	31*	—	—	
Totals ..	136	8	31	10	2	8	83	53	29	18	22	9	102	1	8	

* Due to an error at the laboratory, the remaining samples were not subject to the phosphatase test.

FOOD AND DRUGS ACT, 1938.

Total No. of samples taken:—

Formal	...	...	...	...	...	...	30
Informal	...	...	...	...	...	...	63

Commodity.	Formal.	Informal.	Commodity.	Formal.	Informal.
Milk	27	—	Fruit Flavoured		
Ground Ginger	—	2	Essences	—	3
Ground Nutmeg	—	2	Malted Food Extract	—	1
Ground Cinnamon	—	1	Cocktail	—	1
Parsley and Thyme	—	1	Smoked Salmon	—	1
Sage and Onion			Indian Brandee	2	1
Stuffing	—	1	Glauber Salts	—	1
Mixed Spice	—	1	Beeswax	—	1
White Pepper	—	1	Liquid Paraffin	—	1
Mustard	—	2	Castor Oil	—	3
Picallili	—	1	Glycerine	—	3
Seasoned Gravy	—	1	Liquorice Powder	—	1
Vinegar	—	3	Gripe Mixture	—	1
Malted Milk Tablets	—	1	Bicarbonate of Soda	—	2
Arrowroot	—	2	Ipecac with Lemon		
Pearl Barley	—	1	and Glycerine, etc.	—	2
Soya Flour	—	1	Aspirin Tablets	1	1
Meat and Fish Pastes	—	3	Epsom Salts	—	2
Butter Flavoured			Eucalyptus Oil	—	1
Sauce	—	1	Laxative Syrup	—	1
Beef and Vegetable			Borax and Honey	—	1
Extract	—	1	Boracic Powder	—	1
Pudding Mixture	—	4	Camphorated Oil	—	1
Junket Powder	—	1	Carbonate of		
Salad Dressing			Magnesia	—	1
Powder	—	1			

Six samples were adversely reported upon by the Public Analyst during the year, viz.:—

Sample No.	Description	Result of Analysis	Remarks
967	Indian Brandec	Adulterated. Was guaranteed among other things to contain 25.76% of sweet aspirin of nitre. Non present.	Informal sample. Unable to obtain formal sample of same brand. Formal samples of other brand taken—see sample No. 974 below.
974	Indian Brandec.. ..	Contained 0.56% Nitrous Ether. No mention of this in formula on label.	Complaint in this case only of technical nature relating to accuracy of label. Packer interviewed by District Sanitary Inspector.
976	Milk	Unsatisfactory. Solids not fat—8.9% ; fat—2.2%. 25% deficient of fat.	Legal proceedings taken after satisfactory result of "Appeal to Cow" sample. Vendor convicted and fined £3 0s. 0d. with £3 0s. (d. costs).
994	Aspirin Tablets	Unsatisfactory — weight does not conform to the requirements of the British Pharmacopæia 7th Addendum.	Formal sample taken—see sample No. 6 below.
6	Aspirin Tablets	Unsatisfactory — weight does not conform to the requirements of the British Pharmacopæia 7th Addendum.	No legal proceedings taken. Warning letter sent by Town Clerk to vendor.
54	Seasoned Gravy	Unsatisfactory for human consumption. Larvae present, also infested with mites.	Informal sample. Vendor interviewed. Remaining packets surrendered by retailer.

PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

The major portion of the meat retailed in Dudley at the present time is from animals slaughtered outside the Borough. This is in accordance with the scheme for centralised slaughtering organised by the Ministry of Food to cover the National Emergency. It is hoped and expected that meat supplies will, in the near future, resume normal quantities.

In this event the question of slaughterhouse accommodation would arise. At the present time, there are 19 private slaughterhouses in the Borough, but only two are used for regular slaughtering. None of the slaughterhouses can be considered to be ideal and many of them cannot be made to comply with modern requirements. Now is the time to give serious consideration to the question of the provision of a central abattoir.

During the year a number of pigs have been slaughtered at premises in the Borough, some in private slaughterhouses and some cottagers' pigs. A great amount of time is taken up in the inspection of these animals as they are scattered over the Borough and the times of slaughtering are varied.

Details of work done are as follows:—

No. of cottagers' pigs slaughtered and inspected ...	305
No. of other pigs slaughtered and inspected ...	4042

Particulars of organs, carcasses and parts of carcasses rejected.

Carcasses Inspected and Condemned:

No. killed	4347
No. inspected	4347

All diseases except T.B.:

Whole carcasses condemned	9
Carcasses of which some part or organ was condemned	411
Percentage of the number inspected affected with disease other than Tuberculosis	9.66

Tuberculosis only:

Whole carcasses condemned	5
Carcasses of which some part or organ was condemned	300
Percentage of the number inspected affected with Tuberculosis	7.02

Meat and Other Foods Condemned.

Carcases or parts and offal condemned:

Carcases	...	...	...	...	...	14
Offals	...	...	...	...	...	12 sets
Heads	...	...	...	...	...	213
Lungs (sets of)	...	...	...	...	...	339
Livers	...	...	...	...	...	28
Hearts	...	...	...	...	...	101
Kidneys	...	...	...	...	...	12
Mesenteries	...	...	...	...	...	174
Spleens	...	...	...	...	...	13
Collars	...	...	...	...	...	19
Intestines (sets of)	...	...	...	...	...	24
Stomachs	...	...	...	...	...	24
Trimnings	...	...	...	...	...	4
Loins	...	...	...	...	...	2
Udder fats	...	...	...	...	...	1 portion
Fore-ends	...	...	...	...	...	3
Shoulders	...	...	...	...	...	2
Omentum	...	...	...	...	...	1
Tenderloins	...	...	...	...	...	2
Pleura	...	...	...	...	...	2
Udders	...	...	...	...	...	1
Peritoneum	...	...	...	...	...	2

Diseases:

	lbs.
Tuberculosis	6145 $\frac{3}{4}$
Pericarditis	220
Moribund	250
Emaciation and multiple abscesses	70
Cirrhosis	67
Congestion	200 $\frac{1}{2}$
Pneumonia	362
Hydro-nephrosis	2
Necrosis	62
Inflammation	33
Damage and rupture	2
Peritonitis	6
Pleurisy	194
Nephritis	2 $\frac{3}{4}$
Abscesses	30 $\frac{3}{4}$
Fatty degeneration	4
Fevered condition	781
Parasitical cysts	19 $\frac{1}{2}$
Fatty infiltration	15

Total weight of meat condemned—3 tons 15 cwts. 2 qrs. 11 lbs.
4 ozs.

Seedless raisins	...	...	...	...	15 lbs.
Luncheon meat	...	...	...	...	90 tins.
Junket	...	...	...	...	1 bottle.
Mustard	...	...	...	...	1 tin.
Salt	...	...	...	...	{ 3 lbs.
					{ 5 blocks.
Chocolate spread	...	...	...	...	1 tin.
Dessert mould	...	...	...	...	66 packets.
Sponge mixture	...	...	...	...	3 packets.
Pudding mixture	...	...	...	...	37 packets.
Smoked herrings	...	...	...	...	240
Swedish hors d'oeuvre	...	...	...	...	240
Tongue	...	...	...	...	31 tins.
Dried egg	...	...	...	...	5½ ozs.

ICE-CREAM PREMISES.

The manufacture of ice-cream, on a limited basis, has now been re-introduced. Visits have been made to all premises where ice-cream was known to have been produced or sold prior to 1939, and it was astonishing to find so many people ignorant of the provisions of Sections 13 and 14, Food and Drugs Act, 1938. As a result, circulars have been sent out giving a precis of requirements which must be complied with before registration will be granted and many prospective manufacturers have been interviewed. Much spadework will be necessary by the District Sanitary Inspectors, but I am confident that the ultimate result will mean vastly improved premises and methods in the area.

Ice-cream should be looked upon as a food and it is to be hoped that in the not too distant future bacteriological and qualitative standards will have been set.

No. of premises registered for the manufacture and
sale of ice-cream 10

No. of premises registered for the sale only of ice-
cream 13



