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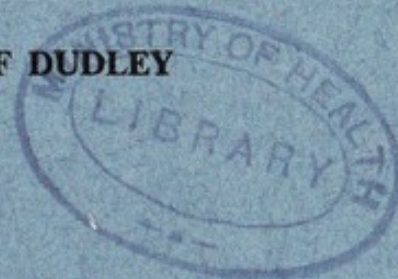
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COUNTY BOROUGH OF DUDLEY



# ANNUAL REPORT

of the

**MEDICAL OFFICER OF HEALTH**

**and SCHOOL MEDICAL OFFICER**

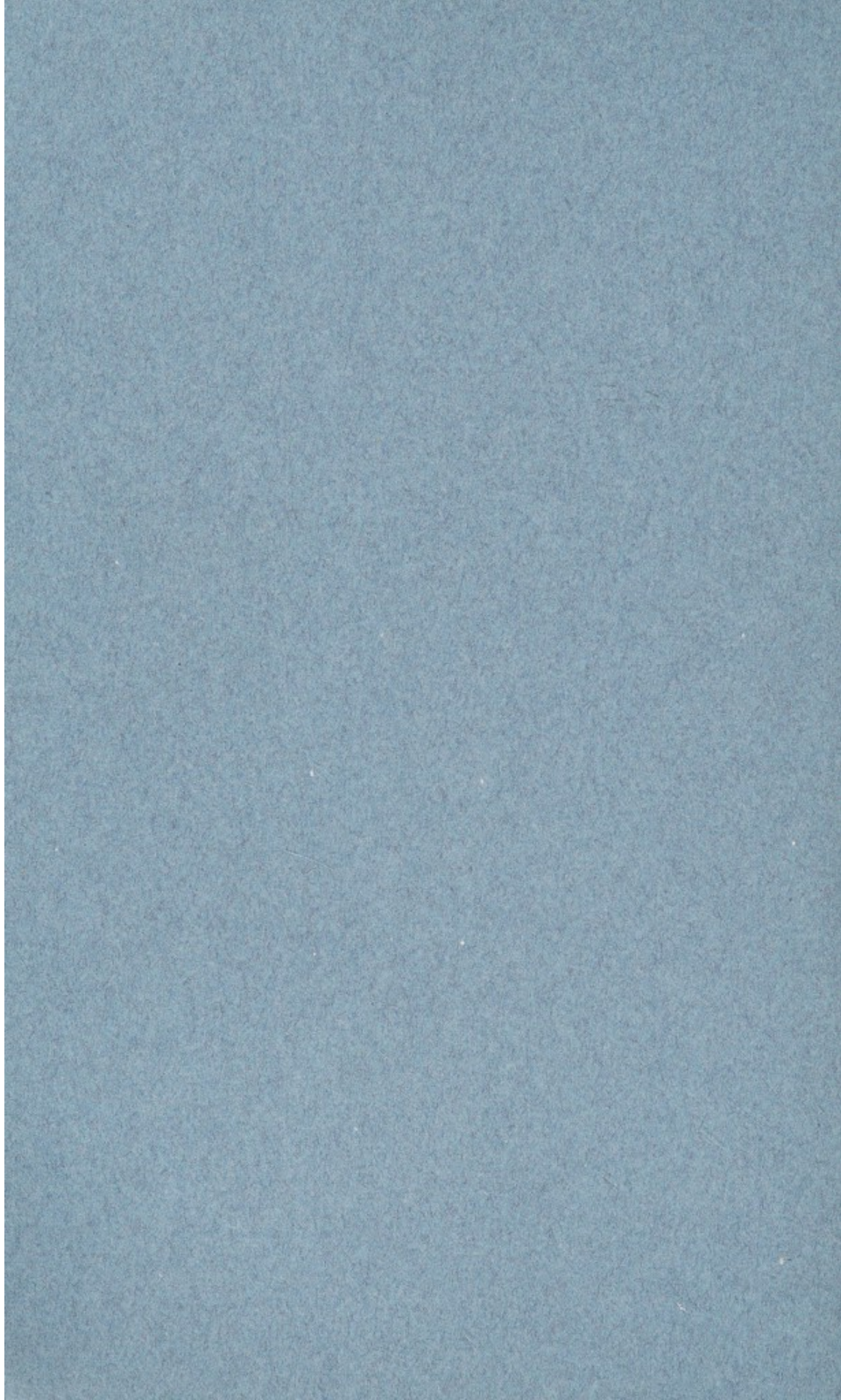
T. O. P. D. LAWSON, M.D., D.R.C.O.G., D.P.H.

and of the

**CHIEF SANITARY INSPECTOR**

W. PARKER, M.R.San.I., M.S.I.A.

**FOR THE YEAR 1950**





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**MEDICAL OFFICER OF HEALTH**

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**FOR THE YEAR 1950**



## Constitution of Committees as at 31st December, 1950

### HEALTH COMMITTEE

Alderman Dr. A. W. Weston (*Chairman*)

Councillor S. Wright (*Vice-Chairman*)

The Mayor	Councillor J. C. Price
The Deputy Mayor	Councillor C. N. Preedy
Alderman Dr. F. G. Lewis	Councillor R. N. Tong
Councillor J. J. Curley	Councillor J. J. Virr
Councillor F. Green	Councillor J. S. Wightman
Councillor T. Murray	Councillor F. T. Webb
Councillor W. H. W. Poulton	

(Members of the Council)

Canon J. Waring	} Appointed by Area Executive Council
W. H. Flavell, Esq.	
Dr. J. Macdonald	
Dr. D. L. Little	

Appointed by Local Medical Committee

H. Skidmore, Esq.	Appointed by Local Hospital Management Committee
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Mrs. D. Chambers, J.P.	Mrs. S. Lowe
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(Co-opted Members)

### EDUCATION COMMITTEE

Alderman A. E. Young, J.P. (*Chairman*)

Alderman J. L. Hillman (*Vice-Chairman*)

The Mayor	Councillor H. H. Cartwright
The Deputy Mayor	Councillor A. L. Hillman
Alderman T. E. Bennett, J.P.	Councillor J. A. Nayler
Alderman Dr. F. G. Lewis	Councillor H. L. Preedy
Alderman J. A. Taylor	Councillor W. Shuttleworth, J.P.
Councillor T. H. Bruton	Councillor W. Wakeman
	Councillor F. T. Webb

(Members of the Council)

Mrs. D. Chambers, J.P.	Rev. Ian K. Paton
Miss S. Flood	Rev. P. J. Quilty
Miss M. E. Hall	Canon J. Waring
Mr. H. Baker	

(Co-opted Members)

### SCHOOL MEDICAL AND ATTENDANCE SUB-COMMITTEE

Alderman Dr. F. G. Lewis (*Chairman*)

The Mayor	Councillor T. H. Bruton
Alderman A. E. Young, J.P.	Councillor W. Wakeman

(Members of the Council)

Rev. Ian K. Paton	Miss S. Flood
Canon J. Waring	Miss M. E. Hall
Mrs. D. Chambers, J.P.	Rev. P. J. Quilty

(Co-opted Members)



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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1950. The purpose of the Annual Report of the Medical Officer of Health is to present a factual account in simple language of events, outstanding or otherwise, which have influenced the health of the community during the current year. It is a pity, therefore, that a report such as this must necessarily include so many pages of statistical tables and figures both of which are apt to frighten off the would-be reader before he gets far beyond the first page. The annual publication of statistical records is necessary in order that the trend of disease may be studied and compared from year to year. Some of these figures are of no great significance and need occupy little of the reader's time. On the other hand, where statistics are of definite significance, they are followed by explanation and comment which, it is hoped, will be of interest to all who have an interest in the health of the community. For those of a statistical turn of mind the report may be studied in its entirety. Others will find sufficient information for their needs in the comments following the statistical tables.

The most outstanding event during the year was an outbreak of Poliomyelitis (Infantile Paralysis). This disease has been on the increase in recent years but until last summer Dudley had escaped a serious attack. The outbreak started in April and continued almost unabated until November. In view of the importance of this outbreak, the first of its kind in Dudley, I have added a supplement to this year's report dealing solely with this subject. I will, therefore, make no further comment at this stage.

The administration of the new legislation under the National Health Service Act has now been under way for two and a half years, and from the point of view of the Local Authority progress is being maintained, subject to limitations which are beyond the control of the Council. There are still a number of gaps in our comprehensive Health Service which have to be filled in, while at the same time there are a number of ways in which the Service might well be improved. The co-operation and good will which has always been evident between the three main branches of the administration, the Regional Hospital Board, the Local Health Authority, and the Executive Council, has been responsible for the smoothing over of many difficulties, but I think the time has now come for a complete review of the Health Service with the object of effecting improvements which the experience of the last few years has made increasingly obvious.

Improvement usually means change and change usually means increased costs, but many of us who have had some measure of responsibility for the administration of the Health Service genuinely believe that improvements could be effected which would result in a considerable saving. The cost of the Health Service has already exceeded all original estimates. This cost has been allowed to increase until finally a ceiling has been placed on all National



Health Service expenditure. Surely the time has come for a move in the opposite direction. The Health Service is not yet 100 per cent. efficient, but to achieve the maximum efficiency it is not necessary to increase expenditure. By cutting out non-essentials and by the establishment of a balanced system of priorities, covering the whole field of medical care a much more effective and economical service could be achieved.

The health services provided by the Local Authority involve the least expenditure of the whole National Health Service administration. The effectiveness of these services can be seen by reference to various sections of this report but let it be remembered that there are sections which now never appear in this report as a result of the efforts made by Local Health Authorities in the past. Moreover, the Local Authority's Health Service is a preventive Health Service and therein lies the solution to the present financial problem. Let more emphasis be placed on the prevention of disease and the cost of curative medicine will be proportionately cheaper; and apart altogether from the question of cost, we will have a more effective and successful Health Service.

I will make a few general comments now on the more important aspects of the public health throughout the year with the exception of the outbreak of Poliomyelitis which as already stated has been dealt with in detail in the supplement to this report.

**Infant Mortality.** The infant mortality rate is the same as for the previous year and is still too high. However, the actual number of infant deaths has fallen from 53 to 48, but against this there has been a fall in the birth rate. The infant death rate for the year per thousand related live births is 47.34 as compared with 47.32 for 1949. The rate for the Great Towns including London is 33.8 and for England and Wales is 29.8 so that Dudley does not compare favourably with the national averages.

The comparison between the infant death rate in a town the size of Dudley and the national average is never a constant figure because one must expect considerable fluctuations from year to year in smaller communities, for instance, the rate two years ago was 37, the lowest ever recorded in the Borough and below the national average for the year. Nevertheless the rate this year is a high one by comparison with other communities of comparable size and must be reduced. It emphasises the constant vigilance which must be exercised in the care of this very susceptible age group. There is no other branch of preventive medicine in which success justifies the maximum effort, which results in the saving of human lives, and in no other field of Public Health is the co-operation of the hospital, the general practitioner, and the Local Authority so essential. We all have an equal and a vital part to play. Working together we must provide what the National Health Service Act is intended to provide, viz. a comprehensive scheme of medical care. Only when this has been achieved will we see the full benefits of the new Health Service.

A detailed study of the infant death rate for the year does however, show some improvement over last year's figures; this will be referred to under the appropriate heading in a subsequent part of this report.

**Diphtheria.** I hope that one day diphtheria, like so many other preventable diseases of the past, will no longer figure in the Annual Report, and results so far achieved since the diphtheria immunisation campaign was first started in the town, indicate that this is an objective which is well within reach. Every year sees a record reduction in the number of confirmed cases. Last year the number had fallen to 6. During the current year there have been only 3 confirmed cases with no deaths, another record in the health of the Borough. This is not only a tribute to the results of preventive medicine but more important, it is a token of the co-operation of the parents in the town. It is only with their support that the necessary standard of immunisation can be achieved, and maintained at the level necessary to wipe out the disease altogether.

**Maternal Mortality.** Once again it gives me particular pleasure to report on the high standard which has been achieved in the care of expectant mothers. This is shown by the absence of a maternal death in the town during the year. It is now more than three years since a mother died in Dudley as a result of childbirth, a result which speaks for itself and reflects the greatest credit on all those engaged on this most important work.

**Other Vital Statistics.** There has been an appreciable fall in the birth rate from 17.69 per thousand of the population in 1949 to 16.03 for the year under review. This is a national trend and compares with a similar reduction from 16.7 to 15.8 for the whole of England and Wales. There was a similar fall in the Great Towns from 18.7 to 17.6. The death rate of 11.5 per thousand of the population has remained the same as the previous year (11.5). This rate compares favourably with that of England and Wales (11.6) and the Great Towns (12.3).

The death rate for Poliomyelitis (0.06 per thousand of the population) was higher than the average for the rest of the country. The average death rate for this disease in England and Wales and in the Great Towns was 0.02 per thousand of the population.

**Housing.** The housing problem continues to affect almost every branch of the work of the Health Department. Many health problems would never arise were it not for the hardship and suffering caused by the shortage of houses. Once again I must express my appreciation to the Chairman and Members of the Housing Committee for the sympathetic co-operation I always receive when referring to them, cases for consideration on medical grounds. Ill health and inadequate housing are heavy burdens to bear and it is a source of encouragement to the Department to note the sympathetic consideration given to so many of these cases by the Housing Committee. Unfortunately, at the moment, housing priority on medical grounds is very largely confined to infectious cases of pulmonary tuberculosis. The far sighted policy of the Council in granting top priority to these cases is one which will be reflected on the future health of the community and is at the moment contributing in no small measure to the prevention of the spread of this disease. Housing and tuberculosis are the two major health problems confronting us to-day. Of the former I can say with confidence that everything possible is being done to accelerate the building of new

houses. I will have more to say about tuberculosis at a later stage of this report.

**Staff.** On the whole we have been fortunate during the year in keeping together an able and efficient staff. The seemingly insatiable appetite of the various nationalised concerns for trained staff seems to have abated somewhat, for which, in the interests of the Local Authority, I am truly thankful. The chief resignations during the year have been those of the Superintendent Nursing Officer, the Administrative Assistant and the Assistant Welfare Officer. We have been fortunate in filling these posts with experienced and capable officers who are maintaining the high standard which posts of such responsibility demand.

In conclusion I would like once again to express my thanks to all Members of the Council, in particular the Chairman of the Health Committee for the support and encouragement I have received. The year has not been without its achievements and for these I am indebted to every member of the Health and Welfare Departments whose loyalty and support are chiefly responsible for the successful functioning of the Health Services. The co-operation and assistance always available from officials of other Departments is warmly appreciated and as in the past, I have been particularly fortunate in having the expert knowledge and advice of Mr. W. Parker, the Chief Sanitary Inspector. The statistical data embodied in the report has been largely the responsibility of Mr. H. D. Parsons who has ably succeeded to the post of Administrative Assistant. His long association with the Department has proved an undoubted asset and his promotion to the senior appointment has been fully justified.

This report would be incomplete without a reference to the willing assistance I receive at all times from the Medical Practitioners in the town. The Local Authority could never provide a comprehensive Health Service without the fullest co-operation from the Medical Practitioners and I am happy to record my appreciation of the help I have received from them in the administration of the Local Authority's Health Services. My thanks are also due to all those who, as individuals, or as members of Voluntary Organisations have willingly worked with us and given freely such valuable service to the community. Lastly, I would thank the Editors of the local newspapers for their ready co-operation on all matters concerning health publicity, always a most effective item in the equipment of a Health Department.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

T. O. P. D. LAWSON,

*Medical Officer of Health*

## SECTION A — VITAL STATISTICS

## (1) Summary

Population — Registrar General's estimate, 1950 ..					63,240
Rateable Value (1950/51) .. .. .					£332,140
Product of Id. Rate (1950/51) .. .. .					£1,310
<i>Livebirths :</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>		
Legitimate ..	503	482	985	} Rate per 1,000 population ..	16.03
Illegitimate ..	11	18	29		
<i>Stillbirths :</i>					
Legitimate ..	12	12	24	} Rate per 1,000 total (live and still) births .. ..	24.06
Illegitimate ..	—	1	1		
Deaths .. .. .	365	363	728	Rate per 1,000 population ..	11.51
Infant Deaths ..	29	19	48	Rate per 1,000 live births .. ..	47.34
Illegitimate Infant Deaths ..	—	1	1	Rate per 1,000 illegitimate live births	34.5
Maternal Deaths ..	—	—	—	Rate per 1,000 total (live and still) Births .. ..	—

## (2) Deaths from All Causes

Table I

	<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1.	Tuberculosis of Respiratory System ..	12	16	28
2.	Other forms of Tuberculosis .. .. .	3	1	4
3.	Syphilitic Diseases .. .. .	—	1	1
4.	Diphtheria .. .. .	—	—	—
5.	Whooping Cough .. .. .	1	1	2
6.	Meningococcal Infections .. .. .	—	—	—
7.	Acute Poliomyelitis .. .. .	—	4	4
8.	Measles .. .. .	—	—	—
9.	Other infective and parasitic diseases ..	1	—	1
10.	Malignant neoplasm, Stomach .. .. .	15	10	25
11.	Malignant neoplasm, Lungs, Bronchus	3	4	7
12.	Malignant neoplasm, Breast .. .. .	—	11	11
13.	Malignant neoplasm, Uterus .. .. .	—	9	9
14.	Other Malignant and Lymphatic neoplasms .. .. .	27	18	45
15.	Leukaemia aleukaemia .. .. .	1	1	2
16.	Diabetes .. .. .	4	5	9
17.	Vascular Lesions of Nervous System ..	36	36	72
18.	Coronary Disease, Angina .. .. .	22	14	36
19.	Hypertension with heart disease ..	12	11	23
20.	Other heart diseases .. .. .	53	76	129
21.	Other Circulatory Disease .. .. .	12	14	26
22.	Influenza .. .. .	3	4	7
23.	Pneumonia .. .. .	8	11	19

	<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
24.	Bronchitis .. .. .	59	35	94
25.	Other diseases of Respiratory System..	10	5	15
26.	Ulcer of Stomach and Duodenum ..	1	2	3
27.	Gastritis, enteritis and diarrhoea ..	5	3	8
28.	Nephritis and Nephrosis .. ..	5	5	10
29.	Hyperplasia of Prostate .. ..	7	—	7
30.	Pregnancy, childbirth, abortion ..	—	—	—
31.	Congenital Malformations .. ..	8	6	14
32.	Other defined and ill defined diseases..	40	48	88
33.	Motor Vehicle Accidents .. ..	2	—	2
34.	All other Accidents .. .. .	6	9	15
35.	Suicide .. .. .	9	3	12
36.	Homicide and operations of war ..	—	—	—
		<hr/> 365	<hr/> 363	<hr/> 728

### (3) Principal Causes of Death

Table II

	<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1.	Heart Disease .. .. .	87	101	188
2.	Cancer .. .. .	45	52	97
3.	Bronchitis .. .. .	59	35	94
4.	Vascular Lesions of Nervous System ..	36	36	72
5.	Respiratory Tuberculosis .. ..	12	16	28
6.	Other Diseases of Circulatory System ..	12	14	26
7.	Pneumonia .. .. .	8	11	19
8.	Other Diseases of Respiratory System..	10	5	15
9.	All other accidents .. .. .	6	9	15
10.	Congenital Malformations .. ..	8	6	14
11.	Suicide .. .. .	9	3	12
12.	Nephritis and Nephrosis .. ..	5	5	10

### (4) Discussion

#### (a) General

The total deaths were exactly the same as last year, 728, although there was a slight rate increase of .01. The death rate per 1,000 population was 11.51 as compared with a rate of 12.3 for the Great Towns and 11.6 for England and Wales.

**(b) Heart Disease**

Heart disease continues to be the greatest cause of death as indicated in Table II. There was an increase of 12 deaths from this cause as compared with 1949.

**(c) Cancer**

The number of deaths from this disease during the year was 97 as compared with 104 in 1949.

**(d) Infant Mortality**

The infant mortality rate per 1,000 live births was 47.34 and was practically the same as the previous year, viz. 47.32, although the actual number of infant deaths has fallen from 53 in 1949 to 48 in 1950.

The following table classifies the causes of these deaths :

Prematurity	..	..	..	6
Respiratory Infections	..	..		14
Congenital Malformations	..			12
Birth Injuries	..	..	..	2
Gastritis, Enteritis and Diarrhoea				4
Accidents at home	..	..		2
Tuberculosis, Non-Pulmonary	..			2
Poliomyelitis	..	..	..	1
Others	..	..	..	5

The two main groups in which preventive measures can reduce the infant death rate are Respiratory Infections and Gastro-Enteritis and Diarrhoea. From the above table it will be seen that these infections accounted for 18 deaths or 37.5% of the total. During the previous two years 50% of the deaths have been due to these two causes. Prevention here, of course, goes hand in hand with good housing conditions and overcrowding in the home is still a big factor to be reckoned with in overcoming infection among infants less than a year old. Last year 24 infants died either from respiratory infection or gastro-enteritis, and it is encouraging to see this figure reduced. The deaths of young infants is only one of the health problems which will be nearer solution when adequate housing accommodation becomes available. Meantime every other preventive measure is being applied and not without some success.

(e) The birth-rate, death-rate and analysis of mortality during the year are set out in the following table :

## BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1950

	Birth-rate per 1,000 total population		Annual Death-rate per 1,000 Civilian Population										Rate per 1,000 Live Births	
	Live Births	Still Births	All Causes	Pneumonia	Ac. Poliomyelitis and Polioencephalitis	Typhoid and Paratyphoid	Tuberculosis	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (Under 2 years)	Total Deaths under 1 year		
Dudley .. .. .	16.03	0.40	11.51	0.30	0.06	0.00	0.51	0.03	0.00	0.11	0.06	47.34		
England and Wales ..	15.8	0.37	11.6	0.46	0.02	0.00	0.36	0.01	0.00	0.10	1.9	29.8		
126 Great Towns, including London (Census Populations exceeding 50,000) .. .. .	17.6	0.45	12.3	0.49	0.02	0.00	0.42	0.01	0.00	0.09	2.2	33.8		
148 Smaller Towns (1931 Census Populations 25,000—50,000) ..	16.7	0.38	11.6	0.45	0.02	0.00	0.33	0.01	0.00	0.10	1.6	29.4		
London .. .. .	17.8	0.36	11.8	0.48	0.01	0.00	0.39	0.01	0.00	0.07	1.0	26.3		

## SECTION B — WATER SUPPLY

The main water supply to the County Borough of Dudley is normally derived from four pumping stations in the Smestow Valley, together with part of the yield of two further pumping stations in the Lichfield area, the water from one of which is derived from a surface source.

Waters from the various pumping stations are examined regularly, both bacteriologically and chemically, and bacteriological examinations are also made of raw water where possible.

During 1950, 104 samples were taken of raw water from underground sources, all of which were free from coliform bacteria and a further 304 samples were taken from surface water supply which gave an approximate average coliform bacteria content of 12 per ml. During last year a total number of 739 samples of chlorinated water were taken from the stations which supply water to the County Borough of Dudley, all of which were free from coliform bacteria.

Within the County Borough of Dudley samples are taken at regular intervals at five service reservoirs and from the Watermen's Houses at Dudley and Netherton respectively. Of a total of 117 samples from the service reservoirs, all were free from coliform bacteria except one sample from Shavers End No. 2 Reservoir from which intermediates were isolated.

24 samples from the Watermen's Houses were all found to be free from coliform bacteria.

Sample Ref. No. B.4571

## RESULTS OF EXAMINATION OF SAMPLE OF WATER FROM DUDLEY

Sample taken on 10th July, 1950

*Bacteriological Examination :*

<i>Bacteria</i>	<i>Colonies per ml.</i>	<i>Coliform Bacteria</i>
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	
<i>Physical Characters :</i>		
Colour (Burgess) ..	3 mm.	Taste : Normal
Turbidity : Trace susp. matter pH .. .. .	7.1	Odour : Nil

*Chemical Analysis (Expressed in Parts per Million) :*

Free CO <sub>2</sub>		Silica (SiO <sub>2</sub> )
Alkalinity (CaCO <sub>3</sub> ) ..	101	Calcium (Ca)
Chlorides (Cl) .. ..	32.4	Magnesium (Mg)
Ammoniacal Nitrogen ..	Trace	Sodium (Na)
Albuminoid Nitrogen ..	Trace	Carbonate (CO <sub>3</sub> )



*Chemical Analysis (Expressed in Parts per Million)*

Oxidised Nitrogen ..	2.6	Sulphate (SO <sub>4</sub> )	
Oxygen Absorbed (3 hrs. at 27°C.) .. ..	.12	Iron (Fe) .. ..	.04
Temporary Hardness ..	95	Manganese (Mn)	Nil
Permanent Hardness ..	75	Zinc (Zn) .. ..	Nil
Total Hardness .. ..	170	Poisonous Metals	Nil
Total Solids (dried at 180°C.) .. ..		Free Cl .. ..	Nil

A pure and wholesome supply.

Sample Ref. No. B.4572

RESULTS OF EXAMINATION OF SAMPLE OF WATER  
FROM NETHERTON

Sample taken on 10th July, 1950

*Bacteriological Examination :*

<i>Bacteria</i>	<i>Colonies per ml.</i>	<i>Coliform Bacteria</i>
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 pH .. ..	7.2	Odour : Nil

*Chemical Analysis (Expressed in Parts per Million) :*

Free CO <sub>2</sub>		Silica (SiO <sub>2</sub> )	
Alkalinity (CaCO <sub>3</sub> ) ..	100	Calcium (Ca)	
Chlorides (Cl) .. ..	32.7	Magnesium (Mg)	
Ammoniacal Nitrogen ..	Trace	Sodium (Na)	
Albuminoid Nitrogen ..	Trace	Carbonate (CO <sub>3</sub> )	
Oxidised Nitrogen ..	2.6	Sulphate (SO <sub>4</sub> )	
Oxygen Absorbed (3 hrs. at 27°C.) .. ..	.12	Iron (Fe) .. ..	.03
Temporary Hardness ..	94	Manganese (Mn) ..	Nil
Permanent Hardness ..	86	Zinc (Zn) .. ..	Nil
Total Hardness .. ..	180	Poisonous Metals	Nil
Total Solids (dried at 180°C.) .. ..		Free Cl .. ..	Nil

A pure and wholesome supply.

## SECTION C — INFECTIOUS DISEASE

## Cases for 1950

## (a) General Incidence

The following table gives the incidence of the principal notifiable diseases during the year :

	<i>Numbers originally notified</i>		<i>Final Numbers after correction</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Scarlet Fever .. .. .	29	26	27	26
Diphtheria .. .. .	2	6	1	2
Whooping Cough .. .. .	108	100	108	100
Measles .. .. .	248	258	247	258
Pneumonia .. .. .	32	22	29	20
Enteric or Typhoid Fever ..	—	—	—	—
Erysipelas .. .. .	—	2	—	2
Dysentery .. .. .	—	—	—	—
Puerperal Pyrexia .. .. .	—	2	—	2
Ophthalmia Neonatorum ..	1	—	1	—
Anterior Poliomyelitis :				
Paralytic .. .. .	27	24	23	23
Non-Paralytic .. .. .	11	7	11	6
Meningococcal Infection ..	2	1	2	1

## (b) Whooping Cough

There has been a slight decrease in the incidence of whooping cough, 208 cases as compared with 266 in 1949.

## (c) Measles

There has been a further drop in the number of cases during the year. 505 cases were notified as compared with 614 in 1949.

## (d) Diphtheria

I have already referred to the very satisfactory results of diphtheria immunisation. It is now more than three years since anyone in the town died from this disease and the number of confirmed cases during the year has dropped to three as compared with six in 1949. There is, however, one aspect of diphtheria immunisation which is not so satisfactory. The percentage of children under 5 years of age who have been immunised has dropped from 52.9 in 1949 to 50.5 in 1950. This may not appear to be an appreciable reduction but it reflects a general falling off in the immunisation rate throughout the country. Figures have been published by the Ministry of Health, indicating that for the first time, during 1950, there was a sharp decline in the number of primary immunisations carried out. This is shown by the following table :

Yearly average .. .. .	1946-1950 =	633,744
	1949 =	693,441
	1950 =	517,436

The figure for 1950 falls far below that necessary to maintain the high rate of protection which has been built up over the last ten years. Should this downward trend continue, an increasing number of unprotected children will be unnecessarily exposed to this grave disease.

The Ministry of Health figures show that the falling off in immunisation took place during the second half of the year and this was probably due to the outbreak of poliomyelitis and the fear that immunisation might precipitate an attack of the paralytic form of the disease. I have dealt with this aspect of immunisation in the supplement to this report dealing with the outbreak of poliomyelitis in Dudley. There was no evidence to show that there was any connection between immunisation and poliomyelitis in Dudley, although immunisation was discontinued at an early stage of the outbreak. It would be a tragedy if the diphtheria immunisation campaign were to be endangered by an over emphasis of a risk which is in effect no more than a possibility. The success of immunisation has been proved beyond all doubt and our policy must be to maintain this success. If any risk is involved it is that of diminishing the effectiveness of a proved preventive measure against a disease which in the past has caused far more suffering and taken a far greater toll of young lives than has ever been claimed by the virus of poliomyelitis. It is most important that we should not be deflected from our purpose and as long as inoculation against diphtheria cannot be shown, beyond all doubt, to carry any risk of poliomyelitis, immunisation must be continued at its previous level.

It has been estimated that in order to ensure reasonable protection against diphtheria in the country as a whole, the immunisation rate should be at the level of 70% of the population. It is especially important that young children should be protected, and our own rate of 50.2% for children under five years is not yet high enough. It is, therefore, all the more important that there should be no falling off, and once again I would appeal for the whole-hearted co-operation of the parents in the town in order that we may prevent any possibility of a return to the old days, when epidemic diphtheria was regarded as an inevitable occurrence.

**(e) Scarlet Fever**

There has been a slight increase in the number of cases of Scarlet Fever, 53 as compared with 47 in 1949. It is gratifying to note that the incidence of this disease is maintaining its low level.

**(f) Tuberculosis**

The situation with regard to tuberculosis is still far from satisfactory. Notifications of pulmonary tuberculosis have increased from 329 in 1949 to 368 in 1950 and those of non-pulmonary cases from 49 in 1949 to 56 in 1950, an overall increase for the year of 46. The number of deaths during the year due to pulmonary tuberculosis was 28, a figure exactly similar to that of last year. The number of deaths due to non-pulmonary tuberculosis was 4 as compared with a figure of 5 for 1949. One cannot, therefore, report any appreciable reduction in the death rate.

The increase in the incidence of tuberculosis in the town during the year cannot be offset by a reduction in the tuberculosis death rate although there has been, throughout the country, a reduction in the number of deaths from the disease. This in itself is a very satisfactory advance, achieved very largely by the introduction of the two new drugs, Streptomycin and P.A.S. This advance, however, must be considered in its true perspective and not regarded as the solution of the problem. The publicity given to the results achieved by Streptomycin and P.A.S. with the subsequent reduction in the death rate from tuberculosis is tending to produce this impression. A reduction in the death rate does not necessarily mean a reduction in the number of notifications or, to put it another way, while the new curative drugs may be keeping more tuberculosis patients alive, as many more may still become infected each year by contact with advanced cases whom even the new drugs cannot cure.

The real answer to the tuberculosis problem is not the cure of existing cases but the eradication of the disease by preventive measures. Thousands of infectious tuberculous patients for whom, at the moment, there are insufficient means of isolation, are free to spread fresh infection. Some of these are advanced cases, who have little hope of cure. It is right that priority for admission to sanatoria should be given to the early curable cases who are able to derive the maximum benefit from modern treatment, but some means must be found whereby the advanced infectious cases can gain admission to hospital until they can be rendered non-infectious. How otherwise can we hope to prevent others becoming infected?

Is there any chance of eradicating this disease by preventive measures? We believe there is, in the form of the B.C.G. vaccine recently introduced into this country by the Ministry of Health. It is not yet in general use as the Ministry has wisely decided that first its efficacy should be thoroughly tested. Investigations are now being carried out by the Medical Research Council and until the results are known vaccination is being restricted to selected groups, but it is hoped that the results will be as satisfactory as they have already proved to be in other countries. B.C.G. vaccine may prove to be the greatest advance in the eradication of tuberculosis in this country. This is a hope for the future which we would all like to see justified.

The number of persons on the register at 31st December, 1950, was :

Pulmonary, 368      Non-Pulmonary, 56      Total, 424

The number of notifications and deaths from Pulmonary and Non-Pulmonary Tuberculosis according to age groups is set out below. Notifications are placed first.

Age Groups	NOTIFICATIONS AND DEATHS												Total all ages	
	0-1		1-5		5-15		15-45		45-65		65 & over			
	N	D	N	D	N	D	N	D	N	D	N	D	N	D
<b>Pulmonary :</b>														
Male ..	1	-	4	-	1	-	36	5	17	5	2	2	61	12
Female ..	-	-	-	-	5	-	33	11	2	3	2	2	42	16
<b>Non-Pulmonary :</b>														
Male ..	2	2	-	-	2	-	2	1	-	-	-	-	5	3
Female ..	-	-	1	-	2	-	3	1	1	-	-	-	7	1

**(g) Scabies**

The continual decrease in the number of cases treated for scabies since the war years has been maintained. The following figures give the details of the number of cases dealt with at the Scabies Cleansing Unit, Lister Road Depot, during the year.

(i) Adults and Adolescents cleansed at Lister Road ..	12
(ii) Children (school age or under) cleansed at Lister Road .. .. .	27

**(h) Public Health Laboratory**

The Laboratory has continued to be of valuable service to the Health Department during 1950 in the investigation of cases of infectious disease. My thanks are due to the Director of the Public Health Laboratory, Stafford, for the prompt daily collection service which reduces delay in the receipt of Laboratory reports to a minimum.

**(i) Food Poisoning**

Total number of outbreaks .. .. .	1
Total number of cases .. .. .	4
Total number of deaths .. .. .	—

One death occurred among the above four cases but was not attributed to food poisoning.

Organisms responsible : Examination revealed the presence of *Salmonella enteritidis*. Variety : Dublin in all four samples of faeces.

Foods involved : Duck Eggs.

**(j) Venereal Disease**

Treatment of Venereal Disease is under the direction of the Hospital Management Committee, and the following is a summary of the services rendered at the Treatment Centre during the year.

### SERVICES RENDERED AT TREATMENT CENTRE DURING THE YEAR

Cases dealt with for first time during year :

	<i>Dudley</i>	<i>Worcs.</i>	<i>Staffs.</i>	<i>West Brom.</i>	<i>Service Cases</i>	<i>Total</i>
Syphilis .. .. .	5	—	7	—	—	12
Soft Chancre .. .. .	—	—	—	—	—	—
Gonorrhoea .. .. .	8	5	26	1	—	40
Non-Venereal & undiagnosed conditions .. .. .	53	12	107	7	—	179
Total .. .. .	66	17	140	8	—	231

Total number of attendances of all patients residing in each area .. .. .	2,081	195	4,537	127	—	6,760
---	-------	-----	-------	-----	---	-------

Cases who ceased to attend before completion of treatment, showing condition on first attendance

SYPHILIS					GONORRHOEA	
<i>Primary</i>	<i>Secondary</i>	<i>Latent in 1st year of infection</i>	<i>All later Stages</i>	<i>Con-genital</i>		
<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M.</i>	<i>F.</i>
— —	— —	— —	— 3	1 1	—	—

Pathological Work

No. of specimens examined at V.D. Clinic	MICROSCOPICAL		
	<i>Syphilis</i>	<i>Gonorrhoea</i>	
	51	921	
No. of specimens examined at an approved laboratory	SERUM		
	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Cerebro-spinal fluid</i>
	1,973	481	8

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

**SECTION D — PARTS III AND V — NATIONAL HEALTH  
SERVICE ACT, 1946**

**SERVICES IN 1950**

**Clinics**

The new clinic at Dudley Wood is now in the course of construction and should be open towards the end of 1951. Preliminary plans are in preparation for the erection of a new clinic at Holly Hall. As I said in my last Annual Report, the accommodation so kindly made available by the Libraries Committee at Woodside Library has long since become inadequate, and it is to be hoped that there will be no undue delay in going ahead with the new project.

The following sessions are conducted in the Borough :

**TREATMENT CENTRES AND CLINICS**

**Infant Welfare** sessions are held each week, as follows :

Central Clinic, Hall Street, Dudley, on Tuesday and Friday afternoons.

Netherton Clinic, Brewery Street, on Tuesday and Friday afternoons.

Holly Hall Clinic, Public Library, on Monday afternoons.

Priory Clinic, Cedar Road, on Tuesday and Thursday afternoons.

Dudley Wood Clinic, Dudley Wood Schools, on Saturday morning.

**Ante-Natal Clinics** are held each week as follows :

Central Clinic on Thursday morning.

Priory Clinic on Wednesday afternoon.

Netherton Clinic on Monday afternoon.

Holly Hall Clinic on Tuesday morning.

Dudley Wood Clinic on Saturday morning.

**Minor Ailment Clinics** are held each week-day morning at the following Clinics :

Central Clinic.

Netherton Clinic.

Priory Clinic.

Holly Hall Clinic.

**Ear, Nose and Throat** Clinic on Saturday morning.

**Ophthalmic** Clinics on Monday morning, and Wednesday morning and afternoon.

**Massage** Clinics daily.

**Artificial Sunlight** Clinics on Monday, Wednesday and Thursday.

**Orthopaedic Clinic** on Friday.

**Dental Clinics** are held throughout the week at the Central Clinic.

**Paediatric Clinic** once fortnightly on Friday afternoon.

**Obstetric Clinic** once monthly on Monday.

### Care of Mothers and Young Children

#### Maternity Clinics

#### Child Welfare Clinics

There have been satisfactory attendances at both Maternity and Child Welfare sessions ; the following table shows attendances as compared with 1949.

	<i>Expectant Mothers attending</i>		<i>Total Attendances</i>	
	1950	1949	1950	1949
(a) Ante-Natal .. ..	452	523	2,751	2,952
(b) Post-Natal .. ..	135	163	166	203
(c) Child Welfare :				
Children under 1 year .. ..			12,374	14,268
Children between 1 and 5 years .. ..			4,041	3,376
			<hr/>	<hr/>
			16,415	17,644

I would like to take this opportunity of expressing my thanks to the ladies of the Voluntary Committees at clinics for the services they have given to the mothers and children during the year.

### Orthopaedic Clinic

The Orthopaedic Clinic under the direction of Mr. A. M. Hendry, continues to give efficient service. Although the Regional Hospital Board is responsible for the Specialist Clinic, the Council continues to make its premises at the Central Clinic available for this service. The following figures for 1950 will serve as an indication of the work done.

Orthopaedic Treatment Attendances .. ..	428
Massage Attendances .. ..	994
Ultra Violet Ray Clinic Attendances .. ..	1,663

### Dental

#### CARE OF MOTHERS AND YOUNG CHILDREN

Unfortunately the remarks I made in my last Annual Report concerning the dental service still apply, although it has been possible to keep one dental clinic open throughout the year. It has not been possible to recruit dental officers, but Miss D. M. Badham, L.D.S.



who attends at the Central Clinic on three days per week is doing her best to meet the heavy demands made on her time. It will be realised how inadequate the dental service must be when one part-time dentist is attempting to do a job which calls for the services of three full-time dentists. Nevertheless, we must be thankful that we are able to provide a dental service, no matter how inadequate, for the mothers and children of the town, until this national problem of the Local Authority's dental services has been solved.

The following figures which show the total attendances are an improvement on last year when the entire dental department had to close down for six months, but a great deal more could be done in this very important field of prevention if the dentists were available :

Mothers referred .. .. .	27
Mothers' subsequent appointments .. ..	76
Ante-Natals, referred .. .. .	38
Ante-Natals, subsequent appointments .. ..	20
	—
Total attendances (a) .. .. .	161
Pre-school children referred .. .. .	193
Pre-school children, subsequent appointments .. ..	19
	—
Total attendances (b) .. .. .	212
	—
Total (a) and (b) .. .. .	373
	—

#### Treatment

Fillings : Permanent .. .. .	29
Temporary .. .. .	4
	—
Total .. .. .	33
Extractions : Permanent .. .. .	124
Temporary .. .. .	338
	—
Total .. .. .	462
Dentures Fitted .. .. .	19
Other Operations : Scaling .. .. .	16
Dressings, etc. .. .. .	9
X-rays .. .. .	3
	—
Total .. .. .	28
No. of administrations of nitrous-oxide for extraction .. .. .	236

#### Midwifery

The total number of births (live and still) was 1,089, of which 571 occurred at home and 518 at nearby Maternity Homes and Hospitals. Of the institutional confinements 317 took place in the Rosemary Ednam Maternity Home.

In the case of domiciliary confinements 431 were attended by midwives alone, and in 140 cases a doctor also attended. In 119 cases Medical Aid was sent for, a percentage of 20·8 as against 24·8 in 1949.

The medical aid cases may be analysed as follows :

**On Account of Mother :**

Torn perineum .. .. .	24
Delayed Labour .. .. .	7
Inertia .. .. .	5
Abortion .. .. .	13
Ante-partum haemorrhage .. .. .	4
Post-partum haemorrhage .. .. .	6
Adherent Placenta .. .. .	—
Rise of temperature .. .. .	7
Haemorrhage .. .. .	1
Pyrexia .. .. .	—
Malpresentation .. .. .	2
Other conditions .. .. .	19
	—
	88
	—

**On Account of Baby :**

Prematurity .. .. .	7
Discharging Eyes .. .. .	14
Other conditions .. .. .	10
	—
	31
	—

The Council has a staff of municipal midwives sufficient to meet the needs of the Borough, and the service works smoothly and efficiently.

**Gas and Air**

The Gas and Air Service for expectant mothers inaugurated in 1949 is proving a great advantage. Although slow to start the service has now become more widely known and was called for on 84 occasions during the year. I am much indebted to the Chief Fire and Ambulance Officer for his valuable assistance in the transport and maintenance of the equipment.

Gas and Air is administered by the Council's midwives, all of whom are qualified and trained in the use of the apparatus.

**Premature Baby Service**

The setting up of a Premature Baby Service, whereby babies born prematurely are looked after in their own homes with special equipment, or if necessary removed to hospital under special arrangements, has proved a most successful venture, and has undoubtedly contributed to the saving of infant lives.

The following cases were dealt with during the year :

No. of premature babies treated in their own homes ..	8
No. of premature babies removed to hospital under special arrangements .. .. .	11

All the Council's midwives who look after these premature babies in their homes have undergone a special course of instruction on the care of the premature infant so that expert treatment as well as special equipment is available in every case. Once again I have to thank the Chief Fire and Ambulance Officer for his help in the transport and maintenance of the equipment.

### Health Visiting

The total number of visits by the Health Visitors during the year was 21,166 as against 20,796 in 1949.

Visits to children under 1 year :

(a) First Visits	..	..	..	..	1,051
(b) Total Visits	..	..	..	..	7,930
Visits to children between 1 and 5 years	..				10,940
Ante-Natal Visits	..	..	..	..	250
Stillbirth Investigations	..	..	..	..	13
Infant Death Visits	..	..	..	..	48
Ophthalmia Neonatorum Visits	..	..	..	..	—
Miscellaneous Visits	..	..	..	..	1,985

The number of Health Visitors on the establishment of this Authority as at 31st December, 1950, was 15, categorised as follows :

12 Qualified Health Visitors ;

3 Student Health Visitors on Training Courses.

The work of a Health Visitor in Dudley now not only embraces the care of children but every member of the family. She also acts as a School Nurse and performs tuberculosis visits. The Council is fortunate to be served by a most efficient Health Visiting Staff, forming a most important part in the efficient working of the Authority's Health Service.

### Home Nursing

The Home Nursing Service, provided by the Badley District Nursing Association, continues to do good work throughout the community as is illustrated by the increase in the number of cases attended during 1950 as compared with 1949. The service, supervised by the Matron, Miss Darby, has been augmented during the year by the employment of additional staff and has been able to meet the increased demands made for district nurses. The following figures show the work done during the period 1st January to 31st December, 1950, as compared with the same period in 1949.

				1949	1950
New Patients	..	..	..	267	367
Old Patients	..	..	..	366	426
Casual Visits	..	..	..	85	148
Total Visits all patients	..	..	..	7,517	8,003
Loan of sick room equipment	..	..	..	46	89

### Vaccination and Immunisation

I had to comment in my last Annual Report on the unsatisfactory vaccination rate in the town which was only 4.7% of the total birth

rate. This year the rate has increased to 17·9% of the birth rate, a welcome improvement if it were maintained each year. The improvement however is probably largely due to the fact that during the year Dudley was linked with another town in which there was an outbreak of smallpox and this knowledge led to a sharp increase in the number of children brought to the Council's Clinics for vaccination. While the increased rate of vaccination during 1950 is satisfactory it is not nearly high enough. Although the preventive effect of vaccination cannot be disputed, it requires the imminent risk of smallpox to produce an increase in the vaccination rate. If the risk ever became an actual fact and smallpox occurred in the town, as it might easily do, vaccination in many cases might prove too late to be effective. It is a wise precaution which no parent should neglect.

I have already commented on the highly successful results of diphtheria immunisation and the need to maintain an even higher rate in the town. It will be noted that the percentage of children under five who have been immunised is only 50·5, a reduction on last year's figure.

The position with regard to immunisation against diphtheria is as follows :

	<i>Immunised during year</i>	<i>Total now immunised</i>	<i>Population (est.)</i>	<i>Per centage now immunised</i>
Children under 5	397	2,713	5,372	50·5

#### **Ambulance Service**

The following is a summary of the work of the Ambulances and Sitting-Case Cars for the period 1st January to the 31st December, 1950 :

- No. of Vehicles at 31st December, 1950 :  
Ambulances .. 5      Cars .. .. 4
- Total number of calls during the period 1st January to 31st December, 1950 :  
Ambulances .. 4,548      Cars .. .. 9,769
- Total number of patients carried during the period 1st January to 31st December, 1950 :  
Ambulances .. 2,273      Cars .. .. 2,138
- Total number of accident or other emergency calls included in column 2 during the period 1st January to 31st December, 1950 :  
Ambulances .. 1,048      Cars .. .. —
- Total Mileage during the period 1st January to 31st December, 1950 :  
Ambulances .. 29,708      Cars .. .. 60,430

#### **Care and After-Care**

The Care and After-Care Service is now firmly established as a most necessary part of the Health Service, although the scheme still concerns itself mainly with cases of tuberculosis. Sick room equipment of various forms was supplied to 74 patients from existing

stocks within the Department ; other equipment and clothing such as sheets, pillows, pyjamas, etc., was purchased and supplied to 39 patients. In addition arrangements were made in 55 cases for extra milk to be delivered. Ninety patients purchased materials for Occupational Therapy from stocks held within the Department.

The number of patients receiving assistance under this service continues to maintain a high level and I would again like to record my thanks to the National Assistance Board for their valuable co-operation ; to the Rehabilitation Centre of the Ministry of Labour for their invaluable assistance in helping to relieve one of the greatest difficulties which is that of finding suitable employment for those patients sufficiently recovered, and to all the voluntary organisations.

Other statistics relating to the service are as follows :

No. of patients interviewed at the office .. ..	573
No. of patients visited at home .. .. .	649
No. of patients visited in hospitals .. ..	28

### Domestic Help Service

The Council now employs two full-time in addition to ten part-time Domestic Helps. The service is adequate to meet the needs of the town and has dealt with 57 cases during 1950.

### Mental Health Service

The following statistics relate to the work of the Mental Health Service in the community :

*Account of work undertaken in the community :*

- (a) *Under Section 28, National Health Service Act, 1946*  
*Prevention, care and after-care.*

Contact has been made with many cases after discharge from Mental Hospitals, and satisfactory recovery has been maintained in most cases.

Visits have been made in many cases and advice and assistance has been given, which has resulted in action under the Lunacy and Mental Treatment Acts being unnecessary, or in the admission of patients on a voluntary basis.

- (b) *Under Lunacy and Mental Treatment Acts, 1890—1930, by Duly Authorised Officers.*

Details of patients admitted under Lunacy Acts.

<i>Method of Admission</i>	<i>Hospital</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Section 20, L.A. 1890	New Cross Hospital, Wolverhampton	—	5	5
	Burton Road, Dudley	17	2	19
Section 21(1) L.A. 1890	New Cross Hospital, Wolverhampton	—	1	1
Section 16 L.A. 1890	Barnsley Hall, Bromsgrove ..	6	7	13
	Powick, Nr. Worces- ter .. .. .	—	9	9
	St. George's, Stafford	—	1	1

Details of patients admitted under Mental Treatment Act, 1930 :

Section 1 M.T.A. 1930	Barnsley Hall,			
	Bromsgrove ..	8	9	17
	Powick, Nr. Worcester .. ..	—	—	—
	St. George's, Stafford	1	—	1
Section 5 M.T.A. 1930	Barnsley Hall,			
	Bromsgrove ..	—	1	1

Details of patients discharged from Hospitals :

	<i>Pre-1950</i>		<i>Admitted Pre-1950</i>		<i>Total Discharges</i>
	<i>Males</i>	<i>1950</i>	<i>Females</i>	<i>1950</i>	
Section 16 L.A. 1890 :					
Powick, Nr. Worcester	—	—	2	2	4
Barnsley Hall, Bromsgrove .. ..	2	3	2	2	9
Section 1 M.T.A. 1930 :					
Barnsley Hall, Bromsgrove .. ..	—	7	—	9	16
St. George's, Stafford ..	—	1	—	—	1

(c) *Under Mental Deficiency Acts, 1913-1938 :*

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

(a) Under Order :

In Institutions (including cases on licence) :

Under 16 years of age ..	<i>M.</i>	<i>F.</i>	<i>Total</i>
	2	3	5
Aged 16 years and over ..	37	32	69

(b) Under Guardianship :

Aged 16 years and over ..	1	—	1
---------------------------	---	---	---

(c) In " places of safety " ..

— — —

(d) Under Statutory Supervision :

Under 16 years of age ..	16	16	32
Aged 16 years and over ..	27	28	55

(e) Waiting vacancies in Institutions .. ..

2 1 3

2. Number of mental defectives not at present " subject to be dealt with " but for whom the Local Health Authority may subsequently become liable :

Under Voluntary Supervision :	<i>M.</i>	<i>F.</i>	<i>Total</i>
Under 16 years of age ..	4	1	5
Aged 16 years and over ..	5	6	11

3. Number of mental defectives receiving training :
- (a) In day training centres :
- |                           |   |   |    |
|---------------------------|---|---|----|
| Under 16 years of age ..  | 9 | 6 | 15 |
| Aged 16 years and over .. | 2 | 8 | 10 |
- (b) At home .. .. . — — —
4. Particulars of mental defectives ascertained during the year, 1950 :
- (a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944) :
- |                             | <i>M.</i> | <i>F.</i> | <i>Total</i> |
|-----------------------------|-----------|-----------|--------------|
| (i) Under Section 57(3) ..  | —         | —         | —            |
| (ii) Under Section 57(5) .. | —         | 1         | 1            |
- (b) Method of Disposal :
- |  |   |   |   |
|--|---|---|---|
| Admitted to Institutions (by Order) .. .. .  | — | — | — |
| Placed under Guardianship (by Order) .. .. . | — | — | — |
| Placed under Statutory Supervision .. .. .   | — | 1 | 1 |
| Died or removed from area ..                 | — | — | — |
| Action not yet taken .. ..                   | — | — | — |
5. Of the total number of mental defectives known to the Local Health Authority :
- (a) Number who have given birth to children during 1949 :
- |                              |     |
|------------------------------|-----|
| (i) After marriage .. .. .   | Nil |
| (ii) Before marriage .. .. . | Nil |
- (b) Number who have married during 1950 .. Nil
- (c) Number who have ceased to be under community care :
- |                              | <i>M.</i> | <i>F.</i> | <i>Total</i> |
|------------------------------|-----------|-----------|--------------|
| Ceased to be under care ..   | 2         | 1         | 3            |
| Died or removed from area .. | —         | —         | —            |

### Training

The Occupation Centre at 2A, Dixons Green, has continued to function satisfactorily, and great credit in this respect is due to Mrs. Cousins, Mental Health Supervisor, and the two Assistants.

The training of mental defectives is a most difficult task and the utmost patience and understanding is necessary to produce results. I am certain however that the parents of these unfortunate children do appreciate the untiring efforts which are being made to provide vocational training and the results however small they may be, are a great encouragement to them.

The patients were taken on a week's holiday in September to Astley Burf Camp, which proved to be very successful and enjoyable ; the Council have now approved that the holiday be made an annual event.

I have been informed by the County Medical Officer, Worcestershire, that an Occupation Centre will be opened in their area in 1951, consequently the Oldbury patients at present attending Dudley Occupation Centre will be withdrawn. I would like to express my appreciation to the ladies of the Voluntary Committee who have given such valuable assistance and contributed in no small measure to the happy running of the Centre. This is work which does not offer many attractions and for that reason their help is all the more appreciated. I hope we may continue to benefit by their services in the future.

#### **Ambulance Services**

Transport for the conveyance of patients to hospitals has been provided by an ambulance or sitting-case car where required.

#### **National Assistance Act, 1948**

The case mentioned in my previous report who was admitted under Section 47 of this Act (Removal to suitable premises of persons in need of care and attention) terminated the tenancy of her dwelling house early in this year and consented to remain voluntarily in Part III Accommodation.

#### **Residential Accommodation**

Admissions during 1950	..	..	..	..	24
Discharges during 1950	..	..	..	..	18
Deaths occurring in residential accommodation	..				8
No. of persons in residential accommodation at 31st December, 1950	..	..	..	..	54

Work has commenced on the adaptation of " Albert House " for use as a Home for Aged Persons, and it is anticipated that the building will be ready for occupation in 1951.

" The Woodlands " requires extensive adaptation before use and it is not anticipated that the building would be ready for occupation in 1951.



**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,

I have the honour to present the Annual Report of the School Health Service for 1950.

Once again I am able to report a very satisfactory state of health among the school children of the town. The improved nutritional standard of recent years has been maintained and the high level of general health is evidence of the much greater attention now given by Local Education Authorities to this important subject. The object of the School Health Service is to promote and maintain a healthy school population and each year shows a steady improvement. Let it not be imagined, however, that this is achieved by the School Health Service alone. The School Medical Officer and the School Nurse are only members of a team, and their job is to examine and advise. Others have an equally vital contribution to make. Those responsible for the provision of school meals, for the organisation of physical training and recreational facilities, for the provision of the modern school and its healthy environment, are all ensuring the healthy physical development of our school children. A school child's two greatest assets are good health and a good education. Both are intimately connected and for this reason our education and health services work together in a helpful and happy combination, from which our school children if they so wish, and if so guided by their parents can derive the maximum benefit.

Apart from the outbreak of Poliomyelitis which is fully reported in the supplement to this report, the year has been singularly free from serious illness. The common infectious diseases such as scarlet fever and measles, although still factors to be reckoned with in school attendance records, are no longer such a serious menace to the health of the children. It is one of the features of recent years that scarlet fever, which used to be such a common cause of serious illness in children, seems to have assumed a less virulent form. On the other hand, the improvement in the general health of our school children may have resulted in an increased resistance to infection. The continued success of diphtheria immunisation is once again an outstanding feature of the year's work. Only one school child in the Borough contracted the disease during the year.

The problem of infestation among school children which has been a cause for some concern in recent years is now showing signs of improvement as a result of more vigorous action. A Nursing Assistant was appointed during the year and assigned full time to this work. As a result many more examinations have been done and already the infestation rate among the school population is diminishing. The problem, of course, is a social one, and will never be satisfactorily solved until improved living conditions, with the abolition of overcrowded accommodation, is available. At the same time, all the D.D.T. in the world does not compensate for parental indifference, and unfortunately this is a difficulty with which we are occasionally confronted.

The establishment of Child Guidance facilities through the Medical Director of the Worcestershire Child Guidance Clinics, and to which I drew attention in my last annual report, have been of inestimable value. Expert opinion and treatment is now readily available and is much appreciated by parents. Child Psychiatry is apt to be regarded with too much scepticism. The child is no longer wicked. He is maladjusted. He is no longer described as having criminal tendencies. He is a delinquent. But whatever may be said, these conditions are undoubtedly on the increase among our school children. They are the result of modern times and modern customs among which parental neglect, often unavoidable, is only one. They require modern methods for their treatment. The Child Psychiatrist by expert handling is often able to solve a seemingly insoluble problem and guide the child into normal social channels, and avert possible tragedy in the future.

Unfortunately, I am unable to report any further progress in the resuscitation of the School Dental Service. Efforts made during the year to obtain additional Dental Officers have been unsuccessful and we are still endeavouring to meet the needs of urgent cases with one part-time officer. Our efforts however, are not being relaxed and I think we may yet be successful.

In conclusion the Council can be assured that the School Health Service has functioned smoothly and efficiently throughout the year and the measure of success achieved can be judged from the results of the work detailed in this report. I would like to express my appreciation of the encouragement and support I have always received from the Chairman and Members of the School Medical and Attendance Sub-Committee and once again I would offer my thanks to the Chief Education Officer and his staff for that unbounded measure of co-operation and goodwill which is such a vital contribution to the success of the service. The importance of the friendly relationship between the School Medical staff and the General Practitioners in the town cannot be over emphasised and I am grateful to them for their ready assistance and co-operation without which, the success of the service could not be achieved. Lastly, I cannot praise too highly the loyal service I have received from every member of the medical, nursing and clerical staff of the School Health Service. My thanks are due to Mr. B. Booth, Senior Clerk, School Health Service, for assistance in the preparation of the statistical material for the report.

I am,

Mr. Chairman, Ladies and Gentlemen,

Yours obedient Servant,

T. O. P. D. LAWSON,

*School Medical Officer.*

### (1) Routine Medical Inspections

I have pleasure in reporting that the figures for routine examinations of school children have again been well maintained during 1950 and 4,048 pupils have been examined during the year. 624 of these children were of the 8—9 age group and are included under the heading of "other periodic inspections."

The statutory requirements for school medical inspections are :

- (a) On admission to a maintained school, i.e. at age 5—6 ;
- (b) During the last year of attendance at a primary school (age 11—12) ;  
and
- (c) During the last year of attendance at a maintained secondary school.

In addition younger children at the Nursery Schools and Nursery Classes are examined, as are older children at the Grammar School, Girls' High School, and Junior Technical College, before taking up employment.

### (2) Special School Medical Inspections

Special School Medical Inspections have been held each term in addition to the routine inspections, when children who were noted at routine inspections to be in need of further observation and advice were seen by the Assistant School Medical Officers. During 1950, 4,002 children were seen at Special Medical Inspections.

### (3) Attendances at School Clinics

3,203 pupils attended at the School Clinics and were seen by School Medical Officers and advised, or referred to their private doctor or to the appropriate specialist as necessary. A doctor is in attendance at the Central Clinic from Monday to Friday each week from 9 to 10 a.m. for this purpose and parents readily avail themselves of the facilities provided.

In November, by a re-adjustment of duties, I was able to arrange for a Medical Officer to be in attendance at Holly Hall Clinic on Tuesday, at Priory Clinic on Wednesday, and at Netherton Clinic on Friday mornings, in addition to the daily clinics held at the Central Clinic, Hall Street. This arrangement is now working smoothly and is appreciated by the parents concerned.

### (4) Nutrition

Table IIB shows that the general physical condition of the school children remains very good. Of the 4,048 pupils examined during the year only 160 (or slightly less than 4%) are below the normal standard of general nutrition to be expected amongst children of school age. It is to be observed that the general health of these below par children improves towards the end of their school career. In 1950 the percentage classified as "poor" was 4.6 on entry, 5.6 at age 11/12 years, and 2.7 at age 14/15 years. In 1949 the percentages were entrants 3.2, second age group 7.4, third age group 2.6.

I am glad to report a steady advance in parental co-operation with the School Health Service, as evidenced by the attendance of parents at school medical inspections and at the school clinics, and by their readiness to take prompt advantage of the specialist and advisory facilities available.

#### (5) **School Meals**

The School Meals Service continues to give good service and on a day in December the number of school meals provided was 3,888. This maintains the satisfactory figure shown last year and undoubtedly contributes in great part to the maintenance and steady improvement in the nutrition of the children.

#### (6) **Ophthalmic Clinics**

343 new cases of errors of refraction and 34 new cases of other defects for diseases of the eye were treated by the Council's Ophthalmologist. In addition, 680 pupils with previously treated errors of refraction and 65 children with other defects previously observed were seen by the Specialist, making a total of 1,122 children treated at the Eye Clinic during the year.

Spectacles were prescribed for 693 pupils and the number actually issued was 659 or 95% of those ordered. The corresponding percentage in 1949 was 78.3. It will be seen that the position with regard to the supply of spectacles to school children has improved still further during 1950.

#### (7) **Diseases of the Ear, Nose and Throat**

Although there was a reduction during the year in the number of operations performed, the Ear, Nose and Throat Clinic continued to function satisfactorily, and 152 children received operative treatment at the Guest Hospital. A total of 178 pupils attended and were treated as necessary. The reduction in the figures was due to the cessation of treatment during the outbreak of Poliomyelitis.

#### (8) **Paediatric Service**

The Council's specialist in disorders and diseases of children has continued to hold two sessions per month. The sessions are held at the Priory Clinic, Cedar Road, Dudley, and 143 pupils were seen.

Children are normally referred to the Paediatric Specialist by the Assistant School Medical Officers and the service is of the utmost value by reason of the expert medical advice immediately available followed by prompt treatment where necessary.

#### (9) **Infectious Disease**

Although children of school age were not as severely affected as pre-school children by the outbreak of Poliomyelitis, it will be noted that 13 school children were attacked by the disease in the course of an outbreak which has been the worst of its kind to attack the community. A detailed account of the outbreak is given in the supplement to this report.

I commented in my last annual report on the very satisfactory position with regard to the incidence of diphtheria among school children in Dudley. In 1949 there were only three cases and it is pleasing to be able to report that during 1950 there has only been one confirmed case. Ten years ago (1940) there were 33 notifications including two deaths. Diphtheria will soon be a thing of the past provided that the present high rate of immunisation is maintained, but we must guard against the danger that as diphtheria as a disease becomes less and less familiar, the necessity for immunisation may be regarded with less urgency. There is already evidence throughout the country that the immunisation rate is beginning to fall, and the outbreak of Poliomyelitis has probably contributed to this decline. It is now no longer necessary to justify immunisation but it is more than ever necessary to maintain it at the highest possible level.

The percentage of school children immunised against diphtheria in 1950 was 90%. This compares with a figure of 91% for 1949. Any falling off in immunisation among school children in Dudley is therefore very slight, but it does reflect a greater decrease generally throughout the country especially among pre-school children.

Measles and scarlet fever continue to be of much less severity than in former years and there has been a reduction in the incidence of whooping cough.

Details concerning notifications of infectious diseases received in respect of school children are given below :

Age Group	Measles		Diphtheria		Scarlet Fever		Whooping Cough		Poliomyelitis	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5—10 ..	106	113	—	—	16	16	29	27	4	3
10—15 ..	1	—	—	1	2	4	1	3	4	2

#### (10) Tuberculosis

The following notifications of tuberculosis in children of age groups 5—15 have been received. The total number of pulmonary cases is the same as last year and there has been an increase of two in the non-pulmonary cases.

	Males	Females	Total
Pulmonary .. .. .	1	5	6
Non-Pulmonary .. .. .	2	2	4

The number of children in the age group 5—15 on the tuberculosis register at the end of the year was :

	Males	Females
Pulmonary .. .. .	11	18
Non-Pulmonary .. .. .	13	8

It has not yet been possible to establish a mass miniature radiography service for school leavers but efforts to do so have not been relaxed. It is now hoped that another advance will soon be made in the prevention of tuberculosis by the introduction of the B.C.G. vaccine recently introduced into this country from Copenhagen. Extensive trials are now being carried out in the country by the

Medical Research Council and it is hoped that the results of these trials will show the way to the universal adoption of a new and powerful weapon of prevention.

#### (11) Orthopaedic Clinic

This clinic, which is held at the Council's Central Clinic, under the direction of the Royal Orthopaedic Hospital, Birmingham, continues to deal with large numbers of crippled children, many of whom attend from outlying districts and surrounding Boroughs.

The Orthopaedic Surgeon holds a clinic monthly or oftener when necessary and a nursing team attends weekly on Fridays to carry out the treatments prescribed.

418 Dudley children were seen by the Surgeon at these Clinics during the year.

#### (12) Physiotherapy Clinic

In addition to the Orthopaedic Clinic, the Physiotherapy Department at the Central Clinic holds sessions every working day under the charge of a trained Physiotherapist for the practice of remedial gymnastics, massage, radiant heat, infra-red, Faradism, conisation, etc., and in addition, specially graduated resistance exercises are given to weak muscles by means of weights and pulleys.

The majority of the pupils treated are postural cases but children are also sent to the clinic for breathing exercises, etc., and all are instructed in the methods of practising home exercises. In the case of small children the mothers are also instructed.

#### Orthopaedic Clinic — Attendances, 1950

No. of attendances at Surgeon's sessions	..	418
Physiotherapy — total attendances	.. ..	2,656

#### (13) Sunlight Clinic

The Council's Artificial Sunlight Clinic continued to treat pupils referred for artificial sunlight therapy and in November an additional clinic was opened at Priory Clinic, Cedar Road, Dudley. This innovation has been welcomed by parents in the Priory and Wrens Nest areas. There was a total of 1,257 attendances at the Sunlight Clinics.

#### (14) West Malvern Open Air Council School

Places are available at the above school for ten boys and ten girls each term. During the year 60 Dudley children attended, to the great benefit of their health. The terms commence in March, June, and September, and the school is closed from mid December to the middle of March. The children are selected by the School Medical Officers and are usually pupils who have been attending the school clinics. They are delicate in health, perhaps tuberculosis contacts or the victims of bad family environment.

Invariably these children return from Malvern very much improved in health. They are transformed in appearance and look fit and happy and have greatly enjoyed their term at the school. It may be said that there has never been a failure, although sometimes a child needs another term at the school if, after his return home, he is exposed to adverse environmental conditions.

**(15) Astley Burf Camp**

As in previous years 60 pupils went to this Camp each week from Monday to Friday throughout the summer months. They are accompanied by teachers and their classes are held in the open air. This Camp is situated near Stourport, Worcestershire, in beautiful surroundings and not far from the River Severn. All the children are examined by School Medical Officers before going to the Camp.

**(16) Rotary Boys' House, Weston-Super-Mare**

I am again indebted to the Dudley Rotary Club for providing a free fortnight's holiday at Weston-Super-Mare for 24 boys.

The boys selected are convalescent or debilitated children, or pupils whose parents could not otherwise afford them a recuperative holiday by the sea, and the sea air, with good food and regular meal times, combines with the community spirit of the House itself to provide a welcome and inspiring change of air and surroundings for boys who might not otherwise have a holiday away from home.

**(17) International Help for Children**

Sixteen girls and nine boys went to Luxemburg or La Rochelle under the auspices of the International Help for Children Organisation and the children were examined before proceeding.

**(18) School Dental Service**

The record of work done during the year is shown in Table V. It is an improvement on last year's work because it has been possible to maintain a very limited service throughout the year. As I stated in my annual report last year the School Dental Service had to close down for six months during 1949 due to the lack of dentists. We still have one part-time dentist who is gallantly attempting to cope with the work of three full-time dentists. The service is, of course, hopelessly inadequate but at least something is being done to meet urgent daily demands. The most important part of the work however, school dental inspection, is being sadly neglected and with it, the main object of the School Dental Service, viz. the prevention of dental decay before the children's teeth get beyond the scope of conservative dentistry. It is hard to say how long this era of false teeth and false economy must continue, but every effort is being made to resuscitate our School Dental Service and I sincerely hope I will be able to give a happier report next year.

**(19) Work of the School Nurses**

All nurses doing school work are also health visitors and this is one of the best features of the service since the nurse knows the child

and his home background before he enters school. The health visitor has in the meantime become a trusted adviser to the family in matters affecting health and hygiene and is, therefore, well qualified to lead and direct the child and to advise his teacher, when this is necessary, on matters concerning the child's physical welfare in school.

The work has been carried out with unflinching efficiency and discretion and has continued to contribute in marked degree to the present very satisfactory state of the health of the school children in the Borough.

Head inspections continued throughout the year and 35,195 children were examined for this purpose, of whom 2,565 were found to be infested with vermin, and the necessary steps were taken to ensure that the children requiring such treatment were cleansed. During the year, a Nursing Assistant was appointed to assist in the inspection and when necessary, cleansing of school children's heads, and this has proved to be a very satisfactory arrangement which releases more of the school nurse's time for more specialised functions in connection with her duties.

#### **(20) Employment of Children and Young Persons**

During the year 96 school children were examined as to fitness for employment before or after school hours in the delivery of newspapers, etc., and a certificate was granted in each case. In view of the general high standard of physical fitness of the pupils it is indeed exceptional if a certificate of fitness has to be refused to an applicant.

These children continue to be kept under medical observation at the school medical inspections and the part-time employment does not appear to be in any way prejudicial to their physical or mental welfare.

Girls who performed as juvenile dancers at the Pantomime were re-examined at the end of the season and there was no evidence of any deterioration in health.

All school leavers were examined and advised in the light of their known medical histories, as to any types of work for which they may have been found to be physically unsuitable, and good liaison was maintained with the Youth Employment Officer in this respect.

#### **(21) Speech Therapy**

The Council employs two lady Speech Therapists on a sessional basis and each attends for four half-days per week. Eight sessions are thus given to this work each week and they provide an adequate speech therapy service for Dudley.

During 1950, 67 pupils received treatment in a total of 1,103 lessons, 36 new cases were interviewed and assessed and 44 children were discharged.

#### **(22) Child Guidance Clinic**

Dudley children are now treated by Dr. J. J. Graham, Medical Director, Worcestershire Child Guidance Clinics at his Child



Guidance Clinics at Oldbury and Bromsgrove, and Dr. Graham's assistance is proving to be of the utmost value.

(23) **Handicapped Children**

The ascertainment of handicapped pupils has continued during the year and 51 children have been examined for the purpose of ascertaining whether or not they are suffering from a disability of mind or body and if the disability is such as to fall within a category requiring special educational treatment as prescribed by the Handicapped Pupils and School Health Service Regulations, 1945.

The Sutton School for Educationally Sub-normal Pupils opened in October and a long felt need has at last been fulfilled. In the past, the benefit to the child of ascertainment has been limited by the small number of vacancies available in schools outside the Borough, and it is most gratifying that the Council has made provision for these educationally backward children in their own town.

Of the 60 pupils examined during 1950 :

1 has been ascertained to be partially blind.

1 has been ascertained to be deaf.

2 have been ascertained to be partially deaf.

1 has been ascertained to be delicate.

38 have been ascertained to be educationally sub-normal.

1 has been ascertained to be maladjusted.

6 have been ascertained to be physically handicapped.

1 has been reported to the Local Authority under the Mental Deficiency Acts.

9 have been found fit for education in ordinary schools.

**STATISTICAL TABLES, 1950**

**Table I**

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

**A. Periodic Medical Inspections**

Number of Inspections in the prescribed Groups :

Entrants .. .. .	1,294
Second Age Group .. .. .	1,027
Third Age Group .. .. .	1,103

Total .. .. . 3,424

Number of other Periodic Inspections .. 624

Grand Total .. .. 4,048

**B. Other Inspections**

Number of Special Inspections .. .. 3,203

Number of Re-Inspections .. .. 4,002

Total .. .. 7,205

### C. Pupils Found to Require Treatment

Number of Individual Pupils found at Periodic Medical Inspections to require Treatment (excluding Dental Diseases and Infestation with Vermin).

<i>Group</i>	<i>For defective vision (excluding squint).</i>	<i>For any of the other conditions recorded in Table IIA</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
Entrants .. ..	43	162	198
Second Age Group ..	76	73	142
Third Age Group ..	51	38	87
Total (Prescribed groups) ..	170	273	427
Other Periodic Inspections .. .. .	30	51	77
Grand Total .. ..	200	324	504

Table II

## A. Defects found by Medical Inspection

Defect or Disease  (1)	Periodic Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring treatment  (2)	Requiring to be kept under observation but not requiring treatment  (3)	Requiring treatment  (4)	Requiring to be kept under observation but not requiring treatment  (5)
Skin .. .. .	32	16	147	30
Eyes : a. Vision ..	200	89	151	84
b. Squint ..	13	9	16	9
c. Other ..	4	7	53	14
Ears : a. Hearing ..	3	3	11	4
b. Otitis Media	4	—	18	9
c. Other ..	2	—	13	4
Nose or Throat ..	115	147	277	205
Speech .. .. .	9	11	14	16
Cervical Glands ..	2	66	19	33
Heart and Circulation	5	21	17	65
Lungs .. .. .	19	53	46	97
Developmental :				
a. Hernia ..	—	3	2	4
b. Other .. ..	1	8	21	21
Orthopaedic :				
a. Posture ..	19	8	10	12
b. Flat Foot ..	17	6	19	5
c. Other .. ..	33	10	47	34
Nervous System :				
a. Epilepsy ..	—	3	1	6
b. Other .. ..	3	6	25	39
Psychological :				
a. Development ..	1	7	5	10
b. Stability ..	1	7	5	6
Other .. .. .	41	51	140	164

**B. Classification of the General Condition of Pupils Inspected during the year in the Age Groups**

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .. ..	1,294	822	63.5	413	31.9	59	4.6
Second Age Group	1,027	471	45.9	498	48.5	58	5.6
Third Age Group ..	1,103	611	55.4	462	41.9	30	2.7
Other Periodic Inspections ..	624	408	65.4	203	32.5	13	2.1
Total .. ..	4,048	2,312	57.1	1,576	38.9	160	4.0

**Table III**

**INFESTATION WITH VERMIN**

- |   |        |
|---|--------|
| (i) Total number of examinations in the schools by the school nurses or other authorised persons .. ..                          | 35,195 |
| (ii) Total number of <i>individual</i> pupils found to be infested  | 2,565  |
| (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .. .. . | 2,184  |
| (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .. .. .   | Nil    |

Table IV

## TREATMENT TABLES

## GROUP I—Minor Ailments (excluding Uncleanliness)

(a)	<i>Number of Defects treated, or under treatment during the year</i>
Skin :	
Ringworm — Scalp .. .. .	4
Ringworm — Body .. .. .	3
Scabies .. .. .	2
Impetigo .. .. .	114
Other skin diseases .. .. .	8
Eye Disease :	269
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	
Ear Defects .. .. .	184
Miscellaneous .. .. . (e.g. minor injuries, bruises, sores, chilblains, etc.)	3,645
Total .. .. .	4,229

(b) Total number of attendances at Authority's Minor Ailments Clinics .. .. . 10,197

GROUP II—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments — Group I)

Errors of Refraction (including Squint) .. .. .	<i>No. of defects dealt with</i> 1,023
Other defect or disease of the eyes (excluding those recorded in Group I) .. .. .	99
Total .. .. .	<u>1,122</u>

No. of pupils for whom spectacles were :

(a) Prescribed .. .. .	693
(b) Obtained .. .. .	659

**GROUP III—Treatment of Defects of Nose and Throat**

	<i>Total number treated</i>
Received operative treatment :	
(a) For adenoids and chronic tonsillitis ..	145
(b) For other nose and throat conditions ..	7
Received other forms of treatment .. ..	23
Total .. .. .	<hr/> 178 <hr/>

**GROUP IV—Orthopaedic and Postural Defects**

(a) Number treated as in-patients in hospitals or hospital schools .. .. .	26
(b) Number treated otherwise, e.g. in clinics or out-patient departments .. .. .	418

**GROUP V—Child Guidance Treatment and Speech Therapy**

Number of pupils treated :	
(a) Under Child Guidance arrangements ..	38
(b) Under Speech Therapy arrangements ..	67

**Table V****DENTAL INSPECTION AND TREATMENT**

(1) Number of pupils inspected by the Authority's Dental Officers :	
(a) Periodic age groups .. .. .	1,251
(b) Specials .. .. .	1,452
(c) Total (Periodic and Specials) .. .. .	<hr/> 2,703 <hr/>
(2) Number found to require treatment .. .. .	2,285
(3) Number actually treated .. .. .	2,014
(4) Attendances made by pupils for treatment ..	2,602
(5) Half-days devoted to :	
(a) Inspection .. .. .	16
(b) Treatment .. .. .	180
Total (a) and (b) ..	<hr/> 196 <hr/>
(6) Fillings : Permanent Teeth .. .. .	686
Temporary Teeth .. .. .	70
Total .. .. .	<hr/> 756 <hr/>

(7) Extractions :	Permanent Teeth	..	..	..	523
	Temporary Teeth	..	..	..	2,771
	Total	..	..	..	<u>3,294</u>
(8) Administration of general anaesthetics for extraction	..	..	..	..	1,506
(9) Other Operations :	(a) Permanent Teeth	..	..	..	464
	(b) Temporary Teeth	..	..	..	8
	Total (a) and (b)	..	..	..	<u>472</u>

Table VI

## SUNRAY CLINIC

Number of children receiving ultra-violet ray therapy	227
Number of attendances .. .. .	1,257

## POLIOMYELITIS

### DUDLEY, 1950

Between the months of April and November, 1950, Dudley suffered a severe outbreak of Poliomyelitis (Infantile Paralysis). The outbreak was part of a national outbreak which was especially severe in the Midlands. As far as is known this is the first severe outbreak of this disease in Dudley, and as one would expect the original infection spread until it had involved every part of the town.

The disease started insidiously and as usually happens with a disease which has never previously been prevalent in a community, the first case went undetected until the infectious stage had passed. The diagnosis was made more difficult by the fact that the child had no paralysis. This child was seen by one of our Assistant Medical Officers at the Netherton Clinic on April 22nd. On examination it was suspected that the child might have had an attack of Poliomyelitis and this diagnosis was later confirmed at the Guest Hospital. It is considered, therefore, on the evidence available that the onset of the first case in the outbreak occurred in Netherton on or about April 15th, 1950. It was approximately three weeks before a second case occurred in Netherton on May 12th. This was followed by a third case in Holly Hall on May 15th and the disease then spread gradually throughout the town until 63 cases had been notified by November 25th. The outbreak was thus spread over a period of seven months.

The graph showing the incidence of cases each week demonstrates the usual features of an outbreak such as this, the slow rise in the early weeks increasing to a peak at the beginning of August, followed by a rapid fall in incidence, tailing off slowly almost to the end of November. The graphical demonstration is very typical of an outbreak of an infectious disease attacking for the first time, a susceptible population. This is exemplified by the gradual build-up of infection in the town, resulting in the almost explosive outburst in July and August.

The distribution by age groups is shown in the accompanying table together with the percentage of cases in each group.

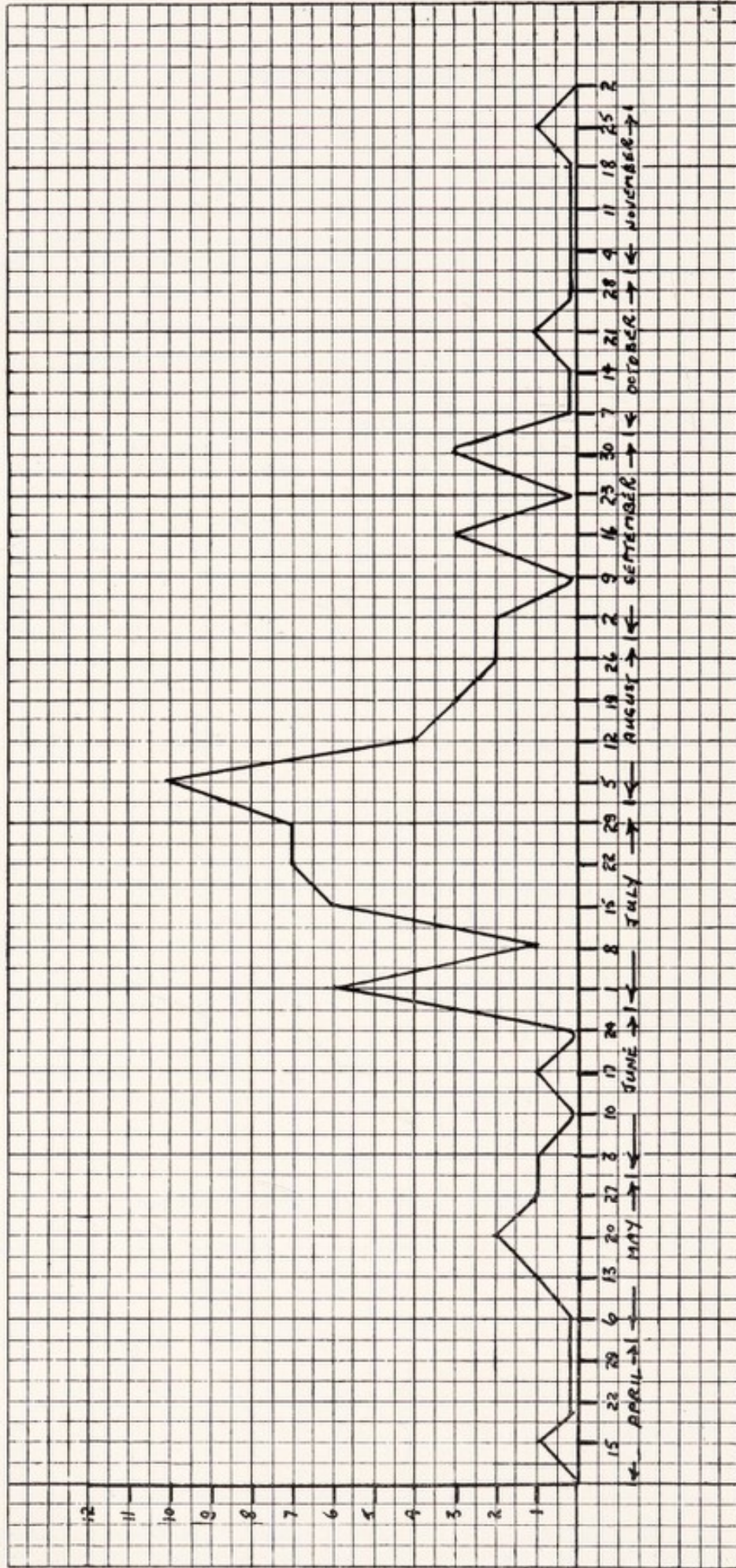
**Table I**  
**DISTRIBUTION BY AGE GROUPS**

	<i>Age groups in years</i>				<i>Total</i>
	0-4	5-9	10-15	16 and over	
No. of cases . .	45	7	6	5	63
Cases per cent.	71	11	10	8	100

It has been said that the term Infantile Paralysis is a misnomer because the disease attacks other age groups besides infants. How-



POLIOMYELITIS  
WEEKLY INCIDENCE 1950.



ever, there is very little doubt about the incidence among the young children in Dudley. Pre-school children were by far the most severely affected. As the table shows they represent 71% of the total number of cases. School children represent 21% and those over school age only 8% of the total. The youngest patient was a child of eight weeks and the oldest a woman of 26. Thirty-five (35) of the cases were males and twenty-eight (28) were females. There were four (4) fatal cases giving a fatality rate of 6 per cent. The attack rate for the whole community was 1 per 1,000.

The outstanding feature of the outbreak was the very high attack rate among pre-school children. The figure of 71% is unusually high. In a national survey covering Poliomyelitis outbreaks in England and Wales during 1947 and 1949, only 37% of confirmed cases were under five years of age. Whatever the nomenclature of the disease, the susceptibility of the young child is still a vital factor to be reckoned with. The preponderance of male over female cases is an almost invariable feature of epidemics of Poliomyelitis for which there is no explanation. The death rate of 6% corresponds with similar rates issued by the Ministry of Health for the epidemics of 1947 and 1949. The Ministry calculated that of every hundred patients admitted to hospital during an epidemic six or ten were likely to die. The attack rate of 1 per 1,000 is a very high rate for an urban community.

As new cases were notified during the period of the outbreak an attempt was made to trace the source of the infection in each instance, but without success. In every case investigation was made to ascertain whether the patient had been in direct or indirect contact with another confirmed case of the disease during the four weeks previous to the onset. In not one instance was it possible to establish evidence of case to case contact, nor was there an instance of more than one case in any house. The net was then spread wider to find if the patient, during the same period had been in direct or indirect contact with someone who had had suspicious symptoms of the disease although not notified as a confirmed case. In only five instances in the total of 63 cases was such contact established. It must be remembered, of course, that in an urban community it is virtually impossible to trace every contact, and especially in a disease with such an insidious onset as Poliomyelitis. It must be assumed that in many cases, infection was spread before the case was detected and while still in the infectious stage. Again it has been stated that for every case diagnosed there are a hundred cases which do not develop definite symptoms and go undetected, the so called "abortive" cases. Should this be the case, although it has never been proved, it will be realised how large is the reservoir of infection during an epidemic of Poliomyelitis.

During the period of the outbreak vigorous efforts were made to trace the source of infection. Various theories have been put forward from time to time and all have enjoyed some popularity, but none have been fruitful of definite results. Among the commonest sources suggested are water, milk and flies. The water supply in Dudley is above reproach and frequent tests repeatedly show it to be a pure and wholesome supply. In all the 63 cases notified the milk supply was ascertained and in every case it was found that the milk was being adequately treated and was safe for human consumption.

The role of the fly in the spread of Poliomyelitis has never been conclusively established but there is no reason to suppose that it played a large part in the present outbreak especially as the summer was far from hot and flies no more than usually abundant. Without going into other possible sources it may be said that no definite source of infection was established in the town during the course of the outbreak. As regards the spread of the disease from one person to another, there are two theories, one that the spread is an airborne one from the throat of the infected person, the other that the disease is spread by means of the faeces of infected persons. Both these methods of infection seem to be possible but further evidence will be necessary before it can be decided which of the two is the more important.

The majority of cases were admitted to Moxley Hospital and the remainder to neighbouring hospitals in West Bromwich, Wolverhampton, and Stourbridge. One case which arose in the hop fields was admitted to the Hereford Hospital. The advisability of warning mothers not to take their children to the hop fields during the outbreak was considered but no such advice was given, as the disease was beginning to abate when the hop picking season started. As it turned out, only one case arose and it was established that the infection must have been contracted in Dudley before the child left. All cases were nursed in hospital during and beyond the infectious stage of the illness and were discharged either to their own homes or to special orthopaedic hospitals. Those cases discharged to their homes were followed up at once by Health Visitors and all cases in which there was a residual paralysis were referred to the Orthopaedic Centre at "The Firs" Clinic for physiotherapy and remedial exercises under the care of the Orthopaedic Surgeon.

Poliomyelitis can be divided generally into two main categories, the paralytic and the non-paralytic. In the present outbreak 75% (47) of the cases were of the paralytic type and 25% (16) of the cases were of the non-paralytic type. This is a rather high percentage of paralytic cases as generally one can expect 30% or more of the cases to escape paralysis. These, of course, are the figures of cases originally notified and do not represent the final results. It is considered that the results of treatment of a residual paralysis following Poliomyelitis cannot be finally assessed until two years after treatment has commenced. Before this report was prepared, every case was visited by a Health Visitor. These visits were made nearly a year after the first case was notified, in order to assess the after effects of the outbreak at this time. The results are shown in the accompanying table.

**Table II**

<i>No. of Deaths</i>	<i>Very slight paralysis with no marked disability</i>	<i>Facial paralysis only</i>	<i>Definite paralysis with disability</i>	<i>No paralysis or other after effects</i>	<i>Total</i>
4	6	5	19	29	63

The results of the outbreak of Poliomyelitis at the time of writing (May 1951) are as follows :

Out of a total of 63 confirmed cases there were 4 deaths, 6 cases have a very slight paralysis causing no marked disability, and 5 cases have a facial paralysis only. In 19 (30%) of the cases there is a definite paralysis with disability and in 29 (46%) of the cases there is no paralysis or other after effects. As treatment is still continuing in many of the cases one may hope for a further improvement in these figures.

It has been thought that certain factors predispose to an attack of Poliomyelitis especially during an epidemic, such as an injury or severe muscular exercise or severe mental stress, the latter including, in the case of school children, preparation for an examination. The following questions were therefore asked in each case either of the parent or the patient :

1. Was there any injury a few days before or after the onset of the initial symptoms ?
2. Was there severe muscular exercise or severe mental stress a few days before or after the onset of the initial symptoms ?  
This question was confined to patients of ten years of age or older because severe muscular exercise or severe mental stress in young children is not easy to assess.

The results of these investigations are shown in Tables III and IV.

**Table III**

	<i>No. of Cases</i>	<i>Percentage of Paralytic Cases</i>
Previous Injury .. .. .	9	77%
No previous Injury .. .. .	54	74%

In the nine cases where a history of previous injury was established, two of the cases were of the non-paralytic type. The remaining seven cases all suffered from paralysis but in two of these there was no relationship between the site of the injury and the development of the paralysis. In five out of the nine cases, however, paralysis developed at the site of the injury. In four instances paralysis developed in the injured limb and in the fifth, facial paralysis developed after a fall on the head involving injuries to the face and mouth.

**Table IV**

	<i>No. of Cases</i>	<i>Percentage of Paralytic Cases</i>
Severe muscular exercise or severe mental stress .. .. .	9	100%
No severe muscular exercise or severe mental stress .. .. .	2	50%

Table III shows that previous injury made no significant difference in the number of cases notified as suffering from the paralytic type of the disease but it is interesting to note that in more than half the cases where a history of injury was established, paralysis developed at the site of the injury. Table IV would appear to be very significant but for the fact that the question is not generally applicable to very young children and it must be remembered that children under 5 years of age made up 71% of the total number of cases. The 11 cases shown were all 10 years of age or over. It is interesting to note, however, that in every case where severe muscular exercise or severe mental stress was present, the disease was of the paralytic type. It was also found that in these 9 cases all the patients took an active part in outdoor sports such as football, tennis, swimming, horse-riding and cycling. In one case the patient had just completed a 300 mile cycling tour. Five of the patients were engaged in studying for examinations at the time of the onset of the disease. However, these figures must be treated with some reserve as the nine cases represent a very selective group of the 63 cases notified, but physical and mental stress is a possible predisposing cause which it would be unwise to overlook during an epidemic of Poliomyelitis.

One of the strange features of the disease is that it seems to bear no relation to housing conditions and although an infectious disease, overcrowding seems to play little part in its dissemination. It will be remembered that in not one instance were two cases notified from the same house. It seems in fact that the better the housing conditions and the better the economic circumstances, the greater is the liability to attack.

The following table summarises the housing conditions of the 63 patients :

	<i>Good Property</i>	<i>Fair Property</i>	<i>Poor Property</i>	<i>Corporation Property</i>	<i>Overcrowding</i>	
					<i>Statutory</i>	<i>Bed-room</i>
Netherton ..	12	6	—	10	—	6
Woodside ..	5	—	—	3	—	1
Priory including Wrens Nest ..	13	—	1	12	—	3
Kates Hill ..	9	—	2	7	1	3
Dudley .. ..	4	1	10	1	—	4
	43	7	13	33	1	17

It will be seen that in 43 (68%) of the cases housing conditions were good. Only 13 of the houses could be described as poor property. In only one case was there statutory overcrowding although there was bedroom deficiency in 17 cases.

### Preventive Measures

At the onset of the outbreak the usual preventive measures were taken and continued throughout the summer and autumn in order to limit as far as possible the spread of the disease. Each house was

visited immediately following notification and the movements of the patient noted during the previous four weeks. Contact tracing was carried out on a wide scale and where necessary Medical Officers of Health in other parts of the country were notified. On each initial visit to the patient's home a pamphlet on the disease, published by the Central Council for Health Education, was given to the head of the household. These excellent pamphlets described the initial symptoms of the disease, advised the action to be taken and the preventive measures to be adopted, and were of great value in educating the public and allaying anxiety. In the case of contacts, the pamphlets were sent by post. Local general practitioners were notified from time to time during the outbreak, of the extent of the notifications and the areas of the town affected, and their co-operation contributed greatly to the control of the disease. The local press co-operated by contributing suitable announcements which kept the public informed and prevented the spread of uninformed opinion which is always prevalent at such times and which must be corrected in order to avoid widespread and unnecessary alarm. As already stated, all possible sources of infection including food supplies were thoroughly investigated. Complete disinfection of every house was carried out following removal of the patient to hospital.

Schools in the town remained open throughout the period of the outbreak apart from the normal Whitsun and summer holidays. It was never intended at any time to close the schools as such a measure is of doubtful value, especially in an urban community where the liability of exposure to infection is likely to be no greater in the schools than in other places where children congregate. Closure of a school for the purpose of preventing the spread of infectious disease is only likely to be effective in the case of the small country school which would probably be the only place where all the school children of the area would be in daily contact with a possible source of infection.

As in the case of the schools, no action was taken in regard to the local swimming baths. A great deal has been said and written about Poliomyelitis originating in swimming baths but the balance of informed opinion is now inclined to the view, supported by the Ministry of Health, that properly controlled swimming baths need not be closed. The local swimming baths are properly controlled and fitted with a modern purification plant which automatically doses the water with chlorine. The dosage used is sufficient to destroy the virus of Poliomyelitis should it by any chance gain access to the water. Nevertheless, after consultation with the Borough Engineer, the chlorination of the water in the baths was increased shortly after the onset of the outbreak, as a further preventive measure. The danger of contracting Poliomyelitis in a swimming bath is no greater than the danger of contracting the disease in any part of a town where people normally congregate. It is inadvisable, of course, that overcrowding of swimming baths should be allowed when there is an unusually high incidence of the disease, but experience in Dudley during the summer months showed that attendance at the baths automatically dropped when news of the disease in the town became known. With overcrowding and infection ruled out, the only connection between swimming and Poliomyelitis might be

the muscular effort involved were this of an unusual nature, but this condition would apply to any sporting activity. Nevertheless the opinion is now gaining ground that excessive indulgence in sporting activities involving muscular fatigue should be avoided while Poliomyelitis is prevalent.

Further preventive measures taken early on in the outbreak were the cessation of diphtheria immunisation, and operations for the removal of tonsils. Teeth extractions were also reduced to a minimum at the dental clinic. Attention has been drawn recently to a possible relationship between immunisation and Poliomyelitis and to the possibility of the injection precipitating an attack of paralysis. This theory has never been conclusively proved and it is a pity it received such widespread publicity. At any time during the year thousands of children are being immunised all over the country. Poliomyelitis is a disease chiefly affecting children and in the presence of an outbreak there are bound to be instances of children contracting the disease shortly after immunisation against diphtheria. This does not prove that the immunisation caused the paralysis. In our own experience in Dudley, although the same may not apply elsewhere, there was no case of Poliomyelitis in which the patient had been immunised during the three months previous to the onset of the disease. There was no evidence of any relationship between immunisation and Poliomyelitis; and one doubts whether it was wise to suspend the most successful preventive measure of recent years at a risk of lowering the resistance to diphtheria, a disease at one time many times more prevalent and fatal than Poliomyelitis. None of the 63 patients had had an operation for the removal of tonsils in the three months period prior to the onset of the disease so that there was likewise no evidence of any relationship between tonsillectomy and Poliomyelitis.

In general, all preventive measures, known to have any effect in limiting the spread of the disease, were put into operation. Unfortunately our knowledge of this disease is still very limited and prevention is the most effective means at our disposal. It cannot be claimed that the measures adopted brought the outbreak to a stop, because the disease itself tends to die out with the onset of colder weather, but if our efforts limited in any way the spread of infection, then many children who might have contracted this dread disease have escaped unharmed. This was the aim throughout the whole period of the outbreak and it is hoped that some measure of success has been achieved and the virus of Poliomyelitis cheated of many of its potential victims.

Dudley has had little experience of Poliomyelitis in the past. This has been the first major outbreak and the incidence has been high. It is to be hoped that a measure of immunity among the population has resulted and will be a barrier to a similar outbreak in the future.

However, experience in other countries does not justify this hope. In America repeated epidemics are frequent, and the disease is undoubtedly becoming more prevalent in this country. Further outbreaks of the disease may be expected.

It cannot be claimed that this investigation has thrown any light on the many obscure aspects of this disease. In the present state of

our knowledge we can only be prepared to pursue vigorously all the preventive measures known to be of value in limiting the spread of infection. If this investigation can be said to have shown the advisability of the adoption of any particular preventive measure, it might be the avoidance of any activity, sporting or otherwise, which might lead to undue muscular fatigue during a period of prevalence of the disease. It is a point to be borne in mind in the future.



**ANNUAL REPORT OF THE CHIEF SANITARY  
INSPECTOR AND CLEANSING SUPERINTENDENT  
FOR THE YEAR ENDED 31st DECEMBER, 1950**

*To the Mayor, Aldermen and Councillors  
of the County Borough of Dudley.*

Mr. Mayor, Gentlemen,

The following pages are made up of short comments and tables of figures which are intended to show what has been accomplished in the department during a year's co-ordinated effort. Much of the commentary has been limited in the interests of economy.

There are four main divisions into which the work of the department falls.

**Food Supervision :** In this category there is responsibility for the standards of food premises and food handling. With the number of food premises in the borough being in excess of 700 it is obviously difficult with limited staff to do the work thoroughly. Food sampling has received reasonable attention and care has been exercised to sample as wide a range of commodities as possible. The public has also been well served in the inspection of foods generally throughout the borough.

**Housing :** Badly housed people fall into two categories — (a) families overcrowded and inadequately housed and (b) families living in bad houses. The Housing Committee has given very careful consideration and great help to people in the first category and I pay tribute to the work which they have done. They have also given valuable help to many families from dilapidated and dangerous houses.

Many bad houses continue to deteriorate and your decision to resume Slum Clearance is a bold approach to a long standing problem. It is a progressive policy which will be of lasting benefit to the town.

**General Sanitary Supervision :** A thousand and one items come along for attention during a year's working. They range from nuisances from complicated manufacturing processes to court appearances against caravan dwellers and in many cases satisfactory conclusions are reached without formal action, due entirely to the diplomacy of the Inspectorate.

**Public Cleansing :** The net cost of the service to the rate fund was £23,576 representing a reduction of nearly £1,800 as compared with the cost for the previous year. Greater demands were made upon the service, all of which were met. Salvage sales reached the highest figure yet and show signs of going even higher.

Conclusion — I would be failing in courtesy if I did not say thank you, first to yourself Mr. Mayor, for your valuable help and un-failing interest and secondly to the Chairman and members of the Health Committee for their continued and ever-ready support and confidence.

To Dr. Lawson I am also indebted for his courtesy at all times and I pay tribute to all officials of the Corporation for their continued co-operation.

The staff could not have been more loyal and I hope the work they have done receives the appreciation it most rightfully deserves.

I am,

Mr. Mayor and Gentlemen,

Yours truly,

W. PARKER,

*Chief Sanitary Inspector and  
Cleansing Superintendent.*

## INSPECTION OF FOOD, SAMPLING OF FOOD AND SUPERVISION OF FOOD PREMISES

There has been 100% post mortem inspection of all animals slaughtered for food at the two slaughterhouses in operation in the borough. The number of animals killed this year is almost double the number killed last year and has put further work on already heavily occupied staff.

Turning to the matter of the inspection of other foods, a glance at the records of work done will give some indication of the demands made on the inspectorate. The results, however, give one some measure of satisfaction. Particularly is this so in relation to milk and ice cream. A recent effort was made to endeavour to persuade dairymen to eliminate the sale of all loose milk and whilst it is not yet possible to say that there is yet a one hundred per cent. success, it is true to say that very little loose milk is now being sold. Ice cream standards have improved and samples falling within grades 3 or 4 have approximated only to some 25% of all samples taken. Generally the results are good and there is a greater awareness of the need for care amongst the handlers of ice cream. There is, however, in my opinion still some work to be done in the education of the street hawkers of ice cream.

Education is also needed in general food hygiene. Staffing problems, particularly in food manufacturing and catering establishments, are very real. This often results in the recruitment of personnel who have no knowledge of food hygiene and finally results in more work for the Inspector and, what is more important, takes up a great deal of his time. The swabbing of crockery and cutlery together with the sampling of washing up and rinsing water has been introduced with a two-fold purpose. The results serve as a practical illustration to the management and personnel of the effectiveness or otherwise of their methods and also is a very efficient method of demonstrating the dangers of carelessness.

Before leaving the subject of the inspection of food and food premises I must comment upon the steady increase of responsibility placed upon Sanitary Authorities. Food byelaws, food standards, the increasing numbers of catering establishments and so on are adding little by little. The effective discharge of these duties is definitely related to a sufficiency of staff to carry them out. In the case of my own department I can only say that maximum effort is maintained but early consideration must be given to additional staff if full supervision is to be attained.

### **Inspection of Meat**

There was no change in the policy of centralised slaughtering during the year and at the two bacon factories operating in the Borough on behalf of the Ministry of Food, 3,731 pigs were notified for slaughter under the Public Health (Meat) Regulations, 1924. The corresponding figure in 1949 was 2,202. All the carcasses were nevertheless inspected, as were 176 private pigs killed at other premises.

The following table gives particulars of carcasses and organs unfit for consumption and tabulates causes for condemnation in so far as pigs inspected at bacon factories are concerned.

**All Diseases except Tuberculosis :**

Whole carcasses condemned .. .. .	—
Carcasses of which some part or organ was condemned .. .. .	262
Percentage of the number inspected affected with disease other than tuberculosis .. .. .	6.7%

**Tuberculosis only :**

Whole carcasses condemned .. .. .	4
Carcasses of which some part or organ was condemned .. .. .	180
Percentage of the number inspected affected with the disease .. .. .	4.7%

**Carcasses or Parts and Offals condemned :**

Carcasses .. .. .	4
Heads .. .. .	143
Lungs (sets of) .. .. .	119
Livers .. .. .	125
Hearts .. .. .	43
Kidneys .. .. .	103
Mesenteries .. .. .	32
Intestine and Stomachs .. .. .	13
Spleens .. .. .	12
Part carcasses .. .. .	10

<b>Diseases :</b>	<i>Weight of Meat condemned (lbs.)</i>
Tuberculosis .. .. .	3,463
Pneumonia .. .. .	219
Pericarditis .. .. .	135½
Pleurisy .. .. .	51
Congestion .. .. .	18
Cirrhosis .. .. .	80½
Fatty Liver .. .. .	14
Necrosis .. .. .	10
Abscesses .. .. .	107
Adhesions .. .. .	32
Urticaria .. .. .	13½
Bruising .. .. .	9
Peritonitis .. .. .	54
Cysts .. .. .	146
Tumour .. .. .	2
Nephritis .. .. .	30½
Angiomatosis .. .. .	7

Total weight of meat condemned : 4391½ — 1 ton 19 cwts. 23½ lbs.

Visits to Slaughterhouses .. .. .	240
Visits for inspection of private pigs .. .. .	176

## INSPECTION OF OTHER FOODS

During the year the District Inspectors made 200 visits to food premises for the purpose of food inspection, other than meat inspection.

The following foodstuffs were condemned :

	<i>Total</i>
Angelica (lbs.) .. .. .	5½
Apple Rings (lbs.) .. .. .	332
Blancmange powder (pkts.) .. .. .	6
Biscuits (lbs.) .. .. .	21
Bacon (lbs.) .. .. .	65¼
Beans (lbs.) .. .. .	70
Bicarbonate of soda (lbs.) .. .. .	70
Cake mixture (pkts.) .. .. .	3
Coffee (tins) .. .. .	1
Cereals (pkts.) .. .. .	53
Cheese (lbs.) .. .. .	70½
Cake powder (lbs.) .. .. .	87
Currants (lbs.) .. .. .	6
Chocolate cakes .. .. .	968
Cake extender (lbs.) .. .. .	28
Custard powder (lbs.) .. .. .	28
Custard powder (pkts.) .. .. .	3
Cornflour (lbs.) .. .. .	40
Dates (lbs.) .. .. .	175
Eggs .. .. .	1,097
Fruit Cake (lbs.) .. .. .	25
Fruit Juices (tins) .. .. .	63
Fruit (tins) .. .. .	617
Flour (lbs.) .. .. .	79
Flour (pkts.) .. .. .	12
Flour (bags) .. .. .	7
Fish (tins) .. .. .	428
Fish Paste (bottles) .. .. .	6
Fondant (lbs.) .. .. .	1
Gravy Powder (lbs.) .. .. .	21
Gravy Browning (bottles) .. .. .	4
Emulsifying agent (lbs.) .. .. .	14
Ham (lbs.) .. .. .	18½
Ham (tinned — lbs.) .. .. .	146
Hake (lbs.) .. .. .	55
Jellies .. .. .	49
Macaroni (lbs.) .. .. .	115
Malt spread (jars) .. .. .	50
Mint Sauce (bottles) .. .. .	3
Meat Products (tins) .. .. .	2,309
Milk (tins) .. .. .	836
Milk powder (lbs.) .. .. .	119
Pikelets .. .. .	278
Pork Sausage (lbs.) .. .. .	30
Preserves (lbs.) .. .. .	49
Preserves (tins) .. .. .	95
Potato Powder (lbs.) .. .. .	40

**Inspection of other Foods—cont.**

Raisins (lbs.)	..	..	..	..	30
Rice (lbs.)	..	..	..	..	100
Savoury (lbs.)	..	..	..	..	30
Sago (lbs.)	..	..	..	..	4
Sauce (bottles)	..	..	..	..	3
Semolina (lbs.)	..	..	..	..	54
Semolina (pkts.)	..	..	..	..	6
Suet (pkts.)	..	..	..	..	1
Sweetened Fat (lbs.)	..	..	..	..	52
Sultanas (lbs.)	..	..	..	..	26
Sweets (lbs.)	..	..	..	..	8
Tomatoes (lbs.)	..	..	..	..	156
Vegetables (tins)	..	..	..	..	670

**MILK SUPPLIES**

The amount of loose milk sold in the Borough was very small and there is little that calls for comment under this heading. As will be seen from a later table dealing with the bacteriological examination of milk the standard of milk in the Borough can generally be said to be satisfactory.

Regular inspections were made of the few dairies still operating.

Licences in force under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949 were as follows :

		<i>Processors Licences</i>	<i>Dealers Licences</i>	<i>Supplementary Licences</i>
T.T. Pasteurised	..	—	9	7
Pasteurised	.. ..	1	15	7
Sterilised	.. ..	1	188	7
Tuberculin tested	.. ..	—	1	1
Accredited	.. ..	—	1	—

At the end of 1950 there were 230 milk distributors registered with the Local Authority.

**SAMPLING FOR CHEMICAL ANALYSIS**

As will be seen from the list below, samples were taken from a wide range of commodities and of the 49 formal and 194 informal samples taken during the year, adverse reports were made on only 19.

Proceedings were taken against a milk retailer in respect of a sample of milk which was deficient in milk fat to the extent of 50%. The bench imposed a fine of £10.

The contraventions in the remaining 18 samples were either technical or minor in character and warning letters were sent.

The actual samples taken during the year were as follows :

<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>	<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>
Apple Puree .. ..	1	—	Maralyn Milk Plus ..	1	—
Aspirin tablets ..	1	—	Malt Extract Tablets	1	—
Almond flavouring ..	1	—	Milk Pudding .. ..	1	—
Brandy flavouring ..	1	—	Master Mix .. ..	1	—
Batter flour .. ..	1	—	Meat Pie .. ..	2	—
Borax and Honey ..	1	—	Meat — Processed ..	8	—
Beef tea .. ..	1	—	Mincemeat .. ..	1	—
Blancmange Powder	2	—	Mixed Peel .. ..	2	—
Barley flour custard ..	1	—	Mild Beer .. ..	1	—
Balsam of Ipecac. ..	1	—	Milk .. ..	—	36
Brandy .. ..	—	3	Olive Oil .. ..	3	1
Custard flavour ..	1	—	Peanut Butter .. ..	1	—
Currants .. ..	1	—	Pepper .. ..	7	—
Cough Lozenges ..	2	—	Pancake and York- shire Pudding Mix- ture .. ..	1	—
Cherry cough cure ..	1	—	Pastry Mixture ..	2	—
Children's cough rings	1	—	Pineapple Drink Con- centrate .. ..	3	—
Custard Powder ..	1	—	Pears .. ..	6	—
Cake flour .. ..	1	—	Peerless Essence ..	1	—
Cinnamon .. ..	2	—	Orange and Lemon Squash .. ..	2	—
Cake decorations ..	1	—	Raspberry flavouring	1	—
Coconut flavouring ..	1	—	Rum .. ..	—	2
Dessert Gelatine ..	1	—	Rhubarb .. ..	1	—
Fish Colouring ..	1	—	Soup .. ..	1	—
Gravy Browning ..	1	—	Salt .. ..	1	—
Giant Wafer .. ..	1	—	Snowfil .. ..	1	—
Ground Almonds ..	1	—	Salad Cream .. ..	9	—
Glace Cherries ..	5	—	Sauce .. ..	1	—
Glycerine, Lemon and Honey .. ..	1	—	Sausages — Pork ..	1	—
Gin .. ..	—	2	Strawberry Flavouring	1	—
Horseradish Sauce ..	1	—	Shredded Beef Suet ..	1	—
Honey .. ..	2	—	Tomato Ketchup ..	3	—
Instant Postom ..	1	—	Thirst Quenchers ..	1	—
Jam .. ..	8	—	Tomato Paste .. ..	4	—
Jack Straws .. ..	1	—	Tomato chutney ..	1	—
Jelli-block .. ..	1	1	Vanilla slices .. ..	1	—
Jelly Marmalade ..	1	—	Whiskey .. ..	—	4
Lemonade crystals ..	1	—	Vinegar .. ..	2	—
Lemon Curd .. ..	3	—			
Lucozade .. ..	1	—			
Meat Paste .. ..	1	—			
Ice Cream .. ..	65	—			

### SAMPLING OF MILK FOR BACTERIOLOGICAL EXAMINATION

Routine sampling of milk for bacteriological analysis continued during the year and the number of samples submitted to the Bacteriologist was 228, as compared with a figure of 377 for the previous year.

The reduction has been entirely due to the satisfactory reports made during the year which has automatically had the effect of reducing the number of "follow up" samples required.

Samples	(a) Bacteriological Content		(b) Phosphatase Test		(c) Turbidity Test		(d) Tuberculosis Test		(e) Phenol Phthalein Test	
	No. taken for		Methylene Blue Reduction Test		Satis.	Unsatis.	Satis.	Unsatis.	Neg.	Pos.
	Bact. exam. (a)	T.B. Test (b)	Satis.	Unsatis.						
T.T. Pasteurised ..	45	—	40	5	43	2	—	—	43	2
Pasteurised ..	65	—	63	2	63	2	—	—	63	2
Sterilised ..	73	—	—	—	—	—	73	—	—	—
T.T. Milk ..	4	4	3	1	—	—	—	4	—	—
Accredited ..	5	5	3	2	—	—	—	5	—	—
Undesignated Milk ..	36	7	30	6	—	—	—	7	—	—
Totals ..	228	16	139	16	106	4	73	16	106	4

Nine additional samples were submitted specifically for the detection of brucella abortus.



## ICE CREAM

There were no new registrations during the year of premises used for the manufacture of ice cream. The 12 premises so registered in the Borough were visited on frequent and regular occasions and it is again pleasing to report that proprietors generally co-operated to the full with the District Inspectors and were at all times willing to take the advice offered.

The total number of premises in the Borough selling ice cream was 140.

The District Inspectors made 153 visits to ice cream premises during the year and 114 samples were taken and submitted for bacteriological examination.

The following table gives a summary of the results of the samples submitted :

	<i>Type of Mix</i>	<i>No. of samples taken</i>	<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
Produced in Dudley ..	Heat treated	46	23	10	9	4
	Not heat treated	10	6	—	3	1
Not produced in Dudley ..	Heat treated	58	26	19	10	3
	Not heat treated	—	—	—	—	—
	Totals	114	55	29	22	8

*Key :* Grade 1 — Good.      Grade 2 — Fairly good.  
Grade 3 — Poor.      Grade 4 — Unsatisfactory.

## SUPERVISION OF FOOD PREMISES

The promotion of hygienic conditions in all types of food premises is taking an ever increasing amount of the Inspectors' time and during 1950 the Council very wisely appointed an Inspector whose sole duties were concerned with the problem of clean food production and handling. The decision to make this appointment has been of considerable assistance in the efficient working of the Department and I am satisfied that such an appointment will assist very considerably in the future in this vital matter of food hygiene.

The Food Traders' Guild with the active co-operation of the Health Committee continued to function during the year but it is a matter of regret to me personally that the objects for which the Guild stands have not been more widely supported by the Food Trade generally.

Preliminary arrangements were made during the year for the holding of a Clean Food Exhibition during 1951. The ground work of such an exhibition was well in hand at the end of the year and it is hoped that the exhibition, which has for its sole purpose the spot-lighting of food hygiene, will be acceptable both to the food trader and the general public.

Byelaws relating to the handling, wrapping and delivery of food were in force in the Borough during the year and contained provisions which will be of considerable assistance to the Department.

The following visits were made to food establishments during the year :

General Food Shops .. .. .	260
Food Preparing Premises, subject to registration ..	23
Canteens .. .. .	23
Restaurants .. .. .	145
Bakehouses .. .. .	61
Fried Fish Shops .. .. .	52
Butchers' Shops .. .. .	86
Visits to premises re Food Byelaws .. .. .	206

153 informal notices under the Food and Drugs Act were served during the year and 62 were complied with. In addition, 38 notices were served under the provisions of the Food Byelaws and 8 were complied with.

### OVERCROWDING AND HOUSING

In accordance with general practice the repairs section of the Housing Act, 1936, has not been used but this does not mean that repairs to houses have not been carried out. As a matter of policy notices for repairs have been served under the requisite sections of the Public Health Act, 1936.

The demolition of individual unfit houses has been limited to houses which have become dangerous and it is expected that the number of such houses to be so dealt with will diminish fairly rapidly. It is hoped, however, that the clearance of unfit houses will continue at the same rate on an area basis and it will be a very pleasant time when it is possible to return to the clearance of slum areas on a basis equal to that of the pre-war years. The need for this is becoming more and more urgent. Bad areas are getting worse and with the continued increase in the cost of building repairs even the make do and mend policy is becoming increasingly difficult. The gap between net rent and maintenance costs is getting wider and although many owners have the will and the desire to carry out repairs they find themselves without the money to do so.

Regular attention has been given to that very personal problem of overcrowding. So very often one hears the term "statutory overcrowding" but I feel one ought to view this problem not so

much from the viewpoint of permitted numbers and units of occupation but more from that of people and homes. In the area of this Authority there are over 4,000 families awaiting houses on the Council's waiting list and two thirds of these are sub-tenants, the majority of whom have varying deficiencies in bedroom accommodation apart from the fact that they are sharing houses. This task of re-housing demands the utmost from each one of us.

## **OPERATION OF THE HOUSING ACT, 1936**

### **Section 9 — Repairs**

No notices were served under this section during the year.

### **Section 11 — Demolition Orders**

The number of houses represented for demolition during the year was 59. 57 Demolition Orders were made and 88 houses were demolished. The realistic attitude adopted by the Council in respect of individual unfit houses has now resulted in the almost complete elimination of the type of property which could fairly be said to be structurally dangerous and has undoubtedly prevented a situation which could have been a matter of grave concern to the Local Authority. The total number of individual unfit houses demolished under the Housing Act now numbers 1,120.

The District Inspectors made 353 visits to Section 11 properties during the year.

### **Section 12 — Closing Orders**

Three Closing Orders were made during the year. Two of these orders were made as a consequence of the coming into operation of the Housing Act, 1949, one of the provisions of which was to prevent the demolition of houses which were regarded as of historic or architectural importance.

40 visits were made to properties affected by Closing Orders.

### **Sections 25 and 26 — Clearance Areas**

During the year the Council resolved to proceed with the demolition of houses by area rather than to continue the previous policy of demolishing individual unfit houses. The work involved in the preparation of slum clearance schemes is considerable and to meet the position two additional Inspectors were appointed whose sole duties are concerned with housing. It was also decided by the Council that the first area to be surveyed should be the Campbell Street, Flood Street, Oakeywell Street district and inspections commenced during the year.

The number of houses in clearance areas demolished during the year was 35 which brings the total number of houses demolished to 1,741.

### Rehousing

The following cases from the Department's lists were re-housed :

No. of cases rehoused because of overcrowding .. ..	26
No. of cases rehoused because of Tuberculosis .. ..	21
No. of cases rehoused because of special health features ..	14
No. of families rehoused from houses on which a Demolition Order or Closing Order was operative .. .. .	88
No. of families rehoused from Clearance Areas .. ..	3
Total .. ..	152

### SANITARY ADMINISTRATION

The following tables may not make interesting reading but they indicate the extent of the work which has been done in this section. The extract showing some of the defects which have been remedied will give some idea of the repair work which is being carried out to dwellinghouses.

The work of rodent control is well established and townspeople ask for help or advice with confidence.

#### Particulars of Inspections

Routine work continued under the Public Health Act, 1936, and during the year 917 inspections and 2,752 re-inspections were made. The number of nuisances or defects recorded was 1,913 and the number remedied 1,652.

The number of preliminary notices served was 461 and the number complied with was 219. Statutory notices served numbered 389 and 318 notices were complied with.

The following were some of the more important defects remedied :

House roofs .. .. .	219
Eaves gutters and rainwater pipes .. .. .	150
Floors .. .. .	67
Staircases .. .. .	27
Plasterwork .. .. .	295
Windows : Woodwork .. .. .	144
Sashcords .. .. .	150
Firegrates .. .. .	35
Outbuildings .. .. .	133
Closets .. .. .	245
Drainage systems .. .. .	60
Yards .. .. .	11

### Court Proceedings

On three occasions proceedings were taken for non-compliance with notices served under the Public Health Act, 1936.

### Domestic Water Supply

No. of premises (excluding Council Houses) having a private supply (estimated) .. .. .	9,541
No. of Council houses .. .. .	6,276
No. of premises having common water supplies (estimated)	1,850
No. of taps and standtaps used in common (estimated) ..	1,300

### Factories

The number of factories inspected was 54 and in addition 58 re-visits were made. 16 informal and 3 formal notices were served and 21 informal and 1 formal notices complied with.

The following table gives an indication of unsatisfactory conditions found in factories during the year :

<i>Contravention</i>	<i>Inspections</i>	<i>Re-inspections</i>	<i>Defects found</i>	<i>Defects remedied</i>
Want of cleanliness ..	—	—	—	—
Overcrowding ..	—	—	—	—
Unreasonable temperature .. ..	—	—	—	—
Inadequate ventilation	—	—	—	—
Ineffective drainage of floors .. ..	—	—	—	—
Sanitary conveniences :				
(a) insufficient ..	3	2	1	3
(b) unsuitable or defective ..	15	56	35	69
(c) not separate for sexes ..	2	2	2	7

### Outworkers

(a) No. of lists received from employers .. .. .	22
(b) No. of employers involved .. .. .	11
(c) Outworkers involved .. .. .	42
(d) No. of outworkers living outside Borough .. ..	31
(e) No. of districts in (d) .. .. .	8
(f) No. of lists received from outside Authorities ..	7
(g) No. of outworkers involved .. .. .	72

### Infectious Diseases

The investigation of notified cases of infectious diseases continued as usual and the District Inspectors made 200 visits in connection therewith.

### SANITARY ACCOMMODATION

	1950	1949
No. of houses and other premises (estimated) ..	17,518	17,428
No. of houses and other premises served by W.C.'s draining into public sewers ..	17,351	17,270
No. of houses and other premises served by ashbins .. .. .	17,517	17,425
No. of privies in the Borough .. .. .	2	4
No. of cesspools in the Borough .. .. .	85	80
No. of pail-closets in the Borough .. .. .	78	93

#### Particulars of conversions from conservancy system during the year

	1950	1949
Privies converted to W.C.'s .. .. .	Nil	Nil
Pails converted to W.C.'s .. .. .	Nil	Nil
Privies and pails abolished by demolition of dwellinghouses .. .. .	16	Nil
Privies converted to pails .. .. .	1	Nil

### RODENT CONTROL

The following table summarises the work done and gives a comparison with the previous year's figures :

	1950	1949
No. of premises given initial treatment .. .. .	98	113
No. of premises given subsequent treatment .. .. .	54	74
No. of pre-baits laid .. .. .	4,217	4,843
No. of poison baits laid .. .. .	1,330	1,042
No. of pre-bait takes .. .. .	2,508	2,254
No. of poison bait takes .. .. .	919	684
Estimated number of rats killed .. .. .	2,382	1,875
No. of visits made re rats .. .. .	1,358	1,760
No. of visits made re mice .. .. .	413	*

\*Not calculated.

#### Sewer Treatment

In accordance with the Ministry of Agriculture's recommendations two treatments of the sewers were carried out at six-monthly intervals.

### DISINFECTION AND DISINFESTATION SERVICE

#### Fumigation and Removal Service :

No. of houses treated with H.C.N. :

Corporation .. .. .	Nil
Private .. .. .	Nil
No. of rooms involved .. .. .	Nil
No. of household furniture removals for which H.C.N. treatment was given .. .. .	53

Houses treated with insecticide :							
Corporation	..	..	..	..	..	..	11
Private	..	..	..	..	..	..	12
No. of rooms involved :							
Corporation	..	..	..	..	..	..	28
Private	..	..	..	..	..	..	22
No. of houses disinfected after Infectious Diseases							182
No. of rooms involved							234
No. of visits to tips re crickets, etc.							101
No. of library books disinfected							85

## Articles disinfected or destroyed :

					<i>Disinfected</i>	<i>Destroyed</i>
Mattresses	..	..	..	..	51	19
Pillows	..	..	..	..	515	3
Bolsters	..	..	..	..	177	3
Sheets	..	..	..	..	257	—
Blankets	..	..	..	..	1,198	—
Overlays	..	..	..	..	437	10
Coats	..	..	..	..	21	—
Dress	..	..	..	..	1	—
Sundries	..	..	..	..	465	4
Totals	..	..	..	..	<u>3,122</u>	<u>39</u>

## PUBLIC CLEANSING

It is still my considered opinion that Public Cleansing should not be measured in terms of cost but rather in service. One cannot, however, ignore cost because the local authorities function in public cleansing is one where money can be spent very quickly unless great care is exercised. Therefore it is always interesting to compare service with cost.

In the matter of service I have to report that all premises received at least a weekly collection of refuse and some premises had service at more frequent intervals. This was done in spite of a constant labour shortage due to absenteeism, sickness and an inability to recruit even the minimum of men needed for the job. The lack of recruits is very serious indeed especially when I have to report a permanent shortage of 23% of labour strength apart from the further shortages due to sickness, absenteeism and holidays. The only salvation has been the operation of a bonus scheme although one wonders how long a bonus scheme can adequately cover such a continued absence of men. Further demands have been made on the department due to the increased number of houses built by the Council, also works where cesspools are provided have called for extra service on account of works extensions and this has resulted in a considerable amount of extra work. Firms are also making more use of the trade refuse collecting service.

On the cost side the department has been faced with wage increases and also increases in the cost of petrol, tyres and other materials. In spite of these, however, the expenditure for all services shows a reduction of some £1,800 as compared with last year's costs.

Turning now to the disposal side of the service I feel the department can take a certain amount of pride in the work nearing completion in Grange Park. When the site was taken over the gradients were so steep as to render the land useless but the filling with house refuse having been properly consolidated and finished to determined levels has resulted in a beautiful level area which now only remains to be turfed and will then make the finest playing field in the area.



## HOUSE REFUSE COLLECTION

Year ending 31st December :

	1950	1949
No. of houses and other premises to which collection service was given .. .. .	17,518	17,425
Average No. of ashbins cleansed per week ..	17,489	17,642
Average No. of privy middens cleansed per week	—	—
Average No. of pail closets cleansed per week ..	*101	†96
Average No. of cesspools serviced per week ..	18	17
Average No. of gallons removed from cesspools per week .. .. .	32,496	25,760
No. of ashpits emptied throughout the year ..	—	—
Total refuse collected in tons (estimated) excluding night soil .. .. .	18,551	17,970

\*Includes emptying of pails at fairgrounds throughout the year (240).

†Includes emptying of pails at fairgrounds throughout the year (272).

## COSTS

## A. General

	<i>Financial year ending 31st March</i>	
	1951	1950
Total cost of cleansing services .. .. .	£24,112	£25,434
Loan charges .. .. .	£817	£816
Expenditure for all purposes .. .. .	£24,929	£26,250
Income from trade refuse, miscellaneous sales and royalties .. .. .	£1,353	£896
Net expenditure for all purposes .. .. .	£23,576	£25,354
Rateable value .. .. .	£332,140	£325,402
Product of penny rate .. .. .	£1,323	£1,298
Total rates in £ .. .. .	18/-	17/-
Net cost — equivalent rate in the £ .. .. .	1/5·8	1/7·5
% of above total rates in the £ .. .. .	8·24%	9·56%
Weight (in cwts.) per 1,000 population per day (365 days) .. .. .	16·073	15·553
Total net cost per premises cleansed .. .. .	26/11	29/1

**B. Collection**

	<i>Financial year ending 31st March</i>	
	<i>1951</i>	<i>1950</i>
Total cost (including loan charges and exclusive of Income) .. .. .	£17,897	£18,511
Total cost per ton .. .. .	19/3	21/9
Total cost per premises cleansed .. .. .	20/5	21/3

**C. Disposal**

	<i>Financial year ending 31st March</i>	
	<i>1951</i>	<i>1950</i>
Total cost (including loan charges and exclusive of Income) .. .. .	£3,337	£4,173
Total cost per ton in control of tips .. .. .	3/7	4/8

**D. Lister Road Depot**

	<i>Financial year ending 31st March</i>	
	<i>1951</i>	<i>1950</i>
Total cost .. .. .	£3,695	£3,566

**BIN SCHEME**

It was decided to bring into operation at the commencement of the financial year a municipally owned bin scheme chargeable to the general rate fund. Under this scheme all refuse bins requiring renewal are replaced by the Corporation free of charge. The scheme has worked exceptionally well but has naturally placed yet another responsibility on an already overworked and understaffed department.

There was a delay of some weeks due to the necessity of first obtaining tenders for bins and the placing of a contract. This delay resulted in a building up of a long list of premises requiring bin renewal and consequently brought along difficulties which could not, in the circumstances, be avoided. Very few attempts have been made to exploit the scheme.

The following short table, covering a financial year, indicates the working of the scheme :

Bins issued up to 31st March, 1951 :

To private houses	..	..	..	776
To Corporation houses	..	..	..	669
To trade premises and offices	..	..	..	32
Total	..	..	..	<u>1,477</u>

Requests outstanding :

Private houses	..	..	..	216
Corporation houses	..	..	..	196
Trade premises	..	..	..	8
Total	..	..	..	<u>420</u>

### SALVAGE

The demand for salvaged materials is greater than ever and departmentally every effort possible is being made to increase the annual tonnage. To adequately do this there are two essentials. One is an awareness on the part of the general public of the urgent need for salvage and the second is a sufficiency of personnel in order to arrange collections. Unfortunately neither requirement is being satisfied.

Very kindly the local press are giving publicity to the matter and one can only hope that by continually keeping the subject before the public the time will come when full recognition of the need to be salvage minded will show results.

During the year under review it has been possible to increase the tonnage of processed kitchen waste. The introduction of a limited number of house containers is the reason for this and I would like to see this service extended. Re-organisation has resulted in a considerable saving on wages and transport and this, together with an increased income, completes a reasonably good balance sheet with the balance on the right side.

**Comparative Salvage Weights and Values  
Years ending 31st March, 1950 and 1951**

Materials	Materials sold				Materials in stock				Total weight collected (tons)		Expenditure £		
	Weight (tons)		Value £		Weight (tons)		Value £		1950	1951	1950	1951	
Paper ..	497	436	2998	3058	5½	—	60	—	490½	430½	Wages ..	5011	4475
Rags ..	18	9	170	83	2½	1¼	25	—	17½	7¾	Transport	623	701
Metals ..	72	45	154	110	4	—	7	—	73	41	Bonus ..	309	207
Glass ..	11	2	25	4	—	½	—	—	7	2½	Materials	86	242
Bones, etc.	2	1	7	4	—	—	—	—	2	1	Miscellaneous	27	9
Kitchen Waste	554	655	2490	2949	—	—	—	—	554	655	Capital items and Depreciation	1928	57
Sterilisation of Kitchen Waste	—	—	5	4	—	—	—	—	—	—			
Increased coll. Allowance	—	—	123	8	—	—	—	—	—	—			
Totals ..	1154	1148	5972	6220	12	1½	92	—	1144	1137½		7984	5691

**Salvage Income**

Year ended 31st March, 1946 .. .. .	£3,653
Year ended 31st March, 1947 .. .. .	£3,662
Year ended 31st March, 1948 .. .. .	£3,963
Year ended 31st March, 1949 .. .. .	£5,211
Year ended 31st March, 1950 .. .. .	£5,972
Year ended 31st March, 1951 .. .. .	£6,209

**Records of Yearly Returns of Salvage sold**

Materials	Year ended 31.3.47		Year ended 31.3.48		Year ended 31.3.49		Year ended 31.3.50		Year ended 31.3.51	
	T.	C.	T.	C.	T.	C.	T.	C.	T.	C.
Waste Paper .. .. .	297	15	349	6½	430	8	497	6	436	6
Ferrous Metals .. .. .	27	11	18	13	36	10	72	5	44	14½
Non-ferrous Metals .. .. .	—	7	—	—	—	2	—	—	—	—
Textiles .. .. .	23	8¼	14	10¾	17	10	17	17	8	18¾
Glass .. .. .	17	8¼	11	0½	9	6¾	10	19	1	10¾
Kitchen Waste .. .. .	371	16¾	413	0¾	454	7	553	17	655	6¾
Condemned Meat .. .. .	2	7½	—	8½	—	19½	1	14	1	7½
Bones .. .. .	1	10¾	—	16¾	1	4¾	—	7	—	¾
Totals .. .. .	742	4½	807	16¾	950	8	1154	5	1148	4¾

## MISCELLANEOUS

### SHOPS

During the year work was resumed under the health and comfort provisions of the Shops' Act. The number of inspections made was 197 and in only 7 instances was it found necessary to serve notices, four of which were complied with.

### SLAUGHTER OF ANIMALS ACT

Three applications for licences to slaughter animals were made and granted.

### RENT AND MORTGAGE (INTEREST RESTRICTIONS) ACTS

No certificates of disrepair were issued under the above Acts.

### CARAVANS

The amount of work entailed in visits to gypsies during the year was considerable. For the most part camping sites were left in a disgraceful condition. I know that in some quarters sympathy is extended to the so-called plight of the gypsy in this country, but having regard to the experience of this Department during the year I am forced reluctantly to the conclusion that the continuance of these unauthorised camping sites can only lead to a public health menace which might be serious in its consequences. During the year it was necessary to institute proceedings on four occasions.

### PIG KEEPING

There was a considerable reduction in domestic pig keeping.

### PHARMACY AND POISONS ACT, 1933

Only one application for entry on the poisons list was made. The applicant's premises were visited and registration was recommended.

### FERTILISERS AND FEEDING STUFFS ACT, 1926

Seven samples were taken by the Inspectors and submitted for analysis to the Agricultural Analyst.

**STAFF OF THE PUBLIC HEALTH DEPARTMENT  
AT 31st DECEMBER, 1950**

*Medical Officer of Health :*

T. O. P. D. Lawson, M.D., D.R.C.O.G., D.P.H.

*Assistant Medical Officers of Health :*

J. R. B. Gibson, L.R.C.P., L.R.C.S., L.R.F.P. & S.

K. Vernon, M.B., B.S., D.T.M. & H., C.P.H.

\*L. Davis, M.B., Ch.B., D.P.H.

*Consulting Gynaecologist :*

\*F. Selby Tait, M.B., Ch.B., F.R.C.S.

*Consulting Ophthalmologist :*

\*L. H. G. Moore, M.B., Ch.B., D.O.M.S.

*Consulting Ear, Nose and Throat Surgeon :*

\*W. K. Hamilton, M.B., F.R.C.S.

*Consulting Paediatrician :*

\*H. L. E. Jones, O.B.E., M.B., B.S., M.R.C.P.

*Speech Therapist :*

\*Mrs. N. W. Brooke.

*Dental Officer :*

\*Miss D. M. Badham, L.D.S.

*Chief Sanitary Inspector and Cleansing Superintendent :*

W. Parker, M.R.San.I., M.S.I.A.

*Deputy Chief Sanitary Inspector :*

W. H. Bowman, M.R.San.I., M.S.I.A.

*District Sanitary Inspectors :*

H. E. Hancox, M.S.I.A.

E. Harris.

R. Hill, M.S.I.A.

J. R. W. Dodd, A.R.San.I., M.S.I.A.

*Inspector in charge of Food Preparing Premises :*

F. L. Jones, A.R.San.I.

*Assistant Cleansing Superintendent :*

G. Thomas, M.R.San.I., M.S.I.A., A.M.Inst.P.C.

*Additional Sanitary Inspectors :*

E. H. Barnett.

H. D. Williams.

*General Assistant :*

D. Clarke.

*Pupil Sanitary Inspector :*

D. Monkton.

*Superintendent Nursing Officer :*

Vacant.

*Deputy Superintendent Health Visitor :*

Miss W. H. Bennett, S.R.N., S.C.M., H.V.'s Cert.

*Health Visitors/School Nurses :*

Mrs. E. Aston, S.R.N., S.C.M., H.V.'s Cert.

Miss V. J. Coulter, S.R.N., H.V.'s Cert.

Miss S. Scott, S.R.N., S.C.M., H.V.'s Cert.

Miss S. B. White, S.R.N., S.C.M., R.M.P.A., S.R.F.N., H.V.'s Cert.

Miss S. M. Wilcox, S.R.N., S.C.M., S.R.F.N., H.V.'s Cert.

Miss B. J. Elliott, S.R.N., H.V.'s Cert.

Miss M. K. Morgan, S.R.N., H.V.'s Cert.

Mrs. M. Horrocks, S.R.N., S.C.M., H.V.'s Cert.

Mrs. M. W. Browne, S.R.N., S.C.M., H.V.'s Cert.

Miss P. M. Adams, S.R.N., S.C.M., H.V.'s Cert.

Miss A. Lamb, S.R.N., S.C.M., R.S.I., H.V.'s Cert.

*Student Health Visitors :*

Miss R. McCann, S.R.N., S.C.M.

Miss B. Viner, S.R.N., S.C.M.

Miss N. Homer, S.R.N., S.C.M.

*Clinic Nurse :*

Miss B. A. Evans, S.R.N.

*Nursing Assistant :*

Mrs. E. H. Taylor.

*Municipal Midwives :*

Mrs. E. Bailey, S.R.N., S.C.M.

Miss L. A. Baylis, S.C.M.

Mrs. E. A. Beeston, S.R.N., S.C.M.

Miss E. F. Brightman, S.R.N., S.C.M.

Miss E. Brown, S.C.M.

Miss M. Corridan, S.C.M.

Mrs. A. F. Davies, S.C.M.

Mrs. A. Llewellyn, S.C.M.

\*Mrs. O. Dumulo, S.C.M.

Mrs. N. J. Raybould, S.R.N., S.C.M.

Mrs. E. E. Turner, S.R.N., S.C.M.

*Dental Attendants :*

Mrs. E. M. Smith.  
Mrs. I. H. Robinson.

*Clerical Staff :*

H. D. Parsons — Administrative Assistant.

*General Health :*

A. J. Bryan — Senior Clerk.  
A. H. Wilkinson.  
Miss I. Richards.  
Mrs. C. Wright.  
Miss J. Cooksey.  
Miss C. Connolly.  
Miss P. Simon.

*Sanitary Section :*

S. Murphy — Senior Clerk.  
Miss I. Shipman.  
Miss H. Clarke.  
Miss J. Hooper.  
\*Mrs. M. Bennett.

*School Health Section :*

B. Booth, M.P.S.— Senior Clerk.  
Miss M. Mayer.  
Miss F. Lloyd.  
Miss D. M. Hancox.  
Miss N. Haynes.  
Miss J. Nicklin.

*Welfare Section :*

Mrs. M. Whatmore.  
Miss E. J. Blewitt.

*Mental Health Officer :*

S. W. Cross.

*Mental Health Supervisor :*

Mrs. D. M. Cousins.

*Occupation Centre Assistants :*

Miss B. F. Lloyd and Miss P. H. Kear.

*Assistant Welfare Officer :*

Vacant.

*Welfare Assistant :*

F. Byrne.

*Social Worker :*

Mrs. A. H. Smith.

\*—Part-time.









