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COUNTY BOROUGH OF DUDLEY.

ANNUAL REPORT

of the

**MEDICAL OFFICER OF HEALTH
and SCHOOL MEDICAL OFFICER**

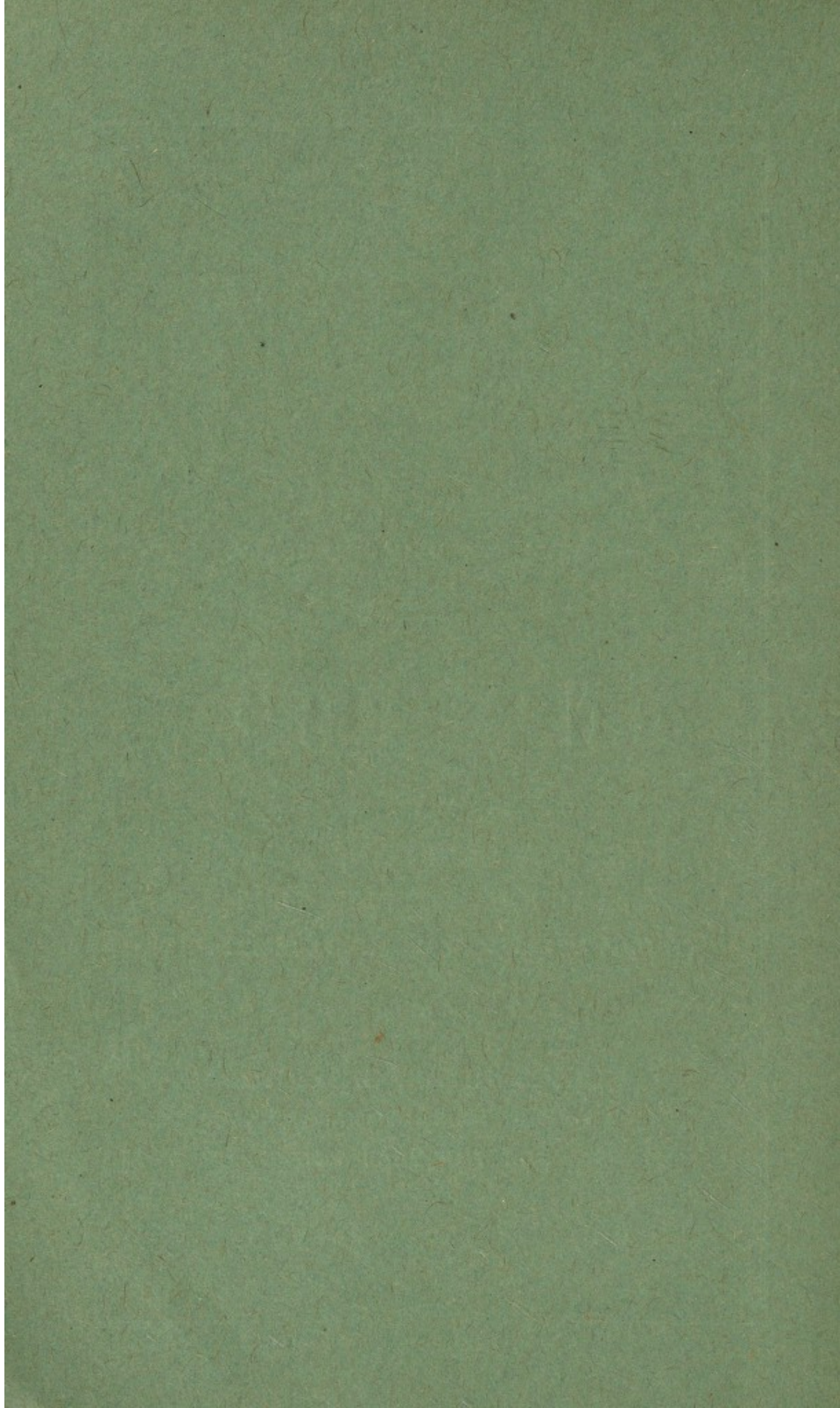
(T. O. P. D. LAWSON, M.D., D.R.C.O.G., D.P.H.)

and of the

CHIEF SANITARY INSPECTOR

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

FOR THE YEAR 1951.





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Constitution of Committees as at 31st December, 1951.

HEALTH COMMITTEE.

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

Councillor J. S. Wightman (Vice-Chairman).

The Mayor	Councillor C. N. Preedy
The Deputy Mayor	Councillor J. C. Price
Alderman Dr. F. G. Lewis	Councillor A. D. Stokes
Councillor F. Brookes	Councillor R. N. Tong
Councillor J. J. Curley	Councillor J. J. Virr
Councillor F. Green	Councillor F. T. Webb
Councillor T. Murray	

(Members of the Council)

Councillor H. L. Preedy	} Appointed by Dudley Executive Council.
Mr. W. H. Flavell	
Dr. J. Macdonald	
Dr. D. L. Little	Appointed by Local Medical Committee.
Mr. H. Skidmore	Appointed by Local Hospital Management Committee.
Mrs. D. Chambers, J.P.	Mrs. S. Lowe

(Co-opted Members)

EDUCATION COMMITTEE.

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

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

The Mayor	Councillor R. Little
The Deputy Mayor	Councillor H. L. Preedy
Alderman T. E. Bennett, J.P.	Councillor J. C. Price
Alderman Dr. F. G. Lewis	Councillor W. Wakeman
Alderman W. Shuttleworth, J.P.	Councillor F. T. Webb
Alderman J. A. Taylor	Councillor S. Wright
Councillor H. H. Cartwright	

(Members of the Council).

Miss S. Frood	Mr. H. Baker
Miss M. E. Hall	Rev. R. C. Stevens
Mrs. G. B. Norton	Rev. P. J. Quilty
Rev. Joyce Knee	

(Co-opted Members)

SCHOOL MEDICAL & ATTENDANCE SUB-COMMITTEE.

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

The Mayor	Councillor S. Wright
Alderman A. E. Young, J.P.	Councillor F. T. Webb
Councillor W. Wakeman	

(Members of the Council).

Rev. Joyce Knee	Mrs. G. B. Norton
Rev. P. J. Quilty	Miss M. E. Hall
Rev. R. C. Stevens	

(Co-opted Members).

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 1951.

The report comprises the usual statistical details which outline the trend of disease in the town during the year and the general picture of the health of the Borough gives every cause for satisfaction. With a very few exceptions the year 1951 has been one of the healthiest in the history of the town although, as I have pointed out in previous reports, one must be careful in a population the size of Dudley, not to draw conclusions from the result of one year's work. However, it is still satisfactory to be able to point out, in any one year, in what respect health records are outstanding, as they are this year, in respect of infant mortality and the common infectious diseases. Records such as these are their own reward and any lack of success in other spheres is a constant reminder of the necessity for further effort.

In last year's report the outstanding event was the outbreak of Poliomyelitis which for the first time struck at almost every part of the town. It is pleasing to be able to report that during 1951 no cases of the disease were notified. It is to be hoped that the town was well protected against a further outbreak by this first attack, but unfortunately no such assurance can be given and we can only hope, in the present state of our knowledge, that any immunity which the town may have acquired will be long lasting.

A long awaited event has been the completion of the new clinic at Dudley Wood. The time and effort put into this project has been long but the result is one of which the Council and the people of Dudley Wood may well be proud. In appearance and design the new clinic comes up to the highest of modern standards and is a credit to the Health Services of the Borough. The Dudley Wood people have not been slow to appreciate its existence and in the short time it has been open it has already proved its worth. Our next task must be to do the same for the people of Woodside and plans are already well advanced to achieve this object.

As in previous years I will now make a few comments on the more important aspects of the public health during the year. Fuller details will be found in subsequent sections of the report.

Infant Mortality.

The infant mortality rate, i.e. the number of deaths of infants under one year, shows a considerable improvement on last year when the number of deaths was 48, giving an infant mortality rate of 47.34 per thousand live births. The number of infant deaths during this year has fallen to 25, a reduction of almost 50% on the previous year, and the infant mortality rate for 1951 is 25.69 as compared with 47.34 in 1950. This figure (25.69), which is the lowest recorded infant death rate in the history of the Borough,

is below the average rate for England and Wales (29.6) and for the Great Towns, including London (33.9). It is a very satisfactory index of the health of the Borough and a measure of the effectiveness of the preventive medical and nursing services at the disposal of the community. It will be difficult to improve on this achievement but it will not be impossible. It can probably best be measured by a comparison with the average infant death rate in the town just over fifty years ago when 190 infants out of every 1,000 born died in the first year of life.

A detailed report of the infant deaths during the year is given in a later part of this report.

Diphtheria.

I stated in my report last year, when only three cases of diphtheria occurred in the town, that I hoped I would soon be able to produce an annual report demonstrating the complete absence of the disease in the community. Unfortunately this has not yet been achieved. During the early part of the year Dudley shared in a sharp outbreak in the area and before it was brought under control eleven cases occurred in the town. This does not represent a serious increase, but it does emphasise the need to bring before the public the vital importance of protection against the disease by immunisation which has already reduced the death rate to nil and the incidence of diphtheria to minor proportions. The success already achieved by immunisation is beginning to breed a certain unawareness of an ever present danger and there are already signs that the immunisation rate among children throughout the country is falling. If diphtheria is to maintain its position, as it does now, among the uncommon infectious diseases, this trend must be stopped, and it can be stopped by that same co-operation from the parents which we have enjoyed in the past and which last year almost wiped out the disease in the town. A fuller discussion on this subject will be found later in the appropriate section of the report.

Tuberculosis.

Tuberculosis is still among the major health problems. While there is no appreciable increase in the number of deaths from the disease there is not the improvement which one would expect. There has, however, been a slight decrease in the number of new cases notified.

Other Infectious Diseases.

Apart from the absence of any further cases of Poliomyelitis during the year there has been an all round reduction in the notifications of the common infectious diseases such as Scarlet Fever, Measles and Whooping Cough.

Maternal Mortality.

Once again there have been no deaths in the town due to childbirth, and the high standard of midwifery care combined with the latest methods of treatment is evidenced by the fact that the last recorded maternal death in the town was in 1947.

Other Vital Statistics.

The birth rate has again fallen during the year from 16.03 per 1,000 population in 1950 to 15.64. The average birth rate for England and Wales is 15.5 per 1,000 population, also a reduction on last year's figure of 15.80. The Great Towns including London show a higher birth rate of 17.30 although this is again a reduction on last year's figure of 17.6. There is little change in the death rate, the figure for the year being 11.70 per 1,000 population compared with 11.51 in 1950. The death rate in the town compares very favourably with national averages, viz. 12.5 for England and Wales and 13.4 for the Great Towns including London.

Housing.

The housing problem is still a major factor in dealing with the many health problems which arise throughout the year. It would probably be very difficult to assess the amount of physical and mental illness directly resulting from the hardship and suffering caused by the lack of a separate home, and the housing problem must contribute in no small measure to sickness rates throughout the country at the present time. However, the sympathetic consideration given by the Chairman and Members of the Housing Committee has resulted in alleviating some of our worst cases where the added burden of ill-health has made rehousing vital to the patient's recovery. Unfortunately the majority of medical priorities must be confined to the most serious of infectious diseases, viz. tuberculosis, but I hope it will be possible in the future to give consideration to other categories of illness, and a reduction in the tuberculosis rate for which we are actively striving would be a big step in this direction.

A big step in the right direction has been taken during the year in initiating the procedure for the town's first post-war slum clearance scheme. This will mean a major operation but one which is long overdue. It is not only necessary to build more houses. Many of those still in occupation are not worthy of being described as living accommodation. Only the stringency of the immediate post-war years has justified their continued existence and the health of the community will be considerably enhanced when they are finally removed and the occupants rehoused in modern dwellings.

My thanks are due once again for the support and encouragement I have received during the year from all members of the Council and especially from the Chairman of the Health Committee, Alderman Dr. A. W. Weston. Above all, the loyal service which I receive from every member of the Health and Welfare Departments is primarily responsible for the successful work achieved by the Council's Health and Welfare Services in conjunction with the close co-operation of the general practitioners and Hospital Authorities. As in previous years I have enjoyed the fullest co-operation from officials of other Departments, and in my own Department I would acknowledge the able advice and assistance of Mr. W. Parker, Chief Sanitary Inspector, and Mr.

H. D. Parsons, Administrative Assistant, who has compiled the statistical data for this report. Lastly, I would offer my thanks to all the members of the Voluntary Organisations who have worked with us during the year and to the Editors of the local newspapers for their ready assistance in all matters concerning health publicity.

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, 1951	...	62,200		
Rateable Value (1951/52)	...	£335,587		
Product of 1d. Rate (1951/52)	...	£1,329/9/11		
Livebirths:—	M.	F.	Ttl.	
Legitimate	474	475	949	Rate per 1,000 population ... 15.64
Illegitimate	13	11	24	
Stillbirths:—				
Legitimate	20	15	35	Rate per 1,000 total (live and still) births 35.68
Illegitimate	1	—	1	
Deaths	404	324	728	Rate per 1,000 population ... 11.70
Infant Deaths	16	9	25	Rate per 1,000 live births ... 25.69
Illegitimate Infant Deaths	1	—	1	Rate per 1,000 illegitimate live births ... 41.67
Maternal Deaths	—	—	—	Rate per 1,000 total (live and still) births —

(2) Deaths from all Causes.

Table 1.

Cause of Death.	M.	F.	Ttl.
1. Tuberculosis of Respiratory System	15	10	25
2. Other forms of Tuberculosis	3	5	8
3. Syphilitic Diseases	—	—	—
4. Diphtheria	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal Infections	—	—	—
7. Acute Poliomyelitis	—	—	—
8. Measles	—	—	—
9. Other Infective and parasitic diseases	1	2	3
10. Malignant neoplasm, Stomach	19	7	26
11. Malignant neoplasm, Lungs, Bronchus	11	2	13
12. Malignant neoplasm, Breast	—	7	7
13. Malignant neoplasm, Uterus	—	6	6
14. Other Malignant and Lymphatic neoplasms	30	25	55
15. Leukaemia aleukaemia	1	1	2
16. Diabetes	2	2	4
17. Vascular Lesions of Nervous System	36	38	74
18. Coronary Disease, Angina	30	16	46
19. Hypertension with heart disease	7	10	17
20. Other heart diseases	59	72	131
21. Other Circulatory Disease	10	7	17
22. Influenza	15	17	32
23. Pneumonia	13	9	22
24. Bronchitis	61	26	87
25. Other diseases of Respiratory System	5	3	8

Cause of Death,		M.	F.	Ttl.
26.	Ulcer of Stomach and Duodenum ...	4	1	5
27.	Gastritis, Enteritis and Diarrhoea ...	1	1	2
28.	Nephritis and Nephrosis ...	6	7	13
29.	Hyperplasia of Prostate ...	4	—	4
30.	Pregnancy, childbirth, abortion ...	—	—	—
31.	Congenital malformations ...	5	2	7
32.	Other defined and ill defined diseases	42	35	77
33.	Motor Vehicle Accidents ...	3	4	7
34.	All other Accidents ...	14	3	17
35.	Suicide ...	7	6	13
36.	Homicide and operations of war ...	—	—	—
		404	324	728

(3) Principal Causes of Death.

Table II.

Cause of Death,		M.	F.	Ttl.
1.	Heart Disease ...	96	98	194
2.	Cancer ...	60	47	107
3.	Bronchitis ...	61	26	87
4.	Vascular Lesions of Nervous System	36	38	74
5.	Influenza ...	15	17	32
6.	Respiratory Tuberculosis ...	15	10	25
7.	Pneumonia ...	13	9	22
8.	Other Diseases of Circulatory System	10	7	17
9.	All other Accidents ...	14	3	17
10.	Suicide ...	7	6	13
11.	Nephritis and Nephrosis ...	6	7	13

(4) Discussion.

(a) General.

The total deaths were exactly the same as in the previous two years, 728, although there was a slight rate increase of 0.19 as compared with 1950. The death rate per 1,000 population was 11.7 as compared with the rate of 13.4 for the Great Towns and 12.5 for England and Wales.

(b) Heart Disease.

Heart disease still continues to be the greatest cause of death as indicated in Table II. There was an increase of six deaths from this cause as compared with 1950.

(c) Cancer.

The number of deaths from this disease during the year was 107 as compared with 97 in 1950.

(d) Infant Mortality.

The infant mortality rate per 1,000 live births was 25.69, the lowest recorded figure in the history of the Borough. The actual number of infant deaths dropped from 48 during 1950 to 25 during 1951. The infant death rate for Dudley this year is below all the national averages for the country as a whole.

The following table classifies the causes of infant deaths during the year:—

Respiratory Infections	...	...	8
Prematurity	...	...	4
Congenital Malformations	...		4
Birth Injuries	...	...	3
Gastritis, Enteritis and Diarrhoea			2
Tuberculosis, Non-Pulmonary	...		2
Others	...	...	2

While there is every cause for satisfaction with regard to the total number of infant deaths during the year, the above table clearly shows in which direction further effort must be made. The main preventable causes of infant deaths are Respiratory Infections, Gastritis, Enteritis and Diarrhoea. These conditions alone account for 40% of the deaths, roughly the same figure as last year. However, the actual number of deaths from these causes has dropped from 18 in 1950 to 10 in 1951, and I am certain that once the slow job of eliminating unsatisfactory housing conditions and overcrowding has been accomplished, the infant death rate could be still further reduced and, I think, permanently reduced. Infection is the greatest single factor in the cause of infant deaths, and in spite of the most modern preventive measures, it is very difficult to overcome in overcrowded households. The problem here is a long term one but its solution has already been envisaged in the slum clearance scheme to which I have already referred.

(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 1951.

	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. Polio-myelitis and Polio-encephalitis.	Typhoid and Para-Typhoid	Tuberculosis	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (Under 2 years).	Total Deaths under 1 year.
Dudley	15.64	0.58	11.7	0.35	0.00	0.00	0.53	0.00	0.00	0.51	2.1	25.69
England and Wales	15.5	0.36	12.5	0.61	0.00	0.00	0.31	0.01	0.00	0.38	1.4	29.6
126 Great Towns, including London (Census Populations exceeding 50,000)	17.3	0.45	13.4	0.65	0.01	0.00	0.37	0.01	0.00	0.36	1.6	33.9
148 Smaller Towns (1931 Census Populations 25,000—50,000)	16.7	0.38	12.5	0.63	0.01	0.00	0.31	0.01	0.00	0.38	1.0	27.6
London	17.8	0.37	13.1	0.61	0.00	0.00	0.38	0.01	0.00	0.23	0.7	26.4

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 1951, 118 samples were taken of raw water from underground sources, 116 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 86 per 100 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, of which 736 were free from all types of coliform bacteria.

Within the County Borough of Dudley samples were taken at regular intervals at five service reservoirs and from the Watermen's houses at Dudley and Netherton respectively. Of a total of 149 samples from the service reservoirs, all were free from coliform bacteria except one sample from Shavers End No. 1 Reservoir.

26 samples from the Watermen's houses were all found to be free from coliform bacteria.

Sample Ref. No. C.4668.

RESULTS OF EXAMINATION OF SAMPLE OF WATER FROM DUDLEY.

Sample taken on 3rd July, 1951.

Bacteriological Examination.

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

Physical Characters.

Colour (Burgess) ...	2 mm.	Taste	Normal
Turbidity: Trace. Susp. matter.		Odour	Nil
pH.	6.9		

Chemical Analysis (Expressed in Parts per Million).

Free CO ₂	—	Silica (SiO ₂)	—
Alkalinity (CaCO ₃) ...	91	Calcium (Ca)	—
Chlorides (Cl)	32.9	Magnesium (Mg)	—
Ammoniacal Nitrogen	Trace	Sodium (Na)	—
Albuminoid Nitrogen	Trace	Carbonate (CO ₃)	—
Oxidised Nitrogen	2.8	Sulphate (SO ₄)	—
Oxygen Absorbed (3 hrs. at 27°C.) ... ..	.12	Iron (Fe) ... ..	.02
Temporary Hardness .	85	Manganese (Mn) ...	Nil
Permanent Hardness .	85	Zinc (Zn)	Nil
Total Hardness	170	Cu	Nil
Total Solids (dried at 180°C.)		Poisonous Metals Pb	Nil
		Free Cl ... ..	.04

A pure and wholesome supply.

Sample Ref. No. C.4669.

RESULTS OF EXAMINATION OF SAMPLE OF WATER
FROM NETHERTON.

Sample taken 3rd July, 1951.

Bacteriological Examination.

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

Physical Characters.

Colour (Burgess)	2 mm.	Taste	Normal
Turbidity: Trace	Susp. matter.	Odour	Nil
pH.	7.4		

Chemical Analysis (Expressed in Parts per Million).

Free CO ₂	—	Silica (SiO ₂)	—
Alkalinity (CaCO ₃) ...	103	Calcium (Ca)	—
Chlorides (Cl)	35.7	Magnesium (Mg)	—
Ammoniacal Nitrogen .	Trace	Sodium (Na)	—
Albuminoid Nitrogen .	Trace	Carbonate (CO ₃)	—
Oxidised Nitrogen	2.6	Sulphate (SO ₄)	—
Oxygen Absorbed (3 hrs. at 27°C.) ... ..	.12	Iron (Fe) ... ..	.01
Temporary Hardness .	98	Manganese (Mn) ...	Nil
Permanent Hardness .	80	Zinc (Zn)	Nil
Total Hardness	178	Cu	Nil
Total Solids (dried at 180°C.)	—	Poisonous Metals Pb	Nil
		Free Cl ... ..	.07

A pure and wholesome supply.

SECTION C—INFECTIOUS DISEASE.

(a) General Incidence.

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

				Numbers originally notified.		Final Numbers after correction.	
				M.	F.	M.	F.
Scarlet Fever	...	...	...	18	16	16	16
Diphtheria	...	...	...	14	9	7	4
Whooping Cough	...	...	...	30	40	30	39
Measles	...	...	...	185	165	185	165
Pneumonia	...	...	...	43	22	42	20
Enteric or Typhoid Fever	...	...	...	—	—	—	—
Erysipelas	...	...	...	1	3	1	3
Dysentery	...	...	...	—	1	—	1
Puerperal Pyrexia	...	...	...	—	1	—	1
Ophthalmia Neonatorum	...	...	...	—	1	—	1
Anterior Poliomyelitis:							
Paralytic	...	...	...	—	—	—	—
Non-Paralytic	...	...	...	—	—	—	—
Meningococcal Infection	...	...	...	—	1	—	1

(b) Whooping Cough

There has been an appreciable fall in the incidence of whooping cough during the year, from 208 cases in 1950 to 69 during the period under review. This is a welcome sign and may be related to the low infant death rate. It is not generally realised that whooping cough is a very deadly disease among young infants. Large scale experiments are being carried out throughout the country in order to decide on the most efficient form of immunisation against this disease and it is hoped that information on this subject will be available in the near future.

(c) Measles.

For the second year in succession there has been a drop in the incidence of measles in the town, the total number of cases being 350 as compared with 505 in 1950. The figure for 1949 was 614. This is again a significant decrease when considered in relation with the low infant death rate. Unfortunately, however, annual statistics never run true to form, as the last occasion on which a record low infant death rate was recorded, in 1948, was a year in which 737 cases of measles were notified. We have as yet no reliable method of preventing this disease by immunisation. There is evidence, however, of some decline in the incidence of the disease since 1948.

(d) **Scarlet Fever.**

For some years now scarlet fever has become a disease of minor importance in the town, a welcome change which many of us can appreciate by comparison with bygone years. During the year the incidence fell to 32 notified cases as compared with 53 in 1950. There were no deaths from the disease.

(e) **Poliomyelitis.**

No cases were notified in the town during the year. There were 63 cases during the 1950 outbreak.

(f) **Diphtheria.**

I have already referred, in the introduction to this report, to the increase in the number of cases of diphtheria notified during the year. The increase may appear small. There were three cases in 1950 and eleven during 1951. Moreover, the increase was not spread over the year but was associated with a small outbreak in the early months. The outbreak was brought under control and no further cases occurred.

The disturbing factor about the increase in diphtheria cases is that it coincides with a falling off in immunisation throughout the country. This decrease was first noted in 1950 when there was a drop of 141,000 immunisations as compared with the previous year. The suspension of immunisation in some areas during 1950, owing to the outbreak of poliomyelitis, cannot account for such a large decrease. In order to ensure adequate protection against diphtheria it is necessary that at least 75% of children under five years of age should be immunised and this figure is not being achieved in Dudley, as the following table shows.

Immunisation—Children under 5 years				
Year	Immunised during year	Total now immunised	Population (Est.)	% now immunised
1948	1,006	2,848	5,426	52.5
1949	725	2,870	5,424	52.9
1950	397	2,713	5,372	50.5
1951	668	2,589	5,258	49.0

It will be noted that during the last two years there has been a drop of nearly 4% in the number of children immunised under five years of age. This is quite a significant decrease and must be arrested. Although our school population has a much greater degree of protection with over 90% immunised, it is vitally important that the child should have completed immunisation before entering school, when the danger of contracting infection at once increases. As I said in my report last year, diphtheria has now become one of the lesser known infectious diseases, as a result of

the success of immunisation, but this happy state of affairs can only continue so long as it is realised that diphtheria has not been banished from the country, but is only being held at bay by the protection offered by immunisation. If this protection is not accepted, diphtheria may once again become the deadly menace of former years.

(g) **Tuberculosis.**

Although the situation with regard to tuberculosis is still not as satisfactory as one would desire, there has been some improvement. The number of notifications of pulmonary tuberculosis during the year has dropped from 103 in 1950 to 85 for the year under review, and the deaths have decreased from 28 to 25. There has been an increase in the notifications of non-pulmonary tuberculosis from 12 to 19, and also an increase in the deaths from this type of the disease from 4 to 8. The overall death rate from both types of tuberculosis is, therefore, practically the same as last year, but it is encouraging to note a fall both in notifications and death rate from the pulmonary type of the disease. There has been an overall increase of 25 during the year in the number of persons on the tuberculosis register suffering from pulmonary and non-pulmonary tuberculosis, but this is not altogether as bad as it seems, and can in some measure be accounted for by an increase in the work of contact tracing and increased diagnostic facilities. At the same time it should be remembered that many of the cases on the register are persons suffering from a non-active form of the disease who are leading a normal life and are merely under supervision by the tuberculosis specialist.

The tuberculosis problem is still very largely with us. In spite of new drugs and better facilities for diagnosis the problem is essentially one of prevention and results will not be seen in weeks or months. Vaccination against the disease has now been started in the town but still on a limited scale. It will be some time before the results of vaccination can be accurately assessed but a start has been made. The possibilities of this new vaccine (BCG) will be fully explored but this must go hand in hand with all other preventive measures, viz. better housing conditions, more sanatorium beds, mass radiography, etc. Throughout the country we are beginning to see a slight improvement but it is only a beginning and a great deal has still to be done. There are so many problems still to be solved. One need only mention the chronic infectious case who cannot obtain a bed in a sanatorium and whose infectivity cannot be controlled even by the new drugs. This is probably one of the greatest single factors in propagating the disease. Under existing circumstances everything possible is being done but it is still not enough. It has been said that tuberculosis in this country could be stamped out in twenty years. It could be, but we will know in 1971.

The number of persons on the register at 31st December, 1951, was:—

Pulmonary 389, Non-Pulmonary 60. Total 449.

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

NOTIFICATIONS AND DEATHS.

Age Groups.	0-1	1-5	5-15	15-45	45-65	65 & over	Total all ages
	N D	N D	N D	N D	N D	N D	N D

Pulmonary.

Male .	-	-	2	-	5	1	31	7	14	7	1	-	53	15
Female	-	-	1	-	2	-	25	7	2	3	2	-	32	10

Non-Pulmonary.

Male .	1	1	3	1	1	-	1	-	2	-	-	-	8	2
Female	1	1	2	1	3	2	3	-	2	1	-	1	11	6

(h) **Scabies.**

The number of cases treated for Scabies again shows a decrease which has been continual since the war years, and the following figures give 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	23

(i) **Public Health Laboratory.**

The laboratory has continued to be of valuable service to the Health Department during 1951 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.

(j) **Food Poisoning.**

There were no notifications of food poisoning during 1951.

(k) **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:

	Dudley.	Worcs.	Staffs.	West Bromwich.	Service Cases.	Total
Syphilis ...	9	1	5	1	—	16
Soft Chancre ...	—	—	—	—	—	—
Gonorrhoea ...	11	3	17	4	—	35
Non-Venereal & undiagnosed con- ditions ...	56	12	103	9	—	180
Total ...	76	16	125	14	—	231

Total number of
attendances of
all patients re-
siding in each
area ...

...2303 202 4644 181 — 7330

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

SYPHILIS					GONORRHOEA
Primary	Secondary	Latent in 1st year of infection	All later Stages	Congenital	
M. F.	M. F.	M. F.	M. F.	M. F.	
— —	— —	— —	3 1	— 1	— —

Pathological Work.

No. of Specimens examined at V.D. Clinic 	MICROSCOPICAL		
	Syphilis	Gonorrhoea	
	209	597	
No. of Specimens examined at an approved laboratory 	SERUM		
	Syphilis	Gonorrhoea	Cerebro- spinal fluid
	2568	334	8

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

**SECTION D—PARTS III and V—NATIONAL HEALTH
SERVICE ACT, 1946. SERVICES IN 1951.**

Clinics.

After many delays and disappointments the Dudley Wood Clinic was opened on February 20th, 1952, and all who have seen the clinic will agree that the years of negotiation and preparation have been well worth while. The building is a source of pride to the Council and a credit to the Architect, Mr. Alan Young, F.R.I.B.A., who has embodied in it the very latest in design and amenities. The people of Dudley Wood have not been slow to appreciate and take advantage of the health services which have now been brought to them. A long felt need has now been met and the future of the new clinic will be further assured when the Council's building programme in Dudley Wood is completed. Every Local Authority health service, Child Welfare, Midwifery, Dentistry, etc., is now available at the new clinic and I hope they will continue to be used to the full.

As I have said in the introduction to this report, plans are now well advanced to provide similar facilities for Woodside.

The following clinic 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, on Monday and Friday afternoons.

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

- Central Clinic on Thursday afternoon.
- Priory Clinic on Wednesday afternoon.
- Netherton Clinic on Monday afternoon.
- Holly Hall Clinic on Tuesday morning.
- Dudley Wood Clinic on Wednesday afternoon.

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

- Central Clinic.
- Netherton Clinic.
- Priory Clinic.
- Holly Hall Clinic.
- Dudley Wood 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 1950.

				Expectant Mothers attending.		Total Attendances.	
				1951	1950	1951	1950
(a)	Ante-natal	...	...	488	452	2589	2751
(b)	Post-Natal	...	...	115	135	123	166
(c)	Child Welfare:						
	Children under 1 year	...	...	...	...	11347	12374
	Children between 1 and 5 years				...	4372	4041
						<hr/> 15719	<hr/> 16415

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 1951 will serve as an indication of the work done.

Orthopaedic Treatment Attendances	...	...	583
Massage Attendances	...	...	780
Ultra Violet Ray Clinic Attendances	...	...	1002

Dental.**CARE OF MOTHERS AND YOUNG CHILDREN.**

The dental service has carried on during the year on a very reduced scale as the figures given below will show. Only one part-time dentist has been available throughout the year but I am pleased to report that two full-time dentists were appointed in December, and our establishment of dental officers is now almost complete. My next report will show a great increase in dental treatment, and I hope the Council's priority dental service which has been of such inestimable value in the past will now be able to continue undisturbed by staff shortages.

Mothers referred	...	...	...	...	35	
Mothers' subsequent appointments	...				33	
Ante-natals, referred	...	...	...		67	
Ante-natals, subsequent appointments	...				33	
Total Attendances (a)					—	168
Pre-school children referred	...	...			206	
Pre-school children, subsequent appointments	...	...	...	...	27	
Total Attendances (b)					—	233
Total (a) and (b)						401

Treatment.

Fillings: Permanent	...	...	...	23	
Temporary	...	...	...	17	
Total				—	40
Extractions: Permanent	...	...	...	142	
Temporary	...	...	...	350	
Total				—	492
Dentures Fitted	...	...	...		12
Other Operations: Scaling	...	...		17	
Dressings, etc.	...			69	
X-rays	...	...		25	
Total				—	111
No. of administrations of nitrous-oxide for extraction	...	...	...	...	237

Midwifery.

The total number of births (live and still) was 1,050, of which 520 occurred at home and 530 at nearby Maternity Homes and Hospitals. Of the Institutional confinements 342 took place in the Rosemary Ednam Maternity Home.

In the case of domiciliary confinements 397 were attended by midwives alone, and in 123 cases a doctor also attended. In 126 cases Medical Aid was sent for, a percentage of 24.2 as against 20.8 in 1950.

The medical aid cases may be analysed as follows:—

On Account of Mother.

Torn perineum	...	...	...	...	...	53
Delayed Labour	...	...	...	...	...	4
Inertia	...	...	...	...	...	1
Abortion	...	...	...	...	...	3
Ante-partum haemorrhage	...	.....	...	...	...	4
Post-partum haemorrhage	...	...	...	...	...	1
Adherent Placenta	...	...	...	...	...	—
Rise of temperature	...	...	...	...	...	7
Haemorrhage	...	...	...	...	...	5
Pyrexia	...	...	...	...	...	2
Malpresentation	...	...	...	...	...	—
Other conditions	...	...	...	...	...	23
						<hr/> 103 <hr/>

On Account of Baby

Prematurity	...	...	...	...	...	1
Discharging Eyes	...	...	...	...	...	17
Other Conditions	...	...	...	...	...	5
						<hr/> 23 <hr/>

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.

Gas and Air which is administered by the Council's midwives to expectant mothers is now becoming an essential part of the Midwifery Service and was called for on 134 occasions during the year, as compared with 84 calls for the service during 1950.

My thanks are once again due to the Chief Fire and Ambulance Officer for his valuable assistance in the maintenance and transport of the apparatus.

Premature Baby Service.

The Premature Baby Service continues to prove its worth in the town, both by transporting premature infants to hospital and providing the necessary equipment to enable them to be looked after in their own homes. I am convinced that the availability of this special equipment has considerably enhanced the chances of survival of the premature infant. The Council's midwives who attend premature babies have undergone a special course of training for this type of work.

I would once again like to thank the Chief Fire and Ambulance Officer for undertaking the maintenance and transport of the equipment.

Health Visiting.

The Health Visiting Service is one of the most vital of the Council's Health Services and the many increased duties passed on to the Health Visitor by the National Health Service Act have been performed admirably and efficiently by the Supervisor and her staff. The time has come, however, when it is now becoming more and more difficult to maintain the same level of service due to our inability to attract qualified nurses with the requisite training in Public Health. At the moment we have found it impossible to fill vacancies despite repeated advertisements. It is to be hoped that this is only a passing phase because it would be a tragedy to see the excellent work and outstanding results of previous years undone by the inability to maintain an adequate staff. We are not, of course, alone in our difficulties as the nursing shortage is general throughout the country, but it does seem that industrial towns like Dudley, where the Health Visitors' services are most required, suffer most from shortage of staff. In the National Health Service doctors are offered special inducements to work in under-doctored areas. It may yet be necessary to offer similar inducements in the case of Health Visitors if this essential service is to be maintained where it is most required.

The number of Health Visitors on the establishment of this Authority as at 31st December, 1951 was 12, categorised as follows:—

11 qualified health visitors (full-time)

1 qualified health visitor (part-time)

Impending resignations will reduce the full-time staff by another two Health Visitors and we have no Student Health Visitors in training.

The total number of visits by Health Visitors during the year was 22,793 as against 21,166 in 1950.

Visits to children under 1 year:

(a) First Visits	990
------------------	-----	-----	-----	-----	-----

(b) Total Visits	8,509
------------------	-----	-----	-----	-----	-------

Visits to children between 1 and 5 years	11,767
--	-----	-----	-----	-----	--------

Ante-natal Visits	499
-------------------	-----	-----	-----	-----	-----

Stillbirth Investigations	35
---------------------------	-----	-----	-----	-----	----

Infant Death Visits	23
---------------------	-----	-----	-----	-----	----

Ophthalmia Neonatorum Visits	1
------------------------------	-----	-----	-----	-----	---

Miscellaneous Visits	1,959
----------------------	-----	-----	-----	-----	-------

Home Nursing.

The Home Nursing Service continues to deal with an increasing number of cases, the visits paid during the year being more than 2,500 in excess of the corresponding number of visits in 1950. This valuable service serves a twofold purpose, firstly by making it unnecessary for the patient to be removed to hospital and

secondly by eliminating the heavy cost of hospital treatment and freeing beds for other patients. There is the added advantage that many sick persons will normally recover their health and strength more quickly in their home surroundings than in the unnatural environment of the hospital ward. A particularly valuable aspect of this service is the treatment of the tuberculous patient in his own home. Home Nurses, working under the supervision of the tuberculosis specialist and the general practitioner and in co-operation with the Tuberculosis Health Visitors, are now administering the latest forms of medical treatment to these patients. This service is helping to overcome the shortage of sanatorium beds and where the Housing Committee is able to allocate alternative housing accommodation, conditions for domiciliary treatment are often excellent. In addition sick room equipment is available for the patient through the Council's Health Services and domestic help can be provided where required. The Home Nursing Service is a striking example of the type of comprehensive health service which can be developed through the combination of a number of separate services all concerned with the care of the sick.

The Service is provided on the Council's behalf by the Badley District Nursing Association under the supervision of the Matron, Miss Darby.

The following figures show the work done during the period 1st January to 31st December, 1951, as compared with the same period in 1950.

	1950	1951
New Patients	367	390
Old Patients	426	532
Casual Visits	148	93
Total Visits all patients	8,003	10,534

Vaccination and Immunisation.

The vaccination rate is still far from satisfactory and I can only repeat what I have said in previous reports that we may find out one day, all too late, the result of neglecting this very necessary protection against a very deadly disease. As in the case of Diphtheria, the near disappearance of a disease is no reason for failing to take precautions against it, and every effort is made by the medical and nursing staff of the Health Department to advise parents of the facilities available either at the Council's clinics or through the general practitioner. Last year the vaccination rate rose from 4.7% of the total birth rate in 1949 to 17.9% in 1950, but this was largely due to connection with a serious outbreak of smallpox in another Authority. During 1951 the rate has gone back to 8.2% of the annual birth rate.

I have already commented on the position with regard to Diphtheria immunisation. The figures are as follows:—

	Immunised during year	Total now immunised	Population (est.)	Percentage now immunised
Children under 5 ...	668	2589	5258	49.0

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, 1951:—

1. No. of Vehicles at 31st December, 1951:

Ambulances 6	Cars 4
--------------	--------
2. Total number of journeys during the period 1st January to 31st December, 1951:

Ambulances 2,662	Cars 3,710
------------------	------------
3. Total number of patients carried during the period 1st January to 31st December, 1951:

Ambulances 4,109	Cars 8,862
------------------	------------
4. Total number of accident or other emergency calls included in column 2 during the period 1st January to 31st December, 1951:

Ambulances 1,088	Cars 99
------------------	---------
5. Total mileage during the period 1st January to 31st December, 1951:

Ambulances 27,519	Cars 53,712
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Care and After-Care.

In March, 1951, the Social Worker resigned and the Health Committee decided that the post should not be filled. The duties of the Care and After-Care Service were consequently taken over by the Health Visitors under the supervision of Miss Bennett, Superintendent Health Visitor, and the clerical work performed by the clerical staff at the Central Clinic. Stocks of sick room equipment, occupational therapy materials, etc., were transferred to the Central Clinic from where all issues and loans are now made. The Care and After-Care Service, which is now firmly established as a most necessary part of the Health Service, has operated satisfactorily under these new arrangements. It is still noticeable that the scheme concerns itself mainly with cases of tuberculosis.

Sick room equipment of various forms including wheel chairs, beds, bedding, pyjamas, etc., were supplied to 172 patients. In addition arrangements were made in 72 cases for extra milk to be delivered, charges being made in accordance with the Council's scale. 151 patients purchased materials for occupational therapy from stocks held within the Department. Compared with 1950, the number of patients receiving assistance under this Service showed a considerable increase and illustrates that the advice given by the Health Visitors is being followed in the majority of cases. My thanks are again due 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	...	...	568
No. of patients visited at home	...	...	605
No. of patients visited in hospitals	...	...	5

Domestic Help Service.

Since this service was instituted in 1948 the need for help in the home during sickness or confinement has become more and more apparent. Additional domestic helps have been employed, on a part-time basis, to meet the increased demands on the service, and we are fortunate in Dudley in being able to recruit an excellent type of worker, fully aware of the importance of this ancillary health service and competent to deal efficiently with all demands.

The Council now employs one full-time in addition to 17 part-time Domestic Helps. The service is adequate to meet the needs of the town and has dealt with 73 cases during 1951.

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.

Under Lunacy and Mental Treatment Acts 1890—1930.

Details of patients admitted under Lunacy Acts:—

Method of Admission.	Hospital.	M.	F.	Total.
Section 20 L.A. 1890	Burton Road, Dudley ..	13	6	19
	New Cross, Wolverhampton. ..	—	3	3
Section 16 L.A. 1890	Barnsley Hall, Bromsgrove ..	6	10	16
	Powick, Worcester	—	5	5
	St. Georges, Stafford	1	3	4

Details of patients admitted under Mental Treatment Act:—

Section I M.T.A. 1930	Barnsley Hall, Bromsgrove ..	7	12	19
	Powick, Worcester	2	1	3
	St. Matthews, Burntwood ..	—	2	2
	St. Georges, Stafford	—	1	1
	Hollymoor, Birmingham ..	1	—	1

Details of patients discharged from Hospitals:—

		Admitted				
Section 16 L.A. 1890	Barnsley Hall,	{	Pre 1951	4	2	6
	Bromsgrove		1951	2	1	3
	Powick,	{	Pre 1951	—	4	4
	Worcester		1951	—	1	1

Method of Admission.	Hospital.	M.	F.	Total.
Section 1 M.T.A. 1890	Barnsley Hall, Bromsgrove ..	7	11	18
	Powick, Worcester	2	1	3
	St. Matthews, Burntwood ..	—	2	2
	St. Georges, Stafford	—	1	1
	Hollymoor, Birmingham ..	1	—	1

Mental Deficiency Acts, 1913—1938.

		During 1951		Total as at 1st January 1952			
		Under age 16	Aged 16 and over	Under age 16	Aged 16 and over		
		M.	F.	M.	F.	M.	F.
1. Particulars of cases reported during 1951							
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944):—							
(i) Under Section 57(3)		4	4	—	—	—	—
(ii) Under Section 57(5):—							
On leaving special schools		—	—	—	—	—	—
On leaving ordinary schools		—	—	—	—	—	—
(b) Cases referred by the police or by the courts under Section 8 (1)(a) (or as a result of other action by the Courts)							
		—	—	—	—	—	—
(c) Other defectives reported during 1951:—							
(i) found "subject to be dealt with"		—	—	—	—	—	—
(ii) not at present "subject to be dealt with"		—	—	—	—	—	—
Total number of cases reported during the year		4	4	—	—	—	—

2. Disposal of Cases.

(a) those found "subject to be dealt with":—							
(i) Placed under Statutory Supervision		3	4	—	—	13	11
(ii) Placed under Guardianship		—	—	—	—	—	1
(iii) Taken to "Places of Safety"		—	—	—	—	—	1
(iv) Admitted to Institutions		1	—	—	—	2	4
(v) Died or removed from area		—	—	—	—	—	—
(vi) Action not yet taken		—	—	—	—	—	—
(b) those not at present "subject to be dealt with":—							
(i) Placed under Voluntary Supervision		—	—	—	—	—	5
(ii) Later found not to be defective		—	—	—	—	—	—
(iii) Died or removed from area		—	—	—	—	—	—
(iv) Action unnecessary		—	—	—	—	—	—
(v) Action not yet taken		—	—	—	—	—	—
Total of item 2		4	4	—	—	15	15
						73	75

	During 1951				Total as at 1st January 1952			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.

3. Classification of defectives in the Community on 1/1/52.

(a) Cases included in item 2(a)(i) to (iii) above in need of institutional care:—

(1) In urgent need of institutional care:—

(i) cot and chair cases	—	—	—	—	—	—	—	—
(ii) ambulant and low grade cases	—	—	—	—	1	2	—	—
(iii) medium grade cases	—	—	—	—	—	—	—	—
(iv) high grade cases	—	—	—	—	—	—	—	—

(2) Not in urgent need of institutional care:—

(i) cot and chair cases	—	—	—	—	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—	—	—	—	1
(iii) medium grade cases	—	—	—	—	—	—	1	—
(iv) high grade cases	—	—	—	—	—	—	—	—

Total of item 3(a)	—	—	—	—	1	2	1	1
--------------------	---	---	---	---	---	---	---	---

		Under 16 age 16 and over			
		M.	F.	M.	F.
(b) Of the cases included in item 3(a) number in need of institutional care <i>only</i> because of poor environment:—					
(i) medium grade cases		—	—	—	—
(ii) high grade cases		—	—	—	—
Total of item 3(b)		—	—	—	—
(c) Of the cases included in items 2(a)(i) and (ii) and 2(b)(i), number considered suitable for:—					
(i) occupation centre		10	8	1	10
(ii) industrial centre		—	—	—	—
(iii) home training		—	—	—	—
Total of item 3(c)		10	8	1	10
(d) Number of Cases receiving training on 1/1/52:—					
(i) in occupation centre		8	4	1	9
(ii) in industrial centre		—	—	—	—
(iii) at home		—	—	—	—
Total of item 3(d)		8	4	1	9

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1951, who have ceased to be under any of these forms of care during 1951.

	M.	F.	Total
(a) Ceased to be under care	1	—	1
(b) Died, removed from area, or lost sight of	—	1	1
Total	1	1	2

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1951	....	....	....	Nil
			Males	Females
(b) Number who have married during 1951	....	—	—	—

Training.

The Occupation Centre has continued to function satisfactorily and great credit in this respect is due to Mrs. Cousins, Mental Health Supervisor, and the two Assistants. Mrs. Cousins left the employ of this Authority in December 1951 to take up a similar appointment in Coventry. She joined this Authority in 1945 and gave good service in this most important branch of the Health Services.

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 annual holiday at Astley Burf Camp, which took place at Whitsuntide this year, again proved to be a very successful and enjoyable event.

Oldbury patients have now been withdrawn from the Occupation Centre and are attending a Centre recently opened by Worcestershire County Council. 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.

A man of 57 years was removed from his home address on the 23rd August, 1951, under Section 47 of this Act, suffering from a grave chronic disease, and living in insanitary conditions, and unable to devote to himself, and not receiving from other persons proper care and attention. Magistrates Order for detention was made on the 22nd August, 1951, for renewal every three months in view of the fact that he would not consent to remain voluntarily in Part III Accommodation.

Residential Accommodation.

Admissions during 1951	...	...	...	...	12
Discharges during 1951	...	...	...	...	7
Deaths	...	...	...	...	5
No. of persons in residential accommodation at 31st December, 1951	...	...	...	...	54

Visits continue to be made by members of the Welfare Department to Aged Persons in their own homes. At the beginning of the year 200 such persons were visited, and at the 31st December, 1951, the number had increased to 530. A survey was made in October of this year, and aged persons living alone are rapidly being located.

Work continues on the adaptation of "Albert House" for use as a Home for Aged Persons, and although it has not been possible to complete the work this year it is anticipated that the Home will be ready for occupation in 1952.

The Scheme for the adaptation of "The Woodlands," the second Aged Persons Home, has only recently been approved by the Ministry of Health, and it is anticipated that adaptation will commence next year.

During the year the Minister of Health considered the recommendations of his Advisory Council, and forwarded to local authorities guidance in the form of outline schemes for the Welfare of Handicapped Persons. At present this Authority have 105 Registered Blind Persons, and the Wolverhampton, Dudley and Districts Institution for the Blind act as the Council's Agent. In addition there are 60 deaf persons, and the Worcestershire, Herefordshire and Radnorshire Association for the Deaf will act as the Council's Agent subject to the approval of the scheme by the Minister of Health.

The scheme for the provision of Welfare Services for Handicapped Persons other than the blind, partially sighted, and deaf or dumb, is still under consideration by the Welfare Committee.

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 1951.

I can confidently report that the state of health of the school children of the Borough gives more cause for satisfaction than at any time since I first submitted these reports for your consideration. The improved nutritional standard to which I referred last year has shown still further improvement, and only a small percentage of children fall below the high standard of general health and well-being which we have now come to expect in the School Health Service. The object of this service, which is to promote and maintain a healthy school population, is being achieved in even greater measure and amply justifies the routine but painstaking work carried out by the medical and nursing staff working in the closest co-operation with the schools. When one considers school health records of the past it is abundantly apparent that Local Education Authorities, not only in Dudley, but throughout the country, have every reason to be proud of the results of their efforts for the care of the health of their school children.

The year has been singularly clear of any outbreak of infectious disease and in this respect is one of the healthiest on record. Those diseases such as Scarlet Fever, Measles and Whooping Cough which, although not a serious menace to health, are nevertheless the cause of a considerable amount of absence from school, have been reduced to almost negligible proportions. Unfortunately, the low Diphtheria rate of recent years has not been maintained during 1951, but as I have stated later in this report, I hope it will bring to the notice of all parents the necessity to have their children fully protected by immunisation. On the other hand it is pleasing to be able to report, after our experience last year, that there were no cases of Poliomyelitis in the town.

One of our most difficult problems of recent years, the high infestation rate among school children, is now showing definite signs of improvement. A lot of extra time and effort has been devoted to this work and the results have proved well worth while. The infestation rate has dropped by well over 50% since 1949. This is above all a social problem and one where preventive measures really pay, provided we can depend on the full co-operation of the parents.

I am very happy to be able to report a much more hopeful future for the School Dental Service. Towards the end of the year two full-time dental officers were appointed. The actual amount of dental work done during the year is very little more

than that done during 1950, but we will start 1952 with an adequate dental staff for the first time in three years and my annual report for next year should show a considerable improvement in the School Dental Service.

The only cause for concern in the School Health Service is the ever increasing shortage of qualified School Nurses. It is becoming almost impossible to fill vacancies and the staff is becoming seriously depleted. This is, of course, a national problem and not one which can be resolved locally, and one can only hope that there will be some improvement in recruitment before the steady reduction in staff is reflected in these annual health reports.

In conclusion I would repeat once again that the health of the school children in the Borough gives every cause for satisfaction and that the School Health Service is quietly and efficiently fulfilling its function. I would like to express my appreciation of the encouragement and support I continue to receive from the Chairman and Members of the School Medical and Attendance Sub-Committee and my thanks are due as always to the Chief Education Officer and his staff for the invaluable contribution they make to the successful functioning of the School Health Service by their unbounded co-operation and support. Also I must stress once again the importance of the assistance I receive at all times from the General Practitioners in the town and the co-operation which is so essential for the success of the service. I am indebted to every member of the medical, nursing and clerical staff for the loyal service which they have given throughout the year and in particular to Mr. B. Booth, Senior Clerk, School Health Service, for assistance in the preparation of the statistical material for this report.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

T. O. P. D. LAWSON,

School Medical Officer.

(1) **Routine Medical Inspections.**

The routine medical inspections of school children have continued during 1951 and 3,073 pupils have been examined during the year. 195 of these pupils 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) As soon as possible after 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);
- (c) During the last year of attendance at a maintained secondary school.

In addition younger children (aged 2—5) at the Nursery Schools and Nursery Classes are examined, as are older pupils at the Grammar School, Girls' High School, and Junior Technical College before taking up employment.

As a result of these inspections 176 pupils were referred to the Council's Eye Specialist for defective vision (excluding squint) and 388 children were found to be suffering from other defects or diseases requiring treatment, and necessary action was taken in all cases. The number of children requiring to be kept under observation but not requiring treatment was 398 and these pupils were re-examined periodically during the year.

The school population of the Borough (including the Nursery School and Nursery Classes) was 10,931 at the end of December, 1951, and I am happy to be able to report that every school child in the Borough has an up to date medical record.

(2) **Special School Medical Inspections.**

Under this heading are classed pupils who attend at the various school clinics to be seen by the Assistant School Medical Officers, at the request of the parents or teachers.

These clinics were held from 9 to 10 a.m. as follows:—

Central Clinic	...	Each week day
Priory Clinic	...	Wednesdays
Holly Hall Clinic	...	Tuesdays
Netherton Clinic	...	Fridays

4,857 children were seen at these sessions and the parents were advised or the children referred to their private doctor or to the appropriate specialist as necessary. There is much evidence that this service is greatly appreciated by the parents of the pupils concerned.

(3) Re-Inspections.

Re-inspections have been held each term in all schools in the Borough, when children who had been previously noted at routine medical inspections to be in need of further observation and advice were seen by Assistant School Medical Officers.

During 1951, 3,738 children were seen at these inspections.

(4) Nutrition.

The general physical condition of the school children of Dudley continues to be very good. Of the 3,073 children examined at schools during the year only 66 (or 2.1 per cent.) were found to be below the normal standard of general nutrition to be expected amongst children of school age. This compares favourably with a figure of just under 4% last year.

I am glad to report that parental co-operation with the School Health Service continues to be most satisfactory. A high proportion of parents attend at school medical inspections of their children and evince a steadily growing interest in the benefits to be obtained for their children from an intelligent co-operation with the service.

(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 3,936. 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.

During the year under review 268 new cases of errors of refraction and 26 new cases of other defects and diseases of the eye were treated at the Central Clinic by the Council's Ophthalmologist. In addition 867 pupils with previously treated errors of refraction and 63 children with other defects previously observed were seen by the specialist, making a total of 1,224 pupils treated at the Eye Clinic.

Spectacles were prescribed for 731 pupils and the number actually issued was 693 or 98.4% of those ordered. The corresponding percentage in 1950 was 95, and in 1949 the percentage was 78.3.

In addition to the above, 55 errors of refraction and 30 other defects are known to have been examined at the Guest Hospital.

(7) Diseases of the Ear, Nose and Throat.

215 school children received operative treatment for defective tonsils and adenoids and a total of 264 pupils attended the Ear, Nose and Throat Clinics and were treated as necessary.

The Council's Ear, Nose and Throat Specialist attends at the Central Clinic once weekly on Saturday mornings.

(8) **Paediatric Service.**

Two sessions per month have been held by the Council's Specialist in the disorders and diseases of children at the Priory Clinic, Cedar Road, and 119 pupils have been seen by the Paediatrician.

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.**

Diphtheria.

During the early part of the year Dudley unfortunately shared in a sharp outbreak of Diphtheria in a neighbouring Authority, and as a result we had eight cases among school children during the year as compared with only one case last year. All the cases occurred in the first five months of the year. Investigations carried out at the time resulted in the detection of a healthy carrier of the disease in one of the affected families. His immediate removal to hospital removed a potential source of danger to other children and undoubtedly resulted in the prevention of other cases.

A few years ago, the occurrence of a small number of cases such as this would not have been considered worthy of comment but this number is the highest for three years and stands out as a salutary reminder that the disease is still with us and is only held in check by immunisation. Any slackening off in the immunisation campaign will result in a breach in our defences which the enemy is always ready to exploit.

It may not be a coincidence that the year 1950 saw the first sharp drop in the number of immunisations in this country since the immunisation campaign was introduced, and it is to be hoped that the success so far achieved has not made parents less alive to the dangers of the disease. In Dudley the immunisation rate among our school children has been maintained at just over 90% for the last three years and there is no sign of any sharp decline below this figure. However, nearly 10% of our school children are still unprotected. They are still liable to attack, and once attacked, are a potential source of fresh infection.

I had hoped last year that the year 1951 would show a clean bill among our school children as far as Diphtheria is concerned. This aim has not yet been achieved but our experience will have served a useful purpose if it stimulates an increasing awareness of the necessity for immunisation among the parents of the town.

The incidence of other notifiable diseases, Measles, Whooping Cough and Scarlet Fever, have shown a remarkable decline and as far as these diseases are concerned the year has been one of the healthiest in the history of Dudley's School Health Service. Poliomyelitis, which figured so largely in last year's report, does not call for any mention this year. I am happy to report that no cases occurred in the town during 1951.

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	47	34	2	3	13	7	7	12	—	—
10—15	1	1	2	1	—	3	—	1	—	—

(10) **Tuberculosis.**

The following notifications of tuberculosis in children of age groups 5—15 have been received. They show no significant increase over last year's figures.

	Males	Females	Total
Pulmonary ...	5	2	7
Non-Pulmonary ...	1	3	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 ...	21	14
Non-Pulmonary ...	13	4

I have said in previous reports that I have been trying to introduce a mass miniature radiography service into the town with the aim of including X-ray examination in the school leavers medical inspection. This would greatly enhance the value of the final medical inspection and it is a practice which I am most keen to start, but so far I cannot report much success. There are limitations concerning staff and equipment and, as one must expect at the present time, there are important financial restrictions. However, the project has not been shelved and every effort will be made to obtain this service when circumstances permit.

(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.

456 school children were seen by the Surgeon at these clinics during the year and 10 pupils were treated as in-patients in hospitals.

(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 practise 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 those suffering from postural defects, 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 the younger children the parents are also instructed,

(13) **Sunlight Clinic.**

The Council's Artificial Sunlight Clinics at the Central and Priory Clinics continued to treat pupils referred by the School Medical Officers for artificial sunlight therapy.

During the year 239 pupils made 1,183 attendances for treatment at these Clinics.

(14) **West Malvern Open Air Residential Council School.**

Places are available at the above school for ten boys and ten girls each term. A term normally consists of 11 weeks and terms commence in March, June and September, and the school is closed from mid December to the middle of March.

The children are usually referred in the first instance by private practitioners, head teachers, school welfare officers, the Children's Officer, etc., and are selected by the School Medical Officers as being most in need of a term at the open air school. They are usually delicate in health, perhaps contacts of tuberculous parents, or the victims of bad family environment.

The Worcestershire County Council Education Committee is the local education authority responsible for the school, which is situated high upon the Western slope of the Malvern Hills on a beautiful site 700 ft. above sea level. Everything possible is done to make the children happy and to improve their health. Much time is spent in games and open air exercise, and the periods of rest in the sunshine and fresh air do much, with good food and regular meal times, to give new life to the delicate child. As far as possible the education is given in the open air, and the advantages for delicate children in attending the school where health is the first consideration cannot be over-estimated.

Parents are permitted to visit the school once during the term and they are always very much impressed by the progress and happiness of their children.

Invariably the 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 pupil 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.

The camp, which is under the control of the Education Committee, is situated in open country not far from the River Severn near Stourport.

The children live under camp conditions in beautiful surroundings and perhaps this is the only week that some of them ever get in the country.

All the children are examined by School Medical Officers before going to the Camp, as to their freedom from infectious diseases, etc.

(16) Rotary Boys' Home, Weston-Super-Mare.

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

The boys selected are convalescent or debilitated children, or pupils whose parents would not be able otherwise to provide them with a recuperative holiday by the sea, and the sea air, with good food and regular hours 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.

Parents are usually asked to pay the fare which, at the reduced rate obtained, is 11/1d. and every care is taken to ensure that boys visiting the House are free from infection and of good moral character.

In nearly every case it is inspiring to see the improvement that even a fortnight by the sea has made in the boys' health and spirits and the boys themselves are invariably enthusiastic in their praise of the Rotary Boys' House.

(17) School Dental Service.

I am very pleased to be able to report a resuscitation of our School Dental Service. During the greater part of the year a very limited service was maintained by one part-time dentist, but in November and December, two full-time dentists were appointed, thus bringing the Dental Department almost up to full establishment. Dental clinics which have been closed for nearly three years are now being re-opened and arrangements are being made to recommence routine dental inspections in the schools so that at long last we have a dental service which can concentrate once again on its primary function, viz. the prevention of dental decay by means of the routine school dental inspection followed by conservative dentistry where necessary.

We must consider ourselves very fortunate to be in this happy position and all I will say at the moment is that I hope we will continue to be so favourably placed by comparison with other Authorities. Routine dental inspections are already beginning to show how much ground has been lost during the last three years when we have been providing little more than a patch and repair service. Now that we have the staff to do the job properly, I hope that we will have the fullest co-operation from the parents and their permission to carry out dental treatment when recommended by the school dentist.

There has not yet been time for the figures in Table V to show any appreciable improvement over those of last year but my report next year will demonstrate the amount of work which at the moment is outstanding.

(18) **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 and equipped to lead and direct the child and advise his teacher, when this is necessary, on matters concerning the pupil's physical welfare in school.

The work has been carried out with unfailing 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.

An auxiliary nurse now assists with the head inspections and cleansing when necessary and this arrangement is working very satisfactorily, leaving as it does, more of the qualified school nurse's time for more specialised functions in connection with her duties.

During 1951, 35,314 head inspections were carried out. Much more time is now being directed to this type of inspection and as a result the infestation rate among school children has steadily improved, as is shown by the infestation rate during the last three years.

1949	...	...	16 %
1950	...	...	7 %
1951	...	...	4 %

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

During the year 124 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. So high is the current standard of fitness amongst Dudley school children that it is indeed exceptional if a certificate of fitness has to be refused to an applicant.

These children are, of course, kept under medical observation and there has never been any evidence that the part-time employment has been in any way detrimental to their physical or mental welfare.

All children leaving school 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.

(20) Speech Therapy.

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

During 1951, 104 pupils received treatment in a total of 1,168 lessons and 92 new cases were interviewed and assessed and 44 children were discharged.

(21) Child Guidance Clinic.

Dudley children requiring psychiatric treatment are seen by Dr. J. J. Graham, Medical Director, Worcestershire Child Guidance Clinics, at his Child Guidance Clinics at Oldbury and Bromsgrove and Dr. Graham's unstinted assistance and advice is proving to be of the utmost value and is very much appreciated.

(22) Handicapped Children.

In accordance with the requirements of the Handicapped Pupils and School Health Service Regulations, 1945, 108 pupils have been examined or re-examined during the year 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 regulations.

Of the 108 pupils examined during 1951:

2 have been ascertained to be deaf.

1 has been ascertained to be Partially Deaf.

1 has been ascertained to be Delicate.

73 have been ascertained to be Educationally Sub-normal.

2 have been ascertained to be Maladjusted.

1 has been ascertained to be Physically Handicapped.

7 have been reported to the Local Authority under the Mental Deficiency Acts.

21 have been found fit for education in ordinary schools.

The opening of the Sutton School for Educationally Sub-normal Pupils in October, 1950, has resulted in real progress in this work and I would like to pay tribute to the excellent co-operation which has developed between the School Health Service and the Head Teacher and his staff at the Sutton School. This co-operation has resulted in the careful selection of entrants considered most suitable to benefit by the expert tuition available which we hope will result in the return of some of these children to the ordinary school. As will be seen from the figures given above, educationally sub-normal pupils make up the majority of the handicapped pupils and the Sutton School has already more than justified its existence.

The greatest need at the moment is the provision of more special school accommodation for the other categories of handicapped pupils. The lack of sufficient accommodation, for which there is a large demand, is probably the most serious defect in these services. There has been some improvement in recent years but not nearly enough to meet the requirements of Local Education Authorities throughout the country.

STATISTICAL TABLES, 1951.

Table I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A. Periodic Medical Inspections.

Number of inspections in the prescribed groups:—

Entrants	...	...	...	1,234
Second Age Group	...	...	...	737
Third Age Group	...	...	...	907
Total	...	...	...	2,878

Number of other periodic inspections ... 195

Grand Total ... 3,073

B. Other Inspections.

Number of special inspections	...	...	4,857
Number of re-inspections	...	...	3,738
Total	...	...	8,595

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).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	41	152	188
Second Age Group ..	68	89	152
Third Age Group ..	48	115	158
Total (prescribed groups)	157	356	498
Other Periodic Inspections	19	32	50
Grand Total	176	388	548

Table II.

A. Defects found by Medical Inspection.

Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Skin	14	23	135	21
Eyes— <i>a.</i> Vision ..	176	53	128	66
<i>b.</i> Squint ..	14	2	17	6
<i>c.</i> Other ..	1	11	36	8
Ears— <i>a.</i> Hearing ..	26	9	11	9
<i>b.</i> Otitis Media ..	11	2	41	11
<i>c.</i> Other ..	—	1	19	12
Nose or Throat ..	162	69	150	90
Speech	14	15	20	8
Cervical Glands ..	4	24	14	45
Heart & Circulation	13	15	15	68
Lungs	18	51	59	110
Developmental—				
<i>a.</i> Hernia ..	—	5	6	1
<i>b.</i> Other ..	—	2	13	4
Orthopaedic—				
<i>a.</i> Posture ..	11	9	10	7
<i>b.</i> Flat Foot ..	11	9	8	8
<i>c.</i> Other ..	18	7	25	25
Nervous System—				
<i>a.</i> Epilepsy ..	—	7	2	5
<i>b.</i> Other ..	8	3	14	8
Psychological—				
<i>a.</i> Development	2	9	11	14
<i>b.</i> Stability ..	1	12	7	4
Other	60	60	87	82

**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....	1234	870	70.5	339	27.5	25	2.0
Second Age Group	737	435	59.0	279	38.0	23	3.0
Third Age Group	907	636	70.1	257	28.3	14	1.6
Other Periodic Inspections	195	149	76.4	42	21.5	4	2.1
Total	3073	2090	68.0	917	29.9	66	2.1

Table III.

Infestation with Vermin.

- | | |
|---|--------|
| (i) Total number of examinations in the schools by the school nurses or other authorised persons | 35,314 |
| (ii) Total number of individual pupils examined | 10,931 |
| (iii) Total number of individual pupils found to be infested | 1,569 |
| (iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) | 884 |
| (v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) | 52 |

Table IV.
TREATMENT TABLES.

GROUP I—Minor Ailments (excluding Uncleanliness).

(a)	Number of Defects treated, or under treatment during the year.
Skin—	
Ringworm—Scalp	—
Ringworm—Body	3
Scabies	—
Impetigo	151
Other Skin Diseases	55
Eye Disease	238
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	
Ear Defects	255
Miscellaneous	2246
(e.g. minor injuries, bruises, sores, chilblains, etc.)	
Total	2948

(b) Total number of attendances at Authority's Minor Ailments Clinics ... 8,065

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

	No. of Defects dealt with
Errors of Refraction (including Squint) ...	1,165
Other defects or diseases of the eyes (excluding those recorded in Group I) ...	89
Total ...	1,254

No. of pupils for whom spectacles were:

(a) Prescribed ...	731
(b) Obtained ...	693

GROUP III—Treatment of Defects of Nose and Throat.

	Total number treated.
Received operative treatment—	
(a) for diseases of the ear	15
(b) for adenoids and chronic tonsillitis ...	215
(c) for other nose and throat conditions ...	3
Received other forms of treatment	31
Total	<hr/> 264 <hr/>

GROUP IV—Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals or hospital schools	10
(b) Number treated otherwise, e.g. in clinics or out-patient departments	456

GROUP V—Child Guidance Treatment.

Number of pupils treated under Child Guidance arrangements	16
---	----

GROUP VI—Speech Therapy.

Number of pupils treated by Speech Therapists	104
---	-----

GROUP VII—Other Treatments Given.

	No. of Cases treated.
Miscellaneous Minor Ailments	2,048
Paediatrician's Clinic	119
Sunlight Clinic	239
Breathing Exercises	52
Physiotherapy	35

Table V.

Dental Inspection and Treatment.

(1) Number of pupils inspected by the Authority's Dental Officers:—				
(a) Periodic Age Groups	...	...	...	1,069
(b) Specials	...	...	...	1,266
(c) Total—Periodic and Specials	...	...	...	2,335
(2) Number found to require treatment				
(3) Number referred for treatment	...	...	...	1,855
(4) Number actually treated	...	...	...	1,721
(5) Attendances made by pupils for treatment	...	...	...	1,956
(6) Half-days devoted to—				
(a) Inspection	...	...	...	4
(b) Treatment	...	...	...	225
Total (a) and (b)				229
(7) Fillings: Permanent Teeth				
Temporary Teeth	...	...	...	27
Total				701
(8) Number of teeth filled: Permanent Teeth				
Temporary Teeth	...	...	...	35
Total				617
(9) Extractions: Permanent Teeth				
Temporary Teeth	...	...	...	2,397
Total				3,047
(10) Administration of general anaesthetics for extraction				
	...	...	...	1,642
(11) Other Operations: Permanent Teeth				
Temporary Teeth	...	...	...	3
Total				855

**ANNUAL REPORT OF THE CHIEF SANITARY
INSPECTOR AND CLEANSING SUPERINTENDENT
FOR THE YEAR ENDED 31st DECEMBER, 1951.**

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

Mr. Mayor, Ladies and Gentlemen,

The general form of this Annual Report does not vary to any great extent from that of the previous year but I am happy to say that this is only in relation to the form of the report and not in relation to the material which is contained within it.

Housing, or rather one should say the lack of suitable housing, is still one of the major problems the department has to face and to my mind great credit is due to the Inspectors who are compelled to spend so much time and energy often with rather a frustrating result among the very bad houses which are still to be found in many districts of the town. The extent of this bad housing is not as well-known as it ought to be and it is only house to house visitation both inside and out which can make one thoroughly aware, not only of the extent but of the urgency of this problem. This has been fully recognised by the Council and I sincerely hope that the next Annual Report will contain information not just of the number of houses which have been inspected for slum clearance but the number of such premises vacated and demolished.

From time to time the national and local press draw attention to the need for better and cleaner food handling and preparation. The department is fully aware of this need and, as far as possible, is carrying on a very militant campaign to achieve the required end. Statistics form a very poor medium to illustrate both the extent of the problem and the manner in which it is being met, but for my own part, seeing both sides of the picture from day to day, I say without any doubt at all that there must be much more awareness on the part of food traders than there is at present in the general sense before the position is anywhere nearly as satisfactory as it ought to be. It has been said that the present legislation for food premises allows Local Authorities a sufficient scope to keep their staffs fully occupied. I quite agree with this statement but at the same time it is folly, to my mind, to imagine that to be fully occupied with present legislation means a satisfactory fulfilment of all the necessary requirements for really satisfactory premises, satisfactory handling and satisfactory distribution. Again it may be that before the next Annual Report of the department is published greater strides in legislation dealing with such places and the results thereafter achieved will be more pleasing to everybody.

There are various other responsibilities of which mention is made in the report but I refrain from making any mention of them in these opening remarks although there is one section of

the department which more than warrants a few comments. I refer now to what might be termed the "Cinderella" of Local Government Services, namely the Cleansing Department. One of the greatest problems has again been lack of personnel, as a consequence of which there has not been any time during the year when all the services could be fully manned. At the same time, with the continued building of more houses, the extension of salvage operations and a greater call on the department for trade refuse collections, it has meant a stretching almost to breaking point. Previously I have commented that this state of affairs cannot continue indefinitely, but still it goes on and still it is possible to report another year of successful working. Household refuse has been regularly removed at weekly intervals and trade refuse in most instances has been moved daily from business premises. Perhaps I should also draw your attention to the extremely successful year with salvage operations. Much of this success has unfortunately come about because of the economic crisis in the country, but nevertheless the efforts put forward in connection with the collection of salvage are extremely pleasing and the financial result has been of considerable benefit to the Rate Fund.

Before concluding I wish to take the opportunity of thanking yourself, Mr. Mayor, for the help and kindness you have shown to me at all times; also to thank the Chairman of the Health Committee, Dr. A. W. Weston, and all the members of the Health Committee. To Dr. Lawson I also offer my thanks for his courtesy at all times and last but not least I wish to place on record my appreciation of the excellent help and team work which has been evident throughout the year by the staff and workmen of the department. Whilst I do not wish to make individual mention of members of the staff I must refer specially to the work which has been done by Mr. W. H. Bowman during the year. Finally I wish to record my sincere thanks to the many officials of the Council who have at all times given that most valued help which one often needs and who have given it at the right time and without stint.

I am,

Ladies and Gentlemen,

Yours obediently,

W. PARKER,

Chief Sanitary Inspector and
Cleansing Superintendent.

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

The only slaughtering of animals in the borough is that of pigs and, apart from cottagers pigs, is confined to two bacon factories. The number of pigs slaughtered in these places is steadily increasing and from an Inspectorial point of view it is not good. It is taking more of the Inspectors' time, much of which is out of normal duty hours but, what is more important, the facilities for inspection are becoming more and more cramped. This is but one more indication of the need for a declaration of policy in relation to slaughtering and abattoirs.

Apart from the inspection of carcasses a watchful eye has been kept on all foodstuffs and the figures which follow this preamble give some indication of the work which has been done.

In the sampling of food regard has been had to the desirability for the samples to be representative of the wide variety of foodstuffs offered to the public. Most of the sampling is done informally and the fact that only 9 adverse reports were received out of a total of 208 samples warrants such procedure.

Turning for a moment to the supply of milk within the borough it is very pleasing to me to be able to report that only 5 milk retailers distribute loose milk. This is representative of only approximately 2% of the retailers but in quantity of milk distributed will be approximately only 0.5%. The number of unsatisfactory bacteriological milk samples was quite low, whilst the results of milk samples examined chemically were quite satisfactory.

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, 5,458 pigs were notified for slaughter under the Public Health (Meat) Regulations, 1924. The corresponding figure in 1950 was 3,731. All the carcasses were nevertheless inspected, as were 104 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	...	...	...	...	3
Carcasses of which some part or organ was condemned	...	...	...	...	275
Percentage of the number inspected affected with disease other than tuberculosis	...	...	...	...	4.99%

Tuberculosis only:

Whole carcasses condemned	...	...	...	...	3
Carcasses of which some part or organ was condemned	...	...	...	...	195
Percentage of the number inspected affected with the disease	...	...	...	...	3.56%

Carcases or Parts and Offals condemned:

Carcases	6
Heads	...	...	...	...	172
Lung, sets of	...	...	...	...	204
Livers	...	...	...	...	120
Hearts	...	...	...	...	160
Kidneys	...	...	...	...	49
Mesenteries	...	...	...	...	16
Intestines and Stomachs	...	...	...	...	30
Spleens	...	...	...	...	5
Part Carcasses	...	...	...	...	9
Collars	...	...	...	...	51
Leaf Lards	...	...	...	...	8

Diseases:**Weight of Meat
Condemned (lbs.)**

Tuberculosis	...	...	...	...	...	3217½
Pneumonia	...	...	...	...	...	338½
Pericarditis	...	...	...	...	...	188
Pleurisy	...	...	...	...	...	134½
Cirrhosis	...	...	...	...	...	156
Fatty Liver	...	...	...	...	...	10
Abcesses	...	...	...	...	...	64½
Adhesions	...	...	...	...	...	35
Urticaria	...	...	...	...	...	15
Bruising	...	...	...	...	...	10
Moribund	...	...	...	...	...	447
Peritonitis	...	...	...	...	...	55
Cysts	...	...	...	...	...	130
Hydronephritis	...	...	...	...	...	9½
Nephritis	...	...	...	...	...	18¾
Parasitic infection	...	...	...	...	...	66½
Mammitis	...	...	...	...	...	4

Total weight of meat condemned: 4,899¾ lbs.—2 tons, 3 cwts.
2 qrs. 27¾lbs.

Visits to Slaughterhouses	...	...	...	...	215
Visits for Inspection of private pigs	...	...	...	...	152

INSPECTION OF OTHER FOODS.

During the year the District Inspectors made 290 visits to food premises for the purpose of food inspection, other than meat inspection.

The following foodstuffs were condemned:—

	Total
Angelica (lbs.)	5½
Blancmange Powder (pkts.)	6
Biscuits (lbs.)	299
Bacon (lbs.)	52¼
Bread (lbs.)	22½
Cake Mixture (pkts.)	22
Cod (lbs.)	84
Coffee (tins)	1
Cereals (pkts.)	18
Cheese (pkts.)	374
Christmas Puddings	6
Cheese (lbs.)	39½
Chocolate Spread (pkts.)	11
Cake (lbs.)	84
Custard Powder (pkts.)	3
Cucumbers	9
Dried Peas (lbs.)	28
Eggs	216
Fish Loaf	1
Fruit Juices (tins)	26
Fruit (tins)	1158
Flour (lbs.)	27
Fondant (lbs.)	1
Fish (tins)	291
Fish Pastes (botts.)	6
Ham (lbs.)	2798
Lemonade Crystals (lbs.)	2
Ice Cream (galls)	16
Jelly (pkts.)	73
Margarine (lbs.)	6
Mint Sauce (botts.)	3
Mincemeat (tins)	1
Meat Products (tins)	2540
Milk (tins)	463
Pearl Barley (lbs.)	2
Pudding (tin)	1
Pork Sausage (lbs.)	30
Preserves (tins)	119
Preserves (jars)	5
Rabbit (tins)	2
Sago (lbs.)	16
Sauce (botts.)	52
Semolina (pkts.)	6
Semolina (lbs.)	268
Suet (lbs.)	1
Salt (lbs.)	4
Sultanas (lbs.)	8

				Total
Syrup (tins)	...	...	...	1
Sweets (lbs.)	...	...	...	48 $\frac{1}{4}$
Soup (tins)	...	...	...	166
Tomatoes (lbs.)	...	...	...	392
Vegetables (tins)	...	...	...	938
Spice (lbs.)	...	...	...	7
Turkeys	...	...	...	2
Small Assorted Cakes	...	...	...	332

Food Poisoning.

During the year there were no notifications received in respect of food poisoning outbreaks but incidents did occur where food poisoning was suspected. Unfortunately it very often happens that such notifications are received too late for any very definite action to be taken. For example, unless the suspected food poisoning notification is received in sufficient time to allow for the taking of a sample of the food or foods eaten by the affected persons it is not possible to carry out the full investigation that is required.

The first incident occurred in July, 1951, and the persons affected were not resident within the County Borough of Dudley. A very large number of people had partaken of the meal and during this meal pressed beef manufactured in this area was one of the foods consumed. A total of 92 people were affected and as soon as the source of the pressed beef was known notification was made from the adjoining authority to this department and it was possible to obtain samples from the same manufacturer. Bacteriological examination revealed the presence of staphylococcus aureus of the same epidemic type as had been isolated from the people affected. Further investigations were then made amongst the people and the handlers of the pressed beef and swabs were taken from certain persons affected with cuts and abrasions. Staphylococcus aureus was again isolated from four out of 17 handlers but after adequate treatment and precautions the whole matter was satisfactorily cleared up.

The second suspected outbreak was in November, and again occurred amongst people living outside the borough but who had been members of a party taking dinner at premises within this borough. The party concerned were actually only a small percentage of the people who had been served with a similar meal at the same premises on the same day and no other complaints were received from any other people. After investigation it was found that the affected persons had also partaken of a cake prepared by one of their own number and this cake had a very liberal dressing of marzipan. Unfortunately none of this cake was available for examination and the notification to this department was delayed to such an extent that no other portions of food were available for examination. No satisfactory conclusion was therefore arrived at.

During the same month a telephone message was received from a nearby Public Health Department to the effect that some people had partaken of bottled mussels in a public house in this area

and had later shown symptoms of suspected food poisoning. On visiting the public house in question there were no more bottles of mussels left in stock but it was later possible to obtain from other premises a bottle of the same brand of mussels but after submission to the Public Health Laboratory the examination showed that the sample was sterile.

In the following month, that is December, certain private individuals telephoned the department with the information that they had had sickness, diarrhoea and vomiting following a dinner which they had held at premises within this borough. Unfortunately, these messages were only 'phoned in after the individuals concerned had fully recovered and it was not possible to obtain any direct evidence to show whether in fact any of them had suffered from actual food poisoning. After an investigation at the premises concerned it was found again that there were no portions of food available for sampling, but it appeared that each of the affected people had partaken of oysters. The oysters had been purchased from premises outside the borough but by arrangement it was possible to obtain a sample of oysters from the same layings and this sample was submitted to the Public Health Laboratory. The bacteriological report was to the effect that the oysters were 100% sterile.

There were therefore four suspected outbreaks of food poisoning coming within the work of the department during the year. In only one of these was there any satisfactory conclusion arrived at. In spite of this quite a lot of time and trouble was taken in an effort to obtain satisfactory information. Prompt notification of either suspected food poisoning or actual food poisoning to the department would be of very practical value and possibly in such cases the results obtained would be far better than those which are reported upon above.

Milk Supplies.

The position with milk supplies remained comparatively unchanged throughout the year. Regular sampling was carried out both for fat content and bacteriological examination and it can be said that the standard of milk supplied in this Borough was very satisfactory.

As hitherto, regular inspections were made of the few dairies which were still operating in the Borough.

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

	Processors' Licences.	Dealers' Licences.	Supplementary Licences.
T. T. Pasteurised ...	—	15	7
Pasteurised ...	1	19	7
Sterilised ...	1	219	7
Tuberculin tested ...	—	2	1
Accredited ...	—	—	—

At the end of 1951 there were 225 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 47 formal and 161 informal samples taken during the year, adverse reports were made on only 9.

The nine adverse reports were made up as follows:—

An ice cream sample gave a deficiency of 29.6% of milk solids. The manufacturer was using a milk powder and he returned the whole of his stock of milk powder to his supplier.

Two informal samples of jelly gave deficiencies of 15% and 7.3% of sugar respectively. A formal sample of the latter proved genuine but it was not possible to obtain a formal sample of the former.

Two samples of beef sausage showed a content of 200 parts of SO_2 per million and 280 parts of SO_2 per million respectively. No declarations in respect of preservatives were shown and in consequence warning letters were issued.

Three samples of pork sausage gave the following results:—

Informal—Slightly below meat standard.

Informal—Deficient of 7.8% meat.

Formal —Deficient of 15% meat.

On the advice of the Ministry of Food a warning letter was sent to the manufacturer.

An informal sample of Soft Drink Tablets showed them to contain 2.9% insoluble matter resembling talc. A formal sample gave an almost identical result and the retailer, on advice from this department, withdrew the remainder of the stock from sale.

The actual samples taken during the year were as follows:—

Commodity	In-formal	Formal	Commodity	In-formal	Formal
Apples with Rose Hip Syrup	1	—	Mincemeat	11	1
Blackberries	1	—	Malted Milks	1	—
Broth	1	—	Mint Sauce	1	—
Borax and Honey	1	—	Malt Vinegar	1	—
Brandy	—	2	Milk pudding powder	1	—
Cochineal colouring	3	—	Marmalade	1	—
Crackle Pops	2	—	Orange crush	1	—
Cooking fat	1	—	Pickled Beetroot	1	—
Cocoanut cake spread	1	—	Prunes	1	—
Cream of Chicken	1	—	Popcorns	1	—
Cake decoration	3	—	Pork Pie	2	—
Cake flour	4	—	Pickled Green Olives	1	—
Cream Whip	1	—	Pepper	6	—
Cheese spread	1	—	Pineapple	1	—
Coffee	1	—	Polony	1	—
Castor oil	1	—	Pickled Onions	1	—
Christmas pudding	4	—	Parsley	1	—
Dessicated cocoanut	2	—	Rennet	1	—
Dressed crab	1	—	Rice Creamola	1	—
Digestive peppermints	1	—	Rice	1	—
Epsom salts	1	—	Rose Hip Syrup	1	—
Fruit crunch	1	—	Rum	—	1
Friars Balsam	1	—	Sausages—Pork	5	3
Fish Paste	2	—	Sausages—Beef	2	—
Fish cake	1	—	Shoulder Ham	1	—
Fruit Pectin	1	—	Sherry Olives	1	—
Farola	1	—	Salad Oil	1	—
Gin	—	2	Sponge Mixture	1	—
Gravy browning	1	—	Soup Mixture	1	—
Heatherdown spread	1	—	Soreen Milk	1	—
Honey	1	—	Sherbet	1	—
Honeymilk crunch	1	—	Soft Drink Tablets	2	—
Honey, Lemon & Glycerine	1	—	Self raising flour	2	—
Horseradish sauce	1	—	Sauce	1	—
Ice Cream	24	—	Tomato Piquant	1	—
Ice-cream	1	—	Tomatoes	1	—
Jam	4	1	Teatime tablets	1	—
Jelly	4	—	Tapioca	1	—
Lemon flavouring	1	—	Thirst Quencher	1	—
Laxative	1	—	Trifle, complete	1	—
Liquid Paraffin	2	—	Tomato Ketchup	1	—
Lemon curd	1	—	Toffee Apple	1	—
Lemonade crystals	1	—	Vanilla flavouring	1	—
Lung Syrup	1	—	Vegetable salad	1	—
Luncheon sausage	—	1	Whisky	—	4
Lemonade powder	1	—	Wafer biscuits	1	—
Mussels	1	—	Yoghourt	1	—
Milk	—	32			
Meat Pie	4	—			
Meat Paste	1	—			

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.

BACTERIOLOGICAL EXAMINATION OF MILK.

SAMPLES.	(a) BACTERIOLOGICAL CONTENT.				(b) Phosphatase Test.		(c) Turbidity Test.		(d) Tuberculosis Test.		(e) Phenol Phthalein Test.	
	No. taken for		Methylene Blue Reduc- tion Test.		Satis.	Unsatis.	Satis.	Unsatis.	Neg.	Pos.	Neg.	Pos.
			Bact. exam. (a)	T.B. test (b)								
T.T. Pasteurised	46	—	41	5	44	2	—	—	—	—	44	2
Pasteurised	69	—	63	6	67	2	—	—	—	—	67	2
Sterilised	79	—	—	—	—	—	79	—	—	—	—	—
T.T. Milk	5	1	4	1	—	—	—	—	1	—	—	—
Heat Treated Undesig- nated milk	8	—	8	—	6	2	—	—	—	—	6	2
Raw Undesignated milk	21	10	17	4	—	—	—	—	10	—	—	—
TOTALS	228	11	133	16	117	6	79	—	11	—	117	6

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

Ice Cream.

The bulk of the ice cream manufactured in the borough is heat treated and the method of manufacture must be in accordance with the regulations. The value of regulations can only be assessed by results and experience in Dudley shows quite definitely an improvement in ice cream standards. Whilst it is appreciated that the present method of testing ice cream samples gives only a provisional grading the perusal of results over a period of twelve months is a reasonable indication of standards. Ice cream produced within the borough gave very satisfactory results which were a little better than those samples of ice cream manufactured outside the borough. It is not possible to give any definite explanation for this but it does at least give one a very satisfactory feeling.

The total number of premises in the Borough selling ice cream was 159.

The District Inspectors made 155 visits to ice cream premises during the year and 199 samples were taken and submitted for bacteriological examination.

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

	Type of Mix.	No. of samples taken	Grade 1.	Grade 2.	Grade 3.	Grade 4.
Produced in Dudley	Heat treated	54	39	11	3	1
	Not heat treated	11	8	1	1	1
Not Produced in Dudley	Heat treated	131	80	36	7	8
	Not heat treated	3	2	1	—	—
	Totals	199	129	49	11	10

Key: Grade 1—Good.

Grade 2—Fairly good.

Grade 3—Poor.

Grade 4—Unsatisfactory.

Supervision of Food Premises.

There are now two Inspectors engaged solely in the work of sampling and the inspection of food premises. The position of the department in relationship to its responsibility is improved in consequence but it is not yet possible to do all that is necessary in this important field of sanitary administration.

Great attention is being paid to catering premises, including factory canteens, restaurants, snack bars, hotels and licensed premises. In the general cleansing of crockery and food utensils the Inspectors are finding an ever-increasing use of detergent and sterilents—some of doubtful value. Apart from the value or lack of value of these chemicals there is almost a hopeless muddle in the minds of the users. To many of them a bottle of one of these chemicals is expected to be almost an Aladdin's lamp capable of doing the work for them. Many of the users are completely confused and in one instance a woman was found using a well-known disinfectant for washing up purposes.

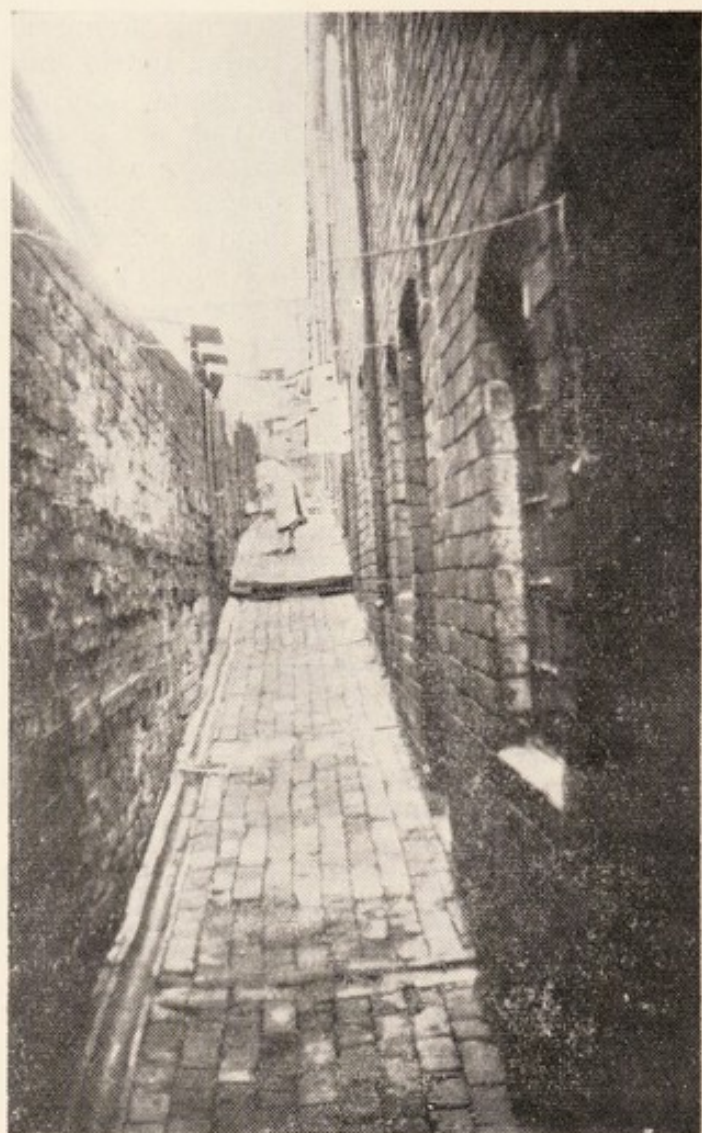
Whilst I am not greatly in favour of legislation which endeavours to lay down too many rigid standards, I would like to see a compulsory standard for the use of clean hot water (and I mean hot and not warm) for the washing of crocks and all food utensils.

In co-operation with the Public Health Laboratory Service a fair number of swabs have been taken from crockery, cutlery, beer glasses and food containers, etc. Samples of washing-up and rinse water have also been taken. These are of immense value and the occupiers of food premises can be given much useful information in connection with their efforts towards better food hygiene. In my opinion much more of this work is needed to be done and at the same time it would be helpful if laboratory and field tests were carried out with the use of detergents and sterilents so as to compile an official list of these chemicals.

The education of the food handler is, to my mind, most essential and should receive more attention. During the past year a Clean Food Exhibition was held in the Town Hall, Dudley, for one week. Attendances were quite good but there is no way of assessing the value of the very hard work put into this type of propaganda. The exhibition was later followed by a series of lectures but the attendance at these was most disappointing. The lectures were held in the evenings and it may be that education of the food worker will have to take place during working hours by arrangement with employers. No one, I am sure, will disagree as to the necessity of such education but as yet the method of its attainment has not been worked out.

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

General Food Shops	...	...	...	...	...	257
Food Preparing Premises, subject to registration						18
Canteens	...	...	...	...	...	97
Restaurants	...	...	...	...	...	139
Bakehouses	...	...	...	...	...	78
Fried Fish Shops	...	...	...	...	...	114
Butchers' Shops	...	...	...	...	...	111
Licensed Premises with catering licences	...	...				60
Licensed Premises without catering licences	...					14





187 informal notices under the Food and Drugs Act were served during the year and 81 were complied with. In addition, 146 notices were served under the provisions of the Food Byelaws and 50 were complied with.

OVERCROWDING AND HOUSING.

I am sure it is impossible to say anything new about housing. A day of visits amongst the areas of unfit houses is a day of depression and frustration. Apart from any question of bad arrangement or sanitary defects the measure of disrepair is beyond description and most certainly beyond the stage where "make do and mend" is of any material value. The overcrowding standards of the Housing Act are so impracticable as to be valueless but even so they cannot be enforced (bad as they are) because of the shortage of new houses.

Very good progress is being maintained in connection with proposed slum clearance areas and at the time of writing this report I am happy to know that a provisional date has been fixed for the Public Enquiry. In connection with this I can only express my complete amazement (amongst other strange feelings) at the fact that objections are being raised against the inclusion of certain dwellings as unfit properties. Photographs on preceding pages of some of these properties will undoubtedly speak for themselves.

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 17. 10 Demolition Orders were made and 57 houses were demolished. The realistic attitude adopted by the Council in respect of individually 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 individually unfit houses demolished under the Housing Act now numbers 1,177.

The District Inspectors made 497 visits to Section 11 properties during the year.

Section 12—Closing Orders.

No Closing Orders were made during the year.

62 miscellaneous visits were made to properties affected by Closing Orders.

Sections 25 and 26—Clearance Areas.

The number of houses in clearance areas demolished during the year was 22, which brings the total number of houses demolished to 1,763.

Rehousing.

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

No. of cases re-housed because of overcrowding	81
No. of cases re-housed because of Tuberculosis	27
No. of cases re-housed because of special health features ...	19
No. of families re-housed from houses on which a Demolition Order or Closing Order was operative	37
No. of families re-housed from Clearance Areas	2
	<hr/>
	166
	<hr/>

SANITARY ADMINISTRATION.

This section of the report covers a variety of activities in the work of the department. It is very difficult to know which part to emphasise and even more difficult to describe. The sets of figures in themselves look uninspiring and uninteresting yet they illustrate some of the routine items given attention. Not all the activities coming within the sphere of sanitary administration are listed here because it would take too much space and be costly to include them all. Very valuable work has been done in the cutting down of atmospheric pollution but the accomplishment of this type of work cannot very well be shown by statistics.

A further valuable contribution is often made in the elimination of noise. In this connection I will briefly refer to one particular case dealt with during the year. Complaints of noise coming from a works were being received in the office. The works in question carried out their operations on a three shifts per day basis and as they were surrounded by dwellinghouses one can appreciate the reasons for complaints in respect of noise. Certain of the operations carried out at this works were necessarily noisy and arrangements were made with the firm to re-organise so that these operations were only done during certain times of the day. Other operations were investigated with a view to the elimination of noise and eventually satisfactory alternatives were agreed.

This is but one example of the many items with which the department is called upon to take some remedial action.

Particulars of Inspections.

Routine work continued under the Public Health Act, 1936, and during the year 876 inspections and 2,509 re-inspections were made. The number of nuisances or defects recorded was 1,517 and the number remedied 1,248.

The number of preliminary notices served was 510 and the number complied with was 247. Statutory notices served numbered 278 and 262 notices were complied with.

The following were some of the more important defects remedied:—

House roofs	...	...	...	...	...	...	...	346
Eaves gutters and rainwater pipes	...	...	...	...	...	...	...	209
Floors	...	...	...	...	...	...	...	105
Staircases	...	...	...	...	...	...	...	41
Plasterwork	...	...	...	...	...	...	...	223
Windows: Woodwork	...	...	...	...	...	...	...	105
Sashcords	...	...	...	...	...	...	...	82
Firegrates	...	...	...	...	...	...	...	28
Outbuildings	...	...	...	...	...	...	...	67
Closets	...	...	...	...	...	...	...	204
Drainage systems	...	...	...	...	...	...	...	119
Yards	...	...	...	...	...	...	...	10

Domestic Water Supply.

No. of premises (excluding Council Houses) having a private supply (estimated)	...	...	...	...	9,555
No. of Council Houses	...	...	...	...	6,500
No. of premises having common water supplies (estimated)	...	...	...	...	1,771

Factories.

The number of factories inspected was 64 and in addition 84 re-visits were made. 21 informal and 1 formal notices were served and 24 informal notices complied with.

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

Contravention	Inspections	Re-inspections	Defects Found	Defects Remedied
Want of cleanliness	—	—	—	—
Overcrowding	—	—	—	—
Unreasonable temp'ture	—	—	—	—
Inadequate ventilation	1	—	1	—
Ineffective drainage of floors	—	—	—	—
Sanitary conveniences—				
(a) insufficient	1	1	2	—
(b) unsuitable or defective	9	18	34	47
(c) not separate for sexes	—	1	1	5

Outworkers.

(a) No. of lists received from employers	...	...	...	21
(b) No. of employers involved	...	...	...	12
(c) Outworkers involved	...	...	...	57
(d) No. of outworkers living outside Borough	...	...	...	41
(e) No. of districts in (d)	...	...	...	9
(f) No. of lists received from outside Authorities	...	...	...	9
(g) No. of outworkers involved	...	...	...	81

Infectious Diseases.

The investigation of notified cases of infectious diseases continued as usual and the District Inspectors made 79 visits in connection therewith.

SANITARY ACCOMMODATION.

	1951	1950
No. of houses and other premises (estimated)	17,550	17,518
No. of houses and other premises served by W.C.'s draining into public sewers	17,386	17,351
No. of houses and other premises served by ashbins	17,550	17,517
No. of privies in the Borough	2	2
No. of cesspools in the Borough	88	85
No. of pail-closets in the Borough	78	78

Particulars of conversions from conservancy system during the year.

	1951	1950
Privies converted to W.C.'s	Nil	Nil
Pails converted to W.C.'s	Nil	Nil
Privies and pails abolished by demolition of dwellinghouses	Nil	16
Privies converted to pails	Nil	1

RODENT CONTROL.

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

	1951	1950
No. of premises given initial treatment	130	98
No. of premises given subsequent treatment	89	54
No. of pre-baits laid	3,926	4,217
No. of poison baits laid	1,105	1,330
No. of pre-bait takes	2,371	2,508
No. of poison bait takes	719	919
Estimated number of rats killed	1,841	2,382
No. of visits made re rats	1,573	1,358
No. of visits made re mice	386	413

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	...	...	...	...	...	...	45

Houses treated with insecticide:—

Corporation	...	...	...	...	...	...	7
Private	...	...	...	...	...	...	14

No. of rooms involved:—

Corporation	...	...	...	...	...	...	20
Private	...	...	...	...	...	...	39

No. of houses disinfected after Infectious Diseases ... 84

No. of rooms involved ... 108

No. of visits to tips re crickets, etc. ... 101

No. of library books disinfected ... 24

Articles disinfected or destroyed:—

			Disinfected.	Destroyed.
Mattresses	...	...	40	14
Pillows	...	...	309	15
Bolsters	...	...	141	2
Sheets	...	...	212	1
Blankets	...	...	563	2
Overlays	...	...	194	13
Coats	...	...	24	2
Sundries	...	...	155	7
Totals	...	...	1638	56

PUBLIC CLEANSING.

The cost of the Public Cleansing service during the year covered by this report increased by approximately £6,000, so that an already costly service has been even more costly. The reason for this can be put down to four main items; the total annual petrol consumption for this service approximates to 19,000 gallons and considering the higher cost of petrol this one item does account for a considerably increased cost; also there have been National Joint Council wage awards to workmen which in themselves have accounted for somewhere in the region of £1,500 extra per year. A third item which has had its effect on the overall cost of the

service has been the replacement of two refuse collection vehicles with two Eagle Compressmore Loaders, the total cost of which was very much in excess of the cost of vehicle replacements during the previous year. The fourth and final item which gives a large increase in cost is the Council bin scheme but I will make further comment on this at a later stage in the report.

There was still a labour shortage affecting the service during the whole of the year although the effect of this was felt mostly during the holiday period of the year and immediately following the Christmas holidays when the incidence of sickness always appears to be at its height. Considering the level of wages now paid to the men in the department in comparison with wages which are paid in many of the works in the area it is my considered opinion that the continued shortage of men is not due so much to the financial side but rather to the type of work and particularly to the general attitude of people towards employees in a Council's public cleansing department. How and when this attitude of mind can be altered I do not know, but I am firmly of the opinion that some alteration must inevitably take place before very long.

The disposal of household refuse continues to be by means of controlled tipping and the site at present in use is situate immediately off Blowers Green Road and although it is closely adjacent to a residential area the present method of control should preclude any nuisance arising.

HOUSE REFUSE COLLECTION.

Year ending 31st December:—

	1951	1950
No. of houses and other premises to which collection service was given	17,534	17,518
Average No. of Ashbins cleansed per week	17,294	17,489
Average No. of pail closets cleansed per week	113†	101*
Average No. of cesspools serviced per week	15	18
Average No. of gallons removed form cesspools per week (estimated)	35,115	32,496
Total refuse collected in tons (estimated) excluding night soil	19,302	18,551

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

† Includes emptying of pails at fairgrounds and Bunns Lane Conversions throughout the year (1193) and at the Festival Pageant (650).

COSTS.**A. General.**

	Financial year ending 31st March.	
	1952	1951
Total cost of cleansing services	£30,074	£24,112
Loan charges	£807	£817
Expenditure for all purposes	£30,881	£24,929
Income from trade refuse, miscellaneous sales and royalties	£1,115	£1,353
Net expenditure for all purposes	£29,766	£23,576
Rateable value	£335,587	£332,140
Product of penny rate	£1,329	£1,323
Total rates in £	19/8	18/-
Net Cost—equivalent rate in the £	1/10.4	1/5.8
% of above total rates in the £	9.49%	8.24%
Weight (in cwts) per 1,000 population per day (365 days)	17.004	16.073
Total net cost per premises cleansed	33/11	26/11

B. Collection.

	Financial year ending 31st March.	
	1952	1951
Total cost (including loan charges and exclusive of income)	£22,650	£17,897
Total cost per ton	23/5	19/3
Total cost per premises cleansed	25/10	20/5

C. Disposal.

	Financial year ending 31st March.	
	1952	1951
Total cost (including loan charges and exclusive of Income)	£4,444	£3,337
Total cost per ton in control of tips	4/1	3/7

D. Lister Road Depot.

	Financial year ending 31st March.	
	1952	1951
Total cost	£3,787	£3,695

BIN SCHEME.

A short table is given showing the comparison of bins issued during the year of report as compared with the previous year. The increase in delivery of approximately 1,200 bins is mainly due to the fact that a better check was made on the refuse receptacles in use in the Borough and also the fact that the public generally are now alive to the fact that a Corporation-owned bin scheme is in operation. This additional delivery of bins together with an increased cost has naturally increased the total expenditure of the bin scheme to a considerable extent. It also follows that it has of course made a greater call upon the department in the delivery of bins to the houses where they were required.

There are two very important factors affecting the Corporation's bin scheme but they are factors which cannot be controlled by the Council. By far the most important of these factors is that it is no longer possible to buy a galvanised metal bin. The bins which have been purchased have received chemical treatment in an endeavour to rustproof the metal followed by aluminium paint spray, but from observation it is quite obvious that this treatment is not sufficient to prevent an early rusting particularly where the joins are made in the metal, consequently the time will come in the very near future when the replacement of bins will have to be accelerated, placing a greater strain on the department and also upon the Council's finances. The second factor which is of very great importance is the delay in delivery resulting in a large number of requests for new bins to be outstanding at all times. This delay can only be eventually eliminated by a much better supply of sheet metal to the manufacturers and is therefore beyond the control of the Council.

Bins Issued:	Up to 31st March, 1951.	From 1st April, 1951, to 31st March, 1952.
Private Houses	776	1489
Corporation Houses	669	1022
Trade Premises and Offices	32	129*
	<hr/> 1477	<hr/> 2640

Requests outstanding:	At 31st March, 1951.	At 31st March, 1952.
Private Houses	216	340
Corporation Houses ...	196	143
Trade Premises and Offices	8	18
	<hr/> 420 <hr/>	<hr/> 501 <hr/>

* Includes 65 bins (52 Kitchen Waste and 13 Refuse Collection teams) issued at Lister Road Depot.

SALVAGE.

The year under review was undoubtedly the best year experienced. This was as the result of two things (a) the continued support of the general public, to whom I pay very great tribute, and (b) to the improved prices which have been received for materials sold. The net effect has meant a considerable increase in salvage income and although this appears to be apparently offset by an increased expenditure the Council have benefited materially. Much of the increased expenditure has been incurred in the purchase of much needed equipment followed by the purchase of a further number of containers to allow for an extension of the house-to-house collection of kitchen waste. It is therefore accepted that these items of capital expenditure will in themselves prove of benefit as long as the service of salvage continues.

Before I leave the subject of salvage I want to pay a very special tribute to the local press for the very full and continued support which has been so freely given during the year. In this way the general awareness of the public has been kept alive as it could not otherwise have been and I do therefore wish to place on record the considerable help which the press have given in this both local and national effort to salvage materials which otherwise would be lost.

**Comparative Salvage Weights and Values.
Years ending 31st March, 1951 and 1952.**

MATERIALS	MATERIALS SOLD				EXPENDITURE £		
	Weight (Tons)		Value £			1951	1952
	1951	1952	1951	1952			
Paper	436	482½	3058	7880	Wages	4475	6173
Rags	9	14	83	346	Transport	701	1139
Metals	45	44	110	166	Bonus	207	790
Glass	2	1	4	3	Materials	242	145
Bones, etc.	1	3	4	9	Miscellaneous	9	77
Kitchen Waste	655	635½	2949	2889½	Capital Items & Depreciation	57	1726
Sterilisation of Kitchen Waste	—	—	4	4½			
Increased coll. allowance	—	—	8	—			
TOTALS	1148	1180	6220	11298		5691	10050

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
Year ended 31st March, 1952	...	£11,326

Records of Yearly Returns of Salvage sold.

Materials	Year ended 31.3.48.		Year ended 31.3.49.		Year ended 31.3.50.		Year ended 31.3.51.		Year ended 31.3.52.	
	T.	C.	T.	C.	T.	C.	T.	C.	T.	C.
Waste Paper	349	6½	430	8	497	6	436	6	482	10
Ferrous Metals	18	13	36	10	72	5	44	14½	43	14¾
Non-ferrous metals	—	—	—	2	—	—	—	—	—	—
Textiles	14	10¾	17	10	17	17	8	18¾	13	18¾
Glass	11	½	9	6¾	10	19	1	10¾	—	19
Kitchen Waste	413	¾	454	7	553	17	655	6¾	635	9¾
Condemned Meat	—	8½	—	19½	1	14	1	7¼	3	1¾
Bones	—	16¾	1	4¾	—	7	—	¾	—	—
TOTALS	807	16¾	950	8	1154	5	1148	4¾	1179	14

MISCELLANEOUS.

SHOPS.

During the year work was resumed under the health and comfort provisions of the Shops Act. The number of inspections made was 43 and in only 15 instances was it found necessary to serve notices, 13 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.

One certificate of disrepair was issued under the above Acts.

CARAVANS.

More and more caravan dwellers are causing nuisances by misuse of land and at the same time are occupying land for varying periods in contravention of the Dudley Corporation Act, 1928. Very few of these caravan dwellers are true gypsies but are people who have, for one reason or another, taken to this manner of living. In many instances the vans are extremely dirty and various 'bivouacs' are erected in addition. No attempts are made to keep sites tidy or to provide any form of even the crudest sanitation.

In spite of repeated appearances before the Magistrates many of the occupants with their vans continued in occupation of land for several months. The fines awarded by the Magistrates were purely nominal and this attitude tended to encourage the caravan dwellers to remain.

During the winter just ended more positive action resulted in the movement of these people beyond the boundaries of the borough and it is my personal view that any return of these people should be immediately followed by the same positive action.

PIC KEEPING.

The keeping of cottagers' pigs is still very prevalent as will be seen by the number of such pigs examined by Inspectors after slaughter (104), which figure only represents a small percentage of the number. At the present time the only control is within the Public Health Act, 1936, but at no time during the year was it necessary to serve a statutory notice in any connection with pig-keeping.

Application has been made for byelaws and it must be, at the moment, a matter for conjecture as to how much the operation of the byelaws might eventually alter the present situation.

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.

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

STAFF OF THE PUBLIC HEALTH DEPARTMENT
AT 31st DECEMBER, 1951.

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. M. Traill, M.D.

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 Therapists: *Mrs. N. W. Brooke.

*Miss J. R. Phillips.

Dental Officers: Mrs. J. P. McEwan, L.D.S.

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

†Chief Sanitary Inspector and Cleansing Superintendent:
W. Parker, M.R.San.I., M.S.I.A., Cert. S.I.B.

†Deputy Chief Sanitary Inspector:
W. H. Bowman, M.R.San.I., M.S.I.A., Cert. S.I.B.

District Sanitary Inspectors:

†H. E. Hancox, Cert. S.I.B.

†E. Harris, Cert. S.I.B., Cert. Smoke Insp.

†R. Hill, M.S.I.A., Cert. S.I.B.

†J. R. W. Dodd, M.S.I.A., Cert. S.I.B.

†Inspector in charge of Food Preparing Premises:
F. L. Jones, A.R.San.I., M.S.I.A., Cert. S.I.B.

Assistant Cleansing Superintendent: G. Thomas, M.R.San.I.,
M.S.I.A., A.M.Inst.P.C., Cert. S.I.B.

†Additional Sanitary Inspector:
H. D. Williams, M.S.I.A., Cert. S.I.B.

General Assistant: D. Clarke.

Pupil Sanitary Inspector: N. Briggs.

Non-Medical Supervisor of Midwives: Miss M. M. Le Manquais,
S.R.F.N., S.R.N., S.C.M., Midwife Teachers Diploma.

Superintendent Health Visitor:

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

Health Visitors/School Nurses:

Miss V. J. Coulter, S.R.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.

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

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

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

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, S.E.A.N.

Mrs. I. H. Robinson, S.E.A.N.

Clerical Staff:

H. D. Parsons, Administrative Assistant.

General Health:

A. J. Bryan—Senior Clerk.

Miss I. Richards.

Mrs. C. Wright.

Miss J. Cooksey.

Miss C. Connolly.

Mr. B. J. Baker.

Mrs. I. Strathearn.

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 P. Simon.

Welfare Section:

Miss E. J. Blewitt.

Mental Health Officer: S. W. Cross.

Mental Health Supervisor: Vacant.

Occupation Centre Assistants:

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

Assistant Welfare Officer: A. J. Ward.

Welfare Assistant: Vacant.

* Part-time.

† Certificate of the Royal Sanitary Institute—Inspector of Meat and Other Foods.



