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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 1952

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MEDICAL OFFICER OF HEALTH

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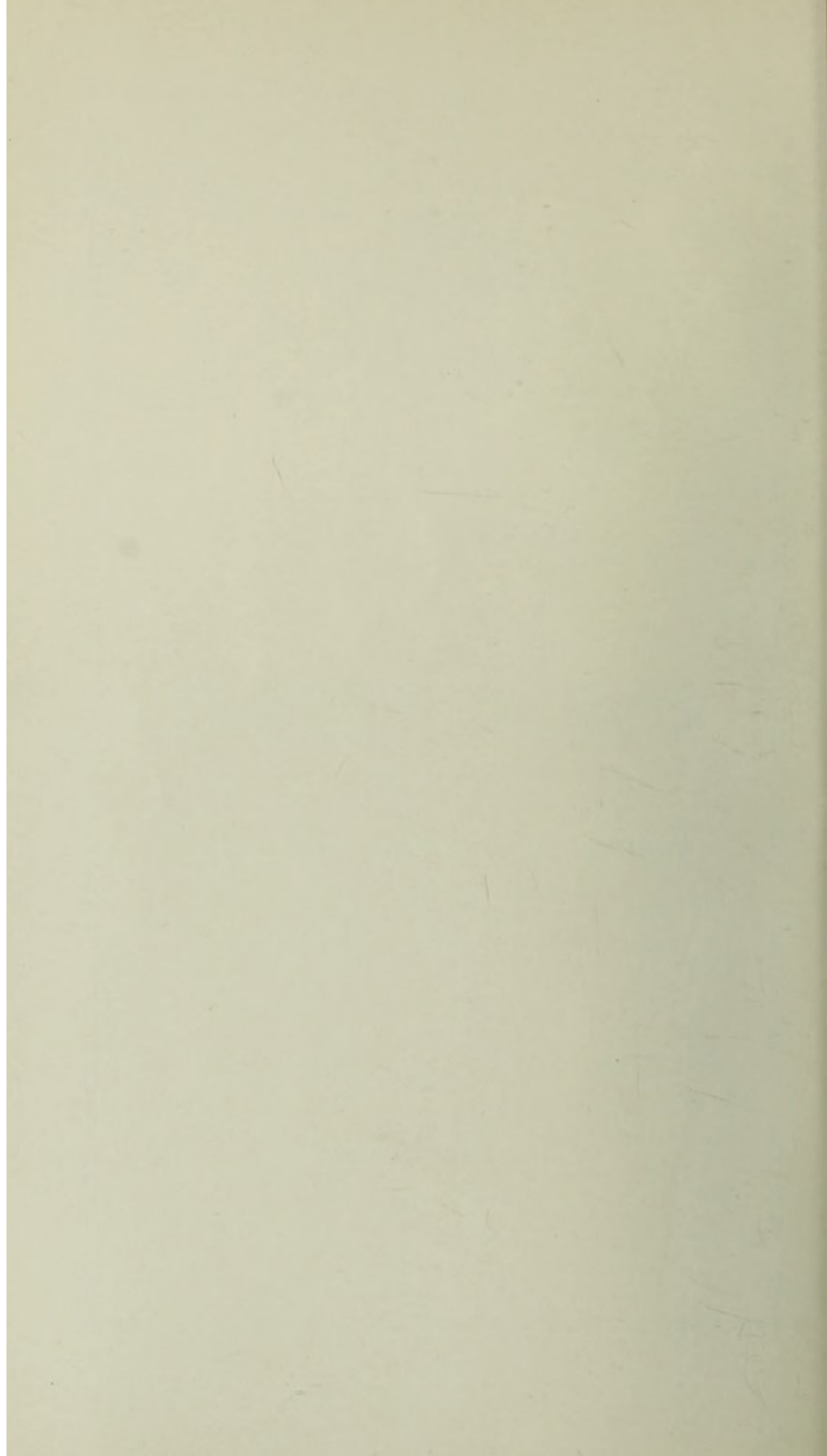
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FOR THE YEAR 1952



Constitution of Committees as at 31st December, 1952.

HEALTH COMMITTEE

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

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

The Mayor	Councillor F. Green
The Deputy Mayor	Councillor J. C. Holland
Alderman Dr. F. G. Lewis	Councillor T. Murray
Alderman J. C. Price	Councillor C. N. Preedy
Councillor F. Brookes	Councillor J. J. Virr
Councillor J. J. Curley	Councillor F. T. Webb
Councillor B. Davies	

(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 Mrs. M. A. Stokes

(Co-opted Members)

EDUCATION COMMITTEE

Alderman T. E. Bennett (*Chairman*)

Alderman J. A. Taylor (*Vice-Chairman*)

The Mayor	Councillor C. E. Clarke
The Deputy Mayor	Councillor B. Davenport
Alderman O. L. Bergendorff	Councillor H. J. Hedge
Alderman Dr. F. G. Lewis	Councillor R. Little
Alderman J. H. Molyneux	Councillor H. L. Preedy
Alderman J. C. Price	Councillor A. D. Stokes
Alderman W. Wakeman	Councillor F. T. Webb

(Members of the Council)

Mrs. D. Chambers	Mr. N. H. Davis
Mrs. D. Smith	Rev. R. C. Stevens
Rev. Joyce Knee	Rev. P. J. Quilty
Mr. H. Baker	

(Co-opted Members)

SCHOOL MEDICAL AND ATTENDANCE SUB-COMMITTEE

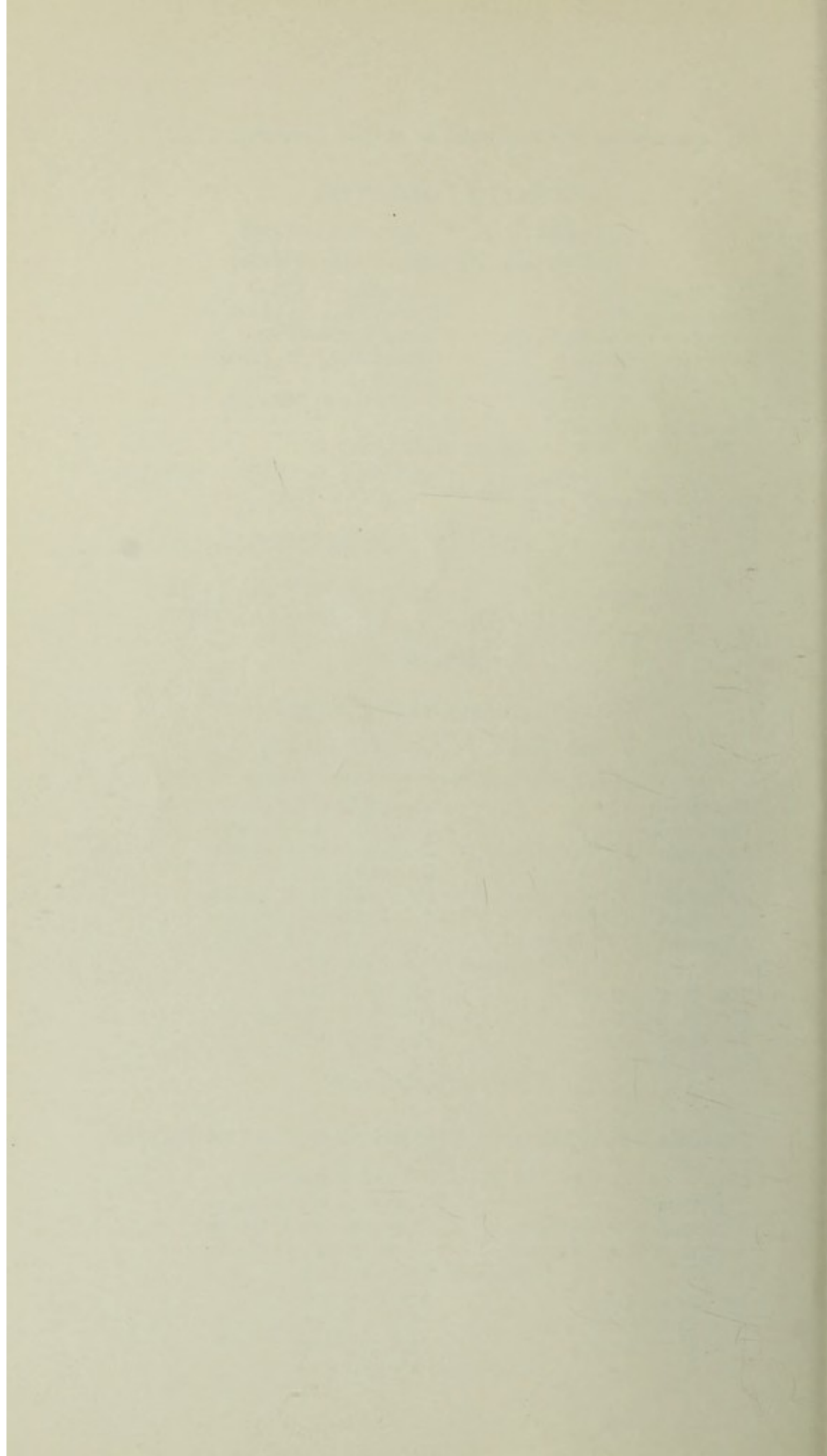
Alderman Dr. F. G. Lewis (*Chairman*)

The Mayor	Alderman W. Wakeman
Alderman T. E. Bennett	Councillor H. J. Hedge
Alderman O. L. Bergendorff	Councillor F. T. Webb

(Members of the Council)

Rev. Joyce Knee	Mr. H. Baker
Rev. P. J. Quilty	Mr. N. H. Davis
Rev. R. C. Stevens	Mrs. D. Smith

(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 1952.

The usual statistical information is presented, but the general picture of the health of the Borough will be more easily seen in the commentaries included in the various sections of the report. There has been no out-standing event during the year and the community has been free of any serious outbreak of disease. In my report last year I stated that the year 1951 had been one of the healthiest in the history of the Borough, and with very few exceptions the health of the people during 1952 continues to give equal cause for satisfaction and to reflect the very valuable contribution made by the Local Health Authority in promoting and safeguarding the health of its people.

Under the National Health Service Act, the preventive health services were entrusted to the care of the Local Authorities who had developed those services with such outstanding success in previous years. There was a feeling, however, misguided though it was, that the Act had shorn the Local Authority of its more important health functions, and given it a lesser job to do as compared with the curative services. If that idea was ever prevalent, it is now losing ground year by year if only because of hard economic facts. The National Health Service is now emerging from its experimental stage and one of the most important lessons which has been learned is that the cost of cure is unlimited unless cure can be made unnecessary by prevention. That is the task of the Local Health Authority, and it is my task to show in these annual reports that it is being achieved successfully. In reading through the pages of this report the reader may try to hazard a guess at the number of persons who have been spared a serious illness or avoided confinement in a hospital. That number is considerable and the cost to the community has been negligible, and that is the real measure of the success of the Local Authority Health Service. The task is far from complete but every year brings fresh successes and every year shows a better return in a happier and healthier community.

As I have said in previous reports the greatest need in our National Health Service is for a closer co-operation between all its varied branches. After five years we have still not achieved this essential integration of all the many health services which are available to the people. The Ministry of Health has been aware of this for some time and earlier in the year called for a special survey of the Local Health Services provided under the National Health Service Act. The survey for Dudley will be found at the end of this report.

For those who do not wish to peruse the report in its entirety, I will make a few comments on the more important aspects of the public health during the year.

Infant Mortality. Last year the infant mortality rate was the lowest ever recorded in the history of the Borough (25.69) and it would have been very satisfactory had this record even been equalled in successive years. The rate this year is 32.45 which still compares very favourably with the years 1949 (47.32) and 1950 (47.34). The rate this year is, however, above the national average for England and Wales (27.6) and the Great Towns including London (31.2). The actual number of infant deaths during the year was 33 as compared with 25 in 1951. A further comment on the infant mortality rate will be found in the appropriate section of the report.

Diphtheria. After a slight increase in the incidence of diphtheria last year, we have again equalled the previous lowest record for the town. There were only three cases of diphtheria throughout the year although, unfortunately, one of the cases, a young baby, died from the disease. Once again we have come very near to wiping out the disease completely and this can easily be achieved provided the present rate of immunisation is not only maintained, but increased. This, however, is the only disquieting feature of an otherwise very satisfactory state of affairs and I will comment on it later in the report.

Tuberculosis. During the year we had our first experience of a Mass Radiography Survey in Dudley. Over 6,000 persons were X-rayed and the results compared very closely with national averages, showing that there was no unusual incidence of tuberculosis in the community. I consider this to be the most satisfactory feature of the survey, fuller details of which will be found later in the report.

It is pleasing to be able to report a reduction this year in the number of notifications of new cases of tuberculosis. This is all the more satisfactory in view of the Mass Radiography Survey which one might have expected to show an increase in the number of new cases. There has also been a substantial reduction in the death rate from the disease. For several years we have averaged over thirty deaths per year but this year the death rate has dropped to 17.

Fuller details about tuberculosis will be given later but these few facts are important since they show that the improvement in tuberculosis statistics which has become general throughout the country is also evident in Dudley.

Other Infectious Diseases. Throughout the year there has been no significant increase in the notification of any of the common infectious diseases. The year has been free of epidemics.

Maternal Mortality. There was one maternal death during the year, the first in the town since 1947.

Other Vital Statistics. There has been an appreciable increase in the birth rate during the year and an appreciable fall in the death rate, both the outward signs of a thriving and healthy community. The birth rate (16.49) is above the national average for England and Wales (15.3) and the death rate (10.54) is below the national average (11.3). It is worth recalling, while considering these very

satisfactory statistics, that exactly 100 years ago in 1853, Dudley was described in a report by the Central Board of Health as "the most unhealthy place in the country." This year's statistics, which are not exceptional, make a fitting centenary to a hundred years of progress in the health of the people of Dudley.

Housing. The housing problem, which brings in its wake so many other problems affecting the health of the people, is being tackled vigorously and the year has seen marked progress in this respect. Large areas scheduled for slum clearance were the subject of an inquiry in October and at the time of writing almost all these areas have been confirmed by the Ministry, either wholly or in part, for clearance. In one of these areas rehousing has already begun. At the same time, other schemes are on the way to deal with some of the worst areas not yet included for slum clearance. Of course, all these schemes take time and I am continually appreciative of the support I receive from the Housing Committee, which enables me to recommend for rehousing those unfortunate people suffering from tuberculosis or other grave illnesses, and I would like to draw attention to the sympathetic consideration which these cases always receive.

It will be a great day for Dudley when our slum clearance programme is completed. It will be one of the greatest measures for the prevention of illness in the Borough, because one need not emphasize that the lack of a separate home is having a profound effect on the physical and mental health of the community.

Once again I must express my gratitude for the support and encouragement I have received from all members of the Council, in particular from Alderman Dr. A. W. Weston, the Chairman of the Health Committee. From all members of the Health and Welfare staff, I have always received loyal and ungrudging service and the efficient functioning of these services is essentially due to the combined efforts of them all. As in previous years I have enjoyed the fullest co-operation from officials of other Departments and in my own Department I would like to acknowledge particularly the valuable services of Mr. W. Parker, Chief Sanitary Inspector, and Mr. H. D. Parsons, Administrative Assistant, who has compiled the statistical data for the report. My relationship with the general practitioners in the town and the hospital authorities has been cordial and my thanks are due to them for their co-operation which makes the job of health administration so much easier. To all members of Voluntary Organisations who work with us, and to members of the Press who are always so ready to help us, I offer my thanks again and look forward to their continued support in the future.

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, 1952 ..	61,670
Rateable Value (1952/53)	£339,552
Product of 1d. Rate (1952/53)	£1,355 11s. 10d.

<i>Livebirths :</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>		
Legitimate ..	534	452	986	} Rate per 1,000 pop- ulation	16.49
Illegitimate ..	11	20	31		

<i>Stillbirths :</i>					
Legitimate ..	17	8	25	} Rate per 1,000 total (live and still) births	26.8
Illegitimate ..	2	1	3		

Deaths	351	299	650	Rate per 1,000 pop- ulation	10.54
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Infant Deaths ..	19	14	33	Rate per 1,000 live births	32.45
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Illegitimate Infant Deaths ..	—	2	2	Rate per 1,000 illeg- itimate live births	64.52
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Maternal Deaths ..	—	1	1	Rate per 1,000 total (live and still) births	0.96
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(2) Deaths from all Causes

Table I

	<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1.	Tuberculosis of Respiratory System ..	14	3	17
2.	Other forms of Tuberculosis	—	—	—
3.	Syphilitic Diseases	—	—	—
4.	Diphtheria	1	—	1
5.	Whooping Cough	—	2	2
6.	Meningococcal Infections	—	—	—
7.	Acute Poliomyelitis	—	—	—
8.	Measles	—	—	—
9.	Other Infective and Parasitic Diseases	—	—	—
10.	Malignant Neoplasm, Stomach ..	15	8	23
11.	Malignant Neoplasm, Lungs, Bronchus	12	1	13
12.	Malignant Neoplasm, Breast	—	17	17
13.	Malignant Neoplasm, Uterus	—	5	5
14.	Other Malignant and Lymphatic Neo- plasms	29	21	50
15.	Leukaemia aleukaemia	3	—	3
16.	Diabetes	—	4	4
17.	Vascular Lesions of Nervous System ..	36	42	78

	<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
18.	Coronary Disease, Angina	35	22	57
19.	Hypertension with heart disease ..	11	7	18
20.	Other heart diseases	61	72	133
21.	Other Circulatory Disease	12	10	22
22.	Influenza	1	—	1
23.	Pneumonia	9	8	17
24.	Bronchitis	44	13	57
25.	Other Diseases of Respiratory System	2	—	2
26.	Ulcer of Stomach and Duodenum ..	3	1	4
27.	Gastritis, Enteritis and Diarrhoea ..	1	2	3
28.	Nephritis and Nephrosis	6	4	10
29.	Hyperplasia of Prostate	3	—	3
30.	Pregnancy, childbirth, abortion ..	—	1	1
31.	Congenital malformations	7	3	10
32.	Other defined and ill defined diseases ..	35	40	75
33.	Motor Vehicle Accidents	2	1	3
34.	All other Accidents	4	11	15
35.	Suicide	5	1	6
36.	Homicide and operations of war ..	—	—	—
		<hr/> 351	<hr/> 299	<hr/> 650

(3) Principal Causes of Death

Table II

	<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1.	Heart Disease	107	101	208
2.	Cancer	56	52	108
3.	Vascular Lesions of Nervous System ..	36	42	78
4.	Bronchitis	44	13	57
5.	Other Diseases of Circulatory System ..	12	10	22
6.	Accidents	6	12	18
7.	Respiratory Tuberculosis	14	3	17
8.	Pneumonia	9	8	17
9.	Nephritis and Nephrosis	6	4	10
10.	Congenital Malformations	7	3	10

(4) Discussion

(a) General

The total number of deaths for 1952 showed a decrease of 78 as compared with 1951, giving a rate decrease of 1.16. The death rate per 1,000 population was 10.54 as compared with the rate of 12.1 for the Great Towns and 11.3 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 14 deaths from this cause as compared with 1951.

(c) Cancer

The number of deaths from this disease during the year was 108 as compared with 107 in 1951.

(d) Infant Mortality

The infant mortality rate per 1,000 live births was 32.45 and, although above the record figure for last year (25.69), it is still the second lowest infant death rate recorded. It is, however, higher than the average for England and Wales (27.6) but compares favourably with the average for the Great Towns including London (31.2). The actual number of deaths under one year was 33 as compared with 25 in 1951.

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

Respiratory Infections	..	..	11
Prematurity	..	..	12
Congenital Malformations	..		3
Birth Injuries	..	..	1
Gastritis, Enteritis and Diarrhoea			1
Others	..	..	5

The large increase in deaths due to prematurity alone accounts for the increase in the infant mortality rate over last year's figure. It is a cause of death which is constantly under investigation, but the ordinary measures of good ante-natal care seem to have little effect in reducing the incidence. As will be seen from the table, prematurity and respiratory infection account for the majority of infant deaths. There has been a welcome decline both this year and last year in the number of deaths due to Gastro-Enteritis and Diarrhoea, a frequent cause of infant deaths in previous years. The infant death rate for 1952 is higher than it should be and there is too great a preponderance of deaths due to respiratory infection (33%) but, bearing in mind that 1951 was a record year and that this year shows the second lowest rate recorded in the Borough, we are still showing a substantial measure of progress.

(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 1952

	Birth-rate per 1,000 total population		Annual Death-rate per 1,000 Civilian Population								Rate per 1,000 Live Births	
	Live Births	Still Births	All Causes	Pneumonia	Ac. Poliomyelitis and Polioencephalitis	Typhoid and Paratyphoid	Tuberculosis	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (Under 2 years)	Total Deaths under 1 year
Dudley	16.49	0.45	10.54	0.28	0.00	0.00	0.28	0.03	0.02	0.02	0.98	32.45
England and Wales	15.3	0.35	11.3	0.47	0.01	0.00	0.24	0.00	0.00	0.04	1.1	27.6
160 County Boroughs and Great Towns, including London	16.9	0.43	12.1	0.52	0.01	0.00	0.28	0.00	0.00	0.04	1.3	31.2
160 Smaller Towns (Resident population 25,000—50,000 at 1951 Census)	15.5	0.36	11.2	0.43	0.00	0.00	0.22	0.00	0.00	0.04	0.5	25.8
London	17.6	0.34	12.6	0.58	0.01	0.00	0.31	0.00	0.00	0.05	0.7	23.8

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 1952, 652 samples of the chlorinated water were examined, all but two being free from coliform bacteria. It is not possible to obtain samples of the raw water from two of these stations pumping underground water, but from the other three, 145 samples were examined, five of which contained coliform bacteria, and two confirming Bact. Coli.

305 samples of a supply of surface origin were also examined prior to treatment, and these gave an approximate average coliform bacteria content of 67 per 100 ml.

Within the County Borough of Dudley samples are taken at regular intervals at five service reservoirs and from the Watermen's Houses at Dudley and Netherton respectively. Of a total of 103 samples from the service reservoirs, all were free from coliform bacteria.

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

The water is not liable to plumbo solvency and all of the 24 samples from Dudley and Netherton were found to be free from any detectable trace of lead.

Chlorination is practised at the pumping stations as a precautionary measure.

Special apparatus and staff are available to deal with possible contamination from burst mains or the bringing into service of new mains and reservoirs. These works are not put into service until satisfactory samples have been obtained from them.

The number of houses supplied in the County Borough is 17,679, and of these 1,941 are supplied from standpipes or outside taps.

Sample Ref. No. D.7152

RESULTS OF EXAMINATION OF SAMPLE OF WATER FROM DUDLEY

Sample taken on 2nd September, 1952

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	7.4		

Chemical Analysis (Expressed in Parts per Million)

Free CO ₂		Silica (SiO ₂)	
Alkalinity (CaCO ₃) ..	96	Calcium (Ca)	
Chlorides (Cl)	33.6	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)	0.02
Temporary Hardness ..	90	Manganese (Mn) ..	Nil
Permanent Hardness ..	82	Zinc (Zn)	Nil
Total Hardness	172	Poisonous Metals Cu	Nil
		Pb	Nil
Total Solids (dried at 180°C.)		Free Cl	0.03

A pure and wholesome supply.

Sample Ref. No. D.7153

RESULTS OF EXAMINATION OF SAMPLE OF WATER FROM NETHERTON

Sample taken on 2nd September, 1952

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	7.4		

Chemical Analysis (Expressed in Parts per Million)

Free CO ₂	Silica (SiO ₂)		
Alkalinity (CaCO ₃) ..	106	Calcium (Ca)	
Chlorides (Cl)	35.6	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)	·02
Temporary Hardness ..	100	Manganese (Mn) ..	Nil
Permanent Hardness ..	40	Zinc (Zn)	Nil
Total Hardness	140	Poisonous Metals Cu	Nil
		Pb	Nil
Total Solids (dried at 180°C.)		Free Cl	·09

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 :

				<i>Numbers originally notified</i>		<i>Final Numbers after correction</i>	
				<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Scarlet Fever	..	..	..	38	27	34	27
Diphtheria	..	..	..	1	2	1	2
Whooping Cough	..	..	..	89	102	89	102
Measles	..	..	..	82	90	82	90
Pneumonia	..	..	..	28	12	25	11
Enteric or Typhoid Fever	..	..	..	—	—	—	—
Erysipelas	..	..	..	2	3	2	2
Dysentery	..	..	..	—	—	—	—
Puerperal Pyrexia	..	..	..	—	—	—	—
Ophthalmia Neonatorum	..	..	..	1	—	1	—
Anterior Poliomyelitis :							
Paralytic	..	..	..	1	1	1	1
Non-Paralytic	..	..	..	—	—	—	—
Meningococcal Infection	..	..	..	2	—	2	—

(b) Whooping Cough

There has been an increase in the number of notified cases of Whooping Cough and there were two deaths from the disease during the year. The Medical Research Council have been carrying out experiments throughout the country in order to decide on the best type of vaccine to be used in the prevention of this disease. These experiments are now well advanced and it is hoped to include next year in the Health Services of the Borough protection against Whooping Cough by inoculation on similar lines to Diphtheria Immunisation.

(c) Measles

This disease has again shown a considerable fall in incidence. The total number of notified cases was 172 against 350 last year and 505 in 1950.

(d) Other Infectious Diseases

Although there was an increase in the number of notified cases of Scarlet Fever, the disease continues to be one of minor importance. There were two notified cases of Infantile Paralysis during the year.

(e) **Diphtheria**

Only three cases of diphtheria were notified in the Borough during the year and this number equals the previous lowest record for the town in 1950. As far as this goes it is very satisfactory and I would not minimize the success already achieved, but there has been a serious drop in the number of children under five years who have been immunised during the year. I drew attention to this fact in my report last year and the table below shows how the position has worsened. Only 43·4% of children under five years were immunised during the year. For adequate protection this figure should be 75%.

<i>Immunisation — Children under 5 years</i>				
<i>Year</i>	<i>Immunised during year</i>	<i>Total now immunised</i>	<i>Population (Est.)</i>	<i>% now immunised</i>
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
1952	544	2,143	4,940	43·4

Every effort is made by members of the Health Department staff to encourage parents to have their children immunised and I would appeal to parents to give us their full co-operation. If this decline in immunisation continues at the present rate, the infant population will be largely exposed to a disease which can be just as deadly as in former years. It would seem that the success of diphtheria immunisation has led to a complacency which must be dispelled if the very satisfactory results of previous years are to be continued. Fortunately the school population is in a much happier position with an immunisation rate of over 90% but the pre-school children are far from sufficiently protected.

(f) **Tuberculosis**

There has been an appreciable improvement in the tuberculosis rate during the year although it is only a beginning and it is hoped that an even greater improvement will be evident in the near future. The notifications of new cases have dropped to 90 as compared with 104 in 1951, and the death rate has dropped from 33 in 1951 to 17 in 1952, a reduction by almost half. These figures include both the pulmonary and non-pulmonary types of the disease.

The very marked fall in the tuberculosis death rate is a welcome sign but we must still aim at a much greater reduction in the number of new cases notified each year. This is essentially a problem of prevention and is being dealt with on those lines. The Ministry of Health has not yet authorised the unlimited use of vaccination (B.C.G.) against the disease but, acting on the advice of the Ministry, selected cases receive vaccination at the Chest Clinic. During the year 42 children have been vaccinated.

As a further method of detection and prevention, a new scheme was started in September. All children entering school for the first time and in the course of their first school medical examination, are given a diagnostic test which will reveal the presence of the disease or contact with an established case. Already by this method cases are being diagnosed at a very early and curable stage and follow-up investigation of the homes of the children can sometimes disclose the source of the infection and once again early and preventive action can be taken. This scheme has only been in operation for a few months but I have great hopes that it will play a large part in the early detection and the prevention of the spread of tuberculosis in the community.

During the year a visit was made to the town for the first time by a Mass Radiography Unit and a survey of the population was made. With the co-operation of the Borough Engineer accommodation was made available, after some structural alterations, at the Public Baths. This was the most central point for the purpose of the survey and the arrangements made worked admirably. Over 6,000 persons were X-rayed and the results are shown in the following table.

RESULT OF SURVEY CARRIED OUT AT THE PUBLIC BATHS, DUDLEY. NOVEMBER, 1952.

General Public. (Including public sessions and organised sessions of factory, shop and office groups).

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Number X-rayed	2,027	2,676	4,703
Recalled for large films	121	96	217
Recall rate	5.9%	3.6%	4.6%

Abnormalities — Males

Tuberculosis

Active, post primary lesions ..	8	} = 4.2 per thousand
Tuberculous pleural effusion ..	1	
Inactive post primary lesions ..	27	} = 13.3 per thousand
Inactive primary lesions ..	2	

Other Abnormalities

Congenital abnormality of bony thorax	2
Chronic Bronchitis and emphysema	2
Bronchiectasis	6
Non-tuberculous fibrosis	2
Bronco-pneumonia	Nil
Pneumoconiosis	6
Basal Fibrosis	3
Pleural thickening	21
Non-tuberculous pleural effusion	1
Acquired cardio-vascular lesions	2
Miscellaneous (including acquired condition of ribs, abnormalities of the diaphragm, etc.)	9
Probable pulmonary neoplasm	2
Referred for further films although probably normal	3

Abnormalities — Females**Tuberculosis**

Active, post primary lesions ..	6	} = 2.6 per thousand
Tuberculous pleural effusion ..	1	
Inactive post primary lesions ..	25	= 9.3 per thousand
Inactive primary lesions ..	8	

Other Abnormalities

Congenital abnormality of bony thorax	2
Chronic bronchitis and emphysema	2
Broncho-pneumonia	Nil
Bronchiectasis	2
Non-tuberculous fibrosis	4
Pneumoconiosis	1
Pleural thickening	5
Acquired cardio-vascular lesions	20
Miscellaneous	12

Dudley Training College for Teachers

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Number X-rayed	80	122	202

The main point about these results is that they compare closely with national averages and do not reflect any undue incidence of tuberculosis in Dudley as compared with other parts of the country where similar surveys have been done. Some new cases of tuberculosis have inevitably been discovered, but that is the whole purpose of the survey, to detect the unsuspected case at a time when it can be cured or, if an advanced case, to take the necessary measures to prevent the further spread of the disease in the community. In doing this the survey has been amply justified and I am indebted to Dr. J. T. Hutchinson, the Medical Director of the Mass Radiography Unit, for this valuable service to the Borough.

Plans are already well advanced for the extension of Mass Radiography in the town, and it is hoped that a permanent unit stationed in Dudley will be functioning in 1953. Dudley has been designated by the Birmingham Regional Hospital Board as a Mass

Radiography Centre and when the new Unit has been installed it will be a very valuable asset in the diagnosis and prevention of the disease, and one more weapon with which to fight it.

Tuberculosis is still our biggest health problem and I have outlined some of the measures we are taking in Dudley to solve it. These measures demand a co-ordination of effort and a pooling of resources beyond the bounds of the Local Authority and in this anti-tuberculosis campaign, I would like to acknowledge the whole-hearted co-operation which exists between the Health Department and the Chest Clinic under the charge of the Chest Physician, Dr. A. W. B. Macdonald. In the fight against tuberculosis we are achieving in Dudley a very close integration of the preventive and curative services which I cannot doubt will eventually achieve the desired results.

The number of persons on the register at 31st December, 1952, was :

Pulmonary, 417. Non-Pulmonary, 63. Total, 480.

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 ..	-	-	1	-	8	-	22	3	12	5	5	6	48	14
Female ..	-	-	3	-	5	-	23	3	1	-	1	-	33	3
Non-Pulmonary :														
Male ..	-	-	-	-	3	-	3	-	-	-	-	-	6	-
Female ..	-	-	1	-	-	-	2	-	-	-	-	-	3	-

(g) 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 ..	5
(ii) Children (school age or under) cleansed at Lister Road	10

(h) Public Health Laboratory

The Stafford Laboratory continues to be of great assistance to the Health Department in the investigation of all types of infectious disease and although the daily collection service had to be discontinued, we have made no less a demand on the diagnostic facilities available.

(i) **Food Poisoning**

Total number of outbreaks	.. .. .	Nil
Total number of cases	.. .. .	2
Total number of deaths	.. .. .	Nil
Organisms responsible :		
Salmonella Montevideo	..	1 case
Salmonella Enteriditis	..	1 case

Foods involved : not discovered.

(j) **Venereal Disease**

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

SERVICES RENDERED AT TREATMENT CENTRE DURING THE YEAR

Cases dealt with for first time during year :

		<i>Dudley</i>	<i>Worcs.</i>	<i>Staffs.</i>	<i>West Service Brom.</i>	<i>Cases</i>	<i>B'ham</i>	<i>Total</i>
Syphilis	..	18	1	2	1	—	—	22
Soft Chancre	..	—	—	—	—	—	—	—
Gonorrhoea	..	32	12	23	3	—	—	70
Non-Venereal & undiagnosed conditions	..	90	13	94	5	—	1	203
Total	..	140	26	119	9	—	1	295

Total number of attendances of all patients residing in each area	..	3,649	354	4,480	181	—	2	8,666
---	----	-------	-----	-------	-----	---	---	-------

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

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

Pathological Work

No. of specimens examined at V.D. Clinic	MICROSCOPICAL		
	<i>Syphilis</i>	<i>Gonorrhoea</i>	
	151	498	
No. of specimens examined at an approved laboratory	SERUM		
	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Cerebro- spinal fluid</i>
	2,749	476	9

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

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

SERVICES IN 1952

Clinics

The Dudley Wood Clinic, which was opened on February 20th, 1952, is filling a long felt need in the area and is functioning satisfactorily. It is ideally situated and will be of even greater value when the Council's building programme has been completed in this area. Plans have now been completed for a similar clinic at Woodside to replace the temporary arrangements in the public library. An excellent site has been chosen and building should commence in the near future.

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 at the Central and Priory Clinics.

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 1951.

				<i>Expectant Mothers attending</i>		<i>Total Attendances</i>	
				1952	1951	1952	1951
(a)	Ante-natal	..	..	388	488	2,033	2,589
(b)	Post-natal	..	..	83	115	97	123
(c)	Child Welfare :						
	Children under 1 year	..	..	..	..	11,452	11,347
	Children between 1 and 5 years	..	..	..	..	3,798	4,372
						15,250	15,719

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 1952 will serve as an indication of the work done.

Orthopaedic Treatment Attendances	..	..	600
Massage Attendances	..	..	589
Ultra Violet Ray Clinic Attendances	..	..	1,338

Dental

Much more dental work has been done during the year and there was every reason to hope that the dental service was much more firmly established with three full-time dental officers on the staff. However, by the end of the year one of these officers had

left to get married and at the time of writing a second dental officer has left to take up another appointment. We have now one full-time dental officer and one part-time officer doing four sessions per week. The figures below show the result of the year's work, but I am afraid we will lose ground again next year. Every effort has been made, without success, to obtain dentists and these efforts are still being made. The chief difficulty is that there are not enough dentists to go round and private practice is more attractive than the Local Authority Service and in the present circumstances very few Authorities can hope to maintain an adequate dental staff, at least for any length of time. Further efforts are being made to obtain the part-time services of local dental practitioners in our clinics and it is to be hoped that we will be successful.

Mothers referred	..	..	..	..	54
Mothers subsequent appointments	..	..	..	..	125
Ante-natals, referred	..	..	..	..	70
Ante-natals, subsequent appointments	..	..	..	..	132
					<hr/>
Total Attendances (a)	..	..	..	..	381
Pre-school children referred	..	..	..	..	250
Pre-school children, subsequent appointments	..	..	..	..	92
					<hr/>
Total Attendances (b)	..	..	..	..	342
					<hr/>
Total (a) and (b)	..	..	..	..	723

Treatment

Fillings : Permanent	..	..	..	..	133
Temporary	..	..	..	..	49
					<hr/>
Total	..	..	..	..	182
Extractions : Permanent	..	..	..	..	358
Temporary	..	..	..	..	118
					<hr/>
Total	..	..	..	..	476
Dentures Fitted	..	..	..	..	16
Other Operations : Permanent	..	..	..	..	268
Temporary	..	..	..	..	157
					<hr/>
Total	..	..	..	..	425
No. of administrations of nitrous-oxide for extraction	..	..	..	..	219

Midwifery

The total number of births (live and still) was 1,038, of which 517 occurred at home and 521 at nearby Maternity Homes and Hospitals. Of the Institutional confinements 352 took place in the Rosemary Ednam Maternity Home.

In the case of domiciliary confinements 389 were attended by midwives alone, and in 128 cases a doctor also attended. In 164 cases Medical Aid was sent for, a percentage of 31.5 as against 24.2 in 1951.

The medical aid cases may be analysed as follows :

On Account of Mother :

Torn perineum	..	..	..	..	49
Delayed Labour	..	..	..	..	7
Inertia	..	..	..	..	4
Abortion	..	..	..	..	4
Ante-partum haemorrhage	..	..	..	..	3
Post-partum haemorrhage	..	..	..	..	11
Adherent Placenta	..	..	..	..	5
Rise of temperature	..	..	..	..	9
Haemorrhage	..	..	..	..	7
Pyrexia	..	..	..	..	2
Malpresentation	..	..	..	..	12
Other conditions	..	..	..	..	24
					<hr/> 137 <hr/>

On Account of Baby :

Prematurity	..	..	..	..	5
Discharging Eyes	..	..	..	..	17
Other conditions	..	..	..	..	5
					<hr/> 27 <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 analgesia has now become a permanent part of the domiciliary midwifery service, and during the year was called for in 157 cases.

Premature Baby Service

The special equipment for the nursing of premature babies in their own homes is still being used to very good purpose both in the saving of infant lives and in the saving of hospital beds. The large number of infant deaths due to prematurity is no reflection on this service because in the majority of cases where death was due to prematurity the infant only survived for a few minutes. The service was started in order to save the life of the premature infant and when conditions are favourable it has been eminently successful.

I am indebted to the Chief Fire and Ambulance Officer for the care he has taken in the maintenance and transport of the Premature Baby equipment and the Gas and Air equipment.

Health Visiting

In my report last year I expressed concern at the depleted number of Health Visitors on the Council's staff due to our inability to attract candidates for these posts. By the end of the year we were reduced to seven qualified full-time health visitors, two part-time, and one student. This reduction is reflected in the figures given below which show a reduction of well over 4,000 visits and this inevitably affects so many other services such as Maternity and Child Welfare, School Health Service, Tuberculosis Visiting, Care and After-Care, etc. So many other activities are directly linked with the Health Visiting Service that a reduction in staff can and does impair the effectiveness of the majority of the Local Authority's Health Services. During the year we have been reduced to 50% of our establishment, and I must pay tribute to the work done by those health visitors who have remained with us. The quantity of the work done had to fall but the quality has been maintained and all the services have continued to function.

The staffing position has been discussed recently by both the Health and Education Committees and I am glad to say that as a result of measures taken to stimulate recruitment, there has been a considerable improvement in the numbers of the health visiting staff, and next year should see an increase in the work of this valuable preventive medical service.

The number of Health Visitors on the establishment of this Authority as at 31st December, 1952 was 10, categorised as follows :

- 7 qualified health visitors (full-time)
- 2 qualified health visitors (part-time)
- 1 student health visitor.

The total number of visits by health visitors during the year was 18,305 as against 22,793 in 1951.

Visits to children under 1 year :

(a) First Visits	..	..	..	..	976
(b) Total Visits	..	..	..	..	7,685
Visits to children between 1 and 5 years	..	..	..	..	8,501
Ante-Natal Visits	..	..	..	..	172
Stillbirth Investigations	..	..	..	..	28
Infant Death Visits	..	..	..	..	33
Ophthalmia Neonatorum	..	..	..	..	—
Miscellaneous Visits	..	..	..	..	1,886

Home Nursing

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

The demands on this service have again increased during the year and nearly 3,000 additional visits were made as compared with last year. For reasons of economy the emphasis is now being shifted from the hospital bed to the home, with equal benefit to the economy of the National Health Service and the welfare of the patient. The

Home Nursing Service has one of the largest parts to play in the saving of hospital beds and is doing this very successfully in Dudley. Many patients, including cases of tuberculosis, are now being nursed at home under the care of doctors and home nurses, and the Home Nursing Service is now firmly established as a valuable and very necessary adjunct to the Hospital Service.

The following figures show the work done during the period 1st January to 31st December, 1952, as compared with the same period in 1951.

	1952	1951
New Patients	356	390
Old Patients	533	532
Casual Visits	80	93
Total visits all patients	13,286	10,534

Vaccination and Immunisation

The vaccination rate in the town is still unsatisfactory although every effort is made by our medical and nursing staff to encourage parents to take this very elementary precaution for the protection of their children against smallpox. Last year only 8.2% of children born were vaccinated during the year. This year the percentage is 11.5%. With regard to diphtheria immunisation, I have already commented on the very appreciable decline in the immunisation rate of children under 5 years and every effort is being made to bring to the notice of parents the vital necessity to have their children protected. Unfortunately this decline in the immunisation rate is one of the effects of the depletion in the health visiting staff and now that this has been improved I am hoping for an improvement in immunisation. The figures for the year are as follows :

	<i>Immunised during year</i>	<i>Total now immunised</i>	<i>Population (est.)</i>	<i>Percentage now immunised</i>
Children under 5 ..	544	2,143	4,940	43.38

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, 1952 :

1. No. of Vehicles at 31st December, 1952 :

Ambulances ..	6	Cars	4
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2. Total number of journeys during the period 1st January to 31st December, 1952 :

Ambulances ..	2,914	Cars	3,815
---------------	-------	------------	-------

3. Total number of patients carried during the period 1st January to 31st December, 1952 :

Ambulances ..	5,347	Cars	10,190
---------------	-------	------------	--------
4. Total number of accident or other emergency calls included in column 2 during the period 1st January to 31st December, 1952 :

Ambulances ..	1,053	Cars	65
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5. Total mileage during the period 1st January to 31st December, 1952 :

Ambulances ..	33,546	Cars	58,298
---------------	--------	------------	--------

Care and After-Care

This service which is carried out by the Health Visitors under the supervision of the Superintendent Health Visitor, continues to expand. Originally it was very largely concerned with the care of the tuberculous but is gradually being extended to cover other types of illness.

Sick room equipment of various forms including wheel chairs, beds, bedding, pyjamas, etc., were supplied to 155 patients. In addition, arrangements were made in 75 cases for extra milk to be delivered, charges being made in accordance with the Council's scale. 53 patients purchased materials for occupational therapy from stocks held within the Department. 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	406
No. of patients visited at home	790
No. of patients visited in hospitals	9

Domestic Help Service

The need for this service becomes more apparent each year as greater demands are made upon it, and more part-time domestic helps have been employed. We have now two full-time and 26 part-time domestic helps. Although this is not a free service, a charge being made according to ability to pay, it is nevertheless becoming an expensive service for the Local Authority, chiefly due to the fact that it is catering very largely for aged and infirm people and only to a small extent with the emergency short term case such as a confinement or acute illness in the home. It is only rarely that an aged and infirm person is able to pay for the full cost of the service

and in many cases no charge is made, and these cases often require the services of a domestic help for very long periods.

During the year domestic helps were provided in the home in 92 cases. Eleven of these were maternity cases and five tuberculous. The remaining 76 cases cannot be conveniently classified but many were aged and infirm persons who made the biggest demand on the service.

There is, therefore, no doubt as to the need for the service and this need is being met and, as in the case of the Home Nursing Service, we are helping to keep many old people in their own homes who might otherwise end their days in a chronic sick hospital. Apart from the saving of hospital beds, I think it will be agreed that the cost is worth while.

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 :

<i>Method of Admission</i>	<i>Hospital</i>	<i>M.</i>	<i>F.</i>	<i>T</i>
Section 20 L.A. 1890 ..	Burton Road, Dudley	11	1	12
Section 21 L.A. 1890 ..	Burton Road, Dudley	—	1	1
Section 16 L.A. 1890 ..	Barnsley Hall, Broms- grove	7	6	13
	St. George's, Stafford ..	1	—	1
	Highcroft Hall, Bir- mingham	1	—	1

Details of patients admitted under Mental Treatment Act :

Section 1 M.T.A. 1930 ..	Barnsley Hall, Broms- grove	13	7	20
	Powick, Worcester ..	1	2	3

Details of patients discharged from Hospitals :

		<i>Admitted</i>			
Section 16 L.A. 1890	Barnsley Hall,	} Pre 1952	2	5	7
	Bromsgrove ..		} 1952	2	4	6
	Powick, Worces- ter	Pre 1952	2	5	7
Section 1 M.T.A. 1890	Barnsley Hall, Bromsgrove ..		11	3	14

Mental Deficiency Acts, 1913—1938

	During 1952		Total cases on Authority's registers as at 1st January, 1953			
			Under age 16	Aged 16 and over	Under age 16	Aged 16 and over
	M.	F.	M.	F.	M.	F.
1. <i>Particulars of cases reported during 1952 :</i>						
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by :						
(i) Local Education Authorities on children :						
(1) While at school or liable to attend school ..	3	4	—	—		
(2) On leaving special schools	—	—	—	—		
(3) On leaving ordinary schools	—	—	—	—		
(ii) Police or by Courts	—	—	—	—		
(iii) Other sources ..	—	—	—	—		
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	—	—	—	—		
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	—	—	—	—		
Total number of cases reported during the year	3	4	—	—		

		<i>Under age 16</i>		<i>Aged 16 and over</i>		<i>Under age 16</i>		<i>Aged 16 and over</i>	
		<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
2. Disposal of cases :									
(a) Of the cases ascertained to be defectives "subject to be dealt with" number :									
(i) Placed under Statutory Supervision ..		2	4	—	—	15	14	30	34
(ii) Placed under Guardianship ..		—	—	—	—	—	—	1	—
(iii) Taken to "Places of Safety" ..		—	—	—	—	—	—	—	—
(iv) Admitted to Institutions ..		1	—	—	—	2	4	37	32
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number :									
(i) Placed under Voluntary Supervision ..		—	—	—	—	—	—	5	8
(ii) Action unnecessary		—	—	—	—	—	—	—	—
Total of item 2 ..		3	4	—	—	17	18	73	74
3. Classification of defectives in the Community on 1st January, 1953 :									
(a) Cases included in item 2(a)(i) to (iii) in need of institutional care :									
(1) In urgent need of institutional care :									
(i) "cot and chair" cases ..		—	—	—	—	—	—	—	—
(ii) ambulant 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 ..		—	—	—	—	—	—	—	—
(iii) medium grade cases ..		2	1	—	—	—	—	—	—
(iv) high grade cases		—	—	—	—	—	—	—	—
Total of item 3(a) ..		3	3	—	—	—	—	—	—

			<i>Under age 16</i>		<i>Aged 16 and over</i>	
			<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
(b) Of the cases included in items 2(a)(i) and (ii) and 2(b)(i), number considered suitable for :						
(i) occupation centre	..	..	10	8	3	16
(ii) industrial centre	..	..	—	—	—	—
(ii)i home training	..	..	—	—	—	—
Total of item 3(b)	..	..	10	8	3	16
(c) Of the cases included in item 3(b) number receiving training on 1st January, 1953 :						
(i) in occupation centre	..	..	10	6	3	16
(ii) in industrial centre	..	..	—	—	—	—
(iii) at home	..	..	—	—	—	—
Total of item 3(c)	..	..	10	6	3	16

4. *Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1952, who have ceased to be under any of these forms of care during 1952.*

			<i>M.</i>	<i>F.</i>	<i>Total</i>
(a) Ceased to be under care	..	..	—	1	1
(b) Died, removed from area, or lost sight of	..	..	1	1	2
Total	..	..	1	2	3

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 1952	..	..	..	Nil
				<i>Males Females</i>
(b) Number who have married during 1952			Nil	Nil

Occupation Centre

During the year the Occupation Centre has been under the supervision of the new Supervisor, Mrs. I. M. Cooper, who has not only done her job extremely well, but has introduced several new ideas which have been of advantage both to the children and their parents. The training of mental defectives is a most difficult and trying task and the success of the work and the successful

functioning of the Centre has been entirely due to the enthusiasm of the Supervisor and her staff, along with the willing help of the Voluntary Committee.

The children, according to their limited ability, receive an excellent training and everything possible is done for the child to make the task of the mother easier at home. It is not possible to describe all the activities in which the children engage but, for those who are interested, I would recommend a visit to the Centre where the training given and the practical work done can be seen.

A Parents' Association has been started at the Centre and has been enthusiastically supported. Meetings are held monthly during the winter, and speakers who have had wide experience in mental health work both in the voluntary and the specialist field, have been invited to come along and talk to the parents. As a result a real interest in the work of the Centre has been fostered and the Parents' Association along with the Voluntary Committee have combined to do much useful work for the children especially in raising money for an annual holiday at the seaside.

I think the formation of a Parents' Association has been a most useful venture, bringing parents together regularly to a meeting where they can meet each other and discuss their common problems, and at the same time hear many of those problems explained by speakers with wide experience of this work. They have also been given an opportunity of taking a personal interest in the work of the Centre and have shown a real appreciation for all that is being done for their children.

NATIONAL ASSISTANCE ACT, 1948

The case mentioned in my previous report who was admitted under Section 47 of this Act, and would not consent to remain in Residential Accommodation voluntarily, returned to his home address on the 2nd April, 1952.

Residential Accommodation

Admissions during 1952	..	..	..	..	38
Discharges during 1952	..	..	..	..	24
Deaths .. .. .	..	..	..	..	1
No. of persons in residential accommodation at 31st December, 1952	..	..	..	..	67

Visits continue to be made by members of the Welfare Department to aged persons in their own homes. As will be seen from my last report 530 aged persons were visited at the beginning of this year, and at the 31st December, 1952, the number had increased to 900. Due to administrative work which has increased rapidly in the Welfare Department during this year, it has not been possible for more than 200 routine visits per month to be made.

Old Persons' Homes

The most notable feature during the year was the opening on the 23rd July of "Albert House," the first of the Borough's aged persons homes. Although there was a delay of two months in opening, due to staffing difficulties, I am happy to say that the Home is now adequately staffed, and is operating very smoothly.

"Albert House" was a new venture in the provision made by the Council for the welfare of its old people and many months of careful planning was done before the Home was completed. Those members of the Council who have visited "Albert House" will know how successful the venture has been and how much happiness it has brought to those old people who are now spending the rest of their days in comfort in a Home which is a credit to the town, not only because of its physical amenities but far more because of the real joy it has brought to the old folk themselves and to all of us who have played a part in its completion. Their average age is somewhere between 75 and 80 and it will not be the fault of the Matron and her staff if they do not attain a very ripe old age.

It was not long before "Albert House" became known in Dudley and it has already been enthusiastically "adopted" by the people of the town. There is not room to give a list of all the various Associations and individuals who have contributed so much to the happiness of the residents in the form of gifts, personal services and entertainment, but I would like to thank them all most sincerely for services which I am sure must give them as much pleasure as it does the old people themselves.

It has not been possible to commence building this year of "The Woodlands," the second of the Borough's Aged Persons' Homes, but it is anticipated that work will commence during the early part of 1953. There are still many old people who could not be admitted to "Albert House" but they will be adequately catered for when "The Woodlands" is completed.

Welfare of the Deaf

Approval was given by the Minister for the Council's Scheme for the Deaf in accordance with Section 29 of this Act, and the Worcestershire and Herefordshire Association for the Deaf were appointed as the Council's Agents.

Welfare of the Blind

In January of this year, arrangements were made with the Secretary of the Wolverhampton, Dudley and Districts Institution for the Blind, for information enabling the Welfare Department to compile a register of blind persons. There were 104 Dudley residents registered as blind persons shown thus :

Employed	..	..	..	..	..	..	25
Unemployable	..	..	..	..	..	..	73
Awaiting Employment	..	..	..	..	..	..	1
Children	..	..	..	..	..	..	5

During the year there were eleven additions, nine deaths, five changes in category, two inward and two outward transfers.

There were 106 Dudley residents entered in the register at the 31st December, 1952, and shown under the following headings :

Employed	..	..	..	..	..	..	24
Unemployable	..	..	..	..	..	..	76
Children	..	..	..	..	..	..	6

Burials

During the year this Authority was responsible for the burial of four Dudley residents.

" Meals on Wheels " Service

The above service, which is operated by the Women's Voluntary Service, is running smoothly. All recipients are visited by members of the Welfare Department, and during the year there were 3,050 meals served to Dudley residents.

General

The National Assistance Act called for many improvements in the care of the aged and the handicapped, and this Authority has played its full part in implementing the new legislation. The Welfare Department is now an established and efficient unit due in large measure to the loyal service of Mr. Ward, the Assistant Welfare Officer and the staff of the Welfare Department.

A very pleasing and desirable feature of the Council's Welfare Services is the close co-operation maintained with the Dudley Old Peoples' Welfare Association by joint representation on the Committees of both bodies. Such a combination of voluntary and statutory services is the very essence of real welfare work among the old people of the town and I have pleasure in recording my appreciation of the happy results of our united efforts.

SPECIAL SURVEY OF THE LOCAL AUTHORITY HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT

Early in the year the Ministry of Health called for a survey of Local Authority Health Services and an account of their operation since the appointed day. The following report has been submitted on behalf of the Dudley Local Health Authority. For economy of space the enclosures referred to in the report have not been reproduced.

General

1. Administration

In the County Borough of Dudley, the Medical Officer of Health is also the School Medical Officer and Chief Welfare Officer and is responsible to the Health, Education, and Welfare Committees for the administration of these services. He is assisted by a medical staff of two full-time and two part-time Medical Officers. All the health services are administered from the central office of the Medical Officer of Health.

The health services of the Borough have been sectionalised, with one officer as head of each section directly responsible to the Medical Officer of Health for the day to day administration of his or her section. Clerical staff have been similarly sectionalised with a head of each section responsible to the Administrative Assistant at the central office.

Control of the health services is exercised by the Medical Officer of Health, supervision by the heads of sections, and co-ordination is effected by consultation and co-operation by the administrative staff in all matters concerned with the general health services of the Borough.

There is not at the moment a Deputy Medical Officer of Health, but it is intended in the near future to fill this post from the existing medical staff. His responsibility will concern chiefly the School Medical Service and Mental Health Service, with general administrative supervision of the various Sections.

This Authority has no joint arrangements with other Local Health Authorities.

2. Co-ordination and co-operation with other parts of the National Health Service

The Medical Officer of Health is a member of the Liaison Committee of the Birmingham Regional Hospital Board. This Committee meets approximately every two months and is attended by the Board's Medical Officers, Representatives of the Regional Office of the Ministry of Health and the County and County Borough Medical Officers of Health in the Region. All members are invited to contribute to the agenda and problems and matters of common interest are discussed generally. This is probably the most useful co-ordinating meeting in the whole area.

Although personal relationships and co-operation between members of other parts of the National Health Service are satisfactory, the Liaison Committee is the only official attempt at co-operation which exists and it is not enough. Apart from his membership of the Local Medical Committee, the Medical Officer of Health is not a member of the Hospital Management Committee

or the Executive Council. It is not suggested that he should attend every meeting of these bodies but he should be a member of both, at liberty to attend whenever Public Health matters are under discussion. He could make a useful and necessary contribution at these meetings in matters concerning the Public Health but, more important, would be able to take part in the administration of the Health Services of the area in consultation and co-operation with those responsible for the administration of the Hospital and Specialist Services and the General Practitioner Service. As long as the Medical Officer of Health has to confine his interests to the administration of the Local Authority Health Service he must necessarily work in isolation and, perhaps unconsciously, in opposition, to the other administrative bodies. Such an arrangement is not conducive to the co-ordination and co-operation essential for a comprehensive Health Service.

There is no direct co-ordination between the Local Authority's medical and nursing staffs and those of the Hospitals, although steps have been taken to effect a degree of co-ordination. Clinical meetings are held by consultants in hospitals in the area and the Council's Medical Officers are invited to attend. Also the Superintendent Health Visitor visits patients in sanatoria with the purpose of discussing social welfare and financial matters concerning the patient with the Welfare Officer of the sanatorium. Locally, the Council's Health Visitors who are also tuberculosis visitors attend the tuberculosis dispensary weekly and discuss their cases with the Chest Physician. This sums up the extent of the co-ordination between Local Authority and Hospital. A great deal more could be done and with advantage by direct interchange of the Council's medical and nursing staff with that of the hospital. The main obstacle to this scheme at the moment is the great difficulty in the recruitment of medical and nursing staff to the Local Authority Health Service. One feels that one must concentrate on keeping the Local Authority Health Service going, with the limited staff available, to the exclusion of schemes which would involve the staff participating in the hospital service, although the integration of the two services is considered to be very desirable, and staff should be interchangeable.

Co-ordination with general practitioners depends very largely on the demand made by the general practitioners on the Local Authority Health Services. Again one is precluded from offering assistance in the form of medical or nursing staff but all the services are available to general practitioners and are probably not used enough. There is always a good demand for such services as Home Helps and Home Nurses but there could be much greater participation by general practitioners in the Council's Maternity, Child Welfare, and Health Visiting Services. While relationships on a personal basis between the Council's medical and nursing staff and general practitioners are excellent one feels that the co-operation between the two services could be improved if general practitioners utilised all the available Local Authority services.

General practitioners are kept fully informed about services available by a handbook recently published and distributed to them. Also details of any new services, or regulations received by the Medical Officer of Health are communicated to them by letter.

Copies of the handbook have also been distributed to the public and publicized in the Press. The local press is also used for announcing and advertising health matters to the public, e.g. immunisation and vaccination.

3. Joint Use of Staff

General practitioners do not normally work for the Local Authority on a part-time or sessional basis. Only on one occasion was their assistance requested when there was an unexpected resignation from the Local Authority staff during the holiday period. At that time general practitioners carried out Maternity, Child Welfare, and Immunization sessions in the Council's clinics. No arrangements have yet been made for medical or other officers employed by the Local Authority to work part-time in the hospital or specialist services. Consultants carry out sessions in the Council's clinics but are employed by the Regional Hospital Board.

4. Voluntary Organisations

The following Voluntary Organisations act as the Council's agents in providing services in accordance with the National Assistance Act and National Health Service Act.

Wolverhampton and Dudley Institute for the Blind.

Worcestershire, Herefordshire, and Radnorshire Association for the Deaf.

Worcester Diocesan Moral Welfare Association.

The W.V.S. supply the Meals on Wheels Service which is subsidized by the Council. Also the Welfare Committee work in close co-operation with the Dudley Old Peoples' Welfare Association and make use of their services.

5. Care of Expectant and Nursing Mothers and Children under School Age

Expectant and Nursing Mothers

Five ante-natal and three post-natal clinics are held in the Council's premises each week. The clinics are conducted by Medical Officers and nursing staff but there are in addition three midwives clinics each week where expectant mothers are seen by midwives only. A consultant Obstetrician employed by the Council visits the Central Clinic once monthly to see and advise on cases referred to him from the ante-natal clinics. There is no official arrangement whereby the Council's midwives assist general practitioners in their own premises but it is known that such assistance is given in some cases and no exception is taken to this practice. Domiciliary ante-natal and post-natal visits are made by the Council's midwives up to the fourteenth day after delivery.

Blood samples are taken at the first visit in all ante-natal clinics and the sample tested for Rhesus factor, Wassermann and Kahn, and Haemoglobin content. These facilities are also available to general practitioners.

Unmarried mothers are cared for by the St. Agnes' Hostel situated in the Borough. This is a Home for the Unmarried Mother and her Baby and is affiliated to the Worcester Diocesan Moral Welfare Association. A financial arrangement has been entered into between the Council and the Association for a per capita payment to be made for each case admitted to the Hostel.

Mothercraft training is confined to general instruction by midwives at their ante-natal clinics and in the home. It is used in varying degree but not to a large extent. Maternity outfits are purchased by the Council and held in store at the Central Clinic. They are issued to expectant mothers on the recommendation of a doctor or midwife.

After the introduction of the National Health Service Act, ante-natal clinics in the Borough showed the biggest fall in attendances as judged by first visits. Numbers fell every year from 1948 till 1950 but 1951 has shown an appreciable increase and it is hoped that this will continue because it is felt that greater benefit to the patient would result if the facilities of the ante-natal clinic were more fully utilized by the general practitioner, as recommended by the Minister of Health in his Circular of 22nd April, 1952. There is still room for much greater co-operation and co-ordination between the general practitioner, the Local Authority Medical Officer and the Midwife in the care of the expectant mother who should be encouraged to attend both her own doctor and the ante-natal clinic. Discussions on this subject are about to take place between the Medical Officer of Health and the Local Medical Committee.

Child Welfare

Nine infant welfare sessions are held weekly in the Council's clinic premises, staffed by medical officers and health visitors. In addition, the following specialist clinics at which a consultant is in attendance, are held.

Ophthalmic	..	..	..	..	twice weekly
Paediatric	..	..	..	..	twice monthly
Ear, Nose and Throat	..	..	..	..	once weekly
Orthopaedic	..	..	..	..	once weekly

A Physiotherapy Clinic is held daily at the Central Clinic and Artificial Sunlight Clinics are held on three days per week.

No assistance is offered to general practitioners in their own premises, in fact it is not known that general practitioners in this area hold their own child welfare clinics as such.

Unlike the attendances at ante-natal clinics there has been little change in attendances at child welfare clinics since the introduction of the National Health Service in 1948. The clinics are all well attended and there is an obvious demand for this service.

Care of Premature Infants

A domiciliary service for the care of premature infants has been in operation for several years. Special cots and equipment are maintained by the Supervisor of Midwives and are kept at the Ambulance Station. They are available at any hour and are delivered by ambulance on receipt of a message from a midwife. A special carrying basket with the necessary equipment is available at the Ambulance Station for transporting premature babies to hospital. There is adequate liaison between the hospital and the Local Authority.

All the Council's midwives have taken a course on the care of the premature infant at the Birmingham Maternity Hospital.

Supply of Dried Milks, etc.

Arrangements are in operation for the distribution at the Council's Clinics of welfare foods available under the Government Welfare Foods Scheme. Various other well known brands of patent foods are stocked at Clinics and sold to mothers at cost price plus an administration charge of 10%. Patent foods are issued free of charge to mothers when the family income falls below a scale approved by the Council. Special foods required for medical reasons are requisitioned and issued on the production of a certificate of recommendation.

Each Clinic is staffed during infant welfare sessions by a clinic clerk who is responsible for the issue of dried milks and nutrients. All food issued to mothers is entered on infant welfare record cards by the clinic nurse.

Dental Care

This Authority is at the moment fairly well placed with regard to dental staff. There is an establishment for three full-time dental officers. For the first half of the year there was a full dental staff. When one dental officer resigned the post was filled by a dentist in general practice, on a part-time basis. The Council is at the moment advertising for a Senior Dental Officer but so far the response has been poor.

Four dental surgeries in the Council's clinics are in operation in the Borough. Expectant and nursing mothers found at ante-natal and child welfare clinics to require dental treatment are referred to the appropriate dental clinic. All demands for this service are being met.

Other provision

(a) *Gas and Air Analgesia*

All midwives possess certificates of proficiency in the administration of gas and air analgesia. The percentage of cases receiving this form of analgesia has been disappointing but has improved during the last twelve months.

Some midwives have individual Gas and Air apparatus. The remainder are kept at the Ambulance Station from where they can be delivered at any time to any address on receipt of a message from the midwife.

All apparatus is serviced quarterly by the makers and intermediate checking carried out by the Fire and Ambulance Officer.

(b) *Pethidine*

During the last eighteen months Pethidine has been available for use by all midwives.

Each midwife has been supplied with a drug cupboard which can be locked for its storage.

This drug is not used by midwives as much as was anticipated probably due to the fact that the midwife is usually working with a doctor who will administer it himself if required.

6. Domiciliary Midwifery

There are ten full-time midwives each taking approximately forty to fifty five confinements per annum, supervised and superintended by a non-medical Supervisor of Midwives. There is also one part-time midwife employed to help with nursings. She does not undertake confinements. Each midwife has a specified district and lives on her district in a house provided by the Council. The service is under the supervision of the Medical Officer of Health.

There are two midwives working privately in the Borough who have been accounting for approximately seventy confinements per year but this number is diminishing. They are under the administrative control of the Supervisor of Midwives but detailed supervision of their work is not carried out.

Ante-natal supervision is maintained by the midwives by domiciliary visits and at ante-natal clinics where the district midwife attends the Medical Officer's clinic sessions. Reference has already been made to the special midwives clinics. As already stated there is room for much greater co-ordination between the Local Authority Maternity Services and general practitioners and discussions are about to take place on this subject.

All applicants for beds in a maternity home are visited by the Supervisor of Midwives or one of her staff. An environmental form with all the relevant particulars is completed and on the information obtained, the final selection is made by the Medical Officer of Health. An allocation of thirty beds per month is made by the Regional Hospital Board to the Medical Officer of Health so that a careful selection is necessary, since applications for beds are rarely less than thirty per month. Only the most needy cases, on social or medical grounds, are accepted but the success of the scheme, of course, depends on whether or not the Medical Officer of Health is the sole agent in his area for the selection of applicants.

During the year one midwife attended a post-graduate school organised by the Royal College of Midwives. As far as possible midwives are sent on such courses once in five years. All midwives have, since 1948, obtained Gas and Air Analgesia Certificates and have attended a course in the care of the premature infant. The Supervisor of Midwives is authorised by the Council to attend a quarterly Conference of Supervisors at the Royal College of Midwives.

There are no arrangements at the moment for the training of pupil midwives but the matter has been under discussion and this Authority has been asked to co-operate.

7. Health Visiting

There is an establishment in this Authority for one Superintendent and sixteen Health Visitors but at the moment we are reduced to about 50% of this figure owing to our inability to recruit staff. Health visiting goes well beyond the visiting of mothers and young children. The Health Visitors are also School Nurses and Tuberculosis Visitors and in addition are responsible for visiting in connection with the Care and After-care Service. Their work, therefore, covers all ages of the population. The day to day administration of the service is undertaken by the Superintendent.

The Health Visitors are distributed among the various clinics in the town, the clinic being the centre at which the Health Visitor works and from which she carries out her work on the district, including School Medical Inspection, Tuberculosis Visiting, Care and After-care Work, etc.

Co-operation with the hospitals is good. Notification of all children discharged is received and visits paid to those children to ensure that the recommended treatment and advice is being carried out. There is also contact with hospital almoners where necessary. This co-operation also applies to the Tuberculosis Dispensary and Sanatoria. One Health Visitor is attached each week to the Tuberculosis Dispensary for the purpose of combining the preventive and clinical aspects of the work. Contact is also maintained with Almoners in the Sanatoria.

The co-operation and co-ordination between the Local Authority Health Visiting Service and the general practitioner, which should have followed the implementation of the National Health Service Act has not developed as anticipated. Owing to the shortage of Health Visiting staff it has not been possible to offer to the general practitioner directly, the services of the Council's Health Visitors, but there has not been the demand by the general practitioner for the facilities available. This may be due to a lack of knowledge of the services available or to a lack of understanding of the purpose of the service, although it has been widely publicized. What is necessary is a much more intimate working together between general practitioner and health visitor and it is difficult to see how we can begin to achieve such a relationship until some form of Health Centre, as envisaged in the Act, has been established.

Facilities are made available by the Council for all Health Visitors who have been qualified five years to attend a refresher course. All expenses are paid by the Local Authority. The following facilities are available for suitable officers on the staff or incoming students to obtain the Health Visitors' Certificate :

Persons wishing to train as health visitors are in the first place appointed as Student Health Visitors and after the necessary dispensation has been obtained from the Ministry of Health are engaged as Acting Health Visitors until a training course vacancy becomes available. Course vacancies are usually obtained at Birmingham. On successfully passing the examination for the Health Visitors' Certificate, the Student is appointed qualified health visitor with effect from one year after the commencement of the training course. Each Student signs an agreement to stay with the Council for two years from her appointment as a qualified health visitor.

In the event of the Student failing to obtain the certificate during the period of twelve months from the date of the commencement of the course she continues her employment as acting health visitor for a further period of twelve months, but is not allowed to attend a further training course. If the Student obtains the certificate within this period the Council appoints her as a qualified health visitor within three months of the date of obtaining the certificate.

The Council accepts financial responsibility for course fees, cost of uniform, and travelling expenses whilst attending the course. Reimbursement is made to the Student in respect of fees for the first examination but, in the event of failure, any subsequent examination fees are paid by the Student. Whilst attending the training course the student is paid a salary at the rate of three quarters of that payable to qualified health visitors.

8. Home Nursing

The Home Nursing Service is carried out in the Borough by the Badley and District Nursing Association, a voluntary organisation acting as agents for the Council. The Association has its own premises from which six qualified nurses operate under the direction of a Superintendent.

There is full co-operation with general practitioners who give the necessary instructions to the Superintendent for the management of each case. There is similar co-operation with the hospitals from whom requests are received by the Superintendent either by telephone or letter. Services carried out for the hospitals include premedication for specialist examinations.

Only general nursing cases are accepted. Classification of cases by types of illness has only been commenced recently and information is not yet available on this point. A considerable amount of work is done in conjunction with the Chest Clinic and chemotherapy (Streptomycin, PAS, etc.) is carried out by the nurses on the district under the direction of the Chest Physician and the general practitioner.

No night service is in operation nor has there been the demand to justify it. Accordingly there has been no occasion to propose the need for such a service.

Refresher courses are arranged for the staff as far as the staffing position will allow. There are no arrangements for district training but one of the staff is about to join another Authority temporarily to undertake the course of training for the Queen's Nursing Certificate.

In the Home Nursing Service we have probably the nearest approach to the idea of a comprehensive Health Service. There is the fullest co-operation between the hospital and the general practitioner both of whom make the fullest use of the service. At the same time the service is closely linked up with the other services provided by the Local Authority, e.g. the Home Help Service, Health Visiting Service, Welfare Services, Care and After-care, etc. We have in fact an ideal combination of a number of health services all concerned with the care of the sick and all under a unified control which in no way seems to lessen the desire for all concerned to co-operate. The Home Nursing Service is a good example of the integration which should be aimed at in the other branches of the Health Service.

9. Vaccination and Immunisation

Vaccination of Infants

The Health Visitor on her monthly visits strongly advocates vaccination of the child and at the third monthly visit begins to press the parent. The necessity for vaccination is strongly advocated in every Annual Report of the Medical Officer of Health and notices are inserted in the Local Press from time to time. Most of the vaccinations are done by the general practitioners, but the Council's Assistant Medical Officers also do a certain number at the Clinics.

The vaccination rate in the Borough is well below the safety level but constant efforts have been made during the last few years to bring about an improvement. Enclosed is a letter which is sent to all parents when the child is six weeks old.

Immunisation

The following is a description of the organised campaign for diphtheria immunisation which is operating in the Borough :

Immunisation — Children under 1 year of age.

(a) When a child is born in the Borough a health visiting card is prepared in the Health Department and forwarded to the Central Clinic. At the Central Clinic an index card is made out and filed in order of the child's birth month and in alphabetical sequence.

(b) If a death takes place the Health Department notifies the Central Clinic and the card of the deceased child is extracted and put to salvage.

(c) At the commencement of each month the index cards of children who have attained the age of eight months are extracted from the files and Form Immun.1 (copy attached) is sent to the parents concerned, together with a prepaid addressed post card for completion by the parents. The index card of the child concerned is then replaced in the file.

(d) On receipt of the post card from the parents, the child's index card is extracted from the files and put to salvage. The completed post card is sent to the health visitor in charge of the clinic in whose area the child lives and she arranges the immunisation by means of a post card inviting the parent to attend with the child.

(e) The children's index cards remaining in the files at the end of the month (i.e. those for whom no parents' post cards have been received) are extracted and Form Immun. 2 (copy attached) is posted to the parents. The index cards are then destroyed.

(f) When the infant is four months old and at each of her monthly visits thereafter, the health visitor constantly stresses the importance of vaccination and inoculation. I am sure that this regular insistence on the value of prophylaxis is the biggest single factor in the process of educating and persuading the parents.

2. *Action taken by the Health Visitor in charge of Clinic*

(a) On receipt at the clinics of the completed post cards referred to in paragraph 1(c) the Nurse in charge of the clinic concerned will arrange an immunisation session and will notify the parents as to the day, time and place.

(b) If the child is not brought to the clinic for the first injection following an appointment card being sent, the Nurse will complete Form Immun. 2 and post it to the parents concerned and will probably follow up with a special visit.

(c) When a child receives the first injection a note stating the time and date of the second dose is handed to the parent.

(d) If the parents fail to bring the infant for the second injection, Form Immun. 3 (copy attached) is sent.

3. *Re-Immunisations*

A "booster" dose is usually given to children on entering school and for this purpose the co-operation of the Head Teacher is enlisted and this help is invariably freely given.

Blank consent forms (copy attached) are given to the Head Teachers of the Infants' Schools and these are handed to the parents of school entrants for completion.

The completed forms are sent to the Central Clinic and immunisation sessions are arranged in the schools as soon as a

sufficient number of consent forms is available. If the number is too small to justify a doctor's visit, the children are invited to attend the nearest clinic on the appropriate day.

Here again it is the constant missionary work of the health visitor that gets the results and a falling off in her visits to the schools is promptly reflected in a falling off in the number of consent forms received for action.

Immunisation against Whooping Cough

A certain amount of pertussis inoculation is being done by general practitioners in the town but it has been decided to withhold any organised campaign by the Local Authority until final instructions have been received by the Ministry regarding the effectiveness of the various vaccines in use.

10, Ambulance Service

The Ambulance Service is combined with the Fire Brigade and operates under the direction of the Chief Fire and Ambulance Officer from the Fire Station. Ambulances are manned by firemen and the establishment of the Fire Brigade has been increased for the purpose. In addition, two female sitting case vehicle drivers are employed.

The following vehicles comprise the Ambulance Fleet :

<i>Ambulances :</i>	<i>Sitting Case Vehicles :</i>
1932 Austin	1946 Standard Saloon
1936 Austin	1948 Bedford Utilicon
1941 Humber	1948 Austin Saloon
1948 Bedford	1950 Fordson Utilicon
1949 Bedford	
1951 Daimler	

A Bedford Utilicon is on order as a replacement and delivery is expected in the immediate future. Arrangements are also in hand for the purchase of a replacement Ambulance.

Maintenance of the vehicles is carried out by Fire Brigade workshop staff.

Arrangements have been made with Hospitals and General Practitioners regarding the transport of patients and this ensures a proper and economical use of the service, obviating any abuse which otherwise may be encountered.

Only emergency cases such as accidents and maternity are accepted from the general public.

A service is provided in each of the following categories :

- (a) Accident Ambulance Service
- (b) Ambulance Removal Service
- (c) Infectious Disease
- (d) Sitting Case Car Service
- (e) Premature Baby Equipment
- (f) Domiciliary Cot Service
- (g) Analgesia (Gas/Air) Service.

Details of the work done during 1952 are given below, together with a comparison of previous years.

The figures for 1948/1949 are from the 5th July, 1948 to the 31st March, 1949.

<i>Year</i>	<i>Ambulance Cases</i>	<i>Sitting Cases</i>	<i>Total Mileage</i>
1948/49	2717	4364	47,072
1949/50	4278	9839	86,881
1950/51	4678	9544	87,789
1951/52	4055	9132	84,597

11. Prevention, Care and After-care

When this service was started in 1948, a full-time Social Welfare Officer was appointed and was responsible for the service until 1951 when she resigned. It was decided not to fill the post and the service was handed on to the Health Visitors and the Superintendent Health Visitor took charge. As the Health Visitors are also Tuberculosis Visitors the service has functioned much more satisfactorily and there has been much less overlapping of work.

As already stated co-ordination with the diagnostic and treatment services is well established since the Care and After-care Worker and the Tuberculosis Visitor is one and the same person. Her health visiting work also includes a regular period of duty at the Tuberculosis Dispensary so that she is fully conversant with all aspects of the prevention, care and after-care and treatment of notified cases of tuberculosis in her district. The greater part of the Care and After-care Service is still concerned with tuberculosis.

As regards illness generally, the health visitor has not the advantage of having a list of notified cases which require visiting, so that she has to depend on other sources for her information. In the case of children from birth to school leaving age there is no difficulty, as the hospitals always inform us when children of this age group are discharged and appropriate action is taken where necessary. Information concerning the remainder of the population is more a matter of chance but nevertheless a large number of cases are brought to notice by the routine work of the health visitor and by a very close liaison with the Welfare Department, the Home Nursing Service, the general practitioner, and the National Assistance Board. Many other cases are brought to notice by information received from voluntary bodies and by applications for domestic help and sick room equipment.

12. Domestic Help

The Home Help Service comes under the supervision of the Non-Medical Supervisor of Midwives. Two full-time and twenty six part-time home helps are employed. Approximately fifty households are served each week. There was initially some difficulty in recruiting the right type of woman. Advertisements are inserted in

the local press when necessary but most women are recommended by already existing home helps so that a good type of woman with a sense of vocation is now being recruited. All applicants are interviewed in their own homes by the Supervisor before engagement. Similarly, each applicant for help is visited by the Supervisor and an assessment is made of the amount of help and the type of help required. This ensures that the most suitable type of home help is supplied for each particular case and facilitates the smooth running of the service.

The greater part of the work is among the aged. There is not much demand for help in confinements and there are occasional calls from the mother of a family when she is confined to bed. There is no doubt that many aged people who would previously have been admitted to hospitals and homes can now be kept at home and many aged couples are protected from premature separation. The result is that rather than the Home Help Service being used as an emergency measure, attendance in the homes of the aged tends to become permanent. This results in increased costs in running the service as very few of these old people can afford to pay the full charge. There is no doubt, however, that the service is supplying a definite need.

At the moment there are no training facilities for Home Helps.

13. **Health Education**

Health Education is carried out by medical and nursing staff in the Council's clinics and by Health Visitors in the home. This is augmented by advertisements and articles in the Press from time to time, by lectures and by posters and leaflets all covering a variety of health subjects. Two years ago a health exhibition on a large scale was staged in the town.

Posters and leaflets are used extensively but none have been specially prepared for use in the Council's own area, with the exception of leaflets in connection with diphtheria immunisation and vaccination, copies of which have been enclosed. The Council subscribes to the Central Council for Health Education from whom all leaflets and posters are purchased. The Council also subscribes to the Royal Society for the Prevention of Accidents from whom leaflets and posters are obtained for distribution in schools and clinics in the Borough, dealing especially with accidents in the home. It is proposed to ask the Council to set up a Committee as part of the Road Safety Committee to deal exclusively with the subject of accidents in the home.

14. **Mental Health**

1. *Administration*

- (a) The Health Committee of the Council is responsible for the administration of the Mental Health Service. This Committee meets monthly. The Committee has also set up a Mental Health Sub-Committee which can be called at any time but normally meets once per quarter.

(b) *Medical Staff employed in Mental Health Service*

Medical Officer of Health .. Qualifications : M.D.,
D.R.C.O.G., D.P.H.

Assistant Medical Officer of
Health Qualifications :
L.R.C.P., L.R.C.S.,
L.R.F.P. and S.

(At present acting for Deputy Medical Officer of Health)

Both of these officers are certifying medical officers.

Non-Medical Staff

1. Mental Health Officer, designated "Duly Authorised Officer" and "Petitioning Officer."

The Mental Health Officer is responsible for the general administration and supervision of the Mental Health Services under the control of the Medical Officer of Health. His responsibilities include the Lunacy and Mental Treatment Acts, Mental Deficiency Act, and National Health Service Act. He has no academic qualifications but has had long experience of this type of work and has attended a course for Mental Health Officers at the University of London.

2. Occupation Centre Supervisor : Qualifications : Certificate of National Association of Mental Health, London City and Guilds Certificate for Needlework, General Certificate — Birmingham Evening Schools for Housecraft.
3. There are two Occupation Centre Assistants. They have no academic qualifications but have had very long experience and have attended short courses of study.
4. The Assistant Welfare Officer, employed by the Welfare Committee of the Council, has been designated a "Duly Authorised Officer" and acts as "stand-in" for the Mental Health Officer.
5. Psychiatric Social Worker — This Authority does not employ a full-time Psychiatric Social Worker but a proportion of the salary of a Psychiatric Social Worker employed by the County (Worcestershire) Authority is paid by the Dudley Authority. Her services are called upon for cases arising in the Borough.
6. Clerical Staff — Shared with the Welfare Department.

(c) *Co-ordination*

1. Co-ordination is maintained with the Regional Hospital Board in regard to the admission of mental defectives to institutions. A central waiting list is kept by the Board and admissions arranged on application by the Mental Health Officer.
 2. There is close liaison with the hospital authorities with regard to reports upon the home conditions of patients detained in Institutions, and the provision of reports for the Visiting Justices. The Local Health Authority also undertakes the supervision of patients on licence from Mental Hospitals and furnishes periodic progress reports.
- (d) This Authority does not delegate any mental health duties to Voluntary Organisations.
- (e) There are no arrangements for the training of staff.

Account of work undertaken in the Community(a) *Under Section 28 — National Health Service Act*

Patients discharged from mental hospitals or from the Services are notified to the Health Department and after-care is arranged by the Medical Officer of Health. In cases referred by medical or other agencies, when such patients are found not to be certifiable under the Lunacy Act, preventive care is carried out by visitation and observation. Close co-operation is maintained with medical practitioners in cases which do not require treatment or admission to hospital, and also in the admission of voluntary patients to mental hospitals.

(b) *Under the Lunacy and Mental Treatment Acts 1890–1930 by Duly Authorised Officer*

<i>Classification</i>				<i>No. of Cases</i>
S. 20 L.A.	1890	..	..	12
S. 21 L.A.	1890	..	..	1
S. 16 L.A.	1890	..	..	15
S. 1 M.T.A.	1930	..	..	23
No action — preventive care and after-care				51

(c) *Under the Mental Deficiency Acts 1913–1938*1. *Ascertainment*

The main source of ascertainment is through the School Health Service. Cases are brought to the notice of the School Medical Officer either by the teacher or parent and, if found ineducable, are

reported to the Local Authority and admitted, subject to parental consent, to the Occupation Centre. Where the parent is unwilling to allow the child to attend the Occupation Centre, the Supervisor visits the home and offers facilities for training.

Other sources of notification are through relations, Magistrates Courts, Medical Practitioners and Welfare Officers. Cases are supervised by the Mental Health Officer and the Occupation Centre Supervisor.

2. *Guardianship*

Only one case remains under guardianship.

This form of care and supervision is difficult, owing to the lack of suitable and willing persons able to take on the responsibilities of a guardian.

3. *Occupation Centre and Training*

There is one Occupation Centre in the Borough for the training of mental defectives. It is staffed by a Supervisor and two Assistants. The average attendance is 30 per day. Transport is provided to and from the Centre and the mid-day meal is provided.

Home teaching is carried out by the Supervisor in certain cases, particularly where physical or other defect prevents attendance at the Occupation Centre.

Addendum

The following changes have taken place since this report was prepared.

Co-ordination of Services

At the invitation of the Executive Council, the Local Authority have approved the Medical Officer of Health as one of their representatives on the Council.

Specialist Services

All consultants carrying out clinic sessions in the Council's Clinics are now employed by and remunerated by the Regional Hospital Board.

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 1952.

The general health of the school children of the Borough continues to give every cause for satisfaction. I referred in my report for 1951 to the improvement in the nutritional standard. This improvement has continued throughout 1952, and the percentage of children found to be below the normal standard is the lowest yet recorded. This is not the result of one year's work but shows what can be achieved by years of routine and painstaking medical supervision by the medical and nursing staff of the School Health Service.

There has been no serious outbreak of infection in the schools during the year. The commoner infections such as Scarlet Fever, Measles and Whooping Cough show the usual variations but do not present any serious menace to health. After the slight increase in the incidence of diphtheria in 1951, we have returned to the more normal incidence of two cases among school children of the Borough during 1952. However, an even higher rate of diphtheria immunisation could reduce this figure to nil.

A new development in the School Health Service during the year was the visit of a Mass Radiography Unit to the town. The parents of all school children of 14 years and over were offered the facilities of the Unit. There was a good response and the results of the examinations, which are shown later in this report, were a very satisfactory reflection on the general state of the health of the school population of the Borough.

The improvement shown last year in the infestation rate has been maintained and the extra effort devoted to this problem is still resulting in a 50% decrease in the infestation rate among school children since 1949. This is a notable achievement in dealing with one of the most intractable personal hygiene problems in our school population.

A glance at Table V of the report will show the rapid strides taken during the year in overtaking the enormous amount of outstanding work in the School Dental Service. It will still take several years of sustained effort to achieve the required standard of dentition in the school children of the Borough and every effort will be made to achieve this aim provided only we remain as favourably placed with regard to dental staff.

The shortage of school nurses is still a matter of considerable concern and is already being reflected in the statistical data shown in this report. However, the Education Committee is giving me the fullest support in efforts now being made to recruit more nursing staff and I hope there will be an improvement in the near future.

In conclusion I will say that I am well satisfied with the general health of the school children of the Borough and the efforts made by the medical and nursing staff to maintain the highest standards. I would express my appreciation once again of the continued support I receive from the Chairman and Members of the School Medical and Attendance Sub-Committee and the assistance always so willingly given by the Chief Education Officer and his staff. To my own staff I offer my sincere thanks for their loyal support. With their co-operation and the co-operation of the Education Department and the General Practitioners in the town we have a School Health Service which functions smoothly and efficiently. It is due to this team work that the health of our school children is so satisfactory and I am grateful to all concerned. The Hospital Authorities have at all times been more than helpful, and their ready co-operation plays a large part in the success of this comprehensive health service.

I am indebted to Mr. Booth, Senior Clerk in the 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 1952 and 3,455 pupils have been examined during the year. 64 of these 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 179 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 the 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 10,933 at the end of December, 1952 and every school child in the Borough has an up to date medical record.

(2) Special School Medical Inspections

This heading covers 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	.. ..	Mondays and Wednesdays
Holly Hall Clinic	.. ..	Tuesdays
Netherton Clinic	.. ..	Tuesdays and Fridays
Dudley Wood Clinic	.. ..	Thursdays.

2,307 children were seen at these sessions and the parents were advised, or the children referred to their private doctors or to the appropriate specialist as necessary. This service has proved to be very popular and 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 previously been noted at routine medical inspections to be in need of further observation and advice, were seen by the Assistant School Medical Officers.

During 1952, 2,580 children were seen at these re-inspections.

(4) Nutrition

The general physical condition of the school children of Dudley continues to be very good. Of the 3,455 children examined at schools during the year, only 70 (or 2 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 previous years and is in fact the lowest figure ever to be recorded in the Borough.

Every attention is given to these children in the way of treatment and advice with a view to improving their health and enabling them to obtain in as full a measure as possible the benefits of the education provided.

Parental co-operation with the School Health Service continues to be most satisfactory. A high proportion of parents attend at the school medical inspections 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 3,827. 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 1952, 339 new cases of errors of refraction and 38 new cases of other defects and diseases of the eye were treated at the Central Clinic by the Council's Ophthalmologist. In addition 827 pupils with previously treated errors of refraction and 56 children with other defects previously observed were seen by the specialist, making a total of 1,260 pupils treated at the Eye Clinic.

Spectacles were prescribed for 739 pupils and the number actually issued was 761.

In addition to the above 22 errors of refraction and 16 other defects are known to have been treated at the Guest Hospital.

(7) Diseases of the Ear, Nose and Throat

The Ear, Nose and Throat Clinic continued to function satisfactorily during the year and 206 pupils received operative treatment for adenoids and chronic tonsillitis, four for diseases of the ear and one for other conditions of the nose and throat.

19 children also received other forms of treatment prescribed by the consulting Ear, Nose and Throat Surgeon.

(8) Paediatric Service

The Council's specialist in the disorders and diseases of children has continued to hold two sessions per month at the Priory Clinic, Cedar Road, and 74 pupils were seen.

Children are normally referred to the Paediatric Specialist by the Assistant School Medical Officers and the service is of the utmost value providing, as it does, promptly available expert medical advice followed by prompt treatment when necessary.

(9) Infectious Disease

Diphtheria

During the year only two school children were notified as suffering from diphtheria. This is very satisfactory, but there is no reason why there should be any cases among our school children. The disease has been wiped out in other areas as a result of diphtheria immunisation and I hope to see the same result in Dudley. It is more than ever important to stress the necessity for immunisation because the number of children now being immunised throughout the country is beginning to fall. If this tendency is not arrested we may see diphtheria becoming once again the menace it used to be not so many years ago. The percentage of school children at present protected against diphtheria is 90%. This is a good degree of protection but it must be maintained if not further increased. This degree of protection has been achieved as a result of the co-operation and good sense of parents in Dudley, and I am confident we can rely on this same co-operation in the future.

Other Infectious Diseases

There has been no significant increase in the other common infectious diseases. There was one case of poliomyelitis during the year, but the child concerned made a complete recovery.

Details concerning notification of infectious diseases received in respect of school children are given below.

Age Group	Measles		Diphtheria		Scarlet Fever		Whooping Cough		Polio-myelitis	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5—10 ..	34	37	—	1	24	16	23	35	—	1
10—15 ..	1	—	—	1	4	4	1	1	—	—

(10) Tuberculosis

The following notifications of tuberculosis in children of age groups 5—15 have been received.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Pulmonary	8	5	13
Non-Pulmonary	3	—	3

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

	<i>Males</i>	<i>Females</i>
Pulmonary	29	18
Non-Pulmonary	16	3

During the year a Mass Radiography Unit paid a visit to Dudley for the first time. Facilities were made available for all school children of 14 years and over to have a Chest X-ray examination. The response and the results of these examinations are shown below. No unusual incidence of pulmonary tuberculosis was discovered and the results of the survey can be considered very satisfactory.

<i>School Children</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Number X-rayed	587	692	1,279
Recalled for large films	21	13	34
Recall rate	3.6%	1.9%	2.6%

Abnormalities — Males*Tuberculosis*

Active primary lesions	2 = 3.4 per thousand
Inactive primary lesions	3 = 5.1 per thousand

Other Abnormalities

Broncho-pneumonia	1
Non-tuberculous fibrosis	1
Pleural thickening	1
Congenital heart disease	1
Miscellaneous	2
Referred for further film although probably normal	1

Abnormalities — Females*Tuberculosis*

Active	Nil
Inactive primary lesions	2 = 2.9 per thousand

Other Abnormalities

Congenital abnormality of bony thorax	1
Broncho-pneumonia	1
Bronchiectasis	2
Acquired cardio-vascular lesions	2
Miscellaneous	2

It is hoped in the near future to set up in Dudley a permanent Mass Radiography Unit when it will be possible to make much more extensive use of this valuable means of early diagnosis of tuberculosis.

(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.

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

(12) Physiotherapy Clinic

In addition to the Orthopaedic Clinic, the Physiotherapy Department at the Central Clinic holds sessions every working day under the charge of a trained physiotherapist for the 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. 1,690 physiotherapy treatments and 555 breathing exercises were given during the year.

(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 118 pupils made 1,524 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 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 the School Medical Officers before going to the Camp, as to their freedom from infectious disease, etc.

(16) Rotary Boys' House, Weston-super-Mare

I am once again indebted to the Dudley Rotary Club for providing a free fortnight's holiday for 16 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 11s. 11d. 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 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**

During the year the School Dental Service has changed from a skeleton service to a full-time service once again. Dental clinics have been re-opened and routine dental inspections in the schools resumed. A great amount of work has been done and a great amount still remains to be done, because the resumption of a proper and adequate service has shown the damage done during the lean years when no staff was available to carry out routine dental inspections in our schools. In spite of the progress made during one year the standard of dentition among our school children must still be described as far from satisfactory. However, a start has been made and provided we can retain a full dental staff, which is by far the most important factor, improvement can be assured. During the year we have been in a position to see the results of the collapse of a service built up over many years. I hope we will never be similarly placed again because recovery takes a long time at the expense of the present and future health of the children.

Table V shows the record of work carried out in the schools and dental clinics during the year.

(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 school nurses continue to carry out their duties with skill and efficiency and the success of the school health service is due in no small measure to their efforts. The only anxiety is the continual difficulty in recruiting staff. Without the school nurse the service could not function and I am indebted to the present members of our depleted staff who are doing so much until further candidates for the service can be found. With the full support of the Council, every effort is being made in this direction.

I am glad to report that the steady improvement in the infestation rate has been maintained. Great importance is attached to this aspect of the work and I am encouraged by the interest shown by the Committee, at whose suggestion a full-time assistant nurse was appointed exclusively for this work. It is very largely a social problem and one in which education is more important than treatment. During 1952, 32,171 head inspections were carried out and the infestation rate for the year is shown in comparison with preceding years.

1949	..	..	..	..	..	16%
1950	..	..	..	..	..	7%
1951	..	..	..	..	..	4%
1952	..	..	..	..	..	4%

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

During the year, 107 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 1952, 114 pupils received treatment in a total of 1,070 lessons and 80 new cases were interviewed and assessed and 59 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, 57 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 57 pupils examined during 1952 :

- 1 has been ascertained to be blind.
- 1 has been ascertained to be partially deaf.
- 2 have been ascertained to be delicate.
- 40 have been ascertained to be educationally sub-normal.
- 1 has been ascertained to be maladjusted.
- 6 have been ascertained to be physically handicapped.
- 4 have been reported to the Local Authority under the Mental Deficiency Acts.
- 6 were found not to be suffering from any disability.

Twelve of the educationally sub-normal children ascertained during the year were recommended to remain in their ordinary schools and to have special tuition in subjects in which they were backward. The remainder who were otherwise suitable were recommended to the Authority's special school in Wolverhampton Street where so much is now being done to alleviate their handicap.

STATISTICAL TABLES, 1952

Table I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A. Periodic Medical Inspections

Number of inspections in the prescribed groups :

Entrants	808
Second Age Group	1,386
Third Age Group	1,197
Total	3,391

Number of other periodic inspections .. 64

Grand Total 3,455

B. Other Inspections

Number of special inspections	2,307
Number of re-inspections	2,580
Total	4,887

C. Pupils found to require Treatment

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

<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table IIA</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
Entrants	28	107	129
Second Age Group	73	156	226
Third Age Group	62	97	152
Total (Prescribed groups)	163	360	507
Other Periodic Inspections	16	45	58
Grand Total	179	405	565

Table II

A. Defects found by Medical Inspection

<i>Defect or Disease</i> (1)	<i>Periodic Inspections</i>		<i>Special Inspections</i>	
	<i>No. of Defects</i>		<i>No. of Defects</i>	
	<i>Requiring treatment</i> (2)	<i>Requiring to be kept under observation but not requiring treatment</i> (3)	<i>Requiring treatment</i> (4)	<i>Requiring to be kept under observation but not requiring treatment</i> (5)
Skin	14	25	152	22
Eyes : a. Vision ..	179	24	205	107
b. Squint ..	17	2	21	18
c. Other ..	2	13	37	12
Ears : a. Hearing ..	32	8	22	10
b. Otitis Media	13	2	44	10
c. Other ..	2	2	36	16
Nose or Throat ..	166	74	217	127
Speech	18	15	28	17
Cervical Glands ..	5	26	13	44
Heart and Circulation	15	18	14	70
Lungs	22	49	76	149
Developmental :				
a. Hernia	—	3	—	—
b. Other	—	2	14	14
Orthopaedic :				
a. Posture	11	11	18	5
b. Flat Foot ..	10	13	11	11
c. Other	23	9	59	38
Nervous System :				
a. Epilepsy	—	4	7	4
b. Other	7	3	6	16
Psychological :				
a. Development ..	3	8	11	10
b. Stability	1	11	5	5
Other	44	72	154	151

B. Classification of the General Condition of Pupils Inspected during the year in the age groups

<i>Age Groups</i>	<i>Number of Pupils Inspected</i>	<i>A (Good)</i>		<i>B (Fair)</i>		<i>C (Poor)</i>	
		<i>No.</i>	<i>% of col. 2</i>	<i>No.</i>	<i>% of col. 2</i>	<i>No.</i>	<i>% of col. 2</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	808	585	72.4	217	26.8	6	0.8
Second Age Group	1,386	782	56.5	565	40.7	39	2.8
Third Age Group	1,197	722	60.3	450	37.6	25	2.1
Other Periodic Inspections ..	64	41	64.0	23	36.0	—	—
Total	3,455	2,130	61.66	1,255	36.34	70	2.0

Table III

INFESTATION WITH VERMIN

- (i) Total number of examinations in the schools by the school nurses or other authorised persons .. 32,171
- (ii) Total number of individual pupils found to be infested 1,411
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) 1,598
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) 31

Table IV

TREATMENT TABLES

GROUP I—Minor Ailments (excluding Uncleanliness)

(a)	<i>Number of Defects treated, or under treatment during the year</i>
Skin :	
Ringworm — Scalp	—
Ringworm — Body	19
Scabies	2
Impetigo	572
Other Skin Diseases	243
Eye Disease	280
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	
Ear Defects	321
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	2,040
Total	3,477

(b) Total number of attendances at Authority's Minor Ailments Clinics 8,569

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

	<i>No. of Defects dealt with</i>
Errors of Refraction (including Squint)	1,166
Other defects or diseases of the eyes (excluding those recorded in Group I)	92
Total	1,258

No. of pupils for whom spectacles were :

(a) Prescribed	739
(b) Obtained	761

GROUP III—Treatment of Defects of Nose and Throat

	<i>Total number treated</i>
Received operative treatment :	
(a) for diseases of the ear	4
(b) for adenoids and chronic tonsillitis ..	206
(c) for other nose and throat conditions ..	1
Received other forms of treatment	19
Total	<hr/> 230 <hr/>

GROUP IV—Orthopaedic and Postural Defects

(a) Number treated as in-patients in hospitals or hospital schools	13
(b) Number treated otherwise, e.g. in clinics or out-patient departments	355

GROUP V—Child Guidance Treatment

Number of pupils treated under Child Guidance arrangements	23
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GROUP VI—Speech Therapy

Number of pupils treated by Speech Therapists ..	114
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GROUP VII—Other Treatments Given

	<i>No. of Cases treated</i>
Miscellaneous Minor Ailments	2,040
Paediatrician's Clinic	74
Sunlight Clinic	118
Breathing Exercises	41
Physiotherapy	42

Table V

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers :					
(a) Periodic Age Groups	5,127				
(b) Specials	2,126				
(c) Total — Periodic and Specials	7,253				
(2) Number found to require treatment	6,790				
(3) Number referred for treatment	6,183				
(4) Number actually treated	4,443				
(5) Attendances made by pupils for treatment	6,284				
(6) Half-days devoted to :					
(a) Inspection	119				
(b) Treatment	939				
Total (a) and (b)	1,058				
(7) Fillings : Permanent teeth	3,326				
Temporary teeth	238				
Total	3,564				
(8) Number of teeth filled : Permanent teeth	3,119				
Temporary teeth	306				
Total	3,425				
(9) Extractions : Permanent teeth	1,180				
Temporary teeth	3,312				
Total	4,492				
(10) Administration of general anaesthetics for extraction	2,732				
(11) Other Operations : Permanent teeth	2,232				
Temporary teeth	177				
Total	2,409				

ANNUAL REPORT OF THE CHIEF SANITARY
INSPECTOR AND CLEANSING SUPERINTENDENT
FOR THE YEAR ENDED 31st DECEMBER, 1952

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

Mr. Mayor, Ladies and Gentlemen,

An attempt has been made in this report to present not only facts of a year's working but also to place on record progressive achievement. Having written that let me hasten to point out that much of it is due to the resolution of your Committee and Council and the remainder to the excellent teamwork of the staff.

Since the introduction of the 1930 Housing Act, Dudley has always been in the van of authorities making a solid contribution to the clearance of unfit houses. It is fitting, therefore, that Dudley should have started her post war clearance programme in advance of the request from the Minister of Housing and Local Government.

This year saw the largest of Dudley's public inquiries as a result of applications for Compulsory Purchase Orders. For almost a week the Council's case had to be put and to be subjected to challenge by no small army of legal representatives. The confirming of these orders means a confirming of the Council's policy which has brought with it a challenge which must be met, that is, the re-housing of the families involved and finally the re-development of the cleared areas.

Whilst there must be a general sense of accomplishment there is no place for complacency. Many, many more houses are grossly unfit and urgently require attention. I also feel that the experiences gained during the past year as the result of inspections of unfit houses show the need for a co-relation between house types on new estates with house requirements of the families from proposed clearance areas.

Quite an appreciable effort was required to carry out the requisite inspections and prepare the masses of forms and evidence for the areas and I wish to express my personal appreciation of this.

Away from the field of housing but of equal importance is the work which has been done in relation to food supplies and food premises. Improvement is good and progressive. Whilst it may not appear to be spectacular yet it would be very noticeable if some of the conditions of a few years ago were to return suddenly.

Atmospheric pollution has also been carefully watched during the year and considerable improvement has resulted. Installations have been improved or renewed and more attention is being paid to stoking.

The refuse collection service has, I feel sure, operated with reasonable efficiency and if I make one criticism I do so because I feel strongly about it. Previously I have referred to the need for improvement so as to recruit the right type of labour. Now I would like to turn attention to the men themselves doing the work and to say I would like to see them take a greater civic pride in the work they do. It is not only an essential job but an important one but it will only be considered so if the men impress its importance upon the public by the manner in which they do it.

Again I feel my indebtedness to yourself, Mr. Mayor, to the Chairman of the Health Committee, Dr. A. W. Weston, and to all members of the Health Committee and the Council. Dr. Lawson has been most helpful and the staff and workmen have done an excellent job. To my deputy, Mr. Bowman, I offer my sincerest thanks for his help and good spirit and to all officials I also express my appreciation of the many occasions on which they have been helpful.

I am,

Ladies and Gentlemen,

Yours obediently,

W. PARKER,

*Chief Sanitary Inspector and
Cleansing Superintendent.*

INSPECTION OF FOOD, SAMPLING OF AND SUPERVISION OF FOOD PREMISES

It is perhaps, to be regretted that space does not allow some description of the broadening scope and responsibility of the department in one of the most important items of life and health — namely, food.

However, the next few pages give facts and figures produced from a full year's working. They serve, in themselves, to indicate the variety of responsibility and the changes taking place.

Quite an imposing list is shown of foods condemned and this also indicates the degree of co-operation between food traders and the department, because most of these items are voluntarily brought forward for inspection. Each inspection, however, takes time and during the current year there were 400 such inspections as compared with 290 last year.

This year I have included special information in respect of catering establishments. Improvement is still greatly needed but I am of the opinion that it can only come slowly and even then only if sufficient time, patience and instruction are both given and received.

We hear much about meat or the lack of it, but no publicity is given to the steady vigilance exercised day by day in post mortem examination of carcasses and organs by Sanitary Inspectors. In Dudley the number of animals slaughtered during 1952 was twice as many as those slaughtered in 1950. The figures are : 1950, 3,731 and 1952, 7,431. Full examinations were carried out at all times. The major cause of condemnation of meat was tuberculosis but it is interesting to note only 3·8% of the pigs slaughtered were found to be so affected.

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, 7,431 pigs were notified for slaughter under the Public Health (Meat) Regulations, 1924. The corresponding figure in 1951 was 5,458. All the carcasses were nevertheless inspected, as were 80 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 were concerned.

All Diseases except Tuberculosis :

Whole carcasses condemned	3
Carcasses of which some part or organ was condemned	383
Percentage of the number inspected affected with disease other than tuberculosis	5.2%

Tuberculosis only :

Whole carcasses condemned	5
Carcasses of which some part or organ was condemned	279
Percentage of the number inspected affected with the disease	3.8%

Carcasses or Parts and Offals condemned :

Carcasses	8
Heads	257
Lung, sets of	310
Livers	170
Hearts	202
Kidneys	71
Mesenteries	15
Intestines and Stomachs	25
Spleens	3
Collars	73
Leaf Lards	4
Legs	4
Hocks	5
Feet	8

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

Tuberculosis	4,640½
Pneumonia	101
Pericarditis	588¾
Pleurisy	53
Cirrhosis	322
Abscesses	85
Bruising	12
Peritonitis	268
Cysts	109
Hydronephritis	20½
Nephritis	19¼
Mammitis	6
Enteritis	6
Inflammation	33
Haemorrhage	8½
Fatty Tumours	6½
Arthritis	17½
Necrosis	61
Congestion of lungs	183½

Total weight of meat condemned :

6,541 lbs.— 2 tons 18 cwts. 1 qr. 17 lbs.

Visits to Slaughterhouses	285
Visits for Inspection of private pigs	85

INSPECTION OF OTHER FOODS

During the year the District Inspectors made 400 visits to food premises for the purpose of food inspection, other than meat inspection.

The following foodstuffs were condemned :

	<i>Total</i>
Apple puree (tins)	130
Bacon (lbs.)	14½
Baked Beans (tins)	230
Blancmange powder (packets)	16
Baby foods (jars)	20
Baby foods (tins)	36
Biscuits (tins)	11
Biscuits (lbs.)	94½
Browning (bottles)	1
Cake mixture (packets)	12
Cereals (packets)	39
Chese (lbs.)	56¼
Cheese (packets)	385
Cheese spread (packets)	4,031
Cheese spread (jars)	3
Cheese spread (tins)	1
Cod fillets (lbs.)	26½
Chicken (tins)	4
Chicken (jars)	1
Cocoa powder (lbs.)	56
Cocoa powder (tins)	1
Cream compound (cartons)	1
Crisps (tins)	6
Cornflour (packets)	10
Custard (packets)	42
Custard (lbs.)	4½
Creamola (packets)	1
Chocolate cakes	279
Coconut (tins)	1
Coffee Essence (bottles)	2
Currants (lbs.)	50
Christmas puddings	13
Eggs	258
Farinoca (lbs.)	8
Fish (tins)	4,636
Fish (jars)	8
Fish Paste (jars)	257
Fruit (tins)	3,105
Fruit (jars)	420
Fruit juice (tins)	30
Fruit juice (bottles)	5
Flour (lbs.)	105
Fruit slab cake (lbs.)	15
Ground Rice (lbs.)	30
Ham (lbs.)	1,440½

Inspection of Other Foods — *continued*

	<i>Total</i>
Honey (jars)	6
Ice Wafers (lbs.)	7
Jam (tins)	88
Jam (jars)	105
Jelly (packets)	31
Lemon squash (bottles)	1
Lemon curd (jars)	5
Marmalade (jars)	22
Marmalade (tins)	8
Marmite (bottles)	1
Malted milk (tins)	3
Malted milk (packets)	1
Meat (tins)	1,070
Meat (lbs.)	92
Meat Paste (jars)	16
Mineral waters (bottles)	60
Mincemeat (jars)	21
Mincemeat (tins)	2
Margarine (lbs.)	8 $\frac{1}{4}$
Milk (tins)	295
Nescafe (tins)	1
Nutty Bon Bons (lbs.)	56
Oats (packets)	2
Olives (bottles)	8
Olive Oil (bottles)	6
Pickle (jars)	4
Pork Pie (lbs.)	$\frac{1}{2}$
Pork Sausage (lbs.)	63
Pork Sausage (tins)	9
Prunes (lbs.)	4,372
Puddings (tins)	18
Preserved Ginger (jars)	2
Quick Macaroni (packets)	1
Rabbit (tins)	18
Rusks (packets)	72
Ryvita (packets)	1
Red Cabbage (bottles)	12
Salad Cream (jars)	6
Sago (lbs.)	73
Sauce (bottles)	3
Savoury (jars)	8
Semolina (packets)	1
Sandwich Spread (jars)	2
Soup (tins)	284
Soup (packets)	1
Strained custard pudding (tins)	2
Spaghetti (tins)	177
Spaghetti and sausages (tins)	2
Sponge Mixture (packets)	4
Syrup (tins)	1
Sweets (jars)	9
Sweets (tins)	8
Tomatoes (lbs.)	90

Inspection of Other Foods — *continued*

	<i>Total</i>
Tomatoes (tins)	1,063
Tomato paste (tins)	3
Tomato ketchup (bottles)	1
Tomato juice (tins)	15
Vegetables (tins)	845

Food Poisoning

No case of food poisoning or suspected food poisoning was reported during the year.

SUPERVISION OF FOOD PREMISES

Two Inspectors have continued to devote considerable time to this important branch of the department's work and in so doing have done much to produce an excellent spirit of co-operation in many places. They have done yeoman service which has resulted in many improvements.

In my Annual Report for last year I instanced the need for more field work in connection with general food hygiene. With the excellent co-operation of the Public Health Laboratory Service at Stafford some attempt has been made in this direction.

A series of tables is given showing the results of swabs, rinse waters and samples of washing-up waters. Care was taken at all times to ensure that the tests were under normal conditions.

To measure the results presumptive satisfactory standards have been adopted. Swab results are classified as satisfactory with a colony count of not more than 100 and an absence of *B.coli*. Washing-up and rinse waters are considered satisfactory with a colony count not in excess of 500 per ml. of water and an absence of *B. coli*.

Short comments are made below each table and I express the hope that the result of this work will not only be of interest but serve to illustrate its value and the need for yet more intensive work in this growing field of catering hygiene.

In explanation may I make it quite clear that no notice is taken of the numbers under the columns headed ASB which of course indicate swamping by aerobic spore bearing bacilli in the laboratory.

Table I
Analysis of Results of Examination of Swabs taken from Catering Premises (Cafes, Restaurants, Canteens, School Kitchens)

Type of Utensil	No. of Swabs taken	Colony Counts							Bacterium Coli			% of Total number of swabs taken satisfying suggested standards
		Sterile	Under 100	Over 100 and less than 1,000	Over 1,000 and less than 10,000	Over 10,000 and less than 100,000	Over 100,000 and less than 500,000	Over 500,000	ASB	Absent	Present	
Glasses	29	11	12	2	2	1	—	—	1	29	—	82%
Cups and beakers	145	49	40	6	8	8	—	—	34	145	—	80%
Forks	65	30	18	2	3	1	—	—	11	65	—	89%
Spoons	45	21	13	2	2	—	—	—	7	45	—	90%
Plates	108	36	37	3	5	1	—	—	26	108	—	89%
Insulated and other food containers	77	16	15	3	12	13	5	3	10	76	1	46%
Cooking and other kitchen utensils	18	3	8	1	—	—	1	—	5	17	—	85%
Totals ..	487	166	143	19	32	24	6	3	94	485	1	

It is interesting to note that 79% of the utensils swabbed gave satisfactory results if one considers total results but a glance at the table shows a rather disturbing feature. Insulated food containers swabbed yielded only a satisfactory result in 46% of those taken. Particularly is this disturbing when it is remembered that such containers usually hold food at temperatures favourable to the growth of harmful bacteria.

It is pleasing, however, to report that in consequence of these results additional facilities for the cleansing and sterilising of food containers are being installed at the various premises concerned.

Table II
Analysis of Results of Examination of Washing-up and Rinse Waters from Catering Premises

Type of Water	No. of samples taken	Colony Count per <i>ml.</i> of water						Bacterium Coli			% of Total number of samples taken satisfying suggested standards
		Sterile	Under 500	Over 500 and less than 5,000	Over 5,000 and less than 10,000	Over 10,000 and less than 100,000	Over 100,000 and less than 500,000	ASB	Absent	Present	
Washing-up water ..	23	2	4	3	—	5	5	4	11	5	7
Rinse water ..	4	2	1	—	1	—	—	—	4	—	—
Ice Cream utensil rinse water ..	2	2	—	—	—	—	—	—	2	—	—
Totals ..	29	6	5	3	1	5	5	4	17	5	7

It is unfortunate that greater numbers of samples of washing up water were not obtained but unfortunately they were very often not available when the Inspectors visited the premises. Results of the samples which were taken do, however, show not too satisfactorily. Out of 23 samples, 12 contained B coli and of these there were 7 samples giving faecal coli. Only 6 gave colony counts of less than 500.

Table III
Analysis of Results of Examination of Swabs and Samples taken at Licensed Premises

Type of Utensil	No. of Swabs Taken	Colony Counts						*ASB	Bacterium Coli			% of Total number of Swabs taken satisfying suggested standards
		Sterile	Under 100	Over 100 and less than 1,000	Over 1,000 and less than 10,000	Over 10,000 and less than 100,000	Over 100,000 and less than 500,000		Absent	Present	Faecal	
Drinking glasses ..	172	56	44	19	12	13	3	25	172	—	—	68%
Drip trays and over-spill receptacles	4	—	1	2	—	1	—	—	—	4	—	Nil
Beer Pipes ..	2	2	—	—	—	—	—	—	2	—	—	100%
Barrel Funnels ..	1	1	—	—	—	—	—	—	1	—	—	100%
Serving tray ..	1	—	—	—	—	1	—	—	—	1	—	Nil
Totals ..	180	59	45	21	12	15	3	25	175	5	—	

Type of Sample	No. of Samples	Colony Count per Ml. of Sample						*ASB	Bacterium Coli			% of Total number of Samples Bacteriologically Satisfactory
		Sterile	Under 100	Over 100 and less than 1,000	Over 1,000 and less than 10,000	Over 10,000 and less than 100,000	Over 100,000 and less than 500,000		Absent	Present	Faecal	
Draw-off Beer ..	2	1	—	—	—	—	—	1	2	—	—	100%
Over-spill Beer ..	8	2	1	3	—	—	—	2	6	2	—	50%
Totals ..	10	3	1	3	—	—	—	3	8	2	—	

*A.S.B. — Swamped by Aerobic Spore Bearing Bacilli.

Swabs from beer glasses did not give results as satisfactory as swabs from cups, beakers and glasses in catering establishments (see Table I.) There is still much improvement needed in the cleansing of beer glasses.

Drip trays and overspill receptacles gave bad results and I leave the results of the overspill beer to speak for themselves. The return to sale of overspill beer is still carried on and is a practice which most definitely should stop.

Table IV

Analysis of Swabs and Samples taken at Food Shops and Other Food Preparing Premises not included in Previous Analyses

Type of Utensil or surface swabbed etc.	No. of swabs or samples	Colony Count						*ASB	Bacterium Coli			% of Total number of samples satisfying suggested standards
		Sterile	Under 100	Over 100 and less than 1,000	Over 1,000 and less than 10,000	Over 10,000 and less than 100,000	Over 100,000 and less than 500,000		Absent	Non- faecal	Faecal	
Knives and similar utensils	26	5	7	2	3	4	2	—	19	1	6	56%
Surfaces likely to come into con- tact with food ..	29	1	4	5	6	3	2	5	27	—	2	19%
Bacon slicer blades, etc.	16	1	5	4	1	—	2	3	14	1	1	37%
Bakehouse utensils coming into con- tact with confec- tionery cream ..	6	5	1	—	—	—	—	—	6	—	—	100%
Ice cream plant ..	7	1	3	1	1	—	—	1	7	—	—	57%
Water used for† cleansing pur- poses	4	—	—	1	1	—	1	1	1	—	3	25%
Totals	88	13	20	13	12	7	7	10	74	2	12	

†Colony Counts per Ml. of water.

*Swamped by Aerobic Spore Bearing Bacilli.

This table is a very disturbing one. Only 30% of the results are classed as satisfactory whilst as many as 16% gave a finding of *B. coli*, the majority of which were faecal type. The majority of these swabs were from surfaces or utensils coming into contact with prepared foods such as cooked meats, etc., and further emphasise the necessity of improved hygiene in food places.

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

General Food Shops	.. .. .	310
Food Preparing Premises, subject to registration	..	26
Canteens	.. .. .	161
Restaurants	.. .. .	132
Bakehouses	.. .. .	87
Fried Fish Shops	.. .. .	83
Butcher's shops	.. .. .	125
Licensed Premises with catering licences	.. ..	62
Licensed Premises without catering licences	..	147

344 informal and 1 formal notices under the Food and Drugs Act were served during the year and 1 formal and 113 informal notices were complied with. In addition, 287 notices were served under the provisions of the Food Byelaws.

MILK SUPPLIES

On the 1st November, 1952, Dudley was included in a specified area to which the Milk (Special Designations) (Specified Areas) Order, 1952, made under Section 23 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, applied and in consequence the retailing of undesignated raw milk ceased. As can be seen from the undermentioned table of milk licences, practically all milk sold in Dudley is heat treated. Only one retailer supplies raw tuberculin tested milk.

The table of results of bacteriological examinations of milk samples naturally covers the earlier part of the year before the above-mentioned legislation became operative. For this reason results are given of raw undesignated milk samples and it will be noticed that out of 15 samples submitted for a tuberculosis examination there were two samples which gave positive results. Although very little undesignated raw milk has been sold in Dudley for some time it is obvious that it was a source of potential danger and, personally, I am very pleased to see the end of this product.

Further study of the table reveals a very reasonable condition of milk suppliers in the borough.

In addition to the sampling of milk regular visits are paid to the dairies in the area and it is pleasing to be able to report that these establishments are being well conducted.

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

		<i>Processors'</i> <i>Licences</i>	<i>Dealers'</i> <i>Licences</i>	<i>Supplementary</i> <i>Licences</i>
T.T. Pasteurised	..	—	14	6
Pasteurised	.. ..	1	23	6
Sterilised	.. ..	—	215	6
Tuberculin tested	..	—	—	1
Accredited	.. ..	—	—	—

At the end of 1952 there were 216 milk distributors registered with the Local Authority.

SAMPLING FOR CHEMICAL ANALYSIS

During the year 58 formal and 200 informal samples were taken and adverse reports were made on 18. Details of action taken are given below.

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Coffee and Chicory Essence	Unsatisfactory. Sample No. 1190. Deficient 4% Caffeine.	It was impossible to take a formal sample as stocks had been disposed of.
Confectionery Cream	Unsatisfactory. Sample No. 1202. Unsatisfactory description on label.	Informal action was taken which resulted in a satisfactory amendment to the label.
Jelly tablet	Unsatisfactory. Sample No. 1169. Deficient of 13% of the required amount of sugar.	A formal sample of the same brand of jelly was taken as a consequence of this report. This was genuine and no further action was taken.
Soft Drink Tablets	Unsatisfactory. Sample No. 1173. Contained an excessive amount of Talc.	Stock withdrawn from sale.
Vinegar	Unsatisfactory. Sample No. 1205. Consisted essentially of a coloured and flavoured solution of Acetic Acid—incorrect to describe it as vinegar.	This sample was a non-brewed condiment sold by the retailer to the public as vinegar. The retailer was not entirely to blame in this matter as the invoice from the suppliers which accompanied the commodity was not clear in its implications. Representations were made to the retailer and to the supplier and the matter was satisfactorily cleared up.
Ice Cream	Unsatisfactory. Sample No. 1225. Deficient of 9.3% Sucrose and 6% fat and 43% Milk Solids.	A formal sample was taken as a consequence of this report. This was genuine.
Sausage, Pork	Unsatisfactory. Sample No. 1251. Deficient of 5.5% total meat.	A warning letter was sent to the vendor in this case. It was not felt that the deficiency warranted legal proceedings.
Bilberries in Rich Syrup	Unsatisfactory. No. 1312. Incorrectly labelled.	Formal sample taken. See sample No. 1366.
Chest and Lung Mixture	Unsatisfactory. No. 1300. Contained an excess of 118% of Acetic Acid.	Formal sample taken. See sample No. 1333.

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Chest and Lung Mixture	Unsatisfactory. No. 1333. Contained an excess of 25% of Acetic Acid and deficient of 40% Spirit of Nitrous Ether.	Warning letter sent to manufacturers.
Ice Cream	Unsatisfactory. No. 1315. Deficient of 81.5% sucrose.	This retailer very rarely sells in the borough and it was not possible to take a formal sample. The result of this informal sample was however referred to the Authority in whose area the manufacturers was situate.
Ice Cream	Unsatisfactory. Nos. 1316, 1320, 1321, 1323. Deficient of 10.0%, 76.0%, 93.5% and 33.0% of sucrose respectively.	These 4 informal samples involved two manufacturers only. Formal samples were genuine. The Authorities in whose areas these ice creams were manufactured were however informed of the results of the informal samples.
Ice Cream	Unsatisfactory. No. 1335. Deficient of 6% Total Sugar.	Warning letter was sent.
Bilberries in Rich Syrup	Unsatisfactory. No. 1366. Incorrectly labelled.	As a consequence of the report, stock was withdrawn from sale for re-labelling.
Butter Drops	Unsatisfactory. No. 1338. Deficient of at least 81% Butter Fat.	As a result of this informal sample efforts were made to obtain a formal sample but it was found that all stocks had been withdrawn from sale.

The actual samples taken during the year were as follows :

Commodity	In-formal	Formal	Commodity	In-formal	Formal
Ale	1	—	Lemon curd tarts ..	1	—
Almond flavouring ..	1	—	Lime juice cordial ..	1	—
Apples	1	—	Lemon squash powder	1	—
Apples in Syrup ..	1	—	Linseed, liquorice and		
Beer	4	1	chlorodyne lozenges	1	—
Bicarbonate of soda	1	—	Milk	1	35
Blancmange powder	5	—	Mixed Peel	1	—
Blackberries in syrup	1	—	Mixed spice	2	—
Blackcurrants in syrup	1	—	Malt vinegar	1	1
Baking powder ..	1	—	Marshmallow cone ..	1	—
Bilberries in rich syrup	1	1	Meat soup	1	—
Barley kernels ..	1	—	Mustard	1	—
Blackcurrant flavouring ..	1	—	Mint in vinegar ..	1	—
Brandy	—	1	Mixed pickles ..	1	—
Butter drops ..	2	—	Non-brewed condiment ..	1	—
Butter scotch ..	1	—	Orange squash ..	1	—
Cake flour	1	—	Orange flavouring ..	1	—
Cochineal colouring	1	—	Oats	1	—
Coconut flavouring ..	1	—	Pearl barley	1	—
Coffee	1	—	Pickling spice ..	1	—
Coffee and chicory ..	8	—	Pears	1	—
Currants	8	—	Piccalilli	1	—
Chest and lung mixture ..	1	1	Pickled walnuts ..	1	—
Custard powder ..	6	—	Pickled onions ..	1	—
Cheese spread ..	2	—	Pickled red cabbage	1	—
Cider	2	—	Pastry mixture ..	1	—
Custard tart	1	—	Plums in syrup ..	1	—
Cod liver oil ..	1	—	Pork pie	1	—
Confectionery cream	1	—	Raisins	4	—
Cooling powder ..	1	—	Rice	2	—
Dried Egg	—	1	Rum	—	1
Dried Parsley ..	2	—	Sago	1	—
Dessicated coconut ..	1	—	Sausage, pork ..	—	5
Dried Peas	1	—	Sausage, beef ..	—	1
Effervescent powder	1	—	Semolina	1	—
Farinoca	1	—	Soya flour	1	—
Flour	1	—	Strawberries in syrup	1	—
Flaked rice	1	—	Suet	2	—
Fish cakes	1	—	Sultanas	10	—
Fish paste	2	—	Sage and onion stuffing ..	2	—
Gelatine	1	—	Steak and kidney pie	1	—
Golden raising powder	1	—	Salad cream	1	—
Granny's sauce ..	1	—	Scotch broth	1	—
Gravy colouring ..	1	—	Shredded suet ..	2	—
Gin	—	1	Sherbet	1	—
Glace cherries ..	1	—	Soft drink tablets ..	—	1
Ground almonds ..	1	—	Soup powder	1	—
Ground ginger ..	1	—	Stomach powder ..	1	—
Ground nutmeg ..	2	—	Tapioca	1	—
Ground rice	1	—	Tea	1	—
Head and stomach pills ..	1	—	Throat tablets ..	—	1
Honey	1	—	Vinegar	—	1
Horseradish sauce ..	2	—	Welsh rarebit ..	1	—
Ice cream	40	3	Whisky	—	2
Indian Brandee ..	1	—	Worcestershire sauce	1	—
Jelly tablet	4	1	White pepper ..	5	—
Jelly crystals ..	1	—	Vanilla flavouring ..	1	—
Lemon cheese ..	2	—			

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 341.

Bacteriological Examination of Milk

	(a) Bacteriological Content						(b) Phosphatase Test		(c) Turbidity Test		(d) Tuberculosis test		(e) Phenol Phthalein Test	
	No. taken for			Methylene Blue Reduction Test										
	Bact. Exam.(a)	T.B. Test (b)		Satis.	Unsatis.		Satis.	Unsatis.	Satis.	Unsatis.	Negative	Positive	Negative	Positive
T.T. Pasteurised	75	—		72	3		74	1	—	—	—	—	74	1
Pasteurised	126	—		123	3		123	3	—	—	—	—	123	3
Sterilised	92	—		—	—		—	—	92	—	—	—	—	—
T.T. Milk	19	10		13	2		—	—	—	—	10	—	—	—
Heat Treated Undesignated milk	10	—		10	—		9	1	—	—	—	—	9	1
Raw Undesignated milk ..	19	15		13	4		—	—	—	—	13	2	—	—
Totals	341	25		231	12		206	5	92	—	23	2	206	5

ICE CREAM AND ICED LOLLIPOPS

By far the greater quantity of ice cream retailed in the Borough is pre-packed and this reduces the dangers of contamination in handling. Very little of the ice cream is not heat treated during manufacture.

On the whole the results of samples submitted for examination were quite good. Chemically the samples were fully satisfactory and one can only criticise the grading of certain ice creams. Even in this connection, however, one must bear in mind that the gradings are presumptive and judge accordingly.

For the first time results are shown of samples of iced lollipops although no standards are laid down either chemically or bacteriologically.

The consumption of iced lollipops by children is increasing enormously and more and more people are beginning to manufacture and sell them. Various recipes are being used and processes adopted are not only many but weird and wonderful.

For the purpose of classification presumptive standards have been adopted and a result is classified as a satisfactory one where the colony count is not more than one hundred and coliforms are absent.

The following tables are given as a matter of interest and I may add that it is intended to increase sampling of these commodities and so obtain a better indication of the position. The District Inspectors made 267 visits to ice cream premises during the year and 265 samples were taken and submitted for bacteriological examination.

Ice Cream

	Type of Mix	No. of samples taken	Grade 1	Grade 2	Grade 3	Grade 4
Produced in Dudley ..	Heat treated	72	50	13	7	2
	Not heat treated	13	11	1	1	—
Not produced in Dudley ..	Heat treated	178	89	43	25	21
	Not heat treated	2	1	1	—	—
	Totals	265	151	58	33	23

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

Iced Lollipops

**Table showing Analysis of Results of
Bacteriological Examination**

<i>Total number of Samples Taken</i>	<i>Colony Count per c.c.</i>						<i>B. Coli</i>		
	<i>Nil</i>	<i>0 to 10</i>	<i>10 to 50</i>	<i>50 to 150</i>	<i>150 to 250</i>	<i>Over 250</i>	<i>Absent</i>	<i>Present in 0.3 c.c. non- faecal</i>	<i>Present in 0.3 c.c. faecal</i>
47	3	21	12	5	*2	*4	37	*10	Nil

**Table showing Colony Counts of Samples where
Bacterium Coli was found to be present**

<i>Total number of Samples showing presence of Bact. Coli</i>	<i>Colony Count per c.c.</i>					
	<i>Nil</i>	<i>0-10</i>	<i>10-50</i>	<i>50-150</i>	<i>150-250</i>	<i>Over 250</i>
*10	Nil	3	1	Nil	2	4

*None of these Lollipops were produced in Dudley

OVERCROWDING AND HOUSING

During the post war period the Dudley Town Council has made a major contribution towards the re-housing of families from overcrowded and unfit houses. To recapitulate, the position is as follows :

Housing Act, 1936

Section 11 — Demolition Orders

During the year 41 Demolition Orders were made and 57 houses were demolished. This brings the post war total to 283 Demolition Orders made.

Section 12 — Closing Orders

There were 3 Closing Orders made this year thus bringing the post war total to 8 Closing Orders.

Sections 25 and 26 — Clearance Areas

In the post war period Orders have been confirmed for the Low Town Area and for the Rayboulds Fold Nos. 1 and 2 and the St. Giles Street Areas. The number of houses in these areas was 165.

The year under review has eclipsed these efforts and it is of interest to look at the matter in some detail. During 1950 it was resolved to resume Slum Clearance and a large central area was decided upon. Mapping and inspections followed and finally twelve areas were represented. Later it was decided to make application for Compulsory Purchase Orders and certain "grey" areas were added.

During September of this year a Public Inquiry was held in connection with the Orders and this Inquiry occupied several days. This is understandable when one considers the extent of the properties in the orders. Properties affected were as follows :

"Pink" properties	Houses	400
	Houses and shops or businesses ..	43
	Total families affected	479
"Grey" properties	Number of premises	57
TOTAL PROPERTIES IN THE AREAS		500

It was obviously a major programme and was the largest single effort ever to be made in Dudley. Consequently the Minister's decision has been awaited with great interest and not a little concern.

The confirming orders are now to hand and it may be of interest to compare the orders applied for with the orders as confirmed.

		<i>As applied for</i>	<i>As confirmed</i>
"Pink" properties	Houses	400	394
	Houses and shops or businesses ..	43	35
	No. of premises ..	57	52

Alterations

	<i>" Pink "</i> <i>Properties</i>	<i>" Grey "</i> <i>Properties</i>
Excluded from the Orders	6*	5
Transferred from pink to grey ..	8	—
Pink properties to be crosshatched yellow	6	—

Only minor alterations have been made and in consequence one feels that the approach to slum clearance in Dudley is on the right course.

Re-housing of the affected families has commenced but it will obviously take some little time before total re-housing is accomplished.

During the current year only 6 houses have been demolished from clearance areas, bringing the total to 1,769, but the position is expected to be much different in the future.

*Note—Of the six pink properties excluded from the Orders four of them are properties owned by the Corporation.

Rehousing

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

No. of cases re-housed because of overcrowding	42
No. of cases re-housed because of Tuberculosis	37
No. of cases re-housed because of special health features ..	14
No. of families re-housed from houses on which a Demolition Order or Closing Order was operative	34
No. of families re-housed from Clearance Areas	2

SANITARY ADMINISTRATION

Under the heading " Domestic Water Supply " appear figures showing that 1,941 houses have a common domestic water supply. This figure calls for comment. It is a greater figure than last year but is more accurate. Previously the figure was estimated in the department but this year the South Staffordshire Water Company have very kindly supplied the figure. For a borough the size of Dudley it may be suggested the figure is a high one and steps should be taken to reduce it. Steps are being taken by way of slum clearance and as this work progresses an end will come to this unsatisfactory state of affairs.

More work was done under the provisions of the Public Health Act, 1936 and more factory inspections were carried out.

No untoward difficulties presented themselves and I feel that a satisfactory year's working has been accomplished.

Particulars of Inspections

Routine work continued under the Public Health Act, 1936, and during the year 1,096 inspections and 2,829 re-inspections were made. The number of nuisances or defects recorded was 2,588 and the number remedied 1,641.

The number of preliminary notices served was 579 and the number complied with was 221. Statutory notices served numbered 251 and 226 notices were complied with.

The following were some of the more important defects remedied :

House roofs	292
Eaves gutters and rainwater pipes	169
Floors	44
Staircases	17
Plasterwork	205
Windows : Woodwork	59
Sashcords	77
Firegrates	14
Outbuildings	72
Closets	220
Drainage systems	208
Yards	8

Domestic Water Supply

No. of premises (excluding Council houses) having a private supply (estimated)	9,577
No. of Council houses	6,551
No. of premises having common water supplies (estimated)	1,941

Factories

The number of factories inspected was 98 and in addition 75 re-visits were made. 31 informal and 1 formal notices were served and 23 informal and 2 formal notices were complied with.

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

<i>Contravention</i>	<i>Inspections</i>	<i>Re-inspections</i>	<i>Defects found</i>	<i>Defects remedied</i>
Want of cleanliness ..	—	—	—	—
Overcrowding	—	—	—	—
Unreasonable temperature	—	—	—	—
Inadequate ventilation	—	—	—	—
Ineffective drainage of floors	—	—	—	—
Sanitary conveniences :				
(a) insufficient ..	6	6	6	7
(b) unsuitable or defective ..	42	91	91	47
(c) not separate for sexes	1	3	3	4

Outworkers

(a) No. of lists received from employers	21
(b) No. of employers involved	11
(c) Outworkers involved	33
(d) No. of outworkers living outside Borough	16
(e) No. of districts in (d)	7
(f) No. of lists received from outside Authorities	7
(g) No. of outworkers involved	43

Infectious Diseases

The investigation of notified cases of infectious diseases continued as usual and the District Inspectors made 112 visits in connection therewith.

SANITARY ACCOMMODATION

	1952	1951
No. of houses and other premises (estimated) ..	17,585	17,550
No. of houses and other premises served by W.C's draining into public sewers ..	17,423	17,386
No. of houses and other premises served by ashbins	17,584	17,550
No. of privies in the Borough	2	2
No. of cesspools in the Borough	88	88
No. of pail-closets in the Borough	75	78

Particulars of conversions from conservancy system during the year

	1952	1951
Privies converted to W.C's	Nil	Nil
Pails converted to W.C's	3	Nil
Privies and pails abolished by demolition of dwellinghouses	Nil	Nil
Privies converted to pails	Nil	Nil

RODENT CONTROL

The following table summarises the work done in rodent control :

	<i>Type of Property</i>				<i>Total</i>
	<i>Local Authority</i>	<i>Dwelling Houses</i>	<i>Agricultural</i>	<i>All other (including business premises)</i>	
I. Total number of properties in Local Authority's District	60	16,352	2	2,372	18,786
II. Number of properties inspected by the Local Authority during 1952 as a result of (a) notification ..	(a) 14	98	—	40	152
(b) survey or otherwise ..	(b) 30	119	—	30	179
III Number of properties inspected (see Section II) which were found to be infested by rats	Major 2	—	—	3	5
Minor 31	31	53	—	24	108
IV Number of properties inspected (see Section II) which were found to be seriously infested by mice ..	—	—	—	—	—
V Number of infested properties (see Sections III and IV) treated by the Local Authority	32	53	—	26	111
VI Number of notices served under Section 4 : (1) Treatment ..	—	—	—	—	—
(2) Structural Works (i.e. Proofing) ..	—	—	—	6	6
VII Number of cases in which default action was taken by the Local Authority following the issue of a notice under Section 4 ..	—	—	—	—	—
VIII Legal Proceedings ..	—	—	—	—	—
IX Number of " block " control schemes carried out	Nil				

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	30

Houses treated with insecticide :

Corporation	3
Private	7

No. of rooms involved :

Corporation	11
Private	24
No. of houses disinfected after Infectious Diseases	93
No. of rooms involved	126
No. of visits to tips re crickets, etc.	102
No. of library books disinfected	75

Articles disinfected or destroyed :

	<i>Disinfected</i>	<i>Destroyed</i>
Mattresses	13	5
Pillows	198	2
Bolsters	104	1
Sheets	147	1
Blankets	512	Nil
Overlays	152	8
Coats	22	Nil
Sundries	139	4
Nightdresses	2	Nil
Totals	1,289	21

PUBLIC CLEANSING

Refuse Collection

House and Trade Refuse collections have been regularly and smoothly carried out for yet another year. Dwellinghouses, offices and most business premises have received a weekly service, whilst the remaining premises have had a service according to special need — in some instances daily.

Labour still presents somewhat of a difficulty and special mention must be made of this. On paper there is a larger labour force than is really necessary but with a combination of absence due to sickness or holidays coupled with absenteeism without reason or permission it is never possible to record sufficient men working at any one time to cover all routine work. This calls for almost daily re-organisation in part and is not good.

I must draw attention to the increase in the number of cesspools receiving attention. These cesspools are serving houses and factories and for the latter require daily service. It is very costly work and is not viewed very kindly either by the men who have it to do or by the people living in the houses or working in the factories. A scheme for new sewers has been prepared but consent from the appropriate Ministry Department is being withheld. One can only hope for a reversal of Ministerial attitude very quickly because it is imperative that the present unsatisfactory conditions be altered.

Disposal

The major part of trade refuse has again been incinerated and domestic refuse has been disposed of by means of controlled tipping on the site adjoining Blowers Green Road. The work of filling and levelling this site is proceeding quite well and the final layer of the first portion will soon be put in.

Cost

A standardised costing return has been re-instituted by the Ministry and this form of return is included in this report instead of the table used previously. Because of this it is not possible to give the comparative figures for the previous year.

HOUSE REFUSE COLLECTION

Year ending 31st December :

	1952	1951
No. of houses and other premises to which collection service was given	17,585	17,534
Average No. of Ashbins cleansed per week ..	18,029	17,294
Average No. of pail closets cleansed per week ..	99*	113†
Average No. of cesspools serviced per week ..	20	15
Average No. of gallons removed from cesspools per week (estimated)	46,817	35,115
Total refuse collected in tons (estimated) excluding night soil	17,774	19,302

†Includes emptying of pails at fairgrounds and Bunns Lane Conversions throughout the year (1,193) and at the Festival Pageant (650).

*Includes emptying of pails at fairgrounds, circus and Bunns Lane Conversions throughout the year (1,180).

COST STATEMENT, 1952-53

<i>Particulars</i>	<i>Collection</i>	<i>Disposal</i>	<i>Totals</i>
	£	£	£
Revenue Account :			
GROSS EXPENDITURE :			
(i) Labour	14,433	10,013	24,446
(ii) Transport	7,959	3,030	10,989
(iii) Plant, equipment, land and buildings	4,680	3,262	7,942
(iv) Other items (includes £.... paid to other local authorities) ..	480	355	835
(v) Total gross expenditure ..	27,552	16,660	44,212
GROSS INCOME (including £.... received from other local authorities ..	587	8,937	9524
NET COST	26,965	7,723	34,688
Capital expenditure met from revenue (included above)	3,560	—	3,560
Unit Costs :	s. d.	s. d.	s. d.
Gross cost per ton, labour only ..	14 2	9 10	21 0
Gross cost per ton, transport only ..	7 10	3 0	10 10
Net cost (all expenditure) per ton ..	26 6	7 7	34 1
	£	£	£
Net cost per 1,000 population ..	434	124	558
Net cost per 1,000 premises ..	1,533	439	1,972

OPERATIONAL STATISTICS

Area (statute acres) — land and inland water ..	4,066 acres
Population at 30th June, 1951	62,200 persons
Total refuse collected (tons). Indicate whether estimated	20,359 tons (est.)
Weight (cwts.) per 1,000 population per day (365 days to year)	17.9 cwts.
Number of premises from which refuse is collected	17,585 premises
Average haul (miles) by collection vehicle to disposal point	2½ miles
Frequency of collection	Weekly
Kerbside collection, if practised, expressed as estimated percentage of total collection ..	Nil
Total refuse disposed of (tons)	20,359 tons
Methods of disposal :	
(a) crude tipping	Nil
(b) controlled tipping	92%
(c) Direct incineration	8%
(d) Separation and incineration	Nil

(e) Miscellaneous :				
Pulverisation	..	..	..	Nil
Barging to sea	..	..	..	Nil
Composting	..	..	..	Nil
(f) Other methods (state nature)			..	Nil

Salvage and Trade Refuse

Analysis of income and tonnage :

			<i>Income</i> £	<i>Tonnage collected</i> tons
Salvage :				
(a) Kitchen Waste	..	..	3,848½	740½
(b) Scrap Metal	..	..	576	151½
(c) Waste Paper	..	..	3,538	428
(d) Other Salvage	..	..	303½	12
Trade Refuse	..	..	731	1,253

Vehicle Maintenance

As soon as possible after the war had ended vehicles were replaced and very quickly a fleet of new vehicles was introduced. These are now showing signs of age and are naturally requiring more attention.

The strict, regular maintenance is, however, paying good dividends.

Bin Scheme

I am very pleased to report an improved delivery of bins from the manufacturers and a return of the galvanising finish of bins.

Improvements in delivery have resulted in a lowering of outstanding requests for bins but an increase in the number issued. This has led to an improvement in that the workmen are no longer having the same unsatisfactory refuse receptacles to handle.

The following table indicates the issues made in comparison with previous years.

<i>Bins Issued</i>			
	<i>Up to</i> 31.3.51	<i>1.4.51</i> <i>to</i> 31.3.52	<i>1.4.52</i> <i>to</i> 31.3.53
Private houses (including new private houses)	776	1,489	1,917
Corporation houses in Borough ..	669	1,022	859
New Corporation houses = (1st issue) }			66
Corporation houses outside Borough }			7
Trade Premises and Offices	32	129	204
	<u>1,477</u>	<u>2,640</u>	<u>3,053</u>

SALVAGE

Throughout the Cleansing Departments of this country there has been much heartburning on the subject of salvage during the year. Last year was an excellent one both for tonnage and price.

Estimates for this year were based upon those results but with the commencement of the new financial year came the first blow. The price for baled paper was first reduced on the 1st April, 1952 and continued to fall until finally the Board Mills were paying less than half the 1951/2 price. House to house collection of paper was discontinued and re-organisation finally took place with an increased house to house collection of kitchen waste.

A glance at the following table shows a reduced tonnage of paper of 54 tons as compared with the previous year but with a reduction in income from this source of some £4,342. Kitchen waste was increased by 105 tons giving (together with a slight increase in price) an extra income of £957. The net result in salvage finances is obvious.

I have no desire to make any attempt at prophecy for the future position of salvage but at the time of writing this report there is every indication that expenditure has been reduced to a level equal to that of income.

**Comparative Salvage Weights and Values
Years ending 31st March, 1952 and 1953**

Materials	Materials Sold				Expenditure		
	Weight (tons)		Value £				
	1952	1953	1952	1953		1952	1953
Paper ..	482½	428	7,880	3,538½	Wages ..	6,173	7,045
Rags	14	8	346	231	Transport ..	1,139	1,501
Metals ..	44	151½	166	576	Bonus ..	790	147
Glass	1	—	3	—	Materials ..	145	313
Bones, Etc. ..	3	4	9	12	Miscellaneous	77	29
Kitchen Waste	635½	740½	2,889½	3,848	Capital Items and Depre- ciation ..	1,726	754
Sterilisation of Kitchen Waste	—	—	4½	7½			
Miscellaneous	—	—	—	53			
Totals ..	1,180	1,332	11,298	8,266		10,050	9,789

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
Year ended 31st March, 1953	..	..	..	£8,250

Records of Yearly Returns of Salvage Sold

Materials	Year ended 31.3.49		Year ended 31.3.50		Year ended 31.3.51		Year ended 31.3.52		Year ended 31.3.53	
	T.	C.	T.	C.	T.	C.	T.	C.	T.	C.
Waste Paper	430	8	497	6	436	6	482	10	427	16½
Metals ..	36	12	72	5	44	14½	43	14¾	151	9¼
Textiles ..	17	10	17	17	8	18¾	13	18¾	8	3½
Glass ..	9	6¾	10	19	1	10¾	—	19	—	—
Kitchen Waste	454	7	553	17	655	6¾	635	9¾	740	9¾
Condemned Meat ..	—	19½	1	14	1	7¼	3	1¾	4	0½
Bones ..	1	4¾	—	7	—	0¾	—	—	—	—
Totals ..	950	8	1,154	5	1,148	4¾	1,179	14	1,331	19½

MISCELLANEOUS

SHOPS

During the year work was resumed under the health and comfort provisions of the Shops Act. The number of inspections made was 76 and in only 9 instances was it found necessary to serve notices, 7 of which were complied with.

SLAUGHTER OF ANIMALS ACT

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

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

Nine formal samples of fertilisers and four formal samples of animal feeding stuffs were taken during the year. Two informal samples of fertilisers were also submitted. Apart from some slight inaccuracies in statutory statements there is nothing of special moment to report.

MERCHANDISE MARKS ACT

Considerable attention was given to labelling under this enactment and the inspectors made 305 visits to premises. Requirements as to indication of origin were not always fully observed but verbal warnings to traders had the desired effect.

CARAVANS

Unauthorised camping, principally by gypsies, occurred throughout the year and it was necessary for the inspectors to make 302 visits to caravan dwellers. Most of the encampments were in the remoter parts of the Borough and personally I grudge the time necessarily taken up in visiting. In most cases duration of stay was very short due principally to the Council's decision to have offending caravans hauled on to the highway. It was, however, necessary to take legal proceedings in 16 instances.

PIG KEEPING

Private pig keeping diminished during the year. Considerable efforts are made by most persons rearing pigs to ensure cleanly conditions in piggeries and matters to which their attention was drawn during the year were quickly remedied.

Byelaws regulating the keeping of pigs came into operation on 1st November, 1952.

SMOKE ABATEMENT

Close attention was given to this problem during the year. One Inspector, who holds the Smoke Inspector's Certificate of the Royal Sanitary Institute, was made responsible for smoke observations throughout the Borough. He made 61 such observations and visited 44 factories during the year.

Much remains to be done in this most important field of environmental hygiene and although the problem in Dudley is not so serious as in many other towns it is nevertheless pleasing to be able to report a steady if somewhat inconspicuous improvement in atmospheric pollution.

It will not be too long I hope before the menace of excessive smoke emission is tackled with urgency and determination not only locally but also nationally. Quite apart from the public health aspect such action is warranted solely in the interests of fuel economy.

LEGAL PROCEEDINGS

Legal Proceedings taken during the year were as follows :

<i>Acts Byelaws or Regulations under which proceedings were instituted</i>	<i>Default or Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Dudley Corporation Act, 1928 Section 127	Keeping vans on land situated within the Borough without the previous approval of the Corporation	16 convictions against various offenders	Fines totalling £24 15 0	—
Public Health Act, 1936 Sections 91 to 100	Failing to abate nuisances arising from general defects of property	(a) One case withdrawn. Work carried out prior to hearing (b) Three cases withdrawn. Work carried out following adjournments. (c) Abatement Orders made in four instances.	£5 0 0	£10 10 6
Food and Drugs Act, 1938. Section 13. Byelaws made under Section 15 of the same Act.	Defendant charged with 15 offences	Justices convicted on 14 offences but did not adjudicate on the 15th	£28 0 0	£5 0 0
Food and Drugs Act, 1938, Section 9	Defendant charged with 7 offences	The Justices convicted on all 7 charges but imposed a penalty in one case only	£25 0 0	£5 0 0

**STAFF OF THE PUBLIC HEALTH DEPARTMENT
AT 31st DECEMBER, 1952**

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.

M. J. Rayner, M.B., Ch.B., D.P.H.

*A. R. Gratton, M.B., Ch.B.

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 C. E. Davies, L.D.S.

*Mr. A. W. Stafford, 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.

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

Miss B. Viner, R.S.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.

*Mrs. D. A. Beech, S.R.N., S.C.M. (Part I)

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

Student Health Visitor :

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

Clinic Nurse :

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

Nursing Assistant :

Mrs. E. H. Taylor

Municipal Midwives :

Mrs. A. Arnold, S.R.N., S.C.M.

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.

Dental Attendants :

Mrs. E. M. Smith, S.E.A.N.
 Mrs. I. H. Robinson, S.E.A.N.
 *Mrs. J. Durham

Clerical Staff :

H. D. Parsons, Administrative Assistant
 S. Murphy, Senior Clerk

General Health :

Miss I. Richards
 Mrs. C. Wright
 Miss C. Connolly
 Mr. B. J. Baker
 Mrs. I. Strathearn

Sanitary Section :

Mrs. I. Murphy
 Miss H. Clarke
 Miss J. Hooper
 *Mrs. M. Bennett
 Mr. G. W. Thomas

School Health Section :

B. Booth, M.P.S., Senior Clerk
 Miss M. Mayer
 Miss F. Lloyd
 Miss D. M. Hancox
 Miss P. Simon
 Miss M. Tuck

Welfare Section :

Miss E. J. Blewitt
 Miss S. Jevons

Mental Health Officer :

S. W. Cross

Mental Health Supervisor :

Mrs. I. M. Cooper

Occupation Centre Assistants :

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

Assistant Welfare Officer :

A. J. Ward

Welfare Assistant :

R. A. G. Guy

Matron — " Albert House "

Miss M. Radcliffe

Assistant Matron — " Albert House " :

Miss M. I. McLennan

* Part-time

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

