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COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

of the

**MEDICAL OFFICER OF HEALTH
PRINCIPAL SCHOOL MEDICAL OFFICER**

and

CHIEF WELFARE OFFICER

R. M. ROSS, M.B., CH.B., D.P.H.

and of the

CHIEF SANTARY INSPECTOR

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

FOR THE YEAR 1954





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MEDICAL OFFICER OF HEALTH
PRINCIPAL SCHOOL MEDICAL OFFICER

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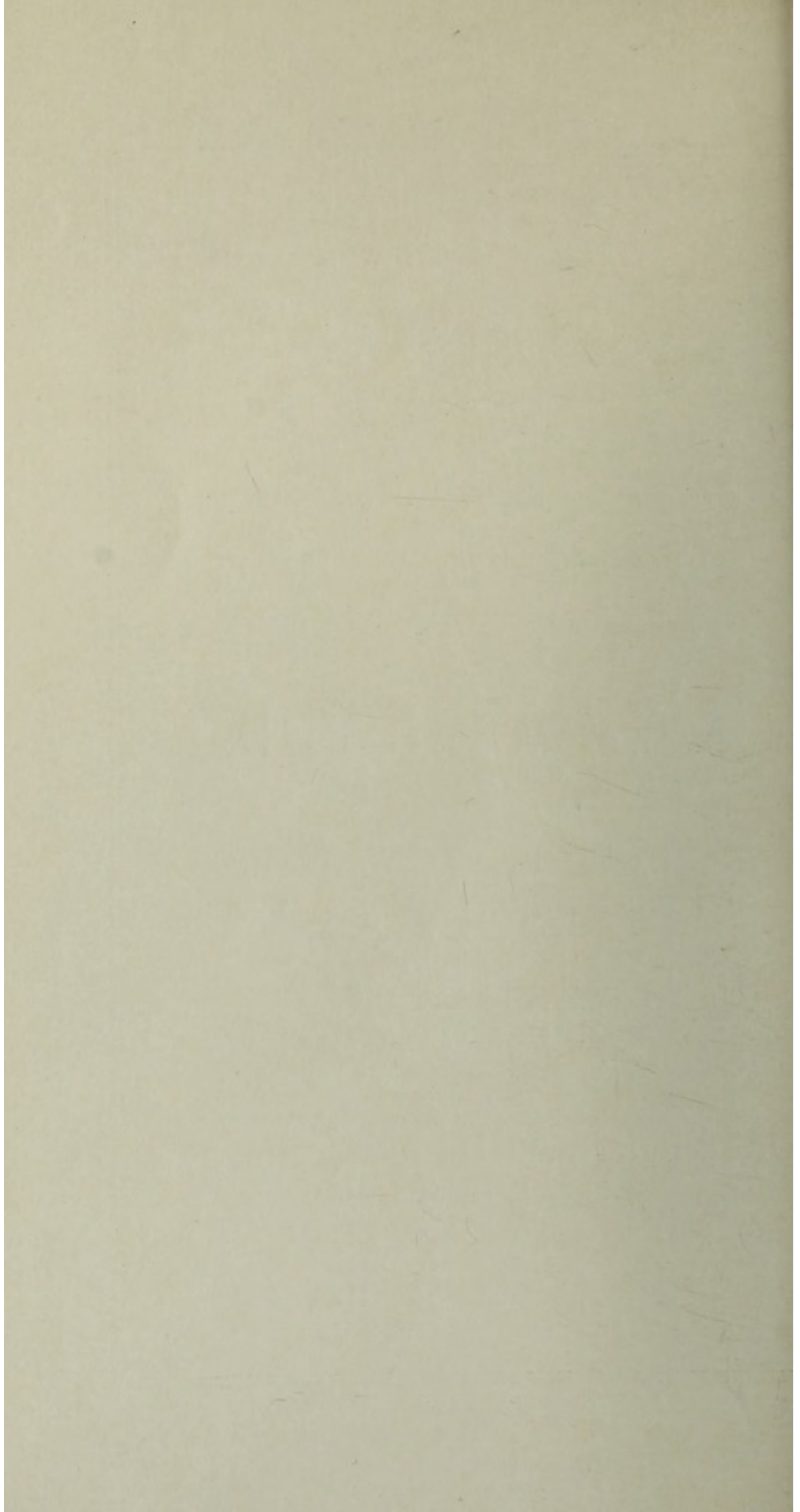
R. M. ROSS, M.B., CH.B., D.P.H.

and of the

CHIEF SANITARY INSPECTOR

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

FOR THE YEAR 1954



Constitution of Committees as at 31st December, 1954

HEALTH COMMITTEE

Councillor H. J. Hedge (*Chairman*)

Alderman T. E. Bennett (*Vice-Chairman*)

The Mayor	Councillor J. Glazebrook
The Deputy Mayor	Councillor T. Murray
Alderman Dr. F. G. Lewis	Councillor W. H. W. Poulton
Councillor C. Baker	Councillor C. N. Preedy
Councillor J. J. Curley	Councillor J. J. Virr
Councillor B. Davies	Councillor F. T. Webb

(Members of the Council)

Dr. J. Macdonald	{ Appointed by Dudley Executive Council
Mr. S. Rowley	
Councillor C. Homer	
Dr. D. L. Little	{ Appointed by Local Medical Committee
Mr. S. Woodhouse	{ Appointed by Local Hospital Management Committee
Mrs. D. Chambers	
	Mrs. M. A. Stokes

(Co-opted Members)

WELFARE COMMITTEE

The Mayor (Councillor G. B. Norton) (*Chairman*)

Councillor J. L. Billingham (*Vice-Chairman*)

The Deputy Mayor	Councillor C. N. Preedy
Alderman Dr. F. G. Lewis	Councillor W. E. Robinson
Alderman S. Wright	Councillor J. Sefton
Councillor C. S. Fowler	Councillor J. J. Virr
Councillor M. F. O'Shaughnessy	

(Members of the Council)

Mrs. L. Moore	Mrs. D. Smith
Mrs. Newey	Rev. B. H. Butt
Mrs. G. Norton	

(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. Davies
Alderman J. L. Hillman	Councillor C. S. Fowler
Alderman Dr. F. G. Lewis	Councillor H. J. Hedge
Alderman J. H. Molyneux	Councillor R. Little
Alderman J. C. Price	Councillor C. N. Preedy
Alderman W. Wakeman	Councillor H. Pritchard

(Members of the Council)

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

(Co-opted Members)

SCHOOL MEDICAL AND ATTENDANCE SUB-COMMITTEE

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

The Mayor	Councillor B. Davies
The Deputy Mayor	Councillor C. S. Fowler
Alderman T. E. Bennett	Councillor H. J. Hedge

(Members of the Council)

Rev. P. J. Quilty	Mr. H. Baker
Rev. R. C. Stevens	Mr. N. H. Davis
Rev. J. M. Gratton	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, on behalf of Dr. Lawson, the Annual Report for the year 1954.

I am sure it is a matter of considerable satisfaction to Dr. Lawson, and a fitting conclusion to his energetic, enterprising, and most able services to the Borough, that the picture of health conditions in Dudley in 1954, emerging from the following pages, should in many respects be the most favourable in its history. There was complete freedom from any serious epidemic diseases. Both infant mortality and general death rates were lower than ever before, and superior to those for the country as a whole.

By the end of the year construction of a new Clinic at Woodside was well advanced and plans matured for the replacement of "The Firs" by a new Central Clinic. This is intended to provide the best possible facilities for routine clinics and Specialist Services, as well as a Centre in which the administration of the Personal Health Services, as well as the School Health Service, can be concentrated. The Council may well claim to be making every possible contribution towards the betterment of the health of the community. Further advances in this direction will depend on the public being persuaded to make full and intelligent use of the services provided, and the acceptance by the individual of his personal responsibility for the health of himself, his family and the community.

Tuberculosis. Perhaps the most significant feature of this report is the substantial reduction of 25% in the number of new cases of Pulmonary Tuberculosis notified. For a number of years the mortality from this disease has been very considerably reduced, but since 1951 the incidence of new cases had remained stationary. This was due in part to intensified search for cases by Mass X-ray, and follow-up of contacts. Now that spread of infection as well as death appears to be coming under control, virtual elimination of this disease becomes a practical possibility of the not too distant future. Calling as it does for the close co-operation of the General Practitioner, Hospital, and Local Health Authority branches of the Health Service, this united effort shows that the disadvantages of divided administrative control can be overcome at working level.

Infant Mortality. In equalling the record low level of 1951, of 25 infant deaths, luck may be said to have played a part. Deaths in the first week, arising from causes largely unknown and as yet uncontrollable, were not so prominent as usual. The relatively mild winter and low incidence of respiratory infections in the general population probably reduced mortality of infants from chest complaints. These latter deaths have always played a significant part in Dudley, as in other industrial areas. Their prevention is to be regarded in terms of relief of over-crowding, improvement of housing conditions, and perhaps of atmospheric pollution.

Diphtheria. In the last two years, with 10 and 12 cases respectively, the preceding decline in the proportion of infants immunised has begun to exact its toll. The relative freedom from the disease consequent on the post-war immunisation campaign has led to a false sense of security and inexperience of the disease among the younger parents. The increase in the number of health visitors allowed an intensive drive for immunisation, and the percentage of pre-school children protected, which had been falling steadily since 1949, rose sharply from 35.5% to 46.3% but there is still a long way to go before the safety level is reached.

Housing. One's chief impression on arrival in Dudley is the magnitude of the housing problem confronting the Council. In any field of public health work, a problem is much more likely than not to be complicated by housing difficulties. In tackling the challenge of slum clearance, over-crowding, and unfit housing on a comprehensive plan, already well advanced in the Gas Works—King Street Area, the Council can confidently expect to go far to solving the bulk of its public health problems.

In conclusion, I am sure Dr. Lawson would wish me to thank, on his behalf, Members of the Council, and in particular of the Health and Welfare Committees, for their support and encouragement; all members of the Health and Welfare Departments for their enthusiastic and efficient discharge of their responsibilities. He has impressed on me his indebtedness to all the other Officials of the Council for their help and co-operation, and in particular to Mr. Parker, Chief Sanitary Inspector, and Mr. Parsons, Administrative Assistant; and to the General Practitioners, Hospital Authorities, Voluntary Organisations, and the Press, for the co-operation and consideration he always received. For myself, I have to thank firstly, Dr. Lawson for the courtesy and unstinted help he showed me in handing over, and secondly, all the above mentioned for their cordial welcome to Dudley.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

R. M. ROSS,

Medical Officer of Health.

SECTION A—VITAL STATISTICS

(1) Summary

Population—Registrar General's estimate, 1954	63,510
Rateable Value (at 1st April, 1955)	£366,735
Estimated Product of 1d. Rate (1954/55)	£1,458

<i>Livebirths:</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>		
Legitimate	480	454	934	Rate per 1,000 population	15.23
Illegitimate	21	12	33		
<i>Stillbirths:</i>					
Legitimate	10	12	22	Rate per 1,000 total (live and still) births	22.2
Illegitimate	—	—	—		
Deaths	305	265	570	Rate per 1,000 population	8.97
Infant Deaths	18	7	25	Rate per 1,000 live births	10.76 (CORRECTED FOR AGE & SEX)
Illegitimate Infant Deaths	3	1	4		25.85 (CORRECTED FOR AGE & SEX)
Maternal Deaths	—	—	—	Rate per 1,000 illegitimate live births	120.2
				Rate per 1,000 total (live and still) births	—

(2) Deaths from all Causes

Table I

	<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1	Tuberculosis of Respiratory System	9	2	11
2	Other forms of tuberculosis	—	—	—
3	Syphilitic Diseases	—	—	—
4	Diphtheria	—	1	1
5	Whooping Cough	—	1	1
6	Meningococcal Infections	—	—	—
7	Acute Poliomyelitis	—	—	—
8	Measles	—	—	—
9	Other Infective and Parasitic Diseases	1	1	2
10	Malignant Neoplasm, Stomach	7	6	13
11	Malignant Neoplasm, Lungs, Bronchus	20	1	21
12	Malignant Neoplasm, Breast	—	11	11
13	Malignant Neoplasm, Uterus	—	4	4
14	Other Malignant and Lymphatic Neoplasms	20	26	46
15	Leukaemia aleukaemia	2	2	4
16	Diabetes	1	2	3
17	Vascular Lesions of Nervous System	33	61	94

	<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
18	Coronary Disease, Angina	35	15	50
19	Hypertension with Heart Disease	5	10	15
20	Other Heart Diseases	45	62	107
21	Other Circulatory Disease	8	5	13
22	Influenza	4	—	4
23	Pneumonia	12	7	19
24	Bronchitis	41	12	53
25	Other Diseases of Respiratory System	2	1	3
26	Ulcer of Stomach and Duodenum	3	4	7
27	Gastritis, Enteritis and Diarrhoea	2	1	3
28	Nephritis and Nephrosis	4	2	6
29	Hyperplasia of Prostate	3	—	3
30	Pregnancy, Childbirth, Abortion	—	—	—
31	Congenital Malformations	3	3	6
32	Other defined and ill-defined diseases	29	15	44
33	Motor Vehicle Accidents	3	2	5
34	All other Accidents	9	6	15
35	Suicide	4	1	5
36	Homicide and operations of war	—	1	1
		<hr/> 305	<hr/> 265	<hr/> 570

(3) Principal Causes of Death

Table II

	<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1	Heart Disease	85	87	172
2	Cancer	47	48	95
3	Vascular Lesions of Nervous System	33	61	94
4	Bronchitis	41	12	53
5	Accidents	12	8	20
6	Pneumonia	12	7	19
7	Other Diseases of Circulatory System	8	5	13
8	Respiratory Tuberculosis	9	2	11

(4) Discussion

(a) Infant Mortality

The number of infant deaths (25) equalled the low record of 1951, and the rate was 24.6 per thousand births compared with the national figure of 25.5. This is a marked improvement on the intervening years, but in a relatively small population chance variation is apt to exaggerate the impression of both good and bad years, and it is safer to go by the general trend over a period.

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

Respiratory Infections	7
Prematurity	5
Congenital Malformations	4
Gastritis, Enteritis and Diarrhoea	2
Accidents	2
Others	5

It is very satisfactory that deaths from Gastro-enteritis and Diarrhoea, which were formerly such a menace, seem to be under control. This can be attributed to improved care by mothers and sanitary improvements as well as to more effective treatment. Prematurity and its associated hazards continue to take a heavy toll in the first week of life, and will probably continue to do so until advances in knowledge identify and allow us to combat the factors concerned. The same cannot be said of deaths after the first month from respiratory infections. These regularly account for one third of the infant deaths in Dudley, and I have no doubt that over-crowding plays a part here, facilitating the spread of infection, which is often introduced by children of school age.

(b) Death Rate

The total number of deaths for 1954 showed a further decrease of 36 as compared with 1953, giving a corresponding rate decrease of 0.91. The death rate per 1,000 population was 8.97, the lowest ever recorded, as compared with the rate of 11.3 for England and Wales.

Even when allowance is made for the fact that Dudley's population is younger than that of the country as a whole, comparison with the national figure is still distinctly favourable to Dudley.

Further considerable reduction cannot be looked for, and the death rate is ceasing to be a sufficiently sensitive index of the public health. Emphasis should now be placed on improving the quality of life rather than on increasing its span.

There was again no maternal death, and the fact that only one has been recorded in the last seven years is a great tribute to the standard of care given by doctors and midwives.

(c) Heart Disease

Although there was a decrease of 13 deaths as compared with 1953, heart disease continues to be the greatest cause of death as indicated in Table II.

(d) Cancer

The number of deaths from this disease during the year was 95 as compared with 75 in 1953, an increase of 20.

In view of the national publicity given to the increase in deaths from cancer of the lung and the possible causes of the disease, it is interesting to note that there were 21 deaths due to cancer of the lung in Dudley during 1954. Deaths from this cause during the previous four years were as follows:

1950	7
1951	13
1952	13
1953	18

SECTION B—INFECTIOUS DISEASE

(a) General Incidence

The following table gives the incidence of the principal notifiable diseases during the year. It will be seen that 1954 was remarkably free from epidemic prevalence of any of the notifiable diseases, and since it was one of the alternate light years for measles, there was a great reduction in the total figures.

	<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	20	12	20	12
Diphtheria	10	17	4	8
Whooping Cough	35	33	35	33
Measles	3	5	3	5
Pneumonia	7	6	7	6
Enteric or Typhoid Fever	—	—	—	—
Erysipelas	—	1	—	1
Dysentery	—	—	—	—
Puerperal Pyrexia	—	5	—	5
Ophthalmia Neonatorum	—	1	—	1
Anterior Poliomyelitis:				
Paralytic	1	—	1	—
Non-Paralytic	1	—	1	—
Meningococcal Infection	1	2	—	1
Food Poisoning	1	—	1	—

(b) Whooping Cough

The incidence was lower than has been the case in recent years but was nevertheless responsible for one death. The disease still remains a serious threat to infants and it is encouraging that immunisation against it is becoming increasingly popular with mothers. Immunisation considerably reduces the risk of contracting infection, and guarantees, at the worst, a mild attack. This not only greatly reduces the distress of the infant and family concerned, but obviates the chance of disabling chest after-effects.

(c) Diphtheria

The disappointingly high total of 12 cases of diphtheria was recorded for 1954. One family contributed three cases and another two; apart from these it was not possible to trace the source of infection. In all the 10 cases which were confirmed bacteriologically, the organisms were of the Gravis strain.

In eight cases there was no record of the child having been immunised; this group included the only death. In three of the four immunised children affected the interval since the last immunisation was over five years.

Since a 75% immunisation rate practically guarantees the absence of diphtheria from a community, the above figures emphasise the need for intensive and sustained personal persuasion by Health Visitors and other members of the Public Health staff among parents, especially those of infants, since the disease is apt to be most serious under school age. A satisfactory rate of immunisation amongst school children, relatively much more easily achieved, is no substitute for earlier protection.

The percentage of children immunised seems to be closely related to the adequacy of health visiting staff. This is not surprising as only intensified home visiting can bring into the scheme infants whose mothers cannot be bothered taking them to clinics or doctor's surgeries. 1954 showed an encouraging improvement both in the staffing position and immunisation rate, but by the end of the year both were deteriorating.

(d) Other Infectious Diseases

Scarlet Fever continued to be low in prevalence and mild in form. There were only two cases of Poliomyelitis, and one of these was of the non-paralytic type. The one case of Food Poisoning notified was in all probability contracted through insufficiently cooked ducks' eggs; two other members of the family were found to be harbouring the same organism.

(e) Tuberculosis

In recent years the fact that the incidence of new cases of pulmonary tuberculosis had remained steady at about 85 per annum in spite of intensified case-seeking, notably by the Mass X-ray Unit, and by testing of school children, gave grounds for confidence which were confirmed in 1954. New cases declined by 25% and it is to be hoped that this trend will be maintained. There is, however, still a reservoir of infection in the population which can only be identified (and treated) by much more general use by the public of the facilities offered by the Mass X-ray Unit, which we are fortunate in having based in Dudley.

The Unit, at its sessions in Dudley examined 5,430 persons, of whom 85 were active cases of tuberculosis. Many were caught at an early and eminently treatable stage of the disease. It will be appreciated that a substantial proportion of these groups were drawn from outside Dudley. By far the most important contribution in actual cases was from the section referred by general practitioners, and I am sure Dr. Posner would wish to join me in thanking them for their co-operation and practical support of the Unit's activities.

The recent improvements in treatment have meant that chronic, and possibly infectious, cases are surviving for much longer periods, and in this connection I am bound to pay tribute to the Housing Committee for its sympathetic and prompt assistance in rehousing families where such a step is necessary to reduce the risk of spread of infection.

A Local Health Authority's contribution to the campaign against tuberculosis must be largely through the work of its health visitors, on whom the responsibility for follow-up of contacts and supervision of cases at home so largely falls. The introduction of skin testing of school entrants and B.C.G. Vaccination of 13 year old children, has greatly increased the health visitor's share in the efforts to control tuberculosis, and it is essential that a tendency towards under-staffing be arrested if the Local Authority is to pull its weight and match the admirable co-operative efforts of the general practitioner and hospital services. I would, in particular, like to acknowledge the unfailing help and advice from Dr. A. W. B. Macdonald, Chest Physician, and Dr. R. J. Posner, of the Mass Radiography Unit.

The number of persons on the register at 31st December, 1954 was:

Pulmonary—498, Non-Pulmonary—63, Total—561.

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

[illegible]

Total number of attendances of all patients residing in each area....	2,659	1023	4,399	231	32	44	8,388
---	-------	------	-------	-----	----	----	-------

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> 2 —	<i>M. F.</i> — 2	<i>M. F.</i> — —

Pathological Work

No. of specimens examined at V.D. Clinic	MICROSCOPICAL		
	<i>Syphilis</i>	<i>Gonorrhoea</i>	
	63	398	
No. of specimens examined at an approved laboratory	SERUM		
	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Cerebro- spinal fluid</i>
	3,278	509	3

One patient was admitted for in-patient treatment.

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

SERVICES IN 1954

Clinics

At the time of writing construction of a new clinic in the Woodside area is far advanced. A new clinic will greatly improve facilities at present available in this neighbourhood and provide for the needs consequent on future development of the Russells Hall Estate.

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 Thursday afternoon.

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 Wednesday morning and afternoon and Thursday morning.

Massage Clinics daily.

Artificial Sunlight Clinics on Monday, Wednesday and Thursday.

Orthopaedic Clinic on Friday.

Dental Clinics are held at the Central, Dudley Wood, 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 1953.

				<i>Expectant Mothers attending</i>		<i>Total Attendances</i>	
				1954	1953	1954	1953
(a)	Ante-natal	....	....	573	303	1,815	1,514
(b)	Post-natal	....	....	44	41	48	48
(c)	Child Welfare:						
	Children under 1 year	....	....			10,202	11,868
	Children between 1 and 5 years	....	....			7,273	7,616
						<hr/> 17,475	<hr/> 19,484

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 1954 will serve as an indication of the work done.

Orthopaedic Treatment Attendances	....	....	310
Massage Attendances	....	....	178
Ultra Violet Ray Clinic Attendances	....	....	1,291

Dental

The Dental Service was able to cope with the demands of expectant mothers and pre-school children as two full-time dentists were available throughout the year with part-time help for a period.

	<i>Expectant and Nursing Mothers</i>	<i>Children under 5 years</i>
Numbers provided with Dental Care:		
(i) Examined	374	320
(ii) Needing Treatment	374	320
(iii) Treated	369	320
(iv) Made Dentally Fit	341	287
Forms of Dental Treatment Provided:		
(i) Extractions	371	264
(ii) Fillings	104	23
(iii) Scalings and Gum Treatment	35	2
(iv) Silver Nitrate Treatment	27	14
(v) Dentures Provided	43	—
No. of administrations of Nitrous-oxide for extractions	195	132
No. of Dental X-rays	13	4

Midwifery

The total number of births (live and still) was 972, of which 480 occurred at home and 492 at nearby Maternity Homes and Hospitals. Of the Institutional confinements 323 took place in the Rosemary Ednam Maternity Home.

It will be noted that 480, *i.e.* 49.4% of the total number of births in the town took place at home. The percentage of domiciliary confinements in 1953 was 51.0.

In the case of domiciliary confinements 435 were attended by midwives alone, and in 45 cases a doctor also attended. In 41 cases Medical Aid was sent for, a percentage of 8.5 as against 16.8 in 1953.

The medical aid cases may be analysed as follows:

On Account of Mother:

Torn perineum	14
Delayed Labour	2
Inertia	2
Abortion	1
Post-partum haemorrhage	2
Rise of temperature	1
Pyrexia	1
Malpresentation	2
Other conditions	9

34

On Account of Baby:

Prematurity	1
Discharging Eyes	4
Other conditions	2

7

Attempts to fill a vacancy for a midwife were unsuccessful, but nevertheless it was possible to provide a service adequate to meet the needs of the Borough.

Gas and Air

During the year gas and air analgesia was called for in 140 cases.

Premature Baby Service

This service continues to serve a useful purpose in the care of premature infants.

Health Visiting

1954 maintained the improvement in staffing achieved in the previous year, but there were signs before the year's end that this relief was only temporary. The personal health services provided by the Local Health Authority operate so largely through its health visiting staff that a serious shortage here leads to wide-spread inadequacies. Improvement in conditions of service, at present being studied by a Working Party set up by the Ministry, may lead to a general improvement in recruitment, but there must also be some local inducement, such as provision of accommodation, if districts like Dudley, where the work is more arduous, are to attract their fair share of staff.

The number of health visitors on the establishment of this Authority as at 31st December, 1954 was 12, categorised as follows:

9 qualified health visitors (full-time).

3 qualified health visitors (part-time).

The total number of visits by health visitors during the year was 17,646 as against 17,434 in 1953.

Visits to children under 1 year:

(a) First Visits	....	....	....	....	939
(b) Total Visits	....	....	....	....	7,018

Visits to children between 1 and 5 years

Ante-natal Visits

Stillbirth Investigations

Infant Death Visits

Ophthalmia Neonatorum

Visits to Tuberculous Households

Miscellaneous Visits

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 service is still fulfilling the important task of nursing patients in their own homes and so avoiding the necessity of admission to hospital thereby saving hospital beds for more urgent cases. The

scope of the work of this service is increasing from year to year and is now coming to be recognised as a very necessary part of the National Health Service both from the point of view of the welfare of the patient and for obvious economic reasons.

The following figures show the work done during the period 1st January to 31st December, 1954, as compared with the same period in 1953.

	1954	1953
New Patients	412	464
Old Patients	826	849
Casual Visits	63	88
Total Visits all Patients	13,453	13,385

Vaccination and Immunisation

There was an increase in the vaccination rate for children under one year from 9.4% to 17.5%, but obviously there is still a long way to go before even the present very inadequate national average is reached. All parents are written to six weeks after birth of a child and vaccination is pressed by medical and nursing staff, but the response remains disappointing.

The recent steady decline in the immunisation of infants against diphtheria, which brought the rate down to 35.5% in 1953, was reversed last year when 46.3% of infants were protected. This is still far below the 75% needed to guarantee the community's freedom from the disease. There were five cases of diphtheria in pre-school children; one had only just received, belatedly, the first injection; the remainder had not been immunised, and one died. Parents should require no stronger reminder of their obligation to protect their children from a threat which is by no means extinct. The figures for the year are as follows:

	<i>Immunised during year</i>	<i>Total now protected</i>	<i>Population est.</i>	<i>Percentage now protected</i>
Children under 5	623	2,270	4,900	46.3

Ambulance Service

The following is a summary of the work of the Ambulances and Sitting-Case Cars for the period 1st January to 31st December, 1954:

	<i>Ambulances</i>	<i>Sitting Case Cars</i>
No. of vehicles at 31st December, 1954....	5	5
Total number of journeys	3,169	4,044
Total number of accident or other emergency calls included in above	988	40
Total number of patients carried	6,878	11,098
Total mileage	38,369	66,606

Care and After-Care Service

Statistics relating to the above service show that more patients took advantage of the facilities provided during 1954, although the majority of persons assisted are those suffering from tuberculosis.

Sick room equipment of various forms including wheel chairs, beds, bedding, pyjamas, etc., were supplied to 184 patients. In addition, arrangements were made in 96 cases for extra milk to be delivered, charges being made in accordance with the Council's scale. Two 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	468
Visits made to patients in their own homes....	610
No. of patients visited in hospitals....	18

Arrangements were also made under this Section for 17 patients to proceed on recuperative holidays by the sea. In each case a recommendation was made by the family doctor and accommodation arrangements, usually for two weeks, were made by this Authority. Charges for these holidays are made to patients in accordance with the Council's scale.

Domestic Help Service

This service continues to expand but, as I stated in my report last year, it is becoming increasingly a service for the aged and infirm with consequent increase in cost to the Local Authority. The majority of old people who use the service are old age pensioners who have the facilities provided at much reduced cost, while those who would be able to pay for the service make little use of it. This is shown by the statistics for the year.

The number of cases attended by domestic helps during the year rose to 143 in 1954, but of those only eight were maternity cases and two tuberculous. The remainder were largely aged and infirm persons paying the minimum charge.

There is no doubt as to the need for the service. It is serving a very useful purpose and is keeping at home old people who might otherwise be admitted to a hospital or an old people's home at much greater cost to the State than the cost of a domestic help.

28 part-time domestic helps were employed. Since the great majority of cases are long term rather than emergency, their accumulation frequently makes it difficult to meet demands.

SECTION D—WATER SUPPLY

The water supply to the County Borough of Dudley is derived from six pumping stations situated outside the Authority's boundaries. Chlorination is practised in all cases.

During 1954, 726 samples of the chlorinated water were examined and all were free from coliform bacteria. Samples of the water before chlorination are not normally obtainable at two of the stations pumping underground water, but out of 228 samples from the other three, only one contained any coliform bacteria, and this confirmed Bact. coli. 307 samples of a supply of surface origin were also examined before treatment, and these gave an approximate average coliform bacteria content of 27 per 100 ml.

Samples were examined within the County Borough from:

Cawney Hill Reservoir No. 1
Cawney Hill Reservoir No. 2
Shavers End Reservoir No. 1
Shavers End Reservoir No. 2

and from—

Waterman's House, Dudley
Waterman's House, Netherton

88 samples were examined from the service reservoirs and all were satisfactory.

24 samples from the Watermen's houses were all free from coliform bacteria.

The average chemical results of the tap samples from Dudley and Netherton for 1954 were:

	<i>Dudley</i>	<i>Netherton</i>
pH	7.2	7.2
	<i>Expressed in parts per million</i>	
Alkalinity (CaCO ₃)	97	100
Chlorides (Cl)	35.0	35.2
Albuminoid Nitrogen (N)	Trace	Trace
Ammoniacal Nitrogen (N)	Trace	Trace
Oxidised Nitrogen (N)	3.1	3.2
Oxygen absorbed (3 hrs. at 27°C)	.12	.12
Temporary Hardness	91	93
Permanent Hardness	79	83
Total Hardness	170	176
Iron (Fe)	.06	.03
Manganese (Mn)	Nil	Nil
Poisonous Metals (Cu & Pb)	Nil	Nil

The waters were not liable to plumbo-solvency, 24 samples from Dudley and Netherton being all free from any detectable quantities of lead.

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

In cases of possible contamination in the event of burst or damaged mains, emptying reservoirs, etc., emergency chlorination is performed. Special apparatus and staff are available for this work. New mains, etc., are not brought into use until the water has been examined and pronounced satisfactory.

SECTION E—MENTAL HEALTH SERVICE

The administration of the Local Authority Mental Health Service is the responsibility of the Health Committee with delegation to the Mental Health Sub-Committee. Three of the Council's Medical Officers hold the necessary qualification to examine children for the purpose of ascertainment under the Education Act, 1944, for subsequent report if necessary to the Local Health Authority. The Mental Health Officer is responsible for the visitation, supervision and care of patients discharged from hospital, and other patients requiring care and attention. He is also a Duly Authorised Officer and Petitioning Officer for the Borough. Visitation and supervision is also done by the Supervisor of the Occupation Centre who is able to give help and guidance in the homes of those defectives who are unable to attend at the Centre. In the administration of the Mental Health Services the Mental Health Officer keeps a close liaison with the mental hospital and the general practitioner so that all the facilities of the National Health Service are available to those in need of them. Unfortunately, our chief difficulty is the lack of sufficient beds in mental deficiency hospitals and until this can be remedied, our Mental Health Service cannot meet all our requirements.

The Occupation Centre continues to provide an excellent service under the Supervisor and her staff, and parents repeatedly express their appreciation of the good work done there. The Parents' Association has continued to meet during the year and is now an active and enthusiastic body and takes a great interest in the activities of the Centre. They work in close association with the Voluntary Committee who for so many years have done so much for the Centre and to whom once again I would express my gratitude and hope that they will long continue to work with us.

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

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	6	4	10
Section 21 L.A. 1890	Burton Road, Dudley	—	1	1
Section 16 L.A. 1890	Barnsley Hall, Bromsgrove	10	18	28
	St. George's, Stafford	2	1	3

Details of Patients admitted under Mental Treatment Act:

Section 1 M.T.A. 1930	Barnsley Hall, Bromsgrove	14	28	42
	Highcroft Hall	—	1	1
	Winson Green	1	—	1
	Winwick	1	—	1

Patients Investigated but no action taken	22	20	42
---	----	----	----

Details of Patients discharged from Hospitals:

Details of Patients Discharged from Hospitals.				<i>Admitted</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Section 16 L.A.	....	Barnsley Hall,	Pre 1954	1	2	3
		Bromsgrove	1954	3	7	10	
Section 1 M.T.A. 1930		Barnsley Hall,	Pre 1954	1	3	4	
		Bromsgrove	1954	9	17	26	
		Highcroft Hall	1954	—	1	1	
		Winson Green	1954	1	—	1	
		Winwick	1954	1	—	1	
		Powick	Pre 1954	1	—	1	

Deaths in Mental Hospitals:

Barnsley Hall	1	2	3
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MENTAL DEFICIENCY ACTS, 1913-1938

	<i>During 1954</i>		<i>Total cases on Authority's registers as at 1st January, 1955</i>			
	<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>
1. <i>Particulars of cases reported during 1954:</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	—	—	—		
(2) On leaving special schools	—	1	—	—		
(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	1	—	—		

		<i>Total cases on Authority's registers as at 1st January, 1955</i>							
		<i>During 1954</i>							
		<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		3	1	—	—	21	18	30	35
(ii) Placed under Guardianship		—	—	—	—	—	—	1	—
(iii) Taken to "Places of Safety"		—	—	—	—	—	—	—	1
(iv) Admitted to Hospitals		—	—	—	—	2	2	33	34
(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	1	—	—	23	20	69	78

3. Classification of defectives in the Community on 1.1.55 (according to need at that date):

(a) Cases included in item 2(a)(i) to (iii) in need of hospital care and reported accordingly to this hospital authority—									
(1) In urgent need of hospital care—									
(i) "cot and chair" cases		—	—	—	—	—	—	—	—
(ii) ambulant low grade cases		—	3	—	—	—	—	—	—
(iii) medium grade cases		2	—	—	—	—	—	—	—
(iv) high grade cases		—	—	—	—	—	—	—	—
(2) Not in urgent need of hospital care—									
(i) "cot and chair" cases		—	—	—	—	—	—	—	—
(ii) ambulant low grade cases		1	—	1	—	—	—	—	—
(iii) medium grade cases		—	—	—	—	—	—	—	—
(iv) high grade cases		—	—	—	—	—	—	—	—
Total of item 3(a)		3	3	1	—	—	—	—	—

				<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	....	....	....	4	10	7	13
(ii) industrial centre	....	....	....	—	—	—	—
(iii) home training	....	....	....	—	—	—	—
Total of item 3(b)	....	....	....	4	10	7	13

(c) Of the cases included in item 3(b) number receiving training on 1st January, 1955							
(i) in occupation centre	....	....	....	3	9	7	13
(ii) in industrial centre	....	....	....	—	—	—	—
(iii) at home	....	....	....	—	—	—	—
Total of item 3(c)	....	....	....	3	9	7	13

4. *Number of Mental Defectives who were in Hospitals, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1954, who have ceased to be under any of these forms of care during 1954.*

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

5. *Of the total number of Mental Defectives under Supervision or Guardianship or no longer under care:*

(a) Number who have given birth to children while unmarried during 1954 Nil.

	<i>Males</i>	<i>Females</i>
(b) Number who have married during 1954	Nil.	Nil.

NATIONAL ASSISTANCE ACT, 1948

General

Whilst every effort is made to encourage old people to receive the benefit of domiciliary services available in the Borough and thereby to remain happy and active in their own homes as long as possible, there has been a steady increase in the demand for residential accommodation provided by the Council under Part III of the Act. At the coming into operation of the Act on the 5th July, 1948, fifty-three Dudley residents were being accommodated at "The Poplars," Wolverhampton. With the opening of "Albert House" in 1952 and "The Woodlands" on the 22nd September, 1954, there is now residential accommodation for forty-two old people in Dudley, but there were still forty-four aged persons accommodated at "The Poplars," Wolverhampton on the 31st December, 1954. The total number of old people provided with residential accommodation has increased by 58% between the 5th July, 1948 and 31st December, 1954.

The agency arrangements with the Wolverhampton, Dudley and Districts Institution for the Blind and the Worcestershire and Herefordshire Association for the Deaf have continued to provide satisfactory services to the Blind and Deaf persons in the Borough. It is likely that in the near future, the approval of the Minister of Health will be obtained to a Scheme for other classes of handicapped persons and Dudley will then have schemes for all the services envisaged when the National Assistance Act, 1948, came into being.

Residential Accommodation

As anticipated in my last Annual Report the new home for aged persons, "The Woodlands," was completed in August, 1954, and was officially opened on the 22nd September, 1954, and provides residential accommodation of the highest standard for the old people of Dudley. The home includes four bedrooms in which married couples could be accommodated.

The increase in the total number of residents in residential accommodation (shown in the table below) since last year is partly due to the opening of "The Woodlands" which enabled a reduction of the waiting list, and partly to the continuing increase in the demand for residential accommodation. In spite of the increased accommodation available there is still a waiting list for the Homes in Dudley, both from old people reluctant to enter "The Poplars," Wolverhampton, and of residents at "The Poplars" who are anxious to return to the Borough.

"Albert House" continues to provide a happy home for twenty Dudley residents and a happy comradeship is growing between the two homes who participate in joint social activities.

The following table shows an increase of fifteen residents during the year.

<i>Home</i>	<i>No. of Residents 1st January, 1954</i>	<i>Admissions</i>	<i>Discharges</i>	<i>Deaths</i>	<i>No. of Residents 31st December, 1954</i>
"Albert House" Dudley ..	18	9	6	1	20
"The Woodlands" Dudley ..	—	17	—	—	17
"The Poplars" W'hampton ..	48	25	24	5	44
Home for Deaf, Malvern ..	2	—	—	—	2
"The Haven" Blind Home, Scarborough	1	—	—	—	1
Totals ..	69	51	30	6	84

Temporary Accommodation

It was necessary for only one mother, accompanied by a child, to be provided with temporary accommodation for one day during the year. Although many applications were received, in all except this one case some alternative solution was found.

Burials

Eleven burials were carried out during the year under Section 50 of the National Assistance Act, at a total cost of £158 11s. 0d. The sum of £97 15s. 9d. has been recovered and it is likely that further sums will be received towards burial costs.

Temporary Protection of Property

Action under Section 48 of the Act was taken in one case during the year where a person was admitted to hospital and no other arrangements could be made.

Meals on Wheels

This service is still very popular with the old people in Dudley and during the year, 2,478 meals were served to aged persons in their own homes.

Welfare of the Deaf

The Worcestershire and Herefordshire Association for the Deaf, acting as the Council's Agents, have continued to provide Welfare Services to Deaf persons in Dudley. During the year under review there has been a nett increase of three persons on the Register of the Deaf and Dumb. The total at the 31st December, 1954, was 67.

Welfare of the Blind

The Wolverhampton, Dudley and District Institution for the Blind act as the Council's Agents and provide a wide range of welfare services to blind persons in the Borough. There were 106 registered blind persons in Dudley at the 31st December, 1954, in the following categories:

Employed	16
Unemployable	86
Children	4

The following table gives details of cases registered during the year:

(i) Number of cases registered during the year in respect of which para. (7c) of Forms B.D.8. recommends:	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	2	1	—	11
(b) Treatment	1	—	—	—
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment	—	—	—	—

There were no cases of ophthalmia neonatorum during 1954.

Other Handicapped Persons

The survey of handicapped persons has been continued and the results are given in the table below.

	Males	Females	Children
Group A	80	6	—
Group B	21	6	—
Group C	22	12	—
Group D	7	4	—
Group E	—	—	2 Males

Note—Persons who are:

Group A—Capable of work under ordinary industrial conditions.

Group B—Mobile and capable of work in sheltered workshops.

Group C—Capable of work at home.

Group D—Incapable or not available for work.

Group E—Children under 16 years of age.

Welfare of the Aged in their Own Homes

In addition to the visits made to old people who apply for residential accommodation and other forms of assistance, routine visits continue to be made to old people in their own homes, and the Department now has records of 1,100 old people in Dudley. It is not possible for the staff of the Welfare Department to visit these old people as frequently as is desirable and it is hoped that the Dudley Old People's Welfare Association may be able to organise a scheme of regular voluntary visitors. These visitors as well as providing a friendly contact with the community for the more lonely old people would help to ensure that the need of no old person is overlooked.

Much praiseworthy voluntary work for Dudley's old folk is done by Dudley Old People's Welfare Association, Inner Wheel, Rotary Club, Toc H, The Townswomen's Guild, etc., and the Women's Voluntary Service. There are, in Dudley, six flourishing Darby and Joan Clubs providing recreational and social activities for the old people. Many private benefactors show a kind and generous interest in the welfare of residents in the Council's Homes for Aged Persons.

The Department is also fortunate in receiving every assistance from local medical practitioners and hospitals.

ANNUAL REPORT OF
THE PRINCIPAL 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, on behalf of Dr. Lawson, the Annual Report of the School Health Service for 1954.

A study of the information, statistical and otherwise, presented in subsequent pages shows that previous satisfactory standards of nutrition and general well being of the school population have been maintained. The special attention and help devoted to the very small proportion of children falling below an adequate level should gradually reduce this 2.1% still further. The high proportion of parents attending Routine Inspections of the younger age groups is a valuable feature. The opportunity it gives the Medical Officer to form a more complete understanding of the child and his background, and to offer the appropriate advice at first hand, increases greatly the value of the examination, though it reduces the number of children dealt with per session.

In respect of nearly all the more serious forms of infectious disease, 1954 showed the lowest incidence of post-war years. The one exception was diphtheria, with 6 cases among school children, and this is the more regrettable in that the disease is entirely preventable. However, 1954 also showed a considerable increase in immunisation of school children and a marked reversal of the recent decline in protection of younger children, so that a progressive decline in incidence may reasonably be hoped for, given the understanding and co-operation of parents.

Reference is made later in the report to a further extension of the scheme to combat tuberculosis in the school population. In collaboration with the Chest Clinic and the Mass Radiography Unit, arrangements have been made, subject to the consent of the parents, to test for susceptibility to the disease in 13 year old pupils, and to offer some measure of protection by B.C.G. Vaccination. The pilot scheme operated in two schools in the last term of the year was a complete success and proved popular with parents. This facility will consequently be offered to all 13 year olds in future. Such intensified methods of case finding as skin testing of school entrants, and mass radiography of leavers, might well have been expected to increase the number of cases notified. The fact that there has been instead a small but steady decrease in the last three years indicates that the problem is coming under control.

There was a considerable increase in the work done by the School Dental Service owing to good fortune in securing the services of a second full-time dentist, but while the Service remains understaffed it is impossible to avoid a disproportionate amount of time being given to emergency treatment at the expense of preventive measures.

In order to meet the increasing demands on medical staff arising from the B.C.G. Vaccination Scheme and increasing ascertainment of Educationally Sub-normal Pupils, a second part-time Medical Officer was engaged towards the end of the year. The chronic staff shortage continued to place a heavy burden on the School Nursing Staff and they are to be congratulated on attaining a high standard of work under considerable difficulties.

I am sure Dr. Lawson would wish me to convey his thanks and appreciation to the Chairman and Members of the School Medical and Attendance Sub-Committee for their continued support and encouragement; to the Chief Education Officer and his staff for their courtesy and unfailing help; to the General Practitioners and Hospital Authorities for their co-operation which is indispensable to the efficient working of the School Health Service. In particular he has expressed his gratitude for the loyal support and unstinted efforts of the School Health Service staff over the years. The high degree of efficiency of the School Health Service; the extension of its activities during his term of responsibility; and the cordial spirit prevailing among its staff and in its relationships with other Departments of the Council and outside bodies is the most eloquent tribute possible to Dr. Lawson's own service to the Council.

I am particularly indebted to Dr. Rayner, Senior Assistant Medical Officer, for stepping into the breach for the last two months of the year and to Mr. Booth, Senior Clerk of the School Health Service, for his assistance in preparing the statistical material for this report.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

R. M. ROSS,

Principal School Medical Officer.

(1) School Medical Inspections

The routine medical inspections of school children have continued during 1954 and 2,856 pupils have been examined during the year. 211 of these were of the 8-9 age group and 87 were children at the nursery schools and these children are included under the heading of "other periodic inspections."

Pupils are now examined as a routine:

- (a) as soon as possible after admission to a maintained school, *i.e.* at age 5-6;
- (b) during the last year in a junior school—(age 10-11), and
- (c) during the last year of attendance at a maintained secondary school, when sufficient time is allowed for any necessary investigation or treatment to be carried out before the pupil leaves school.

In addition, younger children aged 2-5 at the Nursery School 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, 184 pupils were referred to the Council's Eye Specialist for defective vision (excluding squint) and 431 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 416 and these pupils were kept under special observation during the year.

The school population of the Borough (including the Nursery School and Nursery Classes) was 10,933 at the end of December, 1954, and every child in the Borough has an up to date school medical record.

(2) Special School Medical Inspections

This heading refers to pupils who attend at the various school clinics to be seen by School Medical Officers at the request of parents or teachers.

These clinics are 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

1,206 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 continues 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 School Medical Officers.

During 1954, 2,976 children were seen at these inspections.

(4) Nutrition

The general physical condition of the school children of Dudley continues to be very good. Of the 2,856 children examined at schools during the year, only 60 (or 2.1 per cent) were found to be below the normal standard of general nutrition to be expected amongst children of school age. This figure is slightly below that of last year and shows that standards have been maintained throughout the year.

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 3,431. 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 1954, 181 new cases of errors of refraction and 18 new cases of other defects and diseases of the eye were treated at the Central Clinic by the Council's Ophthalmologist. In addition, 658 pupils with previously treated errors of refraction and 44 children with other defects previously observed were seen by the specialist, making a total of 901 pupils treated at the Eye Clinic.

Spectacles were prescribed for 548 pupils and 576 pairs of spectacles were actually obtained. The eye clinics are normally held thrice weekly at the Central Clinic on Wednesday and Thursday mornings and on Wednesday afternoons.

In addition to the above, 31 errors of refraction (including squint) 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 186 pupils received operative treatment for adenoids and chronic tonsillitis, 10 for diseases of the ear and 2 for other conditions of the nose and throat, whilst 16 received other forms of treatment.

(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 58 pupils were seen.

Children are normally referred to the Paediatric Specialist by the 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

The number of notified cases of diphtheria among school children in the Borough was 6, compared with 5 during the previous year. Though the number may not appear large to those who remember pre-war figures it is well above figures achieved five years ago. This deterioration is, of course, the result of the decreasing percentage of children immunised, especially in infancy. This, perhaps natural, consequence of the very success of the anti-diphtheria campaign is a tendency which calls for strenuous and unremitting persuasion of parents, in schools, homes, and clinics.

The necessity for booster injections in children of school age to supplement the protection remaining from infant immunisation is well illustrated by the fact that all but one of the 6 cases had not been immunised within the previous five years, and the sixth had just started his first course. The initial immunisation will save life in later years but will not necessarily protect against attack unless supplemented at 5 and 10 years of age. Thus, while 80% of Dudley school children have been, at some time, immunised, only 44.5% have had protection within the last five years. The necessity for continuous and intensified propaganda among parents of school children as well as of infants is obvious, and it is gratifying to report that 1954 saw a marked increase in immunisations among school children as well as of infants.

Other Infectious Diseases

1954 saw a year of low incidence of all the common infectious diseases, and only one case of poliomyelitis in a school child was notified.

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	1	1	1	1	9	8	10	9	1	—
10—15	—	—	1	3	3	—	—	—	—	—

(10) Tuberculosis

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

	Males	Females	Total
Pulmonary	6	2	8
Non-Pulmonary	2	—	2

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

	Males	Females
Pulmonary	39	21
Non-Pulmonary	17	3

The arrangement previously established, by which every school entrant to Dudley Infant Schools is tested to ascertain whether or not the child had been in contact with an infectious case of tuberculosis continued to function smoothly. This can be done by a very simple and harmless test and the procedure has already been in operation for over two years in Dudley schools. All children who show a positive test are referred to the Chest physician for examination and at the same time a Health Visitor calls at the child's home and offers all members of the household an appointment at the Headquarters of the Mass Radiography Unit. The test thus serves a double purpose. Not only is every school entrant showing signs of tuberculous infection examined and treated, if necessary, at once, but the infection is traced back to its source, and already several adult cases of tuberculosis have been found following examination at the Mass Radiography Unit. The whole procedure has become an integral part of the school child's first medical examination, and with the full co-operation of all concerned, parents, teachers, doctors and nurses, a very valuable piece of preventive work in tuberculosis is going on daily in our schools.

Since late adolescence is a period of special susceptibility to pulmonary tuberculosis as well as of initiation into the stresses of working life, the Mass Radiography Unit established in Dudley continued to serve a very useful purpose in supplementing the medical examination of school leavers by an X-ray of the chest, subject, of course, to parental consent. In 1954, 870 leavers were so examined and it is satisfactory to record that only two were found to have active disease. These two will benefit from earlier diagnosis and treatment than would otherwise have been the case. The School Health Service is very much indebted to Dr. Posner and the rest of the staff of the Mass Radiography Unit for their full and courteous co-operation in this and other directions.

1954 saw a further advance in the campaign against tuberculosis in school children, and one which placed Dudley in the van with the small number of Education Authorities which have put into operation a scheme for B.C.G. Vaccination of susceptible 13 year olds. Subject to parental consent, children of this age are tested to ascertain whether they have previously acquired infection, and thereby a measure of resistance to future attack. If a positive result indicates past infection, the child is X-rayed to eliminate activity of the disease, and family contacts are asked to submit themselves to chest X-ray. If the test reveals that the child has not yet been exposed to infection, parental consent is sought to vaccination with B.C.G. While this method cannot carry a 100% guarantee of immunity of indefinite duration it will give a good measure of protection during adolescence and the early years of working life when susceptibility is high.

A small pilot scheme involving two schools was carried out in the Autumn of 1954 and was found to run so smoothly and met with such good response from the parents that arrangements were made to offer this facility to all school children of this age in future. Great credit must go to Dr. Lawson for instituting and organising this scheme, and to Dr. Rayner, the Senior Assistant Medical Officer, for the high competence he has shown in its execution.

(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.

316 Dudley children were seen by the Surgeon at these clinics during the year and a total of 445 treatments was given.

(12) Physiotherapy Clinic

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

The majority of the pupils treated are 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. 76 pupils received a total of 659 physiotherapy treatments and 52 children received 368 breathing exercise lessons.

(13) Sunlight Clinic

The Council's Artificial Sunlight Clinics at the Central and Priory Clinics continued to treat pupils for whom artificial sunlight had been prescribed.

During the year 247 pupils received 2,618 treatments.

(14) West Malvern Open Air Residential Council School

Places are now available at the above School for 11 boys (7 junior and senior, and 4 infant) and 4 girls under the age of 8. As a result the total number of children sent to Malvern during 1954 was 45 and not 60 as in years previous to 1953. A term normally consists of 11 or 12 weeks commencing 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 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) Westhill Children's Recuperative Home, Leamington Spa

Following the reduction of girls' places at Malvern, the Committee decided to send 7 children (usually girls) to the above Home, each school term, for a period of a fortnight.

This is proving to be most useful for children recently discharged from hospital and requiring a convalescent holiday, and is also of benefit for girls who would have been sent to Malvern Open Air School had places been available.

(16) 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.

(17) Rotary Boy's 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.

(18) School Dental Service

It is satisfactory to be able to report considerable increase in the amount of work done, nearly twice as many children having been treated as was the case in 1953. This was mainly due to the whole-hearted efforts of our two full-time dentists, supplemented by the services of a part-time dentist for three sessions per week throughout the greater part of the year. Not until a full complement of staff is available, however, can the true preventive function of the School Dental Service, based on full and frequent routine inspection followed by the necessary conservative treatment, be achieved.

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

(19) Work of the School Nurses

All nurses doing school work are also health visitors and this is one of the best features of the service since the nurse knows the child and his home background before he enters school. The health visitor has in the meantime become a trusted adviser to the family in matters affecting health and hygiene and is, therefore, well qualified 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; a full-time assistant nurse continued to be employed exclusively on this work. It is very largely a social problem and one in which education is more important than treatment.

That there is ample room for further improvement can be appreciated from the fact that the 4% on the accompanying table represents over 1,300 occasions on which a child's head was found to be infested. In fairness, it should be pointed out that in the majority of cases the infestation was slight and did not necessarily indicate any

neglect on the part of the parent. The small minority of parents of children who repeatedly re-introduce infestation into the schools has to be convinced of their great dis-service towards their own children as well as to the other children and their parents.

During 1954, 32,432 inspections were carried out and the infestation rate for the year is shown in comparison with previous years.

1949	.....	16%
1950	.....	7%
1951	.....	4%
1952	.....	4%
1953	.....	4%
1954	.....	4%

(20) Employment of Children and Young Persons

During the year 68 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.

(21) 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 1954, 111 pupils received treatment in a total of 1,042 lessons and 51 new cases were interviewed and assessed and 49 children were discharged.

(22) 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.

(23) **Handicapped Children**

In accordance with the requirements of the Handicapped Pupils and School Health Service Regulations, 1945, 59 pupils have been examined or re-examined during 1954 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 59 pupils examined during 1954:

- 1 has been ascertained to be partially sighted.
- 2 have been ascertained to be partially deaf.
- 18 have been ascertained to be educationally sub-normal.
- 1 has been ascertained to be maladjusted.
- 2 have been ascertained to be physically handicapped.
- 2 have been ascertained to be delicate.
- 3 have been reported to the Local Authority under the Mental Deficiency Acts.
- 28 were found to be suitable for education in an ordinary school.
- 5 were found to be ineducable.

In addition 64 children already at the Sutton School were re-examined.

STATISTICAL TABLES, 1954

Table I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A. Periodic Medical Inspections

Number of inspections in the prescribed groups:

Entrants	914
Second Age Group	834
Third Age Group	897
Total	2,645

Number of other periodic inspections 211

Grand Total 2,856

B. Other Inspections

Number of special inspections	2,572
Number of re-inspections	2,976
Total	5,548

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	46	121	164
Second Age Group	51	164	221
Third Age Group	50	89	137
Total (Prescribed Groups)	157	374	522
Other Periodic Inspections	27	57	84
Grand Total	184	431	606

Table II

A. Defects found by Medical Inspection

Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Skin	23	10	107	62
Eyes—a. Vision ..	184	77	144	61
b. Squint ..	18	8	20	12
c. Other ..	10	6	39	26
Ears—a. Hearing ..	11	10	26	19
b. Otitis Media ..	21	14	51	42
c. Other ..	8	3	39	36
Nose or Throat ..	99	87	182	117
Speech	14	14	22	6
Cervical Glands ..	4	11	13	32
Heart & Circulation	18	28	21	42
Lungs	50	61	77	111
Developmental—				
a. Hernia ..	1	1	—	—
b. Other ..	—	8	11	7
Orthopaedic—				
a. Posture ..	26	9	15	12
b. Flat Foot ..	28	11	16	9
c. Other ..	29	13	20	31
Nervous System—				
a. Epilepsy ..	1	3	6	—
b. Other ..	2	2	7	15
Psychological—				
a. Development	1	1	7	—
b. Stability ..	1	—	2	2
Other	66	39	129	159

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

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants.....	914	453	49.5	443	48.5	18	2.0
Second Age Group	834	464	55.6	351	42.1	19	2.3
Third Age Group	897	491	54.7	391	43.6	15	1.7
Other Periodic Inspections	211	115	54.5	88	41.7	8	3.8
Total	2856	1523	53.3	1273	44.6	60	2.1

Table III

INFESTATION WITH VERMIN

- (i) Total number of examinations in the schools by the school nurses or other authorised persons 32,432
- (ii) Total number of individual pupils found to be infested 1,337
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) 1,543
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) —

Table IV

TREATMENT TABLES

GROUP I—Minor Ailments (excluding Uncleanliness)

(a)	Number of Defects treated, or under treatment during the year.
Skin—	
Ringworm—Scalp	—
Ringworm—Body	—
Scabies	6
Impetigo	721
Other Skin Diseases	479
Eye Disease	62
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	
Ear Defects (minor)	428
Miscellaneous	3184
(e.g. minor injuries, bruises, sores, chilblains, etc.)	
Total	4880

(b) Total number of attendances at Authority's Minor Ailments Clinics 11,957

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

	<i>Number of Defects dealt with</i>
Errors of Refraction (including Squint)	839
Other defects or diseases of the eyes (excluding those recorded in Group I)	62
Total	901

No. of pupils for whom spectacles were:

(a) Prescribed	548
(b) Obtained	576

GROUP III—Treatment of Defects of Nose and Throat

	<i>Total number treated</i>
Received operative treatment:	
(a) for diseases of the ear	10
(b) for adenoids and chronic tonsillitis	186
(c) for other nose and throat conditions	2
Received other forms of treatment	16
Total	<hr/> 214 <hr/>

GROUP IV—Orthopaedic and Postural Defects

(a) Number treated as in-patients in hospitals or hospital schools	9
(b) Number treated otherwise, e.g. in clinics or out-patient departments ...	445

GROUP V—Child Guidance Treatment

Number of pupils treated under Child Guidance arrangements	7
--	---

GROUP VI—Speech Therapy

Number of pupils treated by Speech Therapists	111
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GROUP VII—Other Treatments Given

	<i>No. of Cases treated</i>
Miscellaneous Minor Ailments	3,184
Paediatrician's Clinic	58
Sunlight Clinic	247
Breathing Exercises	52
Physiotherapy	76

Table V

DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's Dental Officers:		
(a)	Periodic Age Groups	....	3,262
(b)	Specials	....	4,643
(c)	Total—Periodic and Specials	....	<u>7,905</u>
(2)	Number found to require treatment	....	6,799
(3)	Number referred for treatment	....	6,661
(4)	Number actually treated	....	5,308
(5)	Attendances made by pupils for treatment	....	6,220
(6)	Half-days devoted to:		
(a)	Inspection	....	23
(b)	Treatment	....	901
	Total (a) and (b)	....	<u>924</u>
(7)	Fillings: Permanent Teeth	....	2,307
	Temporary Teeth	....	357
	Total	....	<u>2,664</u>
(8)	Number of teeth filled: Permanent Teeth	....	2,017
	Temporary Teeth	....	319
	Total	....	<u>2,336</u>
(9)	Extractions: Permanent Teeth	....	894
	Temporary Teeth	....	3,364
	Total	....	<u>4,258</u>
(10)	Administration of general anaesthetics for extraction	....	2,248
(11)	Other Operations: Permanent Teeth	....	1752
	Temporary Teeth	....	223
	Total	....	<u>1,975</u>

**ANNUAL REPORT OF THE CHIEF SANITARY
INSPECTOR AND CLEANSING SUPERINTENDENT
FOR THE YEAR ENDED 31st DECEMBER, 1954**

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

Mr. Mayor, Ladies and Gentlemen,

The report which I have the honour to present for 1954 is my tenth report. Many changes have taken place and I am sure the general effect which the work has brought about is one of improvement. The improvement is not only to be calculated in terms of administrative efficiency but in terms of unfit houses demolished, improved conditions of comfort in many houses, cleaner and better food handling.

A very sketchy review of some of the items of interest during 1954 may be worthwhile.

Housing

The Housing Repairs and Rents Act, 1954, has been passed and one part of the Act which caused much conjecture has been singularly unused in Dudley. Provision was made, with certain conditions, for rent increases for 'controlled' houses. Tenants receiving notice of increase could apply for a certificate of disrepair and in only two instances have applications been received. As far as I can ascertain the reason is the reluctance of owners to serve notice of rent increase.

This Act also requires local authorities to survey the housing areas and submit proposals for the clearance of unfit houses. Such a requirement is long overdue and will most certainly bring to light quite astonishing information. The majority of unfit houses have now been in that category for almost a generation and only bold action will see the passing of this blight upon our industrial towns. The survey is well under way and will have been completed before this report is printed.

Food

Food sampling cannot be done satisfactorily in haphazard fashion. Careful scrutiny is maintained by Inspectors of the foodstocks in shops and sampling follows a careful selection of some of the products offered for sale. The labelling of pre-packed foods is of great importance and must be connected with food sampling. Erroneous claims can only be checked by analytical results, hence the obvious connection. Every endeavour has been made, within the limits of staff shortage, to maintain a reasonable, selective service of food sampling.

Food hygiene is still gradually improving but the tables contained in the report show how much further food handlers have yet to go before really satisfactory conditions have been achieved.

Mention must be made of the return of the private slaughter of food animals. In Dudley this has meant the re-opening of private slaughterhouses and the return to circumstances which in my opinion can never be satisfactory. Slaughtering is carried out at times convenient to the butcher and usually means that killing is being done simultaneously at several slaughterhouses. This is wasteful in the

time of Inspectors and reduces the possibility of adequate supervision. It is high time the Government's policy on slaughterhouses was determined and in my opinion the provision of an abattoir for this Authority is much overdue.

Public Cleansing

Great credit must be given to the workmen and staff for the continuance of the refuse removal services. Labour shortage has remained fairly constant at a figure of approximately 25%. The boundary extension in April added at least 1,000 premises requiring service and yet a weekly collection has been maintained. Recruitment is still virtually impossible but increasingly necessary.

This year saw the lifting of controls in respect of animal feeding-stuffs which in turn dealt a death blow to the salvaging of food waste. In consequence there has been a substantial reduction in the size of income from salvage sales.

Staff

It has not been my custom to make any special reference to staff shortage but I do so on this occasion. This is the tenth annual report which I have had the pleasure to submit. During the time which has elapsed the Inspectoral staff has never been recruited to establishment strength. Steadily the responsibilities of the department have increased and it is evident that further increases are due. Recent advertisements for staff have not brought a single application. This experience is now becoming far too common with many local authorities and the reason is not too far to seek. Recruitment into the profession is lower than it has ever been—in fact it is so low that the danger mark was passed a fairly long time ago.

Whilst it is to the credit of the Inspectors that so much has been done—and done well—surely the demand for the implementation of the recommendations of the Working Party on the Recruitment, Training and Qualification of Sanitary Inspectors, published in 1953, should be met.

Conclusion

The only fitting end to this foreword is to express my appreciation to yourself Mr. Mayor, to the Chairman and Members of the Health Committee and all members of the Council for kindness, consideration and support which have always been extended to me.

To the Officials of the Council I am also greatly thankful.

The staff and workmen of the department and particularly Mr. Bowman have given more than their best and words are but a poor medium to express what I would say.

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

This year has brought with it a feature which many health officers hoped piously but not too optimistically would not return. I refer to the re-opening of private slaughterhouses.

Unfortunately there is no central abattoir in Dudley and as the end of meat control was brought about rapidly the buildings used in 1939 as private slaughterhouses required a quick survey. Several buildings were so dilapidated it was impossible to bring them back into use. The remainder required works of varying degree although in two instances complete re-building has been necessary.

There are now six private slaughterhouses operating with a seventh in course of re-construction.

Quite naturally the calls for meat inspection are heavy and demand a fair percentage of Inspectors' time some of it outside normal office hours and also trespassing into statutory holiday periods. Only six months of de-control have passed but the result is reflected in the increased rate of killing and resultant inspections. Whilst details are given later in the report I insert here a short comparative group of figures.

Animals killed and inspected:

	1951	1952	1953	1954
Pigs	5,458	7,431	8,298	11,222
Sheep and lambs	—	—	—	1,074
Beef cattle	—	—	—	186
Calves	—	—	—	9
Totals	5,458	7,431	8,298	12,491

In regard to food premises generally the Inspectors are continuing their excellent work by persuasion and education rather than by enforcement. So much so that no court proceedings have been necessary to bring about the many improvements throughout the borough. Perhaps the most disappointing feature of this work is the way in which occupiers and operatives in food shops and food handling premises backslide if an Inspector cannot visit sufficiently often. Unfortunately the shortage of staff coupled with greater demands in many directions make it impossible to carry out visits as regularly as one would wish.

New legislation which has been the subject of so much comment is still in the hands of the legislators. Criticism has been widespread and varied but I have no intention of adding to it. The need for new legislation is obvious.

Sampling of food and drugs for chemical analysis was again a duty which was given thoughtful attention. A list of the samples which drew remarks from the Public Analyst appears later in the report. There was only one case of legal proceedings but several warnings were given. Unsatisfactory labelling is the most common form of present day contravention and I am of the opinion that more attention must be given to this. The public tend to judge the merits of a commodity by the declared label and therefore correct labelling is of great importance.

Inspection of Meat

The following table gives particulars of carcasses and organs unfit for consumption and tabulates causes for condemnation:

Carcasses Inspected and Condemned

	<i>Cattle (ex- cows)</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Cows</i>
Number killed	170	9	1074	11222	16
Number inspected	170	9	1074	11222	16
All diseases except Tuberculosis. Whole carcasses condemned	—	—	7	3	—
Carcasses of which some part or organ was condemned ..	24	—	153	566	4
Percentage of the number inspected affected with disease other than tuberculosis ..	14.1	—	14.9	5.0	25.0
Tuberculosis only. Whole carcasses condemned.. ..	—	—	—	6	—
Carcasses of which some part or organ was condemned ..	6	—	—	307	—
Percentage of the number inspected affected with tuberculosis	3.5	—	—	2.8	—

Meat Condemned

	<i>Cattle</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Carcasses	—	—	7	9	16
Part Carcasses	—	—	1	4	5
Legs	—	—	—	9	9
Pork Pieces	—	—	—	4	4
Fore and Hind Quarters ..	3	—	—	7	10
Leaf Lards	—	—	—	3	3
Spleens	—	—	—	5	5
Pelvis	—	—	—	1	1
Belly	—	—	—	11	11
Feet	—	—	—	13	13
Livers	36	—	82	185	303
Kidneys	2	—	—	60	62
Hearts	2	—	—	113	115
Lungs (sets)	8	—	133	257	398
Back Fat	—	—	—	2	2
Part Udders	2	—	—	1	3
Intestines and Stomachs ..	4	—	—	3	7
Mesenteries	3	—	—	20	23
Collars	—	—	—	34	34
Heads	7	—	—	257	264
Plucks	—	—	—	82	82
Rind	—	—	—	2	2

Diseases

	<i>Cattle lbs.</i>	<i>Calves lbs.</i>	<i>Sheep lbs.</i>	<i>Pigs lbs.</i>	<i>Total lbs.</i>
Tuberculosis	616	—	—	4,282	4,898
Congestion	2	—	12½	398½	413
Pericarditis	—	—	—	259¾	259¾
Hydronephrosis	—	—	—	30½	30½
Abscess	44	—	—	287	331
Cirrhosis	85	—	—	274	359
Arthritis	—	—	—	11½	11½
Parasites	21	—	283	235	539
Peritonitis	—	—	—	92	92
Pleurisy	—	—	—	154	154
Bruising	—	—	10	86½	96½
Cysts	10	—	6¾	92	108¾
Broken Leg	—	—	—	12	12
Fracture	—	—	—	3½	3½
Melanosis	—	—	—	6	6
Flukes	220	—	8	3½	231½
Pneumonia	—	—	—	72½	72½
Nephritis	8	—	—	5½	13½
Dead in lairage	—	—	—	327	327
Diamonds	—	—	—	29	29
Mastitis	35	—	—	—	35
Ascariasis	—	—	—	7	7
Milk Spots	—	—	—	5	5
White Spot	—	—	—	24	24
Hepatitis	—	—	1	4	5
Emphysema	17	—	—	—	17
Emaciation	—	—	140	—	140
Fatty Degeneration	23	—	—	—	23
Neoplasms	15	—	—	—	15
Strongyli	8	—	—	—	8
C. Bovis	104	—	—	—	104

Total weight of meat condemned: 3 tons, 14 cwts. 2 qrs., 26¾ lbs.

Visits to Slaughterhouses	623
Visits for Inspection of private pigs	14

INSPECTION OF OTHER FOODS

During the year the District Inspectors made 208 visits to food premises for the purposes of food inspection, other than meat inspection.

The following foodstuffs were condemned:

	<i>Total</i>
Anchovy essence (jars)	1
Apple puree (tins)	34
Apricots, dried (lbs.)	140½
Bacon (lbs.)	33½
Baked beans (tins)	78
Beef steak puddings (tins)	5
Beetroot (jars)	1
Biscuits (lbs.)	1
Butter beans (tins)	5

Inspection of Other Foods—<i>continued</i>				Total
Cake Flour (pkts.)	....	....	....	1
Cheese trimmings (lbs.)	....	....	....	76
Chicken (jars)	....	....	....	1
Chocolate (blocks)	....	....	....	43
Chocolate biscuits (pkts.)	....	....	....	3
Chocolate Marshmallows	....	....	....	2
Coconut in syrup (tins)	....	....	....	3
Coconut ice (lbs.)	....	....	....	72
Corned beef (lbs.)	....	....	....	2 $\frac{1}{4}$
Cream (tins)	....	....	....	26
Currants (lbs.)	....	....	....	163 $\frac{3}{4}$
Dates (pkts.)	....	....	....	13
Eggs....	....	....	....	30
Eggs, frozen (lbs.)	....	....	....	28
Fish, Cod fillets (lbs.)	....	....	....	32
Fish (tins)	....	....	....	1,600
Flour (lbs.)	....	....	....	42
Fruit (tins)	....	....	....	1,202
Fruit (jars)	....	....	....	5
Fruit squash (bottles)	....	....	....	11
Ham (lbs.)	....	....	....	280
Jam (tins)	....	....	....	2
Jam (jars)	....	....	....	5
Mars bars	....	....	....	1
Meat (tins)	....	....	....	527
Meat Paste (jars)	....	....	....	7
Milk (tins)	....	....	....	404
Olive Oil (bottles)	....	....	....	1
Peas (tins)	....	....	....	438
Pickles (jars)	....	....	....	4
Pork, shoulder of (lbs.)	....	....	....	6 $\frac{3}{4}$
Puddings (tins)	....	....	....	9
Rabbit (tins)	....	....	....	3
Sago pudding (gallons)	....	....	....	50
Sandwich spread (jars)	....	....	....	2
Sauce (bottles)	....	....	....	3
Sausage, Pork (lbs.)	....	....	....	2
Sausage, Beef (lbs.)	....	....	....	23
Soup, (tins)....	....	....	....	40
Spaghetti (tins)	....	....	....	16
Sugar (lbs.)....	....	....	....	88
Sweets (pkts.)	....	....	....	1
Tomatoes (tins)	....	....	....	494
Tomato juice (tins)	....	....	....	100
Tongue (lbs.)	....	....	....	3
Toffee popcorns	....	....	....	3
Vegetables (tins)	....	....	....	28
Vegetable salad (tins)	....	....	....	2

Disposal of Condemned Food

All the meat condemned in the Borough is sold by private arrangement for conversion into fertilizer. Other condemned foodstuffs are disposed of by incineration in the Corporation's destructor plant.

SUPERVISION OF FOOD PREMISES

There are in the Borough 803 premises where foodstuffs are handled and sold and of this number 205 are registered under Section 14 of the Food and Drugs Act, 1938, for the sale of ice cream and 14 for the preparation of cooked meat, sausages and other foods.

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

General Food Shops	422
Food Preparing Premises, subject to registration	27
Canteens	108
Restaurants	128
Bakehouses	53
Fried Fish Shops	85
Butchers Shops	153
Licensed Premises	196

As a result of these visits 169 premises which were found to be not of the standard required by the Food and Drugs Act, were brought up to that standard.

These figures reflect to some extent the great amount of time which has been spent in the effort to increase the standard of hygiene in food shops. Particular emphasis has been laid on the necessity for extreme care in handling all foodstuffs especially unwrapped commodities and whilst food handling generally cannot be regarded as entirely satisfactory, the efforts which are being made by the department are having their effect.

236 notices were served under the provisions of the Food Byelaws.

MILK SUPPLIES

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

	<i>Processors' Licences</i>	<i>Dealers' Licences</i>	<i>Supplementary Licences</i>
T.T. Pasteurised	—	9	4
Pasteurised	1	7	4
Sterilised	—	199	4
Tuberculin tested	—	1	—

At the end of 1954 there were 212 milk distributors registered with the Local Authority.

The number of dairies registered under the Milk and Dairies Regulations at the end of 1954 was 7.

Bacteriological Examination of Milk

	<i>(a)</i> Bacteriological Content				<i>(b)</i> Phosphatase Test		<i>(c)</i> Turbidity Test		<i>(d)</i> Tuberculosis Test		<i>(e)</i> Phenol Phthalein Test	
	No. taken for		Methylene Blue Reduction Test		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Negative	Positive	Negative	Positive
	Bact. Exam. (a)	T.B. Test (b)										
T.T. Pasteurised	48	—	48	—	48	—	—	—	—	—	48	—
Pasteurised	85	—	82	3	84	1	—	—	—	—	84	1
Sterilised	40	—	—	—	—	—	40	—	—	—	—	—
T.T. Milk	11	1	8	3	—	—	—	—	1	—	—	—
Totals	184	1	138	6	132	1	40	—	1	—	132	1

SAMPLING FOR CHEMICAL ANALYSIS

During the year 53 formal and 203 informal samples were taken and adverse reports were made on 37. Details of action taken are given below.

<i>Name of Article</i>	<i>Results of Analysis</i>	<i>Remarks and action taken</i>
Medicated Sweets	Unsatisfactory label. No saccharin present.	It was impossible to obtain a formal sample.
Medicated Sweets	Unsatisfactory label. No quantitative particulars of ingredients given.	Manufacturers agreed to supply printed bags or gummed labels giving details of constituents and quantitative particulars for use of retailers.
Medicated Sweets	Unsatisfactory label. No quantitative particulars given of ingredients	Manufacturers agreed to supply printed bags or gummed labels giving details of constituents and quantitative particulars for use of retailers.
Medicated Sweets	Unsatisfactory label. Deficient of saccharin.	It was obvious that there were printers errors in the label and the matter was taken up with manufacturers.
Bread	Unsatisfactory. Foreign matter present consisting of grease and rust.	An information was not laid as purchaser did not wish to be involved in legal proceedings.
Butter Nuts	Unsatisfactory. No fat present.	Formal sample was taken.
Cress	Unsatisfactory. Consisted of seedlings having the characteristics of Rape.	Legal proceedings were not likely to succeed so the Town Clerk considered it unwise to proceed further.
Female Pills (Patent medicine)	Unsatisfactory condition.	Formal sample taken. Found to be satisfactory.
Gin Pills (Patent medicine)	Unsatisfactory label, condition and composition.	Formal sample was taken. (See below).
Gin Pills	Unsatisfactory. Impregnated with mould growth on inside and outside of some of the pills.	Stock was withdrawn from sale.
Glycerine B.P.	Unsatisfactory. Not of B.P. quality.	Formal samples were taken which were found to be of B.P. quality.
Glycerine Pure	Unsatisfactory. Not pure Glycerine.	Formal sample taken, found to be genuine.

<i>Name of Article</i>	<i>Results of Analysis</i>	<i>Remarks and action taken</i>
Indian Brandee	Unsatisfactory. No Sp. Aether Nitros present, not B.P. quality.	Formal sample was taken.
Indigestion tablets	Unsatisfactory. Deficient of Calcium Carbonate.	After careful consideration this Authority referred the matter to the Food and Drugs Authority in whose area the tablets were manufactured. Steps have been taken by that Authority to secure an amendment of the formula.
Hair conditioner	Unsatisfactory.	Formal sample was taken and this was satisfactory.
Tonic Food	Unsatisfactory. Not a B.P. substance.	Formal sample was taken.
Tonic Food	Unsatisfactory, not now a B.P. product. Probably old stock.	Stock withdrawn from sale.
Tomato Juice	Unsatisfactory label.	Matter taken up with manufacturer.
Cream filling	Unsatisfactory label, no formula given.	The sample of cream filling was taken from a local bakery and was not intended for sale to the public. The purpose of taking the sample was merely to ascertain the contents.
Gynopax tablets	Unsatisfactory. Deficient of 15% active ingredients.	Formal sample taken. (See below).
Gynopax tablets	Unsatisfactory. Deficient of 28% total active constituents.	Warning letter sent to manufacturers.
Medophyll tablets	Unsatisfactory label. Vitamins stated to be present, no quantities given.	See below.
Medophyll tablets	Unsatisfactory label, also bottle contained dead beetle, at least two of the tablets had been attacked by it.	Stock withdrawn from sale. Manufacturers have gone into liquidation but the distributors agreed to remove all stocks from sale.
Oranges	Unsatisfactory, traces of Thiourea.	Matter referred to Ministry of Food.
Orange Squash	Unsatisfactory, both sulphur dioxide and Benzoic acid present.	Formal sample taken and this was satisfactory.

<i>Name of Article</i>	<i>Results of Analysis</i>	<i>Remarks and action taken</i>
Whole Orange	Unsatisfactory label.	It was decided after consideration that there were no grounds for further action.
Ice Lollie	Unsatisfactory. Contained 21.1 parts per million copper.	Efforts were made to trace this metallic contamination and a series of samples of the concentrate used together with samples at various stages in manufacture were taken without result.
Sausage, pork	Unsatisfactory. Deficient of 23% meat.	See next sample.
Sausage, pork	Unsatisfactory. Deficient of 28% meat.	Legal proceedings were instituted and a fine of £2 was imposed by Dudley Magistrates.
Sausage, pork	Unsatisfactory. Deficient of 7.5% meat.	A formal sample was taken, but this was genuine.
Marzipan	Unsatisfactory. No statement of ingredients given.	Matter dealt with informally.
Halibut Liver Oil Capsules B.P.	Unsatisfactory. Not of B.P. quality.	Formal sample taken but genuine. The Health Committee decided to draw the attention of the firm concerned to the remarks made by the Analyst in regard to the informal sample.
Ham and Cheese spread	Unsatisfactory label. Ham content 2%.	The Analyst's remarks were noted by the Health Committee but it was decided to take no further action.
Herbal tablets	Unsatisfactory. Contravenes Section XI of the Labelling Order.	The contravention arose from the illegibility of the formula printed on the packet. This was found to be an isolated instance and no further action has been taken.

The actual samples taken during the year were as follows:

<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>	<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>
Adrenaline Cream ..	1	—	Honey Centre Sweets	1	—
Aniseed ..	1	—	Halibut Liver Oil		
Aniseed Balls ..	1	—	Capsules ..	1	—
Antacid Powder ..	1	—	Ham & Cheese Spread	1	—
Asthma Powder ..	1	—	Herbal tablets ..	1	—
African Rock Lobster	1	—	Iced Lollies ..	12	—
Apricot Nectar ..	1	—	Iced Lollie Solution ..	3	—
Barley Mints ..	1	—	Iced Lollie Solid Con- centrate ..	2	—
Barley Sugar ..	2	—	Indian Brandee ..	1	—
Blackcurrant Preserve	1	—	Indian Cerate ..	1	—
Bowdler's Lostilles ..	1	1	Indigestion Tablets ..	—	1
Breakfast Jaffa Juice ..	1	—	Ice Cream ..	6	—
Bread ..	1	—	Instant Whip ..	1	—
Butter Milk Toffees ..	1	—	Jam ..	1	—
Butter Nuts ..	1	—	Jelly ..	2	—
Butterscotch ..	3	—	Kaps ..	1	—
Butter Puffs ..	1	—	Keplex (Proteinous Product) ..	1	—
Blackcurrant and Liquorice Pellets ..	1	—	Lemonade Tablets ..	1	—
Blackcurrant and Glycerine ..	1	—	Limeade ..	1	—
Blood Mixture ..	1	—	Lime Fruits ..	1	—
Butter Flavour ..	1	—	Lactogol ..	1	—
Blackcurrant Cordial	2	—	Luncheon Meat ..	1	—
Brandy ..	—	2	Lemon Barley Water ..	1	—
Brandy Snap ..	1	—	Lemon Juice ..	1	—
Castor Oil B.P. ..	1	—	Magic Powders ..	1	—
Coco Cola ..	1	—	Malted Milk Biscuits ..	1	—
Cress ..	—	1	Malt Extract with Cod Liver Oil ..	1	—
Calomine Lotion ..	1	—	Mentholated Balsam ..	1	—
Chicken Cutlets ..	1	—	Milk ..	—	21
Chocolate Cream Eggs	1	—	Mi-Mints ..	1	—
Cream Filling ..	1	—	Morgans Pomade ..	1	—
Celery Cheese Spread	1	—	Margarine ..	12	—
Chocolate Dessert Powder ..	1	—	Medophyll Tablets ..	1	1
Cold Capsules ..	1	—	Milk Chocolate ..	1	—
Cough Mixture ..	1	—	Malted Oatmeal ..	1	—
Cream Toffee ..	2	—	Marzipan ..	2	—
Digestive Mints ..	—	1	Meat Paste ..	1	—
Digestive Mints, clear	1	—	Mincemeat ..	2	—
Dandelion & Burdock Flavour ..	1	—	Nip-A-Koff's ..	1	—
Egg Noodles ..	1	—	Oil of Peppermint Tablets ..	1	—
Egg and Milk Toffee ..	1	—	Orange Milk Chocolate	1	—
Female Pills ..	1	1	Orange Concentrate ..	2	—
Fluzo Tablets ..	1	—	Oranges ..	13	—
Frizets ..	1	—	Orange Crush ..	4	1
Fruit Flavours ..	1	—	Orange Flavour ..	2	—
Fruit Sticks ..	1	—	Ovaltine Chocolate ..	1	—
Gin Pills ..	—	2	Orange Drink ..	2	—
Gin ..	—	2	Orange Juice ..	1	—
Glucose Barley Sugar	1	—	Parrish's Chemical Food B.P. ..	1	1
Glucose ..	3	—	Pink Pills ..	1	—
Glucose Fruits ..	1	—	Pippins ..	1	—
Glycerine B.P. ..	3	2	Pork Dripping ..	1	—
Glycerine Pure ..	2	2	Pudding Spice ..	1	—
Glaze Cherries ..	1	—	Pragmator Ointment ..	1	—
Gripe Mixture ..	1	—	Processed Gruyere ..	1	—
Gynopax Tablets ..	1	1	Puff Pastry ..	1	—
Honey Crisp ..	1	—			

<i>Commodity</i>	<i>In-formal</i>	<i>For-mal</i>	<i>Commodity</i>	<i>In-formal</i>	<i>For-mal</i>
Rich Cream	1	—	Skimmed Milk Powder	1	—
Rum	—	2	Sponge Pudding ..	1	—
Sherbet	3	—	Sugared Strands ..	2	—
Stewed Steak ..	1	—	Tea Cake Mixture ..	1	—
Sweetbread Paste ..	1	—	Tomato Juice ..	1	1
Scrobit	1	—	Tonics	—	1
Sherbet Dab	1	—	Tooth Tincture ..	1	—
Soft Drink Tablets ..	1	—	Treacle Toffee ..	1	—
Spearmint Chews ..	1	—	Turkey Cutlets ..	1	—
Stemcol	1	—	Tea	1	—
Sweet Cigarettes ..	1	—	Table Salt	1	—
Sausage, Pork ..	10	4	Wild Cherry	1	—
Sauce	1	—	Whisky	—	3
Scotch Oats	1	—	Whole Oranges ..	—	1
Sherbet Sucker ..	1	—			

ICE CREAM AND ICED LOLLIPOPS

Ice cream sampled during 1954 was produced by four manufacturers in Dudley and sixteen manufacturers outside Dudley. The table below analyses the results of the provisional grading tests on ice creams sampled during the year. On the whole, results may be regarded as satisfactory as over 75% of the total number of samples taken were placed in Provisional Grade 1. It is interesting to note that, since the introduction of the Methylene Blue reduction test for ice cream in 1947, the percentage of Grade 1 samples has increased from 36% to 76% in 1953 and 1954 respectively.

Ice Cream

Analysis of Results of Provisional Grading Tests

	<i>Type of Mix</i>	<i>No. of samples taken</i>	<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
Produced in Dudley ..	Hot Mix	23	17	3	—	3
	Cold Mix	1	1	—	—	—
Not Produced in Dudley ..	Hot Mix	140	108	15	7	10
	Cold Mix	—	—	—	—	—
	Not Known	14	10	2	—	2
	Totals	178	136	20	7	15

Key: Grade 1—Good

Grade 2—Fairly good

Grade 3—Poor

Grade 4—Unsatisfactory

Iced Lollipops

Samples of iced lollipops during the year came from eight manufacturers in Dudley and nineteen outside the borough. As in 1953 it was found that, in cases where colony counts were high and coliforms were present, almost without exception manufacturers have deviated from the normal fruit lollie ingredients. The judgement of such lollies which may contain such ingredients as diluted ice cream mix, chocolate, coconut, etc., is extremely difficult. If it is known that ice lollies contain a proportion of ice cream bacteriological examination by means of the provisional grading tests applicable to ice cream would seem to be preferable to the normal routine of plate count and coliform. It is unfortunate however that retailers rarely have much information from their suppliers about the contents of the lollies they sell.

One ice lollie submitted to the Public Analyst was found to contain an excessive amount of copper. The manufacturing process was supervised and as it was found that only plastic moulds were used attention was drawn to the ingredients. Samples of the pressed tablet concentrate, the only ingredient other than water, were examined by the Public Analyst but no excessive amounts of metal were found. Later samples of lollipop from the same source proved to be quite satisfactory. No other instances of metallic contamination were met during the year.

The table on Page 61 analyses the results of the bacteriological examination of ice lollipops during the year. It will be seen that coliform content is associated with higher bacteriological counts with only two exceptions. It is pleasing to record that no cases of ice lollies with faecal coli contamination were found in 1954 and that the proportion of lollies with high counts has decreased.

Iced Lollipops

Table showing Analysis of results of Bacteriological Examination

Number of Samples taken and where produced	Colony Count per c.c.											B. Coli		
	Nil	0- 10	10- 50	50- 100	100- 200	200- 300	300- 500	500- 1,000	1000- 5,000	5000- 10,000	Over 10,000	Absent	Present Non- faecal	Present Faecal
Produced in Dudley 40	10	20	5	2	-	2	-	-	1	-	-	38	2	-
Produced outside Dudley 131	10	47	30	5	1	4	2	7	22	-	3	104	27	-
Total 171	20	67	35	7	1	6	2	7	23	-	3	142	29	-

Table showing Colony Counts of Samples where Coliforms were found to be present

Number of Samples showing presence of B. Coli	Colony Count per c.c.												
	Nil	0-10	10-50	50-100	100-200	200-300	300-500	500-1,000	1,000-5,000	5,000-10,000	Over 10,000		
Produced in Dudley 2	-	1	1	-	-	-	-	-	-	-	-		
Produced outside Dudley 27	-	-	-	-	-	1	1	7	15	-	3		
Total 29	-	1	1	-	-	1	1	7	15	-	3		

Swabbing from Catering and other Food Premises

Swabbing of eating and drinking utensils, kitchen equipment and beer glasses and sampling of washing-up water and rinse water continued during 1954. A total number of 234 swabs and 33 samples were taken during the year and the results of the bacteriological examination of these swabs and samples is summarised in tables I, II and III.

Tables I and II

It is pleasing to note that 108 out of a total of 146 swabs where colony counts were obtained gave counts which satisfied the suggested standard of less than 100 colonies with coliform absent. 22 of the 36 swabs giving colony counts of over 100 colonies had coliforms present. Whereas only two swabs having colony counts of less than 100 had coliforms present. Fourteen of the total number of 16 samples of washing-up water failed to satisfy the suggested standard of less than 500 colonies with coliforms absent.

Swabs of utensils washed in a newly installed dish-washing machine in a hotel proved to be quite unsatisfactory. The suppliers of the machine were contacted and further swabs were taken after a representative of the company had been consulted and details of the correct operation of the installation had been obtained. These results proved to be extremely satisfactory. Eleven swabs of utensils washed by the machine and seven swabs of parts of the machine itself satisfied the suggested standard, eight of the eleven utensil swabs proved to be sterile.

At one hotel where a number of the utensils swabbed had counts in excess of 100 colonies and non-faecal coli were present, it was found that a small portion of the draining board gave a colony count of 870 per ml. and non-faecal coli were present. The washing-up water satisfied the suggested standard and the reason for the unsatisfactory counts and presence of coli may have been due to the contaminated draining board.

On many occasions when catering premises using detergent sterilant routines were visited inspectors have found that the recommended routines, dosages, etc., have not been followed. Where hypochlorites are incorporated as sterilants starch and iodide test papers have been found useful as providing a rough check for the presence of free chlorine in washing-up waters. On many occasions the presence of free chlorine has not been indicated. It seems pointless to adopt routines which, if used properly, would give satisfactory results if the recommended dilutions are not adopted.

Table III

The results of swabs and samples taken at licensed premises during the year were again disappointingly bad. Only 9 of a total of 61 swabs and samples satisfied the suggested standard. Almost 70% of the swabs and samples taken had coliforms organisms present and the number with faecal type coli present was a much higher percentage than that found in the case of catering premises.

At one licensed premises where the colony counts of glasses ranged from 400 to 1,570 per ml., and where faecal coli were present in each case, a further series of samples and swabs were taken. A so-called glass-washing detergent-cum-sterilant was used in accordance with the manufacturer's recommendations. The first sample of washing-up water taken before washing-up commenced gave a satisfactory colony count but non-faecal coli were found to be present. Samples of swabs of glasses washed were taken at 10 minute intervals and in no case did the results satisfy the suggested standards. Seven glasses swabbed had counts in excess of 100 colonies per ml., and all had faecal coli present.

The percentage of glasses found to yield faecal coliforms is further indication of the need for the rejection of over-spill beer. Often overspill beer collected in drip-cans below beer engines consists in part of beer that has run over the fingers of bar tenders and even if such fingers are visibly clean the continual handling of faecal-coli contaminated glasses and immersion in faecal-coli contaminated washing-up water will undoubtedly ensure contamination of overspill and even of "clean" glasses. Further contamination of overspill is likely to come from coli contaminated glasses pushed back over the bar counter for a re-fill. The normally harmless coli may well have a pathogenic bowel dweller alongside it.

Food Samples

8 samples of prepared meat products, one sample of shellfish and one sample of synthetic cream were submitted for bacteriological examination.

In six of the samples of prepared meat products no pathogenic organisms were isolated. A sample of pressed beef had a colony count of 4,860,000 colonies per ml., consisting mainly of faecal coli. A sample of brawn yielded a scanty growth of coagulase positive staphylococcus aureus. The significance of these results was drawn to the attention of the manufacturers of these two products and the need for care in preparation and protection from contamination after

count had increased to 4,850 colonies per ml. A number of the wires forming the bottom of one of the crates in use at the time was also swabbed. The average colony count was less than 100 per ml.

Simultaneously investigation was made by the company supplying the detergents used in the washing machine. Bacteriological examinations were made of aluminium foil caps, un-capped bottles and bottles capped by the capping machine. Only the capped bottles gave unsatisfactory results. It was fairly evident that the cause of the unsatisfactory results when capped bottles were submitted was contamination from the bottle capping machine. The co-operation of the company concerned was greatly appreciated.

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

Type of Utensil or Article	No. of Swabs taken	Colony Counts						ASB†	Bacterium Coli		
		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 Present
Drinking Glasses	3	—	2*	—	1	—	—	—	3	—	—
Cups and Beakers	60	11	24	9	1	1	—	14	54	6	—
Forks	11	1	6	—	1	—	—	3	10	1	—
Spoons	9	2	3	2	—	—	—	2	8	1	—
Plates	43	8	21	3	—	3	—	8	38	5	—
Kitchen Knives and other Kitchen utensils	11	4	3	1	—	—	—	3	10	1	—
Portions of Dishwashing Machines	15	2	7	3	1	—	—	2	11	3	1
Food Containers	24	2	12†	8	—	—	—	2	17	7	—
Draining Boards	5	—	1	1	—	—	—	3	4	1	—
Dish Cloths	2	—	1	1	—	—	—	—	1	—	1
Totals	183	30	80	28	4	4	—	37	156	25	2

* Includes 1 glass with a colony count of less than 100 with faecal coli present.

† Includes 1 container with a colony count of less than 100 with non-faecal coli present. ‡ Swamped by aerobic spore bearing bacilli.

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

Type of Water	No. of samples taken	Colony Count per <i>ML.</i> of water								Bacterium <i>Coli</i>		
		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	Over 500,000	ASB†	Absent	Present	
											Non-faecal	Faecal
Washing-up Water	16	1	10*	5	—	—	—	—	9	5	2
Rinse Water	7	2	4	—	—	—	—	1	7	—	—
Totals	23	3	14	5	—	—	—	1	16	5	2

* 3 samples of Washing-up water with colony counts of less than 500 had non-faecal coli present.

† Swamped by Aerobic Spore Bearing Bacilli.

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

Type of Swab or Sample	No. of Swabs taken	Colony Counts							Bacterium Coli		
		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
Swabs of Drinking Glasses ..	51	1	7	23	8	3	—	—	9	18	22
Samples of Washing-up Water ..	10*	—	2	5	2	1	—	—	—	1	8
Totals	61	1	9	28	10	4	—	—	9	19	30
											12

* Of the 10 samples of Washing-up water submitted only one satisfied the prescribed standard of less than 500 colonies per ml. with coliforms absent.

Four of the Samples had counts of less than 500 but coliforms were present.

OVERCROWDING AND HOUSING

This year has seen the introduction of the Housing Repairs and Rents Act, 1954. That part of the Act dealing with rent increases was, in some quarters, expected to increase the work of Sanitary Officers. This has not been the experience in Dudley. By the end of the year it had had no effect whatever.

The major effect of the Act is the requirement for the submission of proposals to the Ministry outlining the programme for slum clearance and acquisition for first aid repairs pending ultimate demolition. A necessary pre-requisite is a survey of dwellings throughout the borough and a careful assessment of all houses which are likely to be included in these proposals. Shortage of technical staff adds to the difficulties, but the survey was well under way by the end of the year.

It is not my intention to forecast the result of the survey but I am prepared to say that the picture when finally presented will not lessen the housing difficulties of the Council. Furthermore, I am of the opinion that many, many houses in this County Borough are in such condition that the time has long passed when they ought to have been demolished. Imagination and bold planning is urgently needed.

This is not to say that the clearance of unfit houses is slow. The two tables immediately following give a factual indication of the solid advance made since 1945 in the re-housing of families from unfit houses which necessarily prepares the way for the demolition of such properties.

Housing Progress—1st July, 1945 to 31st December, 1954

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	Total
Demolition Orders made ..	—	15	20	34	110	57	10	41	118	43	448
Closing Orders made	—	—	—	1	1	3	—	3	—	4	12
Houses confirmed in clearance areas ..	—	—	63	102	—	—	—	—	429	—	594
Houses demolished Sec. 11	18	34	19	34	30	88	57	57	46	71	454
Houses demolished clearance areas ..	—	90	11	104	44	35	22	6	3	102	417
Rehousing Sec. 11 ..	3	17	18	52	57	88	37	34	68	184	558
Rehousing Slum Clearance Areas, etc. ..	—	8	39	112	15	3	2	2	41	60	282

The following table shows the number of lettings to families from unfit houses compared with the total available lettings throughout the year:

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Families re-housed from houses affected by Demolition or Closing Orders	3	17	18	52	57	88	37	34	68	60
Families re-housed from Clearance Areas	—	8	39	112	15	3	2	2	41	184
Total	3	25	57	164	72	91	39	36	109	244
Total available lettings	39	204	195	520	444	272	358	445	389	462
% let to families from unfit houses	7.9	12.2	29.2	31.5	16.2	33.5	11.7	8.0	28.0	52.7

HOUSING

Summary as required by the Ministry of Health

1. Inspection of dwelling houses during the year:
 - (1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 906
 - (b) Number of inspections made for the purpose 3332
 - (2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 Nil
 - (b) Number of inspections made for the purpose Nil
 - (3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 93
 - (4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 717
2. Remedy of Defects during the year without service of Formal Notices:

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers 171

3. Action under Statutory Powers during the year:
- A. Proceedings under section 9, 10 and 16 of the Housing Act, 1936
- | | |
|---|-----|
| ..... | Nil |
| (1) Number of dwelling houses in respect of which notices were served requiring repairs | Nil |
| (2) Number of dwelling houses which were rendered fit after service of formal notices: | |
| (a) By owners..... | Nil |
| (b) By Local Authority in default of owners | Nil |
- B. Proceedings under Public Health Acts:
- | | |
|--|-----|
| (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied | 717 |
| (2) Number of dwelling houses in which defects were remedied after service of formal notices: | |
| (a) By owners..... | 332 |
| (b) By Local Authority in default of Owners | 9 |
- C. Proceedings under Sections 11 and 13 of the Housing Act, 1936:
- | | |
|---|----|
| (1) Number of dwelling houses in respect of which Demolition Orders were made | 43 |
| (2) Number of dwelling houses demolished in pursuance of Demolition Orders..... | 71 |
- D. Proceedings under Section 12 of the Housing Act, 1936:
- | | |
|--|-----|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | 1 |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit | Nil |
4. Housing Act, 1936—Part IV—Overcrowding:
- | | |
|--|---------------------|
| (a) (i) Number of dwellings overcrowded at the end of the year | No reliable figure. |
| (ii) Number of families dwelling therein | do. |
| (iii) Number of persons dwelling therein | do. |
| (b) Number of new cases of overcrowding reported during the year | do. |
| (c) (i) Number of cases of overcrowding relieved during the year | 19 |
| (ii) Number of persons concerned in such cases | 82 |

Rehousing

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

No. of cases re-housed because of overcrowding.....	19
No. of cases re-housed because of Tuberculosis	9
No. of cases re-housed because of special health features	10
No. of families re-housed from houses on which a Demolition Order or Closing Order was operative	60
No. of families re-housed from Clearance Areas.....	184

The following table of available lettings has been provided by the Housing Manager:

Available Lettings during 1954

	<i>New Buildings</i>		<i>Re- lets</i>
Houses	372	Post-war houses	15
Gregory flats	22	Pre-war houses	31
Other flats (2/3 B.R.)	—	Pre-war flats	1
Single Persons flats	—	Bungalows	8
Bungalows	4	Pre-fabs	3
		Post-war flats	6
	<hr/> 398		<hr/> 64
Total		462	

Mutual exchanges are not included.

SANITARY ADMINISTRATION

Particulars of Inspections

Routine work continued under the Public Health Act, 1936, and during the year 813 inspections and 3,125 re-inspections were made.

The number of preliminary notices served was 464 and the number complied with was 221. Statutory notices served numbered 253 and 186 notices were complied with.

The following were some of the more important defects remedied:

House roofs	181
Eaves gutters and rainwater pipes	83
Floors	51
Staircases	27
Plasterwork	168
Windows: Woodwork	63
Sashcords	80
Firegrates	16
Outbuildings	322
Closets	233
Drainage systems	149

Domestic Water Supply

No. of premises (excluding Council houses) having a private water supply (estimated)	9,700
No. of Council houses	7,507
No. of premises having common water supplies (estimated)	1,800

Factories

The number of factories inspected was 42 and in addition 57 re-visits were made. 10 informal and 1 formal notice were served and 5 informal notices were complied with.

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

Contravention	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector
Want of cleanliness	—	—	—	—
Overcrowding	—	—	—	—
Unreasonable temp'ture	—	—	—	—
Inadequate ventilation	—	—	—	—
Ineffective drainage of floors	—	—	—	—
Sanitary conveniences—				
(a) insufficient	4	1	—	1
(b) unsuitable or defective	43	13	—	—
(c) not separate for sexes	—	—	—	—

Outworkers

(a) No. of lists received from employers	21
(b) No. of employers involved	11
(c) Outworkers involved	32
(d) No. of outworkers living outside Borough	18
(e) No. of districts in (d)	4
(f) No. of lists received from outside Authorities	4
(g) No. of outworkers involved	52

Infectious Diseases

The investigation of notified cases of infectious diseases continued as usual and the District Inspectors made 161 visits in connection therewith.

SANITARY ACCOMMODATION

	1954	1953
No. of houses and other premises (estimated)	19,158	17,701
No. of houses and other premises served by W.C's. draining into public sewers	18,969	17,531
No. of houses and other premises served by ashbins	19,158	17,701
No. of privies in the Borough	Nil	Nil
No. of cesspools in the Borough	115	98
No. of pail-closets in the Borough	76	75

Particulars of conversions from conservancy system during the year

	1954	1953
Privies converted to W.C's.	Nil	Nil
Pails converted to W.C's.	Nil	Nil
Privies and pails abolished by demolition of dwellinghouses	Nil	2
Privies converted to pails	Nil	Nil

RODENT CONTROL

The following table summarises the work done in rodent control. The period covered is for the 12 months ending 31st March, 1955.

	<i>Local Authority</i>	<i>Dwelling Houses</i>	<i>All other (including business premises)</i>	<i>Total</i>
I Number of properties in Local Authority's District	60	17,946	2,547	20,553
II Number of properties inspected as a result of:				
(a) Notification	12	135	30	177
(b) Survey under the Act ..	12	88	11	111
(c) Otherwise (e.g. when visited primarily for some other pur- pose)	—	—	—	—
III Total inspections carried out— including re-inspection ..	141	394	114	649
IV Number of properties inspected (in Sect. II) which were found to be infested by:				
(a) Rats—Major	3	—	11	14
—Minor	2	109	11	132
(b) Mice—Major	—	—	—	—
—Minor	7	26	8	41
V Number of infested properties (in Sect. IV) treated by the Local Authority	12	135	30	177
VI Number of notices served under Section 4 of the Act				
(a) Treatment	—	—	1	1
(b) Structural Work (i.e. proofing) ..	—	—	—	—
VII Number of cases in which de- fault action was taken follow- ing the issue of a notice under Section 4 of the Act	—	—	1	1
VIII Legal Proceedings	—	—	—	—
IX Number of "Block "control schemes carried out	—	—	2	2

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	47

Houses treated with insecticide:

Corporation	20
Private	15

No. of rooms involved:

Corporation	31
Private	34

No. of houses disinfected after Infectious Disease	68
No. of rooms involved	101
No. of visits to tips re crickets, etc.	33
No. of library books disinfected	20

Articles disinfected or destroyed:

	<i>Disinfected</i>	<i>Destroyed</i>
Mattresses	14	10
Pillows	195	7
Bolsters	95	2
Sheets	168	1
Blankets	294	Nil
Overlays	166	34
Coats	3	Nil
Sundries	177	4
	<hr/>	<hr/>
	1,112	58
	<hr/>	<hr/>

PUBLIC CLEANSING

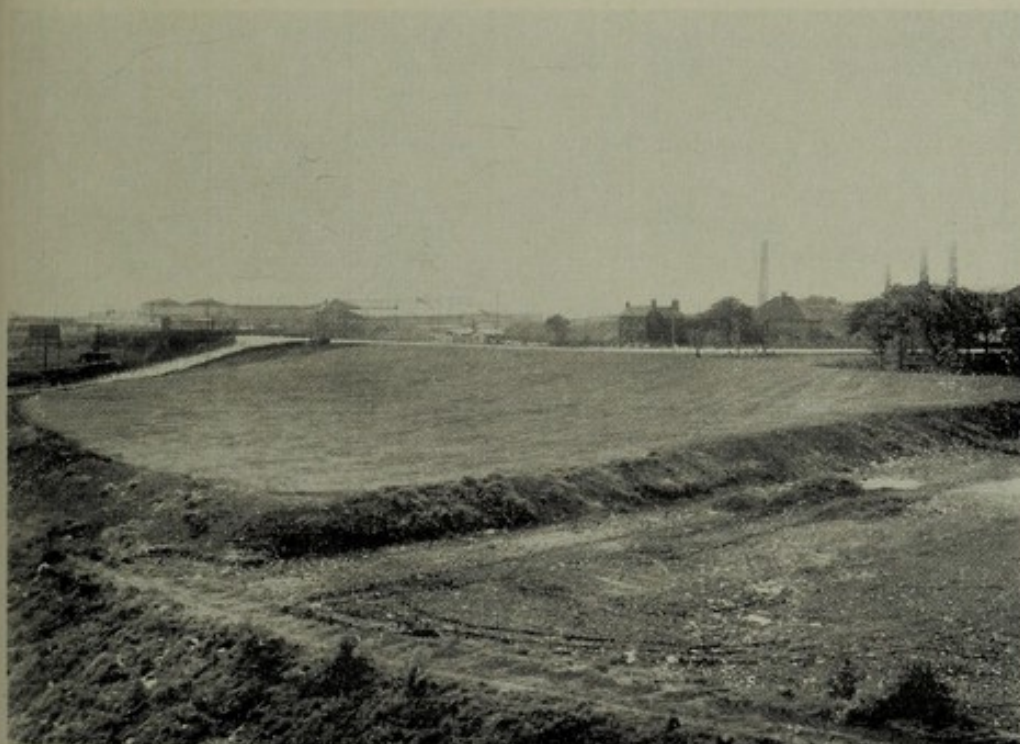
On the 1st April this year the Borough boundary was extended. This necessitated complete re-organisation of each cleansing district and the formation of a new district. The change over took place smoothly although it meant spreading more thinly the existing labour strength. No extra men could be recruited in spite of every effort being made.

Regular weekly service has continued except for the interruption of statutory holidays. So regular is the service that the interruption of statutory holidays always result in many telephone calls. The most amazing incident was one which occurred immediately after the Christmas holidays when a lady enquired why her bin had not been emptied on the usual day. On being told it was the Christmas holiday she expressed great surprise and asked "Do these men have holidays?" Indeed the service is so regular that the public may well believe that no holiday periods intervene.

In an endeavour to improve matters for the workmen your Committee agreed to adaptions to a room for the purpose of providing a drying room for outdoor clothes. It is well equipped with heating pipes and racking but so far very little use is being made of it.

Salvage suffered a set back during the year due to the fall in demand for processed kitchen waste. The collection and disposal of this material had to be discontinued completely and the result has been the reduction in salvage income of some £3,756. This is reflected in the costing return which follows later in the body of the report.

The disposal of refuse by controlled tipping at Blowers Green continues. Stage 1 is completed and soiling and grassing have resulted in the making of an area of valuable land in place of the original derelict area. The accompanying photograph may be of some interest.



HOUSE REFUSE COLLECTION

Year ending 31st December

	1954	1953
No. of houses and other premises to which collection service was given	19,158	17,701
Average No. of ashbins cleansed per week	19,490	17,987
Average No. of pail closets cleansed per week ..	114*	98*
Average No. of cesspools serviced per week	28	27
Average No. of gallons removed from cesspools per week (estimated)	61,918	60,813
Total refuse collected in tons (estimated) excluding night soil	14,728	15,095

* Includes emptying of pails at fairgrounds, circus and Bunns Lane Conversions throughout the year (2,055).

COST STATEMENT, 1954-55

<i>Particulars</i>	<i>Collection</i>	<i>Disposal</i>	<i>Totals</i>	<i>Percentage of total gross expenditure</i>
REVENUE ACCOUNT	£	£	£	%
GROSS EXPENDITURE:				
(i) Labour	16,871	6,543	23,414	60.42
(ii) Transport	5,840	2,046	7,886	20.34
(iii) Plant, equipment, land and buildings	3,630	3,128	6,758	17.43
(iv) Other Items	422	281	703	1.81
(v) Total gross expenditure	26,763	11,998	38,761	100.00
GROSS INCOME (including £... received from other local authorities)	716	4,513	5,229	—
NET COST	26,047	7,485	33,532	—
Capital expenditure met from revenue (included above) ..	1,877	630	2,507	6.47
UNIT COSTS	s. d.	s. d.	s. d.	
Gross cost per ton, labour only	19.8	7.7	27.3	
Gross cost per ton, transport only	6.10	2.4	9.2	
Net cost (all expenditure) per ton	30.4	8.8	39.0	
Net cost per 1,000 population	£ 404	£ 116	£ 520	
Net cost per 1,000 premises	1,336	384	1,720	

OPERATIONAL STATISTICS

Area (statute acres)—land and inland water	....	4,328 acres
Population at 30th June, 1954	....	64,420 persons
Total refuse collected (tons).	....	17,203 tons (est.)
Weight (cwts.) per 1,000 population per day (365 days to year)	....	14.63 cwts.
Number of premises from which refuse is collected		19,490 premises
Premises from which daily collection is made	....	Nil % of total
Average haul (miles) by collection vehicle to disposal point (single journey)	....	2½ miles
Kerbside collection, if practised, expressed as estimated percentage of total collection	....	Nil %
Total refuse disposed of (of which Nil tons were disposed of for other local authorities)	....	17,203 tons
Methods of disposal (salvage excluded):		
(a) Crude tipping	....	Nil %
(b) Controlled tipping	....	92 %
(c) Direct incineration	....	8 %
(d) Separation and incineration	....	Nil %
(e) Other methods (state nature)	....	Nil %
		100 %

Salvage and Trade Refuse

Analysis of income and tonnage:

	<i>Income</i> £	<i>Tonnage collected</i> Tons
Salvage:		
(a) Raw Kitchen Waste	631	115*
(b) Scrap Metal	77	41
(c) Waste Paper	2,787	409
(d) Other Salvage (Rags)	26	4
	3,521	569

* Kitchen Waste organisations disbanded at end of July, 1954.

Trade Refuse	£995	1,715 Tons
---------------------	------	------------

Vehicle Maintenance

The vehicle repair shop is an important and an integral part of the cleansing service. It is also becoming almost a centralised repair shop for the Council inasmuch as vehicles are maintained for the Housing Department and the Civil Defence Corps whilst for the Parks Department both vehicles and mechanical equipment are maintained.

Maintenance can be classified in varying degrees but in the present instance it must be regarded with a wide interpretation. A regular fortnightly routine of servicing is followed out and annually each vehicle is taken into the repair shop for complete check and major overhaul. This includes engine, transmission, electrical equipment, suspension, brakes, steering, body repairs when required and if necessary, re-painting of chassis and body is done. In this way vehicles are giving good performance and, in addition to reasonable appearance, the 'life' of each vehicle is likely to be a good one.

There are one or two improvements which could and ought to be effected in the repair shop and I hope to persuade the Health Committee and the Council of their necessity. Good maintenance is good economics and the total capital replacement value of the fleet of vehicles and equipment now being taken care of is no mean figure. The capital value is not the total value to the Corporation because the value of the fleet is also in the work which it does and which can be seriously affected by poor maintenance.

The following is a summary of the vehicles and equipment now maintained in the workshops:

Refuse collection vehicles	10
Cesspool emptiers	3
Mechanical horse	1
Furniture van trailers	2
Dozers (for tips)	2
Open lorries (including 'Pick-up')	7
Vans	4
Motor mowers	14
Gang mowers....	1
Rotary mowers	9
Hand mowers	10
Auto scythes	1
Tractors	1
Moto carts	1
Civil Defence vehicles	3
	<hr/> 69 <hr/>

Year ended 31st December, 1954

The undermentioned vehicles have been serviced, maintained, repaired and painted at Lister Road Depot.

Sanitary Department Vehicles:

1 1944 Dennis 10/12 cubic yard side loading refuse collection vehicle	FFD 206 (up to 31.3.54)
1 1947 Dennis 10/12 cubic yard side loading refuse collection vehicle	GFD 459
1 1947 Dennis 750 gallon cesspool emptier with nightsoil attachment	GFD 860
1 1948 Karrier Bantam mechanical horse	JFD 144
2 1936 Crane Furniture Trailers	
1 1948 10/12 cwt. Bedford Van	JFD 141
1 1948 Morris Van	HFD 671
1 1948 Austin 5-ton open lorry with tipper	HFD 705

1 1948 Austin 2-ton open lorry with tipper	....	HFD 632
1 1948 Dennis 10/12 cubic yard side loading refuse collection vehicle	....	JFD 117
1 1949 Bedford/Eagle side loading refuse collection vehicle	....	JFD 776
1 1949 Bedford 30 cwt. 3-way Van	....	JFD 823
1 1949 Bedford 2-ton open lorry with tipper	....	JFD 906
1 1949 Dennis 10/12 cubic yard side loading refuse collection vehicle	....	KFD 21
1 1949 Aveling Barford Caldozer	....
1 1950 Dennis "Paxit" Compressor refuse collection vehicle	....	KFD 524
1 1950 Eagle Portable 500 gallon Cesspool Tank (Petter engine)	....
1 1950 Bedford 10/12 cwt. Van	....	LFD 196
1 1951 Bristol 20 Angledozer (Austin 16 engine)	....
1 1951 Bedford/Eagle "Compressmore" refuse collection vehicle	....	LFD 855
1 1951 Bedford/Eagle "Compressmore" refuse collection vehicle	....	MFD 1
1 1952 Bedford/Eagle "Compressmore" refuse collection vehicle	....	MFD 182
1 1953 Bedford/Eagle 750 gallon cesspool emptier with nightsoil attachment	....	NFD 314
1 1954 Bedford/Eagle "Compressmore" refuse collection vehicle	....	OFD 750 (from 1.4.54)

25

Housing Department Vehicles:

1 1949 Austin 10 cwt. Pick-up	....	JFD 807
1 1950 Bedford 2-ton open Lorry	....	LFD 270
1 1953 Bedford 20/25 cwt. Pick-up	....	OFD 341

Parks Department

	<i>Machine No.</i>
1 Atco 24in. motor mower	1
1 Atco 24in. motor mower	2
1 Atco 22in. motor mower	3
1 Hayter rotary mower	4
1 Allen Autoscythe	5
1 Overgreens Power Unit with 36in. gang mower unit	6
1 Dulson hand mower	7
1 Ransomes "Certes" hand mower	8
1 Atco 16in. motor mower	9
1 Hayter rotary mower	10
1 Dulson hand mower	11
1 Atco 16in. motor mower	12
1 Ransomes "Certes" hand mower	13
1 Hayter rotary mower	14
1 Atco 16in. motor mower	15
1 Dulson hand mower	16
1 Ransomes "Certes" hand mower	17
1 Atco 16in. hand mower	18

1 Dennis 36in. motor mower	....	....	....	....	19
1 Atco 20in. motor mower	....	....	....	....	20
1 Atco 30in. motor mower	....	....	....	....	21
1 Atco 16in. motor mower	....	....	....	....	22
1 Atco 16in. motor mower	....	....	....	....	23
1 Atco 17in. motor mower	....	....	....	....	24
1 Rotoscythe Eton model	....	....	....	....	25
1 Atco 20in. motor mower	....	....	....	....	26
1 Rotoscythe Windsor model	....	....	....	....	27
1 Hayter Rotary mower	....	....	....	....	28
1 Ransomes hand mower	....	....	....	....	29
1 Atco 17in. motor mower	....	....	....	....	30
1 Ransomes hand mower	....	....	....	....	31
1 Qualcast hand mower	....	....	....	....	32
1 Rotoscythe—County model	....	....	....	....	33
1 Hayter rotary mower	....	....	....	....	34
1 Hayter rotary mower	....	....	....	....	35
1 Bedford 2/3 ton lorry	....	....	....	....	OFD 316
1 Ferguson Tractor	....	....	....	....	NFD 501
1 Opperman Moto cart	....	....	....	....	NFD 901

Civil Defence Vehicles

1 Morris Van	....	....	....	....	LYO 676
1 Austin Rescue Vehicle	....	....	....	....	GUU 34
1 Ford Rescue Vehicle	....	....	....	....	LYR 393

Bin Scheme

The usual table of bin issues is again given in this report. This is undoubtedly a costly matter but the value of the scheme lies in the better provision of refuse storage accommodation for the householder. Every householder does not appreciate this provision and in fact, it is greatly abused by many. Without doubt the 'life' of many ashbins is more than halved by the misuse of many householders. The worst and most common form of this is the burning of material in the bin which removes the galvanising finish of the bin and in consequence corrosion takes place very quickly. Considering that there is an annual charge against the rate account of not less than £3,500 for bin replacements it is high time that more care be given in the manner of usage.

Analysis of Ashbins issued for year ended 31st March, 1955

Replacements—to Council Houses	....	....	....	1,184
to Private Premises	....	....	....	1,476
to Business Premises	....	....	....	54
First Issues to newly erected houses—Corporation	....	....	....	218
Private	....	....	....	60
Replacements and new issues to Schools	....	....	....	47
				<hr/> 3,039 <hr/>

In addition to the above 219 bins were recovered from houses prior to demolition and 214 were re-issued.

Comparative Salvage Weights and Values
Years ending 31st March, 1954 and 1955

Materials	Materials Sold				Expenditure		
	Weight (tons)		Value £				
	1954	1955	1954	1955	1954	1955	
Paper	413	409	2,679	2,787	Wages ..	5,911	3,229
Rags	$\frac{1}{2}$	$\frac{3}{4}$	16	4	Transport ..	1,304	675
Condemned Meat etc.	2	2 $\frac{3}{4}$	6	20	Materials ..	337	162
Metals	41	41 $\frac{1}{2}$	104	77	Capital Items and Depreciation ..	48	Nil
Kitchen Waste ..	797 $\frac{1}{2}$	115	4,387	631 $\frac{1}{2}$			
Sterilisation of Kitchen Waste..	—	—	8	—			
Sale of kitchen waste buckets ..	—	—	—	121 $\frac{1}{2}$			
Miscellaneous ..	—	—	—	15			
Totals ..	1,254	569	7,200	3,656		7,600	4,066

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
Year ended 31st March, 1954	....	....	....	£7,210
Year ended 31st March, 1955	....	....	....	£3,656

Records of Yearly Returns of Salvage Sold

<i>Materials</i>	<i>Year ended 31.3.51</i>		<i>Year ended 31.3.52</i>		<i>Year ended 31.3.53</i>		<i>Year ended 31.3.54</i>		<i>Year ended 31.3.55</i>	
	T.	C.	T.	C.	T.	C.	T.	C.	T.	C.
Waste Paper ..	436	6	482	10	427	16 $\frac{1}{2}$	413	1	409	1
Metals	44	14 $\frac{1}{2}$	43	14 $\frac{3}{4}$	151	9 $\frac{1}{4}$	40	18	41	9 $\frac{3}{4}$
Textiles.. ..	8	18 $\frac{3}{4}$	13	18 $\frac{3}{4}$	8	3 $\frac{1}{2}$	—	12 $\frac{1}{2}$	—	13 $\frac{3}{4}$
Glass	1	10 $\frac{3}{4}$	—	19	—	—	—	—	—	—
Kitchen Waste..	655	6 $\frac{3}{4}$	635	9 $\frac{3}{4}$	740	9 $\frac{3}{4}$	797	14	114	16 $\frac{1}{2}$
Condemned Meat	1	7 $\frac{1}{4}$	3	1 $\frac{3}{4}$	4	$\frac{1}{2}$	1	17 $\frac{1}{2}$	2	16 $\frac{1}{2}$
Totals ..	1,148	4	1,179	14	1,331	19 $\frac{1}{2}$	1,254	3	568	17 $\frac{1}{2}$

MISCELLANEOUS

SHOPS

During the year work was continued under the health and comfort provisions of the Shops Act. The number of inspections made was 197 and 9 notices were served and 10 complied with. During the year the administration of the Shops Act was transferred to my department but staffing difficulties have prevented the degree of attention to the provisions of the Act which I would have liked.

SLAUGHTER OF ANIMALS ACT

The number of licensed slaughtermen at the end of the year was 29.

PHARMACY AND POISONS ACT, 1933

No applications for entry on the poisons list were made.

FERTILISERS AND FEEDING STUFFS ACT, 1926

Five formal samples of fertilisers were taken during the year. Apart from slight inaccuracies in two instances all samples were satisfactory.

MERCHANDISE MARKS ACT

25 visits were made with regard to labelling. Requirements as to indication of origin were not always fully observed but verbal warnings to traders had the desired effect.

CARAVANS

Unauthorised camping reached negligible proportions during the year and there is nothing special to report.

SMOKE ABATEMENT

Work under this heading was continued throughout the year and good progress was made.

The report of the Beaver Committee on air pollution has focussed public attention to a far greater extent on this very pressing problem and it is anticipated that in 1955 legislation will be introduced which will add greatly to the responsibilities of Local Authorities in industrial areas. If the recommendations of the Committee are implemented there is no doubt that the enforcement of legislation will add considerably to the problems of the department.

PET ANIMALS ACT, 1951

The administration of this Act was also passed to the Health Committee during 1954 and at the end of the year five premises were licensed.

**STAFF OF THE PUBLIC HEALTH DEPARTMENT
at 31st December, 1954**

Medical Officer of Health:

Vacant.

Senior Assistant Medical Officer of Health:

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

Assistant Medical Officers of Health:

B. N. Williams, M.B., Ch.B.

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

*M. Jefferson, 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

*Mrs. J. R. Hill

Dental Officers:

Mrs. J. P. McEwan, L.D.S.

Mr. H. F. Collins

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, M.S.I.A., S.I.B.

†R. Hill, M.S.I.A., Cert.S.I.B.

†J. R. W. Dodd, M.S.I.A., Cert.S.I.B.

†B. R. Beaumont, M.S.I.A., Cert.S.I.B., Cert. Smoke Insp.

†J. N. Cope, M.S.I.A., Cert.S.I.B.

Inspector in Charge of Food Preparing Premises:

†F. L. Jones, 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.

General Assistant:

D. Clarke

Pupil Sanitary Inspector:

N. Briggs

Non-Medical Supervisor of Midwives:

Miss M. Cooper, S.R.N., S.C.M., Queen's District Nurse.

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

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

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

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

*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.

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

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

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

Mrs. M. Gwinnell, S.R.N., S.C.M., (Part I) H.V.'s Cert.

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

Clinic Nurses:

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

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

Mrs. C. M. Coady, S.R.N., S.C.M.

Mrs. M. Plant, S.C.M.

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

Dental Attendants:

Mrs. E. M. Smith, S.E.A.N.

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

Clerical Staff:

H. D. Parsons, Administrative Assistant

S. Murphy, Senior Clerk

General Health:

Miss I. Richards
 Mrs. I. Strathearn
 Mr. C. Harris
 Miss B. R. Branston
 Miss V. Merritt

Welfare Foods Distribution:

*Mrs. G. Crew
 *Miss E. Beardsmore

Sanitary Section:

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

School Health Section:

B. Booth, M.P.S., Senior Clerk
 Miss M. Mayer
 Mrs. F. Insull
 Miss M. Tuck
 Mrs. I. Humphries
 Miss P. Dodd

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
 Miss P. H. Kear

Assistant Welfare Officer:

A. J. Ward

Welfare Assistant:

R. A. Guy

Matron—"Albert House":

Miss M. I. McLennan

Assistant Matron—"Albert House":

Mrs. E. J. Macdonald

Matron—"The Woodlands":

Miss M. Radcliffe

Assistant Matron—"The Woodlands":

Miss E. Johnson

* Part-time.

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

