

[Report 1956] / Medical Officer of Health, Dudley County Borough.

Contributors

Dudley (England). County Borough Council.

Publication/Creation

1956

Persistent URL

<https://wellcomecollection.org/works/ph59sw6v>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

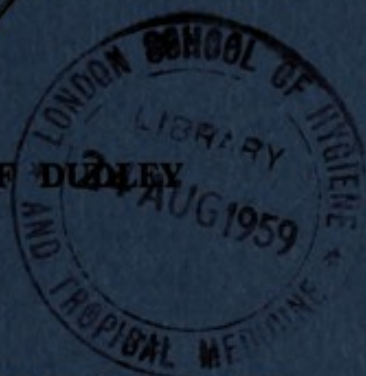
Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



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 PUBLIC HEALTH INSPECTOR
W. PARKER, M.R.S.H., M.A.P.H.I.

FOR THE YEAR 1956





COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH
PRINCIPAL SCHOOL MEDICAL OFFICER

and

CHIEF WELFARE OFFICER

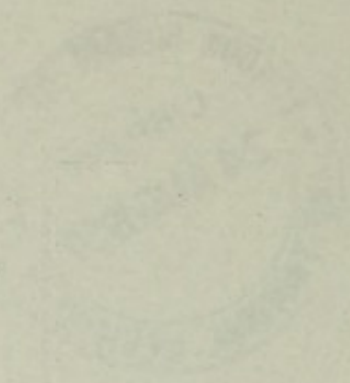
R. M. ROSS, M.B., CH.B., D.P.H.

and of the

CHIEF PUBLIC HEALTH INSPECTOR

W. PARKER, M.R.S.H., M.A.P.H.I.

FOR THE YEAR 1956



Constitution of Committees as at 31st December, 1956

HEALTH COMMITTEE

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

Councillor F. T. Webb (*Vice-Chairman*)

The Mayor	Councillor C. Homer
The Deputy Mayor	Councillor J. T. Lloyd
Alderman T. E. Bennett	Councillor C. N. Preedy
Councillor C. Baker	Councillor W. H. W. Poulton
Councillor Mrs. R. Davies	Councillor J. J. Virr
Councillor J. Glazebrook	Councillor Mrs. R. E. Wakeman
Councillor H. J. Hedge	

(Members of the Council)

Dr. J. Macdonald	} Appointed by Dudley Executive Council
Mr. S. Rowley	
Mrs. D. Chambers	
Dr. D. L. Little	} Appointed by Local Medical Committee
Mrs. E. E. Williams	} Appointed by Local Hospital Management Committee
Mrs. Bache	
	Mrs. Messiter

(Co-opted Members)

WELFARE COMMITTEE

Councillor C. N. Preedy (*Chairman*)

Councillor Dr. J. H. Haldane (*Vice-Chairman*)

The Mayor	Councillor D. L. G. Dowler
The Deputy Mayor	Councillor G. W. A. Griffiths
Alderman Dr. F. G. Lewis	Councillor J. A. Price
Alderman G. B. Norton	Councillor W. E. Robinson
Councillor J. L. Billingham	Councillor Mrs. R. E. Wakeman

(Members of the Council)

Mrs. Bache	Mrs. Robotham
Mrs. Butler	Mrs. Shipway
Mrs. Moore	Rev. B. H. Butt

(Co-opted Members)

EDUCATION COMMITTEEAlderman J. L. Hillman (*Chairman*)Alderman Dr. F. G. Lewis (*Vice-Chairman*)

The Mayor	Councillor Dr. J. H. Haldane
The Deputy Mayor	Councillor H. J. Hedge
Alderman T. E. Bennett	Councillor Mrs. S. Norton
Alderman R. Little	Councillor C. N. Preedy
Alderman J. H. Molyneux	Councillor H. Vanes
Alderman J. C. Price	Councillor F. J. Williams
Councillor D. L. G. Dowler	

(Members of the Council)

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

(Co-opted Members)

SCHOOL MANAGEMENT AND MEDICAL SUB-COMMITTEEAlderman Dr. F. G. Lewis (*Chairman*)

The Mayor	Councillor H. J. Hedge
The Deputy Mayor	Councillor F. J. Williams
Alderman T. E. Bennett	Councillor H. Vanes
Alderman J. C. Price	Councillor Mrs. S. Norton

(Members of the Council)

Rev. J. M. Gratton	Mr. H. Baker
Rev. P. J. Quilty	Mr. H. H. Cartwright
Rev. R. C. Stevens	Mr. N. Davis

(Co-opted Members)

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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1956.

Dudley's experience in 1956 compares satisfactorily with that of similar industrial towns, though still falling short of the national standard in certain important respects. The gap between Dudley's infant death rate and the national figure was halved, but only at the expense of a corresponding rise in the stillbirth rate. Respiratory illness, both in infants and the elderly, continued to take a disproportionate toll, and it will obviously be some considerable time before the campaign to abate atmospheric pollution, which was launched in 1956, can be expected to show results.

Infectious disease incidence was relatively low, apart from moderate epidemics of whooping cough and a mild form of dysentery, which affected mainly primary school children. Diphtheria was again absent and the immunisation campaign achieved protection of 56% of infants as compared with 28% only two years previously. There were five cases of poliomyelitis, and vaccination was offered to a proportion of the 2—9 year group. Deaths from pulmonary tuberculosis decreased by a further 25%, but the recent decline in new cases was arrested. Further real progress in this direction will depend on persuading men in the middle and older age groups to accept screening by the Mass Radiography Unit, since among these the main reservoir of unrecognised infection probably lies. The Unit, in the current year, will conduct its intensive survey in mid-summer instead of winter, and will visit those areas of the town where the bulk of infection is occurring.

Progress in rehousing from the worst property, both Clearance Areas and individual unfit houses, continued steadily. A fine new clinic was opened at Holly Hall, which will greatly improve the Maternity and Child Welfare Services in that part of the town, and cater for the needs of the Russell's Hall Estate as it is developed.

In conclusion, I wish to thank Members of the Council, and in particular of the Health and Welfare Committees, for their support and encouragement, and all members of the Health and Welfare Departments for their enthusiastic and efficient discharge of their duties. I am grateful to all the other Officials of the Council for their help and co-operation, and in particular to Mr. Parker, Chief Public Health Inspector, and Mr. Parsons, Administrative Assistant; and to the General Practitioners, Hospital Authorities, Voluntary Organisations, and the Press, for the co-operation and consideration I have always received.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

R. M. ROSS,

Medical Officer of Health.

SECTION A—VITAL STATISTICS

Summary

Population—Registrar General's estimate, 1956	....	....	64,400
Rateable Value (at 1st April, 1957)	....	....	£696,834
Estimated Product of 1d. Rate (1956/57)	....	....	£3,070

<i>Livebirths:</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	
Legitimate	.... 457	478	935	Rate per 1,000 population Corrected for age and sex 14.08
Illegitimate	.... 11	9	20	

<i>Stillbirths:</i>				
Legitimate	.... 15	15	30	Rate per 1,000 total (live and still) births 30.5
Illegitimate —	—	—	

Deaths 317	277	594	Rate per 1,000 population Corrected for age and sex 12.0
--------	------	----------	-----	-----	---

Infant Deaths	19	8	27	Rate per 1,000 live births 28.7
---------------	------	----	---	----	---

Maternal Deaths	—	—	—	Rate per 1,000 total (live and still) births —
-----------------	------	---	---	---	---

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	.... 4	2	6
2	Other forms of tuberculosis	.... 1	1	2
3	Syphilitic Diseases	.... 1	—	1
4	Diphtheria —	—	—
5	Whooping Cough —	—	—
6	Meningococcal Infections	.... 1	—	1
7	Acute Poliomyelitis —	—	—
8	Measles —	—	—
9	Other Infective and Parasitic Diseases	.... —	3	3
10	Malignant Neoplasm, Stomach	.... 7	6	13
11	Malignant Neoplasm, Lungs, Bronchus	.... 18	3	21
12	Malignant Neoplasm, Breast	.... —	13	13
13	Malignant Neoplasm, Uterus	.... —	5	5
14	Other Malignant and Lymphatic Neoplasms	.... 26	21	47
15	Leukaemia	.... —	1	1
16	Diabetes	.... 1	2	3
17	Vascular Lesions of Nervous System	.... 30	56	86

	<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
18	Coronary Disease, Angina	50	22	72
19	Hypertension with Heart Disease	7	7	14
20	Other Heart Diseases	47	50	97
21	Other Circulatory Disease	10	17	27
22	Influenza	1	3	4
23	Pneumonia	15	5	20
24	Bronchitis	40	13	53
25	Other Diseases of Respiratory System	2	2	4
26	Ulcer of Stomach and Duodenum	4	4	8
27	Gastritis, Enteritis and Diarrhoea	1	2	3
28	Nephritis and Nephrosis	4	5	9
29	Hyperplasia of Prostate	5	—	5
30	Pregnancy, Childbirth, Abortion	—	—	—
31	Congenital Malformations	4	4	8
32	Other defined and ill-defined diseases	17	20	37
33	Motor Vehicle Accidents	6	—	6
34	All other Accidents	7	6	13
35	Suicide	8	4	12
36	Homicide and operations of war	—	—	—
		<hr/> 317	<hr/> 277	<hr/> 594

Discussion

Infant Mortality

Infant deaths were six less than the previous year, but Dudley's 28.7 per thousand live births still compares unfavourably with the national figure of 24.9. The causes of death were as follows:—

Respiratory Infections	5
Prematurity	6
Congenital Malformations	8
Gastritis, Enteritis and Diarrhoea	1
Accidents	2
Others	5

More than half the deaths were attributed to congenital deformity or prematurity. The only substantial contribution which, in terms of present knowledge and resources, could be regarded as preventable is the deaths from respiratory illness, where protection of the infant from exposure to infection and prompt summoning of medical aid could effect a limited improvement. The qualification is necessary because a proportion of infants succumbing are already suffering from some defect or injury. The fall in infant deaths was offset by an increase in stillbirths. This cannot be attributed to failure to anticipate risks, since nine tenths occurred in hospital, and the causes are probably largely identical with those pre-natal factors producing, in the first few days of life, the bulk of infant mortality.

Death Rate

This appears to be stabilised at the national level, the improvement in all other groups being offset by the contribution of men from middle age onwards. This conforms to the national pattern in that the expectation of life for men at 60 has improved by only 4½ months in the

last 20 years, and indeed by only very few years in the last 100. The more fortunate experience of women in later life is particularly clear cut in such disorders as coronary disease, cancer of the lung, and bronchitis, where personal habits such as smoking, are probably at least as important as occupational risks.

Accidents

Deaths from this cause increased to 19, but home accidents which have previously made the biggest contribution showed no increase. It may be that preventive advice from a variety of sources is having some effect, but much remains to be done by those in touch with old people and mothers of young children.

SECTION B—INFECTIOUS DISEASE

The following table gives the incidence of the principal notifiable diseases during the year. With the exception of limited epidemics of whooping cough and Sonne Dysentery, the incidence of notifiable disease was low.

				<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	....	....	....	18	17	15	17
Diphtheria	....	....	....	—	1	—	—
Whooping Cough	....	....	....	55	89	55	89
Measles	....	....	....	4	7	4	6
Pneumonia	....	....	....	21	8	20	7
Enteric or Typhoid Fever	....	....	....	—	—	—	—
Erysipelas	....	....	....	—	1	—	1
Dysentery	....	....	....	12	11	12	11
Puerperal Pyrexia	....	....	....	—	1	—	1
Ophthalmia Neonatorum	....	....	....	—	—	—	—
Anterior Poliomyelitis:							
Paralytic	....	....	....	2	4	2	3
Non-Paralytic	....	....	....	—	2	—	—
Meningococcal Infection	....	....	....	2	1	2	1
Food Poisoning	....	....	....	1	7	2	7

Whooping Cough

Compared with previous epidemic years, the total of notified cases was low. This may be due to the immunisation campaign conducted by both family doctors and clinics during recent years. Though notified cases were reduced, it is probable that a proportion of the vaccinated children developed a mild form of the disease, which was not recognised (and isolated) as such by the parents, and so contributed to the spread and prolongation of the epidemic. The benefit to the individual immunised child from prevention or modification of the attack is however indisputable. Only five cases had to be admitted to Isolation Hospital, and there were no deaths.

Dysentery

In the summer months a mild form of dysentery (Sonne) was prevalent; two schools were seriously affected and several others to a slighter extent. In most cases the illness amounted only to a transient diarrhoea; the only cases admitted to Isolation Hospital were transfers from the General Hospital. This disease is exceedingly infectious in households and groups of young children by personal contact and contamination of the environment. The Public Health Inspectors on infectious disease duty were fully engaged for a considerable period in visits to the homes of known cases and unexplained absentees to prevent further spread from possible food handlers in these families. A dozen such employees had to be suspended from their normal duties until bacteriologically clear. It is a tribute to the keenness of Mr. Parker's staff that no communal spread was known to have occurred through food or drink. In view of the prolonged period required by a high proportion of cases to clear themselves of infection, the somewhat unusual step of permitting children to return to school immediately on cessation of symptoms, and without bacteriological clearance, fully justified itself. The fact that this did not prolong the incidence in the schools concerned was a tribute to the high standard of personal hygiene enforced by the teachers on the pupils; and perhaps also to a ritual of antiseptic hand rinsing on every entry into the class room, which supplemented the traditional disinfection of lavatories and articles in common use.

Other Infectious Disease

Dudley was again free from diphtheria. Five cases of poliomyelitis were notified; three were pre-school children and two adults who, as usual, suffered more severe attacks. The time should not now be far distant when a substantial measure of protection can be offered to all children by vaccination. Of the seven cases of Salmonella food poisoning notified, four were from a small outbreak in the Guest Hospital. No connection between the remaining three individual cases, one of which unfortunately died, could be traced.

Tuberculosis

The success of improved methods of treatment is illustrated by a further decrease in deaths from respiratory tuberculosis to nine. The recent decline in notified cases ceased, and its resumption will be dependent on discovering the unrecognised infectious cases, mainly older men, who constitute a serious risk to their families, workmates, travel and other contacts. Preventive measures are showing encouraging results among pre-school children. In two years the proportion of five year olds who show definite evidence of past infection—as distinct from illness—has declined from 5% to 2.9%.

At routine sessions, the Mass Radiography Unit found 102 active cases among 7,300 examined; 84 of these were referred by family doctors. These figures include, of course, attendances from surrounding districts. In a special survey at factories and other sites throughout the Borough, 4,666 people were X-rayed yielding active cases at the

rate of 2.6 per thousand. It was disappointing that the highest response at a factory was only 53 % of those eligible. I have to thank Dr. Posner and her staff for their ready co-operation and assistance, particularly in arranging special sessions for expectant mothers, school-leavers, and other groups; also Dr. Macdonald and his Chest Clinic staff for unfailing guidance and help; and the Housing Tenancy Sub-Committee for their sympathetic consideration and assistance in cases of special housing difficulty.

The number of persons on the register at 31st December, 1956 was:

Pulmonary—518, Non-Pulmonary—59, Total—577.

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

<i>Age Groups</i>	<i>New Cases</i>				<i>Deaths</i>			
	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Pulmonary</i>		<i>Non-Pulmonary</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>
Under 1 year	1	—	—	—	—	—	—	—
1—5 years	2	1	—	—	—	—	—	—
5—15 years	1	3	2	—	—	—	—	—
15—45 years	14	21	—	1	1	1	—	1
45—65 years	12	5	2	—	1	1	1	—
Over 65 years	1	1	—	—	2	—	—	—
Total—all ages	31	31	4	1	4	2	1	1

Public Health Laboratory

The Birmingham Laboratory was of great assistance to the Health Department in the investigation of all types of infectious disease.

Food Poisoning

Total number of outbreaks	1
Total number of cases	8
Total number of deaths	1

Venereal Disease

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

Cases dealt with for first time during year:

		<i>West Service</i>					
		<i>Dudley</i>	<i>Worcs.</i>	<i>Staffs.</i>	<i>Brom.</i>	<i>Cases</i>	<i>B'ham Total</i>
Syphilis	....	6	3	9	—	—	18
Soft Chancre	....	—	—	—	—	—	—
Gonorrhoea	....	11	4	42	8	—	65
Non-Venereal & undiagnosed conditions	....	51	30	114	9	—	206
Total	....	68	37	165	17	—	289

Total number of attendances of all patients	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
....	4388	680	1601	6669

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

SYPHILIS					GONORRHOEA
<i>Primary</i>	<i>Second- ary</i>	<i>Latent in 1st year of infection</i>	<i>All later Stages</i>	<i>Con- genital</i>	
<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>
— —	— —	— —	5 3	— —	— —

Pathological Work

No. of specimens examined at V.D. Clinic	MICROSCOPICAL		
	<i>Syphilis</i>	<i>Gonorrhoea</i>	
	49	678	
No. of specimens examined at an approved laboratory	SERUM		
	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Cerebro- spinal fluid</i>
	2,367	557	6

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

SERVICES IN 1956

A new clinic at Holly Hall was opened early in the year and has proved both attractive to mothers and young children, and a pleasure to work in. Conditions at "The Firs" Clinic continue to be deplorable from the point of view both of the condition and amenities of the building, and the limited and congested space available for the clerical staff. In the course of the year some encouragement was forthcoming from the Ministries concerned who indicated that a modified, but still adequate, plan would be sympathetically considered when the financial situation permits, as they were entirely satisfied about the inadequacy of the present accommodation.

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, Stourbridge Road, 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 Wednesday 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.

Physiotherapy 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.

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 1955.

				<i>Expectant Mothers attending</i>		<i>Total Attendances</i>	
				1956	1955	1956	1955
(a)	Ante-natal	....	....	649	699	1,519	1,844
(b)	Post-natal	....	....	19	14	19	18
(c)	Child Welfare:						
	Children under 1 year	....	....			9,794	10,217
	Children between 1 and 5 years	....	....			6,114	5,517
						15,908	15,734

The ante-natal clinics are especially popular with women expecting their first babies and this gives an opportunity not only for instruction in relaxation and exercises, but for health education on the needs of both mother and infant, at a time when a woman is particularly susceptible to advice and guidance.

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 1956 will serve as an indication of the work done.

Orthopaedic Treatment Attendances	....	....	224
Massage Attendances	....	....	365
Ultra Violet Ray Clinic Attendances	....	....	317

Dental

REPORT OF THE CHIEF DENTAL OFFICER

"The demand for treatment by expectant and nursing mothers and pre-school children shows a decrease on the previous year. Nevertheless, the whole-time equivalent of slightly less than two dental officers devoted 75 sessions to the treatment of these priority groups.

The statistical returns of work done show little change, apart from conservative treatment for mothers, where the increase has been appreciable—but the figures still fall short of the criterion of the Ministry of Health for a satisfactory service, i.e. that the number of teeth filled should exceed the number of teeth extracted (Circular 11/55 Ministry of Health). This appears to be a difficult object to achieve as long as the service provided for these groups by the local authority, and that available under the general Health Service, overlap. In consequence a disproportionate number of the mothers attending the clinics require extraction of all their teeth followed by the supply of dentures. This again, to my mind, emphasises the necessity for the best possible equipment and clinical facilities.

I wish to thank the medical and nursing staff for their interest and co-operation in the running of this branch of the dental service."

	<i>Expectant and Nursing Mothers</i>	<i>Children under 5 years</i>
Numbers provided with Dental Care:		
(i) Examined	122	120
(ii) Needing Treatment	120	109
(iii) Treated	140	105
(iv) No. of attendances for treatment	306	106
(v) Made Dentally Fit	40	36
Forms of Dental Treatment Provided:		
(i) Extractions	541	218
(ii) Fillings	154	11
(iii) Scalings and Gum Treatment	25	—
(iv) Silver Nitrate Treatment	1	2
(v) Dentures Provided	51	—
No. of administrations of Nitrous-oxide for extractions	41	95
No. of Dental X-rays	14	—

Midwifery

The total number of births (live and still) was 985 of which 435 occurred at home and 550 at nearby Maternity Homes and Hospitals. Of the Institutional confinements 356 took place in the Rosemary Ednam Maternity Home. The percentage of domiciliary confinements in 1956 was 44.2%.

In the case of domiciliary confinements 409 were attended by midwives alone, and in 26 cases a doctor also attended. In 15 cases Medical Aid was sent for, a percentage of 3.4 as against 2.7 in 1955.

The medical aid cases may be analysed as follows:

On Account of Mother:

Malpresentation	....	....	....	....	1
Toxaemia	....	....	....	....	1
Ante-partum Haemorrhage	....	....	....	....	1
Adherent Placenta	....	....	....	....	1
Abortion	....	....	....	....	1
Haemorrhage	....	....	....	....	2
Other	....	....	....	....	3
					<hr/> 10 <hr/>

On Account of Baby:

Discharging Eyes	....	....	....	....	2
Other	....	....	....	....	3
					<hr/> 5 <hr/>

Gas and Air

During the year gas and air analgesia was called for in 141 cases.

Premature Baby Service

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

		<i>At Home</i>	<i>In Hospital</i>
Premature live births	....	21	59
Premature still births	....	—	18
		<hr/> 21 <hr/>	<hr/> 77 <hr/>

Health Visiting

It is becoming increasingly apparent that the health visitor is the key worker in the personal health services provided by a Local Health Authority, and that further advances in preventive mental health work, control of home accidents, care of the aged, and other urgent fields will be largely based on her efforts. This makes it the more regrettable that our health visiting staff (who also function as school nurses) should have declined to 9 against an establishment of 16. Any real improvement in staff position, which is a national rather than local problem, must depend on improvements in the status of the health visitor which should follow the recommendations of the recent Working Party Report on the subject.

The total number of visits by health visitors during the year was 18,451 as against 19,847 in 1955.

Visits to children under 1 year:

(a) First Visits	....	....	....	....	890
(b) Total Visits	....	....	....	....	6,675
Visits to children between 1 and 5 years	....				10,916
Stillbirth Investigations	....	....	....	....	30
Infant Death Visits	....	....	....	....	27
Visits to Tuberculous Households	....	....			670
Miscellaneous Visits	....	....	....	....	133

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 admirably 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 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.

					<i>Visits</i>
Medical Cases	....	....	....	....	7,678
Surgical Cases	....	....	....	....	2,554
Tuberculous Cases	....	....	....	....	3,619
Maternal Complications	....	....	....	....	47
Others	....	....	....	....	81
Total	....	....	....	....	13,979

The earlier discharge of patients from hospital and the increased proportion of chronic sick now nursed at home have added to the case load. The rehousing of a substantial fraction of the population in outlying estates has increased the ground which home nurses have to cover and the time taken up in travel, which has largely to be done on foot in all weathers.

The rate of expansion of this service is shown by the 15% increase in visits as compared with 1955. Visits to 786 patients over 65 years of age (as compared with 524 in 1955) rose from 4,959 to 7,587, an increase of 53%. The time and degree of attention required on these visits tends generally to increase with the age of the patient as does also the period over which nursing has to be continued. The standard of nursing set by the Badley and District Nursing Association is one which commands the respect of all who are in a position to judge, and the fact that it has been maintained by a staff of only six nurses in the face of such heavy demands speaks for itself. It is obvious from the above figures that an increase in staff cannot long be deferred.

Vaccination and Immunisation

The vaccination rate for children under one year was 31.7%, more than three times the rate three years ago, but still much too low to guarantee the community adequate protection against the spread of smallpox, which may be introduced at any time as a result of air travel. All parents are written to six weeks after the birth of a child and the advisability of vaccination is pressed by medical and nursing staff.

Last year 56% of infants as compared with 40% in 1955 were immunised against diphtheria. The combined prophylactic against this disease and whooping cough proved attractive by reducing the necessary injections from five to three, and exploiting the younger mothers' awareness of the seriousness of whooping cough in infancy.

	<i>Immunised during year</i>	<i>Total now protected</i>	<i>Population est.</i>	<i>Percentage now protected</i>
Children under 5	622	2,748	4,800	57.3

Poliomyelitis vaccination was made available to restricted age groups of children by the Ministry of Health. The response of Dudley parents of eligible children, 6%, compared very unfavourably with the national average of 30%, and consequently vaccine was available for only 68 children.

Ambulance Service

The demands on this service, particularly from hospitals, continue to be heavy, but it is satisfactory that the increase in the sitting car cases (687) was more than counter-balanced by a decline (1,188) in ambulance cases. Since the cost of the sitting car case is considerably less than the other, this reflects a substantial economy and is an indication of the efficient running of the service.

The following is a summary of the work of the Ambulances and Sitting-Case Cars for the period 1st January to 31st December, 1956:

	<i>Ambulances</i>	<i>Sitting Case Cars</i>
No. of vehicles at 31st December, 1956....	4	6
Total number of accident or other emergency calls	1,067	80
Total number of patients carried	4,598	12,734
Total mileage	28,396	68,565

Prevention of Illness, Care and After-Care

This is, of course, largely a personal service, and as such the responsibility rests mainly on the health visiting staff. Efforts, now successful, to recruit a Handicrafts Instructor continued throughout the year. Part of her time will be devoted to long term patients, both in their own homes and in groups in a club room.

Sick room equipment of various types including wheel chairs, beds, bedding, etc., were supplied to 213 patients. In addition, arrangements were made in 52 cases for extra milk to be delivered, charges being made in accordance with the Council's scale. 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 willing assistance in helping to relieve one of the greatest difficulties, that of finding suitable employment for those patients sufficiently recovered; and to all the voluntary organisations, which help in this work.

Other statistics relating to the service are as follows:

No. of patients interviewed at the office	390
Visits made to patients in their own homes....	952
No. of patients visited in hospitals....	7

Arrangements were also made under this Section for 23 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. This service proved embarrassingly popular with family doctors who trebled their recommendations. Additional financial sanction had to be sought to cope with the demand.

Child Neglect and Break-up of Families

The detection of family difficulties and their management in the earlier, tractable stages, is the most hopeful method of dealing with "problem families." The person best placed in this respect is the health visitor who, alone of all social workers, by her routine visiting has a chance to get to know the family in its normal state, and recognise the first signs of impending break-down or neglect of the children. This makes it the more unfortunate that our strength of health visitors, half the establishment, makes it impossible to devote the extra time required to this work, and to adequate supervision of families who who have become established and recognised problems.

Numerous agencies (Local Health Authority Departments, statutory bodies, and voluntary agencies) are involved in the difficulties of such families. Fortunately this Authority is small enough to permit of frequent and harmonious contacts between its own officers and those of outside bodies, and to enable an individual family's problems to be discussed informally, as they arise, by the officials concerned. This helps to prevent inco-ordinated and excessive visiting of such families and ensures that the appropriate resources are available to the welfare worker primarily concerned. It will, however, be impossible for the Public Health Department to make its proper contribution until it has at its disposal an adequate staff of health visitors and a qualified case worker.

Domestic Help Service

This service continues to be invaluable both in supporting families in times of stress such as illness or confinement of the mother, and in facilitating early discharge of patients from hospital. Most of its energies are however devoted to helping the elderly and infirm to maintain a relative independence in their own homes, so avoiding admission to Old Persons' accommodation or chronic hospital beds. Since the great majority of these pay only the minimum charge of 6d. per hour, this service is unavoidably an expensive one, and it is a pity that the economies it allows the Hospital Management Committee and Welfare Committee cannot be credited to the Health Committee, and so allow an expansion of the service. The necessity to hold down cost, and therefore staff, inevitably means that border line cases have frequently to be refused, so causing, in many cases, a degree of real hardship. 136 cases were attended during the year by a staff averaging 26 domestic helps. Many of the aged applicants require prolonged care, and the consequent accumulation of cases causes difficulties in meeting fresh demands on the service.

The cases fall into the following categories:

Maternity	....	....	....	....	....	19
Tuberculosis	....	....	....	....	....	4
Chronic Sick, Aged and Infirm	....	....	....	....	....	104
Others	....	....	....	....	....	9

Superannuation Examinations

It is not generally realised that the Public Health and School Health Departments must devote an appreciable part of their staff's time to medical examinations, not only of prospective employees of the Corporation, but also of entrants to Teachers' Training Colleges. This involves a comprehensive and time consuming medical check up, equivalent to a full insurance examination. In the case of applicants from a distance this frequently has to be arranged at short notice, and at times incompatible with the routine duties of medical and nursing staff. 151 superannuation and 66 Training College examinations were carried out last year.

SECTION D—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. Two 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 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. Numerous voluntary bodies and private individuals have been most generous in their gifts to the Centre, and it is encouraging that this work is at last receiving some of the public recognition it deserves.

The Centre has worked to full capacity throughout the year and has had a small waiting list. Such full attendance emphasises the inadequacy of the present accommodation and facilities. At the time of writing a start has at last been made on the construction of a handicraft hut for older boys. Graduates from the Centre were successfully placed in employment in the course of the year and it is to be hoped that this tendency will increase with provision for more adequate training. Towards the end of the year attendances and the normal programme were seriously interfered with by an outbreak of mild dysentery, which unfortunately necessitated the postponement of the Open Day. The responsibility of the Supervisor, Mrs. Cooper, continued to increase not only within the Centre but in the field of home supervision in which over 450 visits were made.

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 to Hospital under the 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	10	6	16
	Barnsley Hall, Bromsgrove	2	—	2
Section 16 L.A. 1890	Barnsley Hall, Bromsgrove	5	7	12

Details of Patients admitted to Hospital under Mental Treatment Act:

<i>Method of Admission</i>	<i>Hospital</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Section 1 M.T.A. 1930	Barnsley Hall, Bromsgrove	24	18	42
Section 1 M.T.A. 1930	St. George's, Stafford	2	2	4

Patients Investigated but no action taken 21 17 38

Details of Patients discharged from Hospitals:

	<i>Hospital</i>	<i>Admitted</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Section 16 L.A. 1890....	Barnsley Hall,	Pre 1956	1	3	4
	Bromsgrove	1956	4	3	7
Section 20 L.A. 1890	Burton Road,	1956	12	1	13
	Dudley				
M.T. Acts, 1930	Barnsley Hall,	Pre 1956	9	5	14
	Bromsgrove	1956	28	17	45
M.T. Acts, 1930	St. Matthews,				
	Burntwood,				
	Lichfield	1956	1	—	1

Deaths in Mental Hospitals:

Barnsley Hall Bromsgrove	1	1	2
Powick, Worcester	3	—	3
Burton Road, Dudley	—	1	1

MENTAL DEFICIENCY ACTS, 1913-1938

	<i>Under Age 16</i>		<i>Aged 16 and over</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
1. Particulars of cases reported during 1956:				
(a) Cases ascertained to be defectives "subject to be dealt with":				
Number in which action taken on reports by:—				
(1) Local Education Authorities on children				
(i) While at school or liable to attend school....	9	2	—	—
(ii) On leaving special schools....	—	—	1	—
(iii) On leaving ordinary schools	—	—	—	—
(2) Police or by Courts	—	—	—	—
(3) Other Sources	—	—	1	—
Total of 1 (a)	9	2	2	—

		<i>Under Age 16</i>		<i>Aged 16 and over</i>	
		<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
<hr/>					
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground	....	—	—	—	—
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)	....	—	—	—	—
(d) Cases reported in which action was incomplete at 31st December, 1956, and are thus excluded from (a) or (b)	....	—	—	—	—
Total of 1 (a)—(d) inc.		9	2	2	—
<hr/>					
2. <i>Disposal of cases reported during 1956:</i>					
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1 (a)), number:—					
(i) Placed under Statutory Supervision	....	8	2	1	—
(ii) Placed under Guardianship	....	—	—	—	—
(iii) Taken to "Places of Safety"	....	—	—	—	—
(iv) Admitted to Hospitals	....	1	—	1	—
Total of 2 (a)		9	2	2	—
<hr/>					
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1 (b)), number:—					
(i) Placed under Voluntary Supervision	....	—	—	—	—
(ii) Action unnecessary	....	—	—	—	—
Total of 2 (b)		—	—	—	—
<hr/>					
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged	....	—	—	—	—
Total of 2 (a)—(c) inc.		9	2	2	—
<hr/>					
3. <i>Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1956 and admitted to:</i>					
(a) National Health Service Hospitals	....	—	—	—	—
(b) Elsewhere	....	—	—	—	—
Total		—	—	—	—
<hr/>					

			Under Age 16	Aged 16 and over	
			M.	F.	M. F.
4. Total Cases on Authority's Registers at 31.12.56					
(i) Under Statutory Supervision	....	....	19	13	35 30
(ii) Under Guardianship	....	....	—	—	1 —
(iii) In "Places of Safety"	....	....	—	—	— —
(iv) In Hospitals	....	....	2	2	35 35
Total of 4 (i)—(iv) inc.	....	....	21	15	71 65
(v) Under Voluntary Supervision	....	....	1	—	13 16
Total of 4 (i)—(v) inc.	....	....	22	15	84 81
5. Number of defectives under Guardianship on 31st December, 1956, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913. (Included in 4 (ii) )	....	....	—	—	— —
6. Classification of defectives in the Community on 31.12.56 (according to need at that date)					
(a) Cases included in 4(i)-(iii) in need of hospital care and reported accordingly to the hospital authority					
(1) In urgent need of hospital care:—					
(i) "cot and chair" cases	....	....	—	—	— —
(ii) ambulant low grade cases	....	....	2	2	— —
(iii) medium grade cases	....	....	1	—	— 1
(iv) high grade cases	....	....	—	—	— —
Total urgent cases			3	2	— 1
(2) Not in urgent need of hospital care:—					
(i) "cot and chair" cases	....	....	—	—	— —
(ii) ambulant low grade cases	....	....	—	—	— —
(iii) medium grade cases	....	....	2	—	— —
(iv) high grade cases	....	....	—	—	— —
Total non-urgent cases	....	....	2	—	— —
Total of urgent and non-urgent cases			5	2	— 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 4 (i), (ii) and (v), number considered suitable for:—							
(i) occupation centre	....	....	....	18	9	3	18
(ii) industrial centre	....	....	....	—	—	—	—
(iii) home training	....	....	....	—	—	—	—
Total of 6 (b)	....	....	....	18	9	3	18
(c) Of the cases included in 6 (b), number receiving training on 31.12.56:—							
(i) In occupation Centre (including voluntary centres)	....	....	....	17	9	3	18
(ii) In industrial centre	....	....	....	—	—	—	—
(iii) From a home teacher in groups	....	....	....	—	—	—	—
(iv) From a home teacher at home (not in groups)	....	....	....	—	—	—	—
Total of 6 (c)	....	....	....	17	9	3	18

SECTION—E WELFARE SERVICES

NATIONAL ASSISTANCE ACT, 1948

General

The year under review marked the eighth anniversary of the National Assistance Act. During these years the Council's Welfare Services have grown beyond recognition. It is perhaps a convenient time to look at what has been achieved and what the future holds.

The schemes for the welfare of the blind and the deaf and dumb are well established and it is in the fields of residential accommodation and domiciliary services for the aged, and the development of services to the handicapped, where the most urgent attention is needed.

We are all conscious of the pressing needs of old people and of the need for an extension of many domiciliary services, but there is also a need for a changed approach to the problems of residential accommodation, referred to later in the report, to cope with the growing number of infirm aged residents.

As far as the general classes of handicapped persons are concerned this is a new, and therefore to some degree an experimental, service that will take some years to develop fully. It must be borne in mind, nevertheless, that the object of the Scheme is to develop services to the handicapped until they are at least on a par to those provided for the blind. It will be seen, however, that the greatest need is going to be to find an outlet for the energies and talents that disabled people have, and to develop workshop and home employment. One day perhaps we shall be able to claim, as we can in the case of the blind, that no person capable of constructive work remains wholly unemployed because of his handicap.

Residential Accommodation

There has again been an inevitable increase in the number of residents in the Welfare Committee's care. The increase, however, has been less than the previous year and less than might have been expected. This is due, among other factors, to the excellent work of the various domiciliary services, in particular the Home Help Service and the Meals on Wheels Service.

By far the greatest problem in connection with residential accommodation is the increasing infirmity of the residents for whom the Council are providing accommodation. The small Homes envisaged immediately after the passing of the National Assistance Act, were in the nature of hostels providing accommodation and facilities such as would be available in a normal home. Experience has shown that this is no longer sufficient. The tremendous efforts being made to enable old people to remain in their own homes as long as possible means that those who eventually need accommodation provided by the Council are much more infirm than they used to be. In addition, the care given in the Council's Homes is prolonging life to such an extent that an increasingly large proportion of residents require a greater degree of home nursing than was formerly needed. Coping with infirmity places a great strain on the small staff in present Homes and in any future Home it would be wise to provide facilities and staff to cater for the growing numbers of aged infirm.

During the year the need for more accommodation in Dudley has been emphasised by the distress caused in a number of cases because the only accommodation immediately available was at Wolverhampton. For an old person, having lived in Dudley all his life, it is particularly distressing when, in addition to the strain of leaving or giving up a home, there is the added burden of being removed from all familiar surroundings.

This need is also directly connected with the problem of infirmity. There are some old people whose infirmities demand the kind of care that at the moment can only be given at "The Poplars." If it is hoped eventually to accommodate most, if not all, Dudley residents within the Borough, it is essential that in any future Home an adequate number of beds are provided for residents who need more than the minimum care and attention.

The time has now been reached when the planning of any further Home should provide for future as well as present needs as there is little doubt that there will be a progressive number of infirm old people in need of care and attention.

On many occasions residents have to be transferred to hospital because they are in need of attention during the night and the few staff in small Homes can only provide this for a limited period. Should we not, on humanitarian grounds, provide night nursing facilities so that old people, not really in need of hospital treatment, can be nursed in the Home rather than be transferred to strange surroundings at the end of their life? This could be done in a Home equipped and staffed to cope with the problems of infirmity.

The table below gives details of admissions, discharges, and deaths during the year:

<i>Home</i>	<i>No. of Residents 1st January, 1956</i>	<i>Admissions</i>	<i>Discharges</i>	<i>Deaths</i>	<i>No. of Residents 31st December, 1956</i>
"Albert House" Dudley... ..	21	3	2	1	21
"The Woodlands" Dudley... ..	23	2	2	—	23
"The Poplars" W'hampton...	45	22	12	7	48
Burton Road Hospital, Dudley... ..	—	1	1	—	—
Home for Deaf, Malvern... ..	2	—	—	—	2
Christadelphian Home, Bewdley	—	1	—	—	1
"The Haven" Blind Home, Scarborough	1	—	—	—	1
Totals... ..	92	29	18	7	96

Temporary Accommodation

This problem continues to be largely a reflection of the housing situation. Once again the Department has been fortunate in being able to make alternative arrangements in most cases and only once during the year was it necessary to provide temporary accommodation at "The Poplars." We have every reason to be grateful to the Children's Committee and for the co-operation of the Children's Officer in providing accommodation for children when families are in need.

Welfare of the Blind

A well established blind welfare service is provided by the Wolverhampton, Dudley and District's Institution for the Blind acting as the Council's agents. So well established, in fact, is this service that perhaps we should remind ourselves that the developments in blind welfare that have taken place over many years are due to the devoted enthusiasm of voluntary workers, who have also made possible the Institution's proposals for new premises incorporating offices, workshops and a social centre.

The limited facilities to be provided in the new workshops for severely disabled sighted persons emphasise the need to use the experience gained over many years in providing services for the blind, to facilitate the development of services to meet the needs of other handicapped persons.

The Blind Register at the 31st December, 1956, showed an increase of two, and the Partially Sighted Register a decrease of three. The details are as follows:

<i>Blind</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Employed	13	4	17
Unemployable	40	46	86
Children	1	—	1
Totals	54	50	104

<i>Partially Sighted</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Employed	—	—	—
Unemployable	—	1	1
Totals	—	1	1

In addition the following table gives the details of cases registered during the year.

(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8. recommends: (a) No treatment (b) Treatment	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(a) No treatment	2	1	—	2
(b) Treatment	3	—	—	1
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment	—	—	—	1

There were no cases of ophthalmia neonatorum during 1956.

Welfare of the Deaf

In the Worcestershire and Herefordshire Association for Work amongst the Deaf, the Council is fortunate in having another thriving voluntary association providing a high standard of service.

The most notable feature of the year has been the continued high level of employment and in this respect Dudley has been fortunate. In other areas the year under review has been a difficult one in which to maintain employment and our deaf are perhaps fortunate in living in an area where industrial activity is high enough to ensure that they can be asorbed into open industry.

Once again the Association has been able to afford assistance to many classified as Hard of Hearing.

The Register of the Deaf at the 31st December, 1956 was as follows:

<i>Description</i>	<i>Children under 16 years</i>		<i>Persons aged 16-64 years</i>		<i>Persons aged 65 years and over</i>		<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Deaf	3	5	25	15	6	4	58
Hard of Hearing ..	5	2	1	14	1	2	25

Welfare of the Physically Handicapped

In this field it has regrettably been a year of slow progress due largely to the difficulties encountered in obtaining the services of a suitable Occupational Therapist/Handicraft Instructor. Whilst a large number of handicapped people have been re-visited during the year and given assistance and advice whenever possible, it is hoped that in the coming year, pastime occupation will be provided both at home and in a day centre when suitable premises can be obtained.

The revised register at the end of the year was as follows:

HANDICAPPED						
<i>Children under 16 years</i>		<i>Persons aged 16-64 years</i>		<i>Persons aged 65 years and over</i>		<i>Total</i>
<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
2	—	103	22	10	2	139

Welfare of the Aged in their own Homes

It is in this field that there is the greatest scope and the greatest need for real assistance to be afforded to old people. It is now increasingly emphasised that the vast majority of old people must remain in their own homes as long as possible, but due to increasing infirmity that accompanies increasing years, certain domiciliary services are more necessary than ever to alleviate the hardships and frustrations of old age. The Council's home help and nursing services provide a great deal of assistance but it is becoming increasingly apparent that home help services need to be considerably extended if the old and infirm are to be enabled to live out their lives in a reasonable degree of comfort, and also if the demand for residential accommodation is to be kept within reasonable limits.

In spite of the many statutory services there is still a tremendous need for voluntary work and the Dudley Old People's Welfare Association is providing an immeasurable community service in the schemes for holidays, voluntary visiting and the provision of clubs and recreational facilities.

The practical help given by the Women's Voluntary Service in providing clothes and Meals on Wheels is another example of the scope for voluntary effort. It is quite certain that many of our old people would suffer real hardship if the meals service were not available.

These voluntary services do illustrate the great need for voluntary workers to fill gaps in the statutory services and in fact to provide some services, such as friendly visiting, that could never be provided in any other way.

Moral Welfare

In those cases arising during the year it was again apparent how very difficult it would be to deal with this problem without the services provided by the Worcestershire Diocesan Association for Moral Welfare Work.

Temporary Protection of Property

The efforts to clear Brewery Street store have continued and once again it has been possible to make alternative arrangements in each case during the year and no further property has been taken into the Council's care. Once the unsatisfactory premises at Brewery Street can be cleared it will be essential to find proper storage accommodation.

Burials

Five burials were carried out during the year where no other arrangements had been made.

Conclusion

Any review of the Department's work would be incomplete without thanking those voluntary organisations and private individuals who have assisted the work of the Department and who have shown such great interest in the welfare of residents in the Council's care. In addition to those voluntary bodies already mentioned in the report I should like to thank the following:

Dudley Hippodrome, Dudley Round Table, Dudley Rotary Club, The Inner Wheel, Messrs. Kendrick's Coaches Ltd., The Licensed Victuallers Association, S.S.A.F.A., Toc H., and the Townswomen's Guild.

Once more too, I should like to thank local medical practitioners and our local hospitals for the co-operation and willing help they continue to give.

SECTION F—WATER SUPPLY

The 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 1956, 758 samples of the chlorinated waters were examined and all were free from coliform bacteria. Samples of the waters before chlorination are not obtainable at two of the stations pumping underground water, but of 251 samples from the other four, only 3 contained coliform bacteria, 2 confirmed *B. coli.*, and the other intermediate bacteria. 312 samples of a supply of surface origin were also examined before treatment, and these gave an approximate average coliform bacteria content of 50 per 100 m.l.

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
Shavers End Repumping Station.
Springsmire Reservoir.

and from—

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

Out of 112 samples examined from the service reservoirs 100 were free from coliform bacteria. 16 samples from Shavers End Repumping Station and 24 from the Watermen's houses were all free from coliform bacteria.

The average chemical results of the tap samples from Dudley and Netherton for 1956 were:

	<i>Dudley</i>	<i>Netherton</i>
pH	7.0	7.2
<i>Expressed in parts per million</i>		
Alkalinity (CaCO ₃)	99	107
Chlorides (Cl)	35.5	35.8
Ammoniacal Nitrogen (N)	Trace	Trace
Albuminoid Nitrogen (N)	Trace	Trace
Oxidised Nitrogen (N)	2.9	3.2
Oxygen absorbed (3 hr. at 27°C)	.12	.12
Temporary Hardness	93	102
Permanent Hardness	70	77
Total Hardness	163	179
Iron (Fe)	.03	.02
Manganese (Mn)	Nil	Nil
Lead (Pb)	.01	Nil

The waters are not liable to plumbo solvency.

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

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

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the School Health Service for 1956.

Dudley's school children again had a favourable health experience in 1956. General physical condition and nutrition remained satisfactory in the great majority, and the incidence of notifiable infectious disease was well below the average. The only exception was a mild form of dysentery in the summer months. The fact that only two schools were seriously involved was a happier outcome than at one stage could reasonably be anticipated. There were again no cases of diphtheria or poliomyelitis notified amongst the school population. A start was made on poliomyelitis vaccination, but the number immunised was small. This was due not only to the limited supplies of vaccine made available by the Ministry, but to the disappointing fact that the parents of only 6% of the eligible children applied. This compares very unfavourably with the national response and it is to be hoped that the long uphill struggle to achieve a reasonable level of protection, experienced in the past with diphtheria immunisation, will not be repeated.

The provision of services extended in several directions in the course of the year. A new clinic was opened at Holly Hall, and the Borough Architect is to be congratulated on the unqualified approval of design and amenity expressed by numerous visitors. Through the good offices of Dr. Maclay, Consultant Child Psychiatrist, and the Birmingham Regional Hospital Board, a Child Guidance Centre was opened at the Central Clinic, to fill a long felt want. Audiometric screening of pupils in primary schools to ensure early recognition of minor degrees of deafness was commenced. The long delayed appointment of a Chief Dental Officer brought the dental staff at last up to establishment, and enabled it to tackle the accumulated arrears in this important branch of the service. Even the obstinate problem of head infestation began to yield to the Sub-Committee's determined policy in dealing with the hard core of persistently negligent parents.

I have to thank the Chairman and Members of the School Management and Medical Sub-Committee for the encouragement and consideration they have invariably shown me; the Chief Education Officer and his staff for their unfailing courtesy and collaboration; and the general practitioners, hospital staffs, and voluntary bodies too numerous for individual mention, whose co-operation is so essential to the efficiency of the School Health Service. I am particularly indebted to all members of the School Health Service staff for their cheerful and unstinted efforts often under difficult conditions of staff shortage and inadequate accommodation.

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 1956 and 3,757 pupils have been examined during the year.

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 807 pupils were found to require treatment and 1,544 to be kept under observation, and the necessary action was taken in all cases.

Of these, 315 required treatment for eye conditions (273 for errors of refraction) and 233 required to be kept under observation.

The school population of the Borough (including the Nursery School and Nursery Classes) was 10,934 at the end of December, 1956, for each of whom a medical record card was available at the Central Clinic.

Parental co-operation with the School Health Service continues to be most satisfactory. A high proportion of parents attend at the school medical inspection of the younger age groups. This opportunity for the parent, teacher, school doctor and nurse (who has usually known the child from infancy as health visitor) to assess the child's progress and needs in all their aspects is invaluable. It gives the doctor comprehensive background information on which to base her advice, and ensures that that advice is conveyed in the most effective way to those most intimately concerned with the child's welfare.

(2) Special 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	....	....	....	Wednesdays
Holly Hall Clinic	....	....	....	Tuesdays
Netherton Clinic	....	....	....	Wednesdays
Dudley Wood Clinic	....	....	....	Thursdays

1,769 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.

In addition to the weekly doctor's clinic, the school nurse is in attendance at each clinic daily to deal with minor ailments and carry out prescribed treatments.

(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 1956, 2,250 children were seen at these inspections.

(4) Physical Condition

The generally satisfactory standard of nutrition amongst school children has been maintained. Detailed statistical comparison with previous years is impossible as the basis of assessment has been changed by the Minister. Instead of a division into a majority of average, substantial minority of above average, and very small group of seriously inadequate, nutrition, pupils are now graded on their general physical condition as satisfactory or otherwise. There are many reasons why a child may not have achieved its optimum standard of general health, but by far the most common is found to be lack of adequate sleep. In the minority of cases this may be due to overcrowding or other unavoidable domestic hardships, but in the majority of cases the child seems precociously to have achieved sufficient independence to order its own life.

Given the broadened scope for criticism, the 21.5% of 3,757 children examined who were found to fall short of their potential standard of health cannot be regarded as unduly high. The small fraction of those where the defect is primarily due to inadequate nutrition are given special attention in the form of home supervision, provision of school meals, vitamin preparations, sunlight treatment, and placing in Open Air Schools. They are regularly re-inspected until a reasonable standard of fitness is achieved.

(5) Infectious Disease

1956 proved on the whole to be a year of low incidence of infectious disease. Scarlet fever was rather more prevalent than of late, but the disease remained mild and free from serious complications. Poliomyelitis was not notified among school children, though a few cases occurred in the younger and older age groups. It may be that the present school population has retained some degree of resistance acquired by widespread unrecognised infection six years before. The younger children, it is hoped, will receive their protection by the addition of poliomyelitis vaccination to our immunisation programme against diphtheria and whooping cough. A small number of children selected by the Ministry, on an age basis, received two injections of vaccine in the course of the year, and it is hoped that in the current year supplies will allow a greatly extended programme by family doctors and clinics, as the majority of the disappointingly low proportion of parents of eligible children applying are still waiting.

A mild form of dysentery (Sonne) was prevalent in the district in the summer months and two primary schools were seriously affected and several others to a minor extent. The illness amounted in most cases only to a mild diarrhoea, and the child returned to school within a few days. This is a very highly infectious condition and attendances at Priory and Wrens Nest Schools were seriously affected. The illness was so trivial that family doctors were not usually consulted and the incidence is, therefore, very inadequately represented by the number of formal notifications. The infection is spread by personal contact and the general contamination of the child's environment, and is almost impossible to control in the younger age groups. I would like to thank the staffs of the schools concerned for the great measure of co-operation they gave to the Public Health Department over a prolonged period of strain and extra work occasioned by the necessity to achieve a standard of personal hygiene among the children even higher than they customarily demand.

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		Dysentery	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5-10	3	2	—	—	12	14	25	37	—	—	3	1
10-15	—	1	—	—	2	—	—	1	—	—	—	4

(6) Tuberculosis

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

	Males	Females	Total
Pulmonary	1	6	7
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	41	27
Non-Pulmonary....	18	3

Measures against this disease have now become a well established routine which is accepted by 75% of the parents concerned. Entrants are skin tested for evidence of past infection, which has not usually given rise to recognised illness. Positive re-actors are examined clinically and radiologically at the Chest Clinic to exclude the possibility of active disease and contacts are invited to the Mass X-ray Unit in an endeavour to trace the source of infection.

13 year old children are offered skin testing and subsequent B.C.G. vaccination of the 80% who still show no sign of previous infection. School leavers have the opportunity to attend the Mass Radiography Unit in their last year; this, fortunately, produces an average of only two active cases per year. Apart from the advantage of early treatment for these children, this measure protects their school fellows as occasionally the case is found to be infectious. It is also hoped that this acquaintance with the X-ray Unit will establish a habit of routine attendance in later life.

The desirability of all adults in contact with school children having an annual check up at the Mass Radiography Unit, in addition to any initial examination, cannot be over emphasised.

In all phases of this campaign, the School Health Service is greatly indebted to Dr. Macdonald and his Chest Clinic staff and to Dr. Posner of the Mass X-ray Unit for their unfailing co-operation, without which the scheme could not be implemented.

Specialist Clinics

(7) Ophthalmic Clinics

During 1956, 347 new cases of errors of refraction and 19 new cases of other defects and diseases of the eye were treated at the Central Clinic by the Council's Ophthalmologist. In addition, 769 pupils with previously treated errors of refraction and 90 children with other defects previously observed were seen by the Specialist, making a total of 1,225 pupils treated at the Eye Clinic. Spectacles were prescribed for 753 pupils. 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, 23 errors of refraction (including squint) are known to have been treated at the Guest Hospital.

(8) 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.

165 Dudley children were seen by the Surgeon at these clinics during the year and a total of 771 treatments were given.

(9) 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, infra-red, and other ray treatments.

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. 52 pupils received a total of 687 physiotherapy treatments and 124 children received 732 breathing exercise lessons.

(10) 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 324 pupils received 1,421 treatments.

(11) Ear, Nose and Throat Clinic

The Ear, Nose and Throat Clinic continued to function satisfactorily during the year and 144 pupils received operative treatment for adenoids and chronic tonsillitis; 3 for diseases of the ear; whilst 10 received other forms of treatment.

The problem of deafness among school children is one of considerable importance. Minor defects are frequently not recognised by parents or teachers and may be expressed in educational backwardness or speech defect. A scheme for individual testing, by pure tone audiometer, of all 7 year old children was started towards the end of the year. In addition, teachers are invited to submit children of other ages whom they suspect of deafness, or where there is speech retardation or defect, or educational retardation. By good fortune, Mrs. Crellin, of the Worcestershire, Herefordshire and Radnorshire Association for the Deaf, who already conducted a lip reading class and had recently attended a Course in Audiometry, was able to undertake this additional duty. Mr. Hamilton, Ear, Nose and Throat Consultant, has kindly offered to supervise the further treatment and disposal of the more serious cases.

(12) Child Guidance Centre

Dudley has been indebted in the past to Dr. J. J. Graham, Consultant Child Psychiatrist for Worcestershire, for treating the more seriously disturbed school children. The number which could be accepted was, however, very small and complications arose from the necessity to attend Centres outside the district. The consent of the Birmingham Regional Hospital Board to make a Consultant Child Psychiatrist available for one session per week allowed a Child Guidance Centre to be established at the Central Clinic. I am most grateful to Dr. Maclay, whose report follows, not only for the help he has already given children and parents, but for his tolerance in accepting the present serious limitations of premises and equipment.

"This Clinic is a new venture in Dudley and was started in June, 1956, on the initiative of Dr. R. M. Ross, Medical Officer of Health and Principal School Medical Officer. It was made possible through the appointment of myself as Consultant Child Psychiatrist by the Birmingham Regional Hospital Board, who allowed one weekly session (one half day) of my time to this Clinic. In the past a small number of children attended the Clinic of Dr. J. Graham, Consultant Child Psychiatrist for Worcestershire, an arrangement which brought undoubted benefit to these children but which was restricted by limitations of time and the problem of distance. The sessions are held in the Central Clinic where a suitable room has been put at my disposal and the necessary equipment provided by the Public Health Department. Other members of the part-time staff are Dr. H. Halstead, M.A., P.H.D., Clinical Psychologist, and Mrs. M. C. Perry, Health Visitor, who acts as our Social Worker and has occasionally been assisted by Miss Coulter, Health Visitor."

Up to the end of 1956, 19 children had attended the Clinic as follows:

Diagnosis:

Anxiety	....	....	....	....	5
Backwardness	....	....	....	....	4
Enuresis and soiling	....	....	....	....	4
Behaviour disorder	....	....	....	....	3
Stealing	....	....	....	....	3
Deafness	....	....	....	....	1
					<hr/> 20 <hr/>

Sources of referral:

School Medical Officer	....	....	....	....	13
Maternity and Child Welfare Clinic	....	....	....	....	3
Probation Officer	....	....	....	....	3
Parents	....	....	....	....	1
					<hr/> 20 <hr/>

Results by 31st December, 1956:

Still attending	....	....	....	....	15
Good result	....	....	....	....	1
Improved	....	....	....	....	1
Ceased attending despite lack of improvement	....	....	....	....	1
Transferred	....	....	....	....	2
					<hr/> 20 <hr/>

(13) Speech Therapy

The Council employs two lady speech therapists on a sessional basis. Six to eight sessions are found to provide an adequate service.

During 1956, 57 pupils received treatment in a total of 1,096 lessons and 43 new cases were interviewed and assessed and 28 children were discharged.

(14) School Dental Service

The appointment of Chief Dental Officer, so long vacant, was happily filled in the latter part of the year by Mr. M. D. McGarry, L.D.S. A full staff of three dentists was thus at last available and Dr. Wynne, Dental Officer of the Ministry of Education, was able recently to express satisfaction with the year's results. Mr. McGarry's report follows:

"I have the honour to present the Annual Report on the School Dental Service for 1956.

Of a total of 10,934 School children in Dudley, 3,374 had a Routine Dental Inspection during the year and 1,635 were inspected as specials—a total of 5,009 children, which is 46% of the school population. For the year the whole-time equivalent of dental officers was slightly less than 2. The School Dental Service cannot be considered satisfactory until each school child in the Borough has an annual routine dental inspection.

In view of the high incidence of dental caries and the consequently large amount of work to be done for most of the children presenting for treatment, an annual inspection under present conditions appears to be an impossibility. This problem is not peculiar to Dudley.

The long-term solution appears to be in (a) an increase in dental manpower through increased recruitment to the profession, combined with the employment of dental ancillary workers and (b) a reduced incidence of caries in the children which may be achieved by the fluoridation of water supplies and increased dental health education. The questions of dental manpower and the addition of fluorine to water supplies are under consideration by the Ministries of Health and Education and I await their findings with interest. Oral hygiene instruction is carried out efficiently by the dental officers in the Borough.

Of the 3,641 children offered treatment, 2,786 were actually treated—a reasonably satisfactory acceptance rate of 76%.

The number of fillings done shows an appreciable increase on the 1955 figure and, in view of the fact that the primary function of the service is preventive, this is very pleasing.

The orthodontic side of the school dental scheme provides a satisfactory service. In addition to the figures given in the statistical table under Paragraph 11, many irregularities were rectified by purely surgical methods and some complicated cases were referred to the Orthodontic Department of the Birmingham Dental Hospital.

Apart from my own appointment there was little change in the staffing of the Department during the year. To coincide with my taking up duty, Mrs. Durham was appointed a full-time dental attendant.

I look forward to the replacement of certain items of equipment in the various clinics in 1957 and to the opening of the dental department in Holly Hall Clinic. These events should help to ensure the steady progress of our dental service. Good equipment and good clinic accommodation increase the standard and output of work of the dental officers and impress patients and parents. In addition, without good clinical facilities, the prospects of recruiting dental officers appear hopeless.

The amount of work done per treatment session during the year is high by national standards and I feel that the dental staff are to be complimented on their hard work throughout the year, and I personally wish to thank them for their co-operation.

To Dr. Ross I wish to express my thanks for the encouragement and assistance he has given me since my arrival."

(15) Handicapped Pupils

In accordance with the requirements of the Handicapped Pupils and School Health Service Regulations, 1956, 82 pupils have been examined or re-examined during 1956 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 82 pupils examined during 1956:

- 1 has been ascertained to be partially deaf.
- 1 has been ascertained to be maladjusted.
- 1 has been ascertained to be physically handicapped.
- 62 children were referred by Head Teachers as Educationally Sub-normal:
- 7 were found to be ineducable.
- 15 have been ascertained to be educationally sub-normal and to require a special school.
- 16 were found to be educationally sub-normal but suitable for special educational treatment in an ordinary school.
- 24 were found to be suitable for education in an ordinary school.

In addition 17 children already at the Sutton School were re-examined.

(16) Employment of Children and Young Persons

During the year 50 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 exceptional for a certificate of fitness to be refused.

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 might have been found to be unsuitable, and good liaison was maintained with the Youth Employment Officer in this respect.

(17) Head Infestation

A Special Sub-Committee was appointed by the Medical Services Sub-Committee in 1955 to deal with this intractable and deplorable problem. Parents of the worst and most persistent offenders were personally interviewed by the Sub-Committee and the serious consequences of their neglect for their own and other children emphasised. Prosecutions of parents who failed to respond to the Sub-Committee's

warning were instituted and have since been successful and are being continued. A marked and gratifying response to this policy and the attendant publicity has been noted by the school nurses. While the number of infested children has decreased by 25% on recent years, there has been a much greater improvement in the degree of infestation and in the promptitude with which children are cleansed in response to the first informal notice of infestation.

Inspections were carried out in the course of each term by the school nurse and of 32,225 inspections made only 1,067 (3.1%) pupils were found to be infested.

Comparative figures for previous years are shown in the following table:

1950	....	....	....	....	....	....	....	7%
1951	....	....	....	....	....	....	....	4%
1952	....	....	....	....	....	....	....	4%
1953	....	....	....	....	....	....	....	4%
1954	....	....	....	....	....	....	....	4%
1955	....	....	....	....	....	....	....	4%
1956	....	....	....	....	....	....	....	3.1%

Open Air Schools

(18) West Malvern Open Air School

An arrangement with Worcestershire County Council Education Committee by which 11 boys and 3 girls are sent to the above Open Air School was fully utilised in 1956. Children are referred by General Practitioners, School Medical Officers, Head Teachers, etc., on account of sub-standard health, malnutrition, and also often of bad housing conditions. The regular regime of fresh air, exercise, and rest, in ideal surroundings, invariably produces a marked improvement while the children's educational needs are also met.

(19) 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 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.

(20) Rotary Boys' House, Weston-Super-Mare

Dudley Rotary Club's admirable and public spirited provision for a free fortnight's holiday at Weston-Super-Mare was taken full advantage of and 23 boys greatly profited from this scheme in 1956. These boys are selected on health needs and lack of other opportunity for enjoyment of such a holiday, and they clearly show the benefit of their fortnight by the seaside. Parents are enthusiastic and appreciative and gladly pay the reduced fare. The personal interest taken in individual boys by members of the Rotary Committee concerned is perhaps the most gratifying feature of the whole scheme.

STATISTICAL TABLES, 1956

Table I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A. Periodic Medical Inspections

Number of inspections in the prescribed groups:

Entrants	1,102
Second Age Group	1,410
Third Age Group	1,173
Total	3,685
Additional Periodic Inspections	72
Grand Total	3,757

B. Other Inspections

Number of special inspections	1,769
Number of re-inspections	2,250
Total	4,019

C. Pupils found to require Treatment

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

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	48	190	200
Second Age Group	87	124	199
Third Age Group	138	184	285
Total	273	498	684
Additional Periodic Inspections	8	17	15
Grand Total	281	515	699

D. Classification of the Physical Condition of Pupils inspected in the age groups examined

Age Groups Inspected (1)	Number of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
Entrants	1102	799	72.5	303	27.5
Second Age Group...	1410	1110	78.7	300	21.3
Leavers	1173	1002	85.4	171	14.6
Additional Periodic Inspections ...	72	37	51.4	35	48.6
Total	3757	2948	78.5	809	21.5

Table II

INFESTATION WITH VERMIN

- (i) Total number of examinations in the schools by the school nurses or other authorised persons 32,225
- (ii) Total number of individual pupils found to be infested 1,067
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) 100
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) 16

Table III

A. Defects found by Medical Inspection

Defect Code No.	Defect or Disease	Periodic Inspections				Total (including all other age groups inspected)	
		Entrants		Leavers			
		<i>Requiring Treatment</i>	<i>Requiring Observation</i>	<i>Requiring Treatment</i>	<i>Requiring Observation</i>	<i>Requiring Treatment</i>	<i>Requiring Observation</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	2	10	33	14	53	47
5	Eyes—						
	(a) Vision	48	92	138	53	281	211
	(b) Squint	8	6	15	3	26	10
	(c) Other	3	12	7	2	17	20
6	Ears—						
	(a) Hearing	4	3	4	1	12	14
	(b) Otitis Media	2	24	5	11	10	48
	(c) Other	6	3	1	—	11	9
7	Nose and Throat	70	253	35	57	121	423
8	Speech	6	—	—	—	9	1
9	Lymphatic Glands... ..	—	182	5	29	3	270
10	Heart	1	17	2	15	4	38
11	Lungs	23	114	9	24	35	152
12	Developmental—						
	(a) Hernia... ..	—	2	—	—	—	4
	(b) Other	—	10	9	—	—	12
13	Orthopaedic—						
	(a) Posture	27	42	38	12	92	89
	(b) Feet	23	39	14	4	45	67
	(c) Other	15	40	2	9	25	60
14	Nervous System—						
	(a) Epilepsy	—	2	1	1	1	4
	(b) Other	—	4	1	3	1	11
15	Psychological—						
	(a) Development	1	8	1	—	5	10
	(b) Stability	—	1	1	—	—	5
16	Abdomen	—	1	1	7	—	8
17	Other	2	15	22	5	34	30

B. Special Inspections

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	295	179
5	Eyes—		
	(a) Vision	187	267
	(b) Squint	15	8
	(c) Other	70	92
6	Ears—		
	(a) Hearing... ..	17	27
	(b) Otitis Media	123	78
	(c) Other	31	89
7	Nose and Throat	117	256
8	Speech... ..	17	39
9	Lymphatic Glands	8	74
10	Heart	5	69
11	Lungs	50	193
12	Developmental—		
	(a) Hernia	2	6
	(b) Other	3	11
13	Orthopaedic—		
	(a) Posture	13	17
	(b) Feet	45	75
	(c) Other	50	84
14	Nervous System—		
	(a) Epilepsy	—	5
	(b) Other	3	22
15	Psychological—		
	(a) Development	7	16
	(b) Stability	4	26
16	Abdomen	—	15
17	Other	135	623

Table IV

GROUP I—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	109	—
Errors of refraction (including squint) ...	1316	—
Total ...	1425	—
Number of pupils for whom spectacles were prescribed	773	—

GROUP II—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received Operative Treatment—		
(a) for diseases of the ear	—	3
(b) for adenoids and chronic tonsillitis ...	—	144
(c) for other nose and throat conditions ...	—	2
Receiving other forms of treatment	—	8
Total ...	—	157
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1956	—	2
(b) in previous years	—	6

GROUP III—Orthopaedic and Postural Defects

	By the Authority	Other
Number of pupils known to have been treated at clinics or out-patient departments ...	766	—

GROUP IV—Diseases of the Skin (Excluding Uncleanliness for which see Table II)

	Number of cases treated or under treatment during the year by the Authority
Ringworm—	
(i) Scalp	7
(ii) Body	—
Scabies	—
Impetigo	385
Other Skin Diseases	870
Total	1,262

GROUP V—Child Guidance Treatment

Number of children treated at Child Guidance Clinics under arrangements made by the Authority	55
---	----

GROUP VI—Speech Therapy

Number of children treated by Speech Therapist under arrangements made by the Authority	57
---	----

GROUP VII—Other Treatments Given

(a) Number of cases of miscellaneous minor ailments treated by the Authority	1,970
(b) Pupils who received convalescent treatment under School Health Service arrangements	1
(c) Pupils who received B.C.G. Vaccination	485
(d) Other than (a), (b) and (c) above specify	
Breathing Exercises	730
Physiotherapy	687
Sunlight	1,411

Table V

**DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY**

(1) Number of pupils inspected by the Authority's Dental Officers:						
(a) At Periodic Inspections	...	...	...	...	...	3,374
(b) As Specials	...	...	...	...	...	1,635
				Total (1)	...	5,009
(2) Number found to require treatment						
(3) Number offered treatment...	...	...	...	...	...	3,802
(4) Number actually treated	...	...	...	...	...	3,641
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11(h) below	...	...	...	...	...	2,786
(6) Half-days devoted to:						
Periodic (School) Inspection	...	...	...	...	...	5,054
Treatment	...	...	...	...	...	29
				Total (6)	...	732
						761
(7) Fillings:						
Permanent Teeth	...	...	...	...	...	3,293
Temporary Teeth	...	...	...	...	...	50
				Total (7)	...	3,343
(8) Number of teeth filled:						
Permanent Teeth	...	...	...	...	...	2,816
Temporary Teeth	...	...	...	...	...	45
				Total (8)	...	2,861
(9) Extractions:						
Permanent Teeth	...	...	...	...	...	2,151
Temporary Teeth	...	...	...	...	...	2,820
				Total (9)	...	4,971
(10) Administration of general anaesthetics for extraction						1,720
(11) Orthodontics:						
(a) New cases commenced...	...	...	...	...	...	30
(b) Cases carried forward	...	...	...	...	...	13
(c) Cases completed	...	...	...	...	...	22
(d) Cases discontinued	...	...	...	...	...	—
(e) New pupils treated with appliances	...	...	...	...	...	11
(f) Removable appliances fitted	...	...	...	...	...	18
(g) Fixed appliances fitted	...	...	...	...	...	—
(h) Total attendances (orthodontic)	...	...	...	...	...	189
(12) Number of pupils supplied with artificial dentures						22
(13) Other Operations:						
Permanent Teeth	...	...	...	...	...	939
Temporary Teeth	...	...	...	...	...	6
				Total (13)	...	945
(14) X-ray Cases						136

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH
INSPECTOR AND CLEANSING SUPERINTENDENT FOR
THE YEAR ENDED 31st DECEMBER, 1956

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

Mr. Mayor, Ladies and Gentlemen,

This year has seen an addition to the Statute book in the form of the Clean Air Act, 1956. It is framed with the intention of reducing many of the pollutants which all too readily are discharged into the atmosphere. Someone framed the phrase—"the road to hell is paved with good intentions" and perhaps I may be forgiven if I express a pious hope that the good intentions of the present legislators produce a more peaceful and suitable atmosphere. Domestic smoke—so long ignored—receives its fair share of attention but only the active co-operation of local government, householders and fuel merchants can make a reality of the kind of future envisaged by the Beaver Committee which is relatively clean air within fifteen years. Industrial smoke, grit and dust have also to be brought down to an irreducible minimum but no mention is made of the most objectionable fumes from diesel engines exhausted at the lowest possible level. These are the concern of the Police Departments and therefore, it is assumed, are receiving due consideration.

The people of Dudley must be more and more meat eaters judging by the steady annual increase in the number of food animals killed and perforce inspected. How many times does the gourmet, if such we all are, look upon the succulent meats and realise the constant vigilance of the Public Health Inspectorate to safeguard, if not digestion, at least against disease.

The year reported upon has been clear of the spectacular and this, I am sure, is due to the unremitting work carried out by all members of the department. Each has played his or her part and it is of their efforts that this report is written.

My thanks are due to the Mayor, Chairman and members of the Health Committee, to officials of all departments and especially to Dr. Ross and Mr. Bowman.

I am,

Ladies and Gentlemen,

Yours obediently,

W. PARKER,

*Chief Public Health Inspector and
Cleansing Superintendent.*

INSPECTION OF FOOD, SAMPLING OF AND SUPERVISION OF FOOD PREMISES

For the first time a classified list of the food establishments in the borough appears in the report. It serves to indicate the variety of food shops and the scope of the work needed to be done.

There is very little to call for special comment but this in itself is significant. The amount of work done has been considerable and widespread in its application, yet in spite of this only one prosecution took place and relatively few notices were served.

It would be folly to assume from this that all aspects of food and food handling are as perfect as can be. Contraventions of the Food Hygiene Regulations are still too frequent and in many cases one finds a token regard only and not a full awareness of the purpose of food hygiene. There is great need to impress upon buyer and seller alike the reason for food hygiene until good practices are carried out for their own sake and not as a form of imposition.

Once again I feel compelled to mention the labelling of foodstuffs. In this respect as with food hygiene there is regard to the letter and not to the spirit of correct food labelling. There is still too much play with ambiguity and, whilst there is often objection to rigid specification in regulations, labelling is an instance where tighter restriction is called for.

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>Goats</i>	<i>Cattle (ex- cows)</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Cows</i>
Number killed	2	1310	72	6023	7559	71
Number inspected	2	1310	72	6023	7559	71
All diseases except Tuberculosis. Whole carcasses condemned	—	—	—	7	3	—
Carcasses of which some part or organ was condemned...	—	348	—	389	597	23
Percentage of that number inspected affected with disease other than tuberculosis ...	—	26.56%	—	6.49%	7.93%	32.39%
Tuberculosis only. Whole carcasses condemned	—	2	—	—	1	—
Carcasses of which some part or organ was condemned...	—	64	—	—	17	11
Percentage of the number inspected affected with tuberculosis	—	4.88%	—	—	0.22%	15.63%

Meat Condemned

	<i>Cows</i>	<i>Cattle</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Carcasses	—	2	—	7	3	12
Livers	19	322	—	255	155	751
Lungs	6	42	—	56	219	323
Plucks	—	—	—	18	44	62
Heads	5	45	—	—	172	222
Hearts	1	20	—	1	85	107
Kidneys	2	5	—	—	23	30
Hocks	—	—	—	—	31	31
Flesh (portions)	—	—	—	—	2	2
Loin (part)	—	—	—	—	1	1
Skirt	2	10	—	—	—	12
Ribs	3	2	—	1	—	6
Neck	1	—	—	—	—	1
Flank (parts)	2	—	—	—	—	2
Spleen	—	8	—	—	—	8
Collars	—	—	—	—	5	5
Udder	1	—	—	—	—	1
Rinds	—	—	—	—	2	2
Brisket	—	3	—	—	—	3
Fore and Hind Quarters ...	—	1	—	—	—	1

Diseases

	<i>Cows lbs.</i>	<i>Cattle lbs.</i>	<i>Calves lbs.</i>	<i>Sheep lbs.</i>	<i>Pigs lbs.</i>	<i>Total lbs.</i>
Tuberculosis...	360½	2274½	—	—	1,142	3,777
Parasites ...	—	10	—	711	435	1,156
Pericarditis ...	—	3	—	½	106½	110
Peritonitis ...	—	17	—	—	19	36
Mastitis ...	3	—	—	—	—	3
Abscess ...	48	310	—	—	26	384
Pleurisy ...	—	24	—	5	312	341
Congestion ...	—	—	—	—	93	93
Cysts ...	3	46	—	29	11	89
Pneumonia ...	—	—	—	—	152½	152½
Bruising ...	—	2	—	—	67	69
Cirrhosis ...	—	38	—	—	21	59
Nephritis ...	1	—	—	—	1	2
Angiomatosis ...	26	26	—	—	—	52
Flukes ...	130	185	—	37½	—	352½
Actinomycosis ...	25	152	—	—	—	177
Deformed ...	—	—	—	—	3	3
Fevered ...	—	—	—	—	282	282
Emaciation ...	—	—	—	198	—	198
Arthritis ...	—	—	—	—	44	44
Hydronephritis ...	—	—	—	—	3½	3½
Rash ...	—	—	—	—	41	41
Petechal ...	—	—	—	3	1	4
C. Bovis ...	3	—	—	—	—	3
Necrosis ...	10	—	—	—	—	10

Total weight of meat condemned:

3 tons, 6 cwts, 1 qr., 1 stone, 7 lbs, 4 ozs.

Visits to Slaughterhouses 1,169

Butchers Shops 45

INSPECTION OF OTHER FOODS

During the year the District Inspectors made 211 visits to food premises for the purposes of food inspection, other than meat inspection.

The following foodstuffs were condemned:

	<i>Total</i>
Bacon (lbs.)	10
Beef (lbs.)	217
Beef (tins)	131
Baked Beans (tins)	44
Cauliflowers	480
Cereal (pkts.)	1
Chicken (tins)	19
Chicken (lbs.)	13
Chicklets (ozs.)	12
Cheese (lbs.)	192½
Cheese Spread (pkts.)	17
Cheese Trimmings (lbs.)	28
Corned Beef (tins)	72
Cream (tins)	23

Inspection of other Foods—continued.						<i>Total</i>
Creamed Rice (tins)	....	....	....	....	....	3
Crab (tins)	....	....	....	....	....	11
Dessicated Coconut (lbs.)	....	....	....	....	....	56
Fish (tins)	....	....	....	....	....	606
Fish Fillets (lbs.)	....	....	....	....	....	14
Frozen Eggs (tins)	....	....	....	....	....	2
Fruit (tins)	....	....	....	....	....	1,594
Ham (tins)	....	....	....	....	....	1
Honey (jars)	....	....	....	....	....	1
Horseradish Sauce (jars)	....	....	....	....	....	20
Jam (jars)	....	....	....	....	....	4
Jam Rolls	....	....	....	....	....	156
Lamb (lbs.)	....	....	....	....	....	239
Lambs Liver (lbs.)	....	....	....	....	....	10
Lard (lbs.)	....	....	....	....	....	1
Lemon Curd (jars)	....	....	....	....	....	1
Margarine (pkts.)	....	....	....	....	....	8
Marmite (jars)	....	....	....	....	....	1
Meat (tins)	....	....	....	....	....	233
Meat (lbs.)	....	....	....	....	....	316
Milk (tins)	....	....	....	....	....	244
Pork Pies	....	....	....	....	....	4
Peas (tins)	....	....	....	....	....	130
Pork (tins)	....	....	....	....	....	39
Pork (lbs.)	....	....	....	....	....	118
Potato Salad (tins)	....	....	....	....	....	1
Preserves (tins)	....	....	....	....	....	8
Rabbit (tins)	....	....	....	....	....	22
Ricory (tins)	....	....	....	....	....	1
Sausage (lbs.)	....	....	....	....	....	11
Sausage (tins)	....	....	....	....	....	4
Salmon (tins)	....	....	....	....	....	1
Salmon Paste (jars)	....	....	....	....	....	1
Sandwich Spread (jars)	....	....	....	....	....	1
Steak and Kidney Pudding (tins)	....	....	....	....	....	1
Spaghetti (tins)	....	....	....	....	....	2
Stewed Steak (tins)	....	....	....	....	....	23
Soup (tins)	....	....	....	....	....	65
Shrimps (tins)	....	....	....	....	....	8
Tomatoes (tins)	....	....	....	....	....	271
Tongue (tins)	....	....	....	....	....	3
Turkey	....	....	....	....	....	1
Treacle (tins)	....	....	....	....	....	1
Vegetables, Cooked (tins)	....	....	....	....	....	12
Vegetable Salad (tins)	....	....	....	....	....	2
Vegetables, (tins)	....	....	....	....	....	529

Disposal of Condemned Food

Meat offals and tinned goods are disposed of by incineration at the Lister Road Depot.

Carcase meat, after staining, is sold to a firm of fertiliser manufacturers.

SUPERVISION OF FOOD PREMISES

Food Premises—Classification under various Trades

Butchers	68
Grocers	219
Greengrocers	75
Cakes and Confectionery	24
Sweets	86
Fried Fish	33
Wet Fish	11
Multiple Stores	6
Cooked Meat	2
Restaurants, Cafes, Snack Bars	23
Licensed Premises	208
Licensed Clubs	30
Bakehouses	8
Canteens	40
Registered Ice Cream Premises	211

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

General Food Shops	78
Food Preparing Premises, subject to registration	266
Canteens	154
Restaurants	110
Fried Fish Shops	187
Butchers Shops	49
Licensed Premises	125
Bakehouses	31
Mobile Food Vehicles	29

As a result of these visits 79 premises which were found to be not of the standard required by the Food and Drugs Act, were brought up to that standard.

Premises Registered under Section 16 of the Food and Drugs Act, 1956

13 premises are registered under Section 16 (1) (b) of the Food and Drugs Act, 1955, and are classified as follows:

Premises registered for the preparation or manufacture of sausages	1
Premises registered for the preparation or manufacture of potted, pickled, or preserved food	4
Premises registered for the preparation or manufacture of sausages and potted, pickled, or preserved food	8

211 premises are registered under Section 16 (1) (b) of the Food and Drugs Act, 1955, and are classified as follows:

Premises registered for the manufacture of ice cream	5
Premises registered for the sale and storage of ice cream	206

During the year 294 visits were made by Inspectors to these premises for inspection purposes or for the acquiring of samples for bacteriological examination or for chemical analysis. Inspections of ice cream manufacturing premises included detailed examination of temperature records from recording thermometers. Whilst in certain cases, these were unsatisfactory due to faulty operation of recording thermometers rather than to unsatisfactory processing techniques, the requirements of the Ice Cream (Heat Treatment, etc.) Regulations 1947-52 have been carefully observed by the manufacturers. The continued improvement in the results of the bacteriological examination of their products is evidence of care in production and in all stages of handling.

Dairies Registered under Milk and Dairies Regulations, 1949-1954

Five dairies are registered under the Milk and Dairies Regulations and of these, four are dairies used for the storage of bottled milks only and one is a processing dairy where milk is pasteurised by the "Holder" method. Thirty visits were made during the year to dairy premises. Regular inspection of the temperature records from the recording thermometers at the processing dairy has been carried out together with sampling for bacteriological examination and chemical analysis. All samples satisfied the prescribed tests.

Food Hygiene Regulations

The administration of the Food Hygiene Regulations, 1955, began with inspections of all premises associated with the various departments of this local authority to which the regulations apply. In certain cases the transporting of food in insulated containers is necessary and temperature tests were carried out at delivery points. Generally speaking it was found that hot food was in excess of the minimum prescribed by Article 25 of the regulations. Where borderline cases were encountered it was found that either food had not been packed into the containers at its highest possible temperature or that container insulation was defective, or that containers were deposited in exposed positions during very cold weather. One factor which undoubtedly helps in maintaining high temperatures of hot foods in food containers is the steam sterilisation of food containers prior to charging with food. This serves the dual purpose of destroying pathogens and raising the temperature of the container and the container does not then tend to abstract heat from the food. The transporting of cold foods during hot weather presents a further problem. This is aggravated at times when containers hold both hot and cold foods in adjoining compartments.

The one regulation with which most food handlers are fully acquainted is Article 9 (e) dealing with the use of tobacco. Despite this, habitual pipe and cigarette smokers are undoubtedly contravening this regulation and despite remarkable displays of sleight of hand, offenders have been detected and warned. A good percentage of those detected have been bread roundsmen found to be smoking whilst handling unwrapped bread.

The regulation with respect to the use of clean wrapping paper has been drawn to the attention of occupiers of food premises and generally speaking this is being observed. In the fish frying trade, however, the use of newspaper as an outside wrapper is still prevalent. Some fish fryers have abandoned newspaper in favour of clean white

wrapping paper and their action is to be commended. If food does not come into contact with newspaper, it cannot be denied that the food handlers' hands are coming into contact with it and the risk of contamination from this source cannot be overlooked, when one considers the various places a newspaper can be deposited and the different uses that it can be put to in the home.

The question of protection of food from risk of contamination presents a problem in cafeterias where the public have open access to food. The types of foodstuffs more liable to risk of contamination by reason of their composition, such as prepared meat products, and trifles and jellies surmounted by large portions of imitation cream are often displayed unprotected from risk of contamination from coughs, sneezes, etc. Objections to screens by the trade are based on the argument that the more easily accessible a commodity is when displayed for sale, the more readily it sells. If, then, "sneeze screens" giving access for the hand are objected to, the solution must be in individually protected portions. This can be achieved by the use of cellophane or transparent plastic domes for each individual portion. Article 25 demands that articles in this category be stored at temperatures below 50°F unless exposed for sale. It is unfortunate that nothing can be done to prevent the storage of these foods at room temperature in summer months if they are exposed for sale, as this may involve many hours storage at temperatures well in excess of the legal maximum for non-displayed goods.

During the year the occupier of a fish frying premises was charged with offences against Articles 5, 8, 6 (1), 23 (1) and 16 (3) of the Regulations. The magistrates imposed a fine of £5 on each of the five charges.

During the months of June and July due to prevalence of a mild form of Sonne Dysentery at two schools in Dudley visits were made to the homes of school absentees to ascertain if the reason for absence was diarrhoea and where this was the case the occupations of all home contacts were ascertained. This led to the suspension from work of 12 food handlers. Although this involved a great many visits at the expense of other work, I am of the opinion that it was well worth while and contributed in some way to the control of the infection.

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	—	10	4
Pasteurised	1	11	4
Sterilised	—	183	4

At the end of 1956 there were 189 milk distributors registered with the Local Authority.

The number of dairies registered under the Milk and Dairies Regulations at the end of 1956 was 27.

Bacteriological Examination of Milk

SAMPLES	(a) Bacteriological Content			(b) Phosphatase Test		(c) Turbidity Test		(d) Tuberculosis Test		(e) Phenol Phthalein Test	
	No. taken for	Methylene Blue Reduction Test									
		Bact. Exam.(a)	T.B. Test (b)	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Negative	Positive	Negative	Positive
T.T. Pasteurised	46	—	—	46	—	46	—	—	—	—	—
Pasteurised	69	—	—	65	4	66	3	—	—	—	—
Sterilised	29	—	—	—	—	—	—	—	—	—	—
Totals	144	—	—	111	4	112	3	—	—	—	—

SAMPLING FOR CHEMICAL ANALYSIS

During the year 41 formal and 103 informal samples were taken and adverse reports were made on 11. Details of action taken are given below:

<i>Name of Article</i>	<i>Results of Analysis</i>	<i>Remarks and action taken</i>
Di-lactofort.	Unsatisfactory label.	The matter was referred to the manufacturers.
Milk.	Unsatisfactory—deficient of 23% fat.	The Health Committee gave very serious consideration to these results and were of the opinion that the fault lay at the bottling premises. It was not felt that the deficiency was intentional and a strong warning letter was sent to the proprietor of the bottling establishment.
Milk.	Unsatisfactory—deficient of 1% fat.	
Milk.	Unsatisfactory—deficient of 1% fat.	
Milk.	Unsatisfactory—deficient of 6% fat.	
Peeled Shrimps.	Unsatisfactory. Sample unfit for consumption.	The whole consignment was surrendered.
Sausage, pork	Unsatisfactory. Contained 98 parts per million Sulphur Dioxide not declared.	The retailer and manufacturer were interviewed and a notice was thereafter displayed in the shop to the effect that sausage contains preservative.
Di-lactofort. (flavouring syrup)	Unsatisfactory label. Amount of vitamins present not stated.	The report of the Analyst was considered by the Health Committee and a warning letter was sent to the manufacturers.
Concentrated Anise Water.	Unsatisfactory. Contained not more than 1% Alcohol.	The Health Committee decided that a warning letter should be sent to the manufacturers.
Invalid Toffee.	Unsatisfactory. Ingredients stated in wrong order.	The Health Committee decided that a warning letter should be sent to the manufacturers.
Oil of Peppermint B.P. Tablets.	Unsatisfactory label.	The Health Committee decided that a warning letter should be sent to the manufacturers.

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>
Andrews Liver Salts ...	1	—	Peeled shrimps... ..	1	—
Afternoon teacake mixture	1	—	Pudding Mixture	3	—
Antiseptic gargle	1	—	Puff pastry	1	—
Anise water (concentrated)	1	—	Privine	1	—
Ascorbic Acid Tablets... ..	1	—	Rainbow cream cups	1	—
Baking powder	1	—	Rum	—	2
Blackcurrant juice syrup	1	—	Sausages, pork... ..	—	4
Brandy	—	1	Sage, onion stuffing	1	—
Brandy snap	1	—	Sugar	1	—
Brazil nut creams	1	—	Seidlitz Powder B.P.	1	—
Bread	12	—	Soda Mint tablets	1	—
Chewing gum	1	—	Super cream caramels... ..	1	—
Cough candy	2	—	Serocalcin tablets	1	—
Cough syrup	1	—	Spirit soap	1	—
Chocolate walnut creams	1	—	Sweet oil of Almonds	1	—
Cream biscuits... ..	1	—	Sylvan savoury roll	1	—
Coffee	1	—	Tincture of myrrh	1	—
Creamed rice	1	—	Tinned Herrings in Vinegar	1	—
Devonet biscuits	1	—	Tunes	1	—
Di-lactofort	1	1	Turkey and Tomato meat paste	1	—
Double Devon creams... ..	1	—	Vitamin A Capsules	1	—
Ephedrine	1	—	Wincarnis Jelly	1	—
Flour	2	—	Whisky	—	3
Flip milk flavouring	1	—	White liniment... ..	1	—
Full cream milk block... ..	1	—	Whole Orange drink	1	—
Formaldehyde Mouth Wash	1	—			
Garden Peas (frozen)	1	—			
Gelatine	1	—			
Glycerine, Lemon and Honey with Ipecacuana	1	—			
Ham and chicken paste	1	—			
Gin	—	2			
Ice cream	8	6			
Iced lollipops	8	—			
Improved Hair restorer	1	—			
Invalid Toffee	1	—			
Jaffarade	1	—			
Jiffi-Jelly	1	—			
Jersey caramels	1	—			
Kool-Ah Soft Drink Base	1	—			
Lozenges	1	—			
Margarine	1	—			
Medicated lozenges	1	—			
Milk chocolate cream eggs	3	1			
Milk	—	29			
Mixed dried fruits	1	—			
National Milk Bread	3	—			
Orange Vitamin C Health drink	1	—			
Ostermilk	1	—			
Oil of Peppermint B.P. tablets	1	—			
Pork, minced	1	—			

ICE CREAM AND ICED LOLLIPOPS

Ice cream sampled for the Provisional Grading Test in Dudley during 1956 was produced by five manufacturers in Dudley and ten manufacturers outside Dudley. The table set out below gives the analysis of the results obtained. As will be seen the results again indicate a very satisfactory bacteriological standard as 98 % of the samples taken were placed in either Provisional Grades 1 or 2.

The faulty operation of an ageing vat and its associated recording thermometer was responsible for the solitary unsatisfactory result obtained from ice cream manufactured in Dudley.

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	37	35	1	1	—
	Cold Mix	—	—	—	—	—
Not Produced in Dudley ..	Hot Mix	116	109	5	1	1
	Co'd Mix	—	—	—	—	—
	Totals	153	144	6	2	1

Key: Grade 1—Good

Grade 3—Poor

Grade 2—Fairly good

Grade 4—Unsatisfactory

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	Uncountable	Absent	Present Non- faecal	Present Faecal
Produced in Dudley 12	2	5	2	2	1	-	-	-	-	-	12	-	-
Produced outside Dudley 68	3	38	4	2	3	2	3	1	3	9	67	-	1*
Total 80	5	43	6	4	4	2	3	1	3	9	79	-	1

* The only ice lollie where coliform organisms were found to exist was reported as having a colony count which was "Uncountable."

Iced Lollipops

Iced lollipops sampled for bacteriological examination were produced by four manufacturers in Dudley and fifteen manufacturers outside Dudley and a table setting out an analysis of the results is given on the preceding page.

There were nine lollipops produced outside Dudley where the Public Health Laboratory Service reported the colony counts as "uncountable" and in one instance faecal coliforms were also found to be present. These were all unwrapped lollies and eight of the nine were produced by one manufacturer who has persistently produced lollies with high colony counts over the past four years. Investigation by the authority concerned has failed to reveal unsatisfactory results at the source. Whilst contamination during transit and storage cannot be entirely ruled out, it seems more likely that contamination during the manufacturing process is responsible for high colony counts and coliforms. If contamination in transit or storage were responsible, a much higher percentage of unsatisfactory samples in unwrapped lollies would be encountered.

Almost invariably high colony counts have been associated with ice lollies containing such ingredients as ice cream mix, milk powder and flavouring agents other than fruit syrups such as coconut and ice cream.

Whilst the results obtained from routine ice cream sampling indicate a very satisfactory state of affairs, the annual crop of doubtful ice lollie results makes the sampling of these commodities of special importance in public health routine bacteriological sampling duties.

HOUSING

The subsequent tables on housing progress may give either an impression of achievement or seem so impersonal as to be almost meaningless. The tables cover the whole of the post war period up to the end of 1956.

Bad housing is a personal factor affecting the lives of thousands of people in this town. Some people have lived their whole lives in unfit houses and yet there are probably many people in the same town who have never seen the appalling housing conditions which still exist.

It is a good and proper procedure to take stock at the end of a year's working and whilst that is the purpose of an annual report such as this, much of the value or loss of value to the individual is lost sight of in the maze of statistics. The housing section of this report is made up entirely of statistics and therefore comment will be necessary.

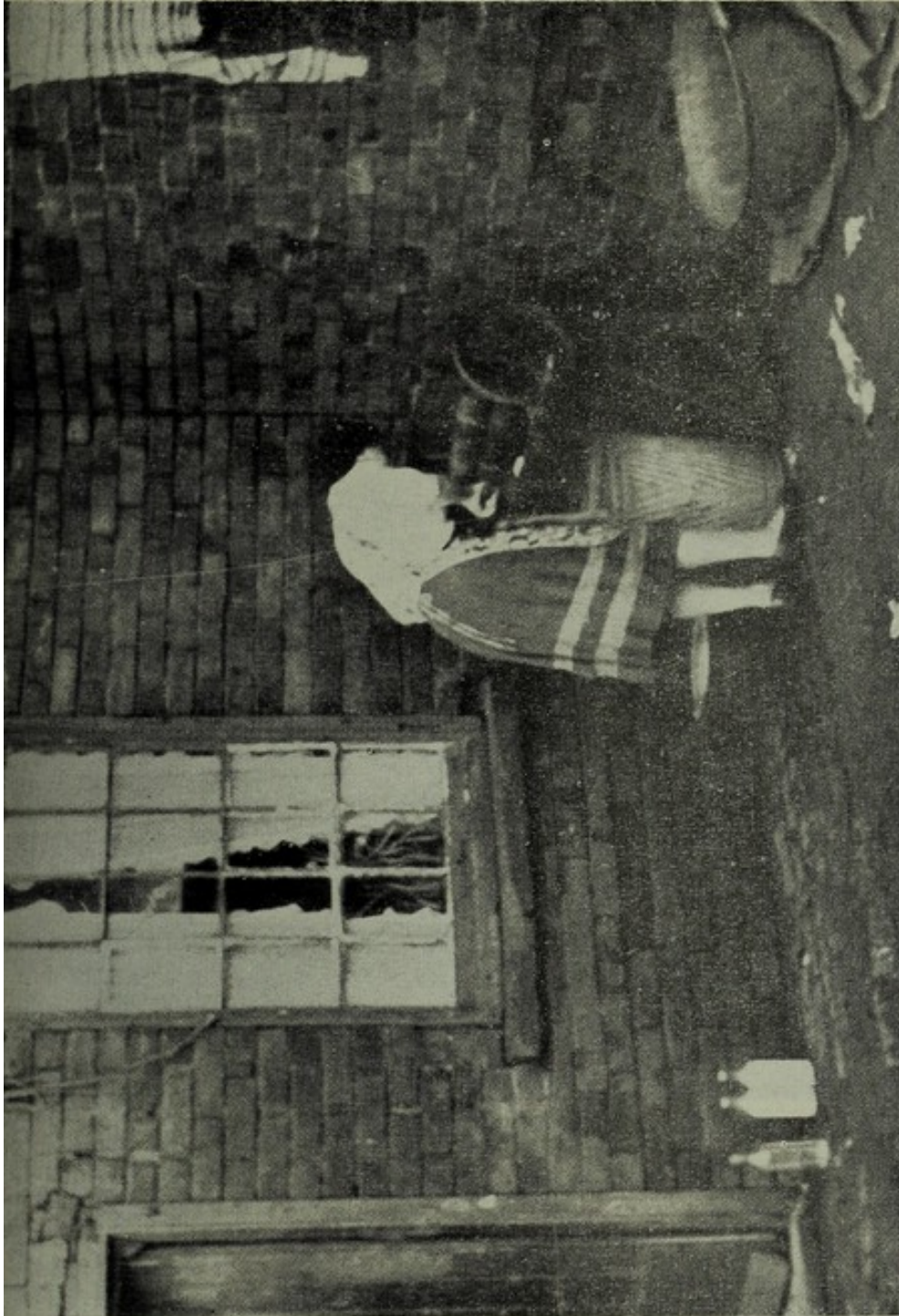
Dickens as an author and Chadwick as a reformer did much to awaken public conscience to the necessity of removing the slums. Now the word is frowned upon and yet there are still more than 2,000 unfit houses in this town. In this report I am showing photographs which are typical examples of this class of property.

The declared policy of the Council is to allocate 60% of available lettings to families living in unfit houses. I am sure most members of the Council firmly believe that this is taking place but this is not so. Table II sets out the available lettings year by year since 1945 and how many of these lettings have been taken up by families from unfit houses. A glance at the foot of the table shows the wide variation which has occurred and the average over the whole period is no more than 29.7%—just half of what it should be. In terms of houses it means that out of a grand total of 4,172 lettings some 1,241 have been taken up by families from unfit houses whereas the number should be approximately 2,500.

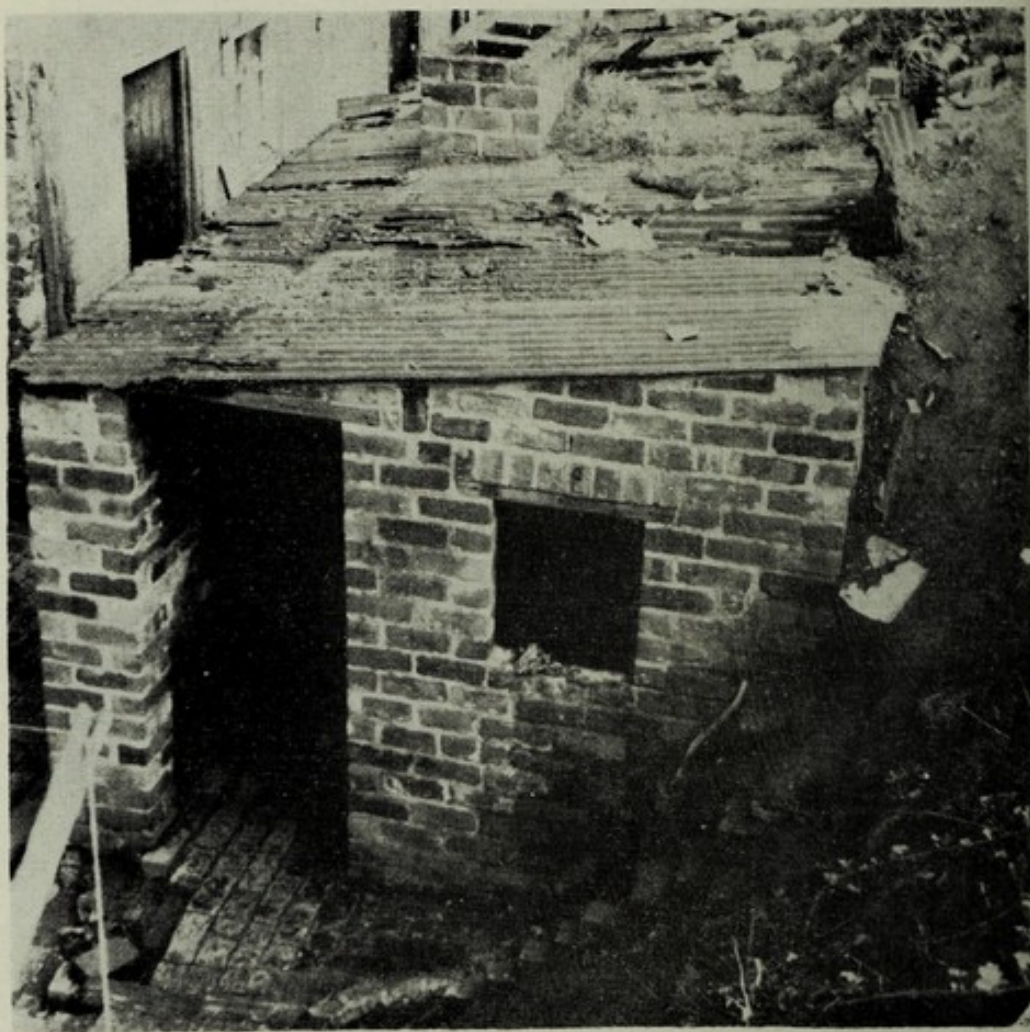
Why should this be so? There are possibly several factors which have a bearing upon it but only one affecting my own department. The rate of slum clearance can to some extent, be governed by the speed, or lack of it, with which work is done by the department but such is not the case in the present situation. Taking the period of the last six years no less than 1,126 unfit houses have been represented within the clearance areas and 314 houses dealt with as individual unfits. At the end of 1956 confirming orders were still awaited in respect of 570 houses. The time lag between the date of official representation and the date of confirming orders is far too long. Examples are those in the Gas Works areas when representation affecting some 243 houses in the Campbell Street Order were made in July 1951 but the confirming order was not forthcoming until July 1953. More recently are the Harts Hill areas Nos. 3 and 4 which were represented in June 1955 and at the time of writing this (June 1957) the confirming orders have not yet been made.



The rear walls of this property are badly bulged and twisted. Attention is also drawn to the congestion and the insanitary state of the paving.



This is one of a block of 10 back to back houses sharing one stand tap in the common yard. Maximum distance from house to tap is 68 feet. No washing accommodation is provided and the tenants must wash outside as the photograph shows.



Block of 2 wash-houses used by 3 houses.

Housing Progress—1st July, 1945 to 31st December, 1956.

Table I

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	Total
Demolition Orders made	—	15	20	34	110	57	10	41	118	43	52	36	536
Closing Orders made ...	—	—	—	1	1	3	—	3	—	4	5	2	19
Houses confirmed in clearance areas ...	—	—	63	102	—	—	—	—	429	—	—	111	705
Houses demolished Section 11 ...	18	34	19	34	30	88	57	57	46	71	35	42	531
Houses demolished Clearance Areas ...	—	90	11	104	44	35	22	6	3	102	86	105	608
Re-housing Section 11 ...	3	17	18	52	57	88	37	34	68	60	74	69	577
Re-housing slum clearance areas, etc.	—	8	39	112	15	3	2	2	41	184	139	119	664
Notice of Acquisition served under Sec. 3 Housing Repairs and Rents Act, 1954 ...	—	—	—	—	—	—	—	—	—	—	—	50	50

Table II

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	1955	1956
Families rehoused from houses affected by demolition or closing orders ...	3	17	18	52	57	88	37	34	68	60	74	69
Families rehoused from clearance areas	—	8	39	112	15	3	2	2	41	184	139	119
Total ...	3	25	57	164	72	91	39	36	109	244	213	188
Total available lettings ...	39	204	195	520	444	272	358	445	389	462	380	464
% 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	56.0	40.5

Rehousing

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

No. of cases re-housed because of Tuberculosis	21
No. of cases re-housed because of special health features	7
No. of families re-housed from houses on which a Demolition Order or Closing Order was operative	69
No. of families re-housed from Clearance Areas	119

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

Available Lettings during 1956

	<i>New Buildings</i>		<i>Re- lets</i>
Houses	182	Post-war houses	35
Gregory flats	—	Pre-war houses	66
Other flats (2/3 B.R.)	110	Pre-war flats	8
Single Persons flats	—	Bungalows	14
Bungalows	7	Pre-fabs	16
		Post-war flats	20
		Odd Properties	6
	<hr/> 299		<hr/> 165
Total	464		

Mutual exchanges are not included.

SANITARY ADMINISTRATION

Particulars of Inspections

Routine work continued under the Public Health Act, 1936, and during the year 1,120 inspections and 2,246 re-inspections were made.

The number of preliminary notices served was 249 and the number complied with was 131. Statutory notices served numbered 167 and 170 notices were complied with.

The following were some of the more important defects remedied:

House roofs	131
Eaves gutters and rainwater pipes	52
Floors	42
Staircases	19
Plasterwork	187
Windows: Woodwork	57
Sashcords	40
Firegrates	17
Outbuildings	49
Closets	141
Drainage systems	107

Domestic Water Supply

No. of premises (excluding Council houses) having a private water supply (estimated)	8,790
No. of Council houses	8,116
No. of premises having common water supplies (estimated)	1,214

Factories

The number of factories inspected was 94 and in addition 152 re-visits were made. 9 informal notices were served.

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	2	1	—	1
(b) unsuitable or defective	4	4	—	1
(c) not separate for sexes	4	1	—	1

Outworkers

(a) No. of lists received from employers	7
(b) No. of employers involved	7
(c) Outworkers involved	10
(d) No. of outworkers living outside Borough	17
(e) No. of districts in (d)	4
(f) No. of lists received from outside Authorities	2
(g) No. of outworkers involved	70

Infectious Disease

The investigation of notified cases of infectious diseases continued as usual and the District Inspectors made 40 visits in connection therewith.

975 visits were made in connection with actual or suspected cases of dysentery or gastro-enteritis.

SANITARY ACCOMMODATION

	1956	1955
No. of houses and other premises (estimated)	19,491	19,309
No. of houses and other premises served by W.C's. draining into public sewers	19,312	19,112
No. of houses and other premises served by ashbins	19,491	19,309
No. of privies in the Borough	Nil	Nil
No. of cesspools in the Borough	98	123
No. of pail-closets in the Borough	76	76

Particulars of conversions from conservancy system during the year

	1956	1955
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	Nil
Privies converted to pails	Nil	Nil

RODENT CONTROL

1,194 visits were made to premises in connection with rodent control during the year.

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	50

Houses treated with insecticide:

Corporation	6
Private	5

No. of rooms involved:

Corporation	18
Private	15

No. of houses disinfected after Infectious Disease	...	....	22
No. of rooms involved	....	....	23
No. of visits to tips re crickets, etc.	....	....	19
No. of library books disinfected	....	....	12

Articles disinfected or destroyed:

	<i>Disinfected</i>	<i>Destroyed</i>
Mattresses	7	—
Pillows	175	—
Bolsters	78	—
Sheets	136	—
Blankets	210	—
Overlays	123	2
Coats	—	—
Sundries	138	—
	867	2
	---	--

AIR POLLUTION

Routine work continued throughout the year in this increasingly important branch of Public Health, the general tempo increasing as the year progressed and public opinion became more enlightened. Considerable progress was made in the diminution of air pollution from industrial sources and perhaps the most encouraging feature of the year in retrospect, was the undoubted increase in interest in this problem by many manufacturers, and the resolve on the part of some that here was a serious and complex problem which must be solved, and not, as at times in the past avoided for yet another year.

1956 was an historic year in that the Clean Air Act was placed on the Statute Book. This Act, when operative will, provide an increasing measure of control over the industrial fuel user in the future. Perhaps of even greater significance, is that for the first time local authorities can take effective steps towards the ultimate elimination of smoke pollution from domestic premises.

By far the greatest amount of pollution emanates from premises carrying out processes which exempt them from the provisions of the Public Health Act, and there is, in my opinion, urgent need for intensive research to be carried out immediately on a national basis into the whole problem of exempted industrial processes. It will be difficult indeed to convince the average householder of the necessity of consuming only smokeless fuels in her home, if certain industries are to be permitted to emit unlimited quantities of smoke of maximum density, virtually uncontrolled.

Smoke Control Areas

The Council has already resolved that two areas in the borough shall be declared Smoke Control Areas, and preliminary work to that end is now in progress. The first involves a new Council Housing estate to be constructed which will, when complete, total 2,000 houses. The second is an existing residential area to the north west of the borough and including the civic centre. This latter area contains some 1,338 houses.

Clean Air Exhibition

The inaugural exhibition of the West Midland's Clean Air Campaign was held in the Town Hall, Dudley, on Tuesday—Friday, the 11th to 14th September, 1956.

The official opening took place on Monday, 10th September, before an invited audience of about 250 people, being representative of the industry and commerce of the town. Sir Hugh Beaver, K.B.E., was the guest of honour and performed the opening ceremony.

The aim of the exhibition, coupled with meetings each evening, was to illustrate to industrialists and householder alike, how smoke pollution could be drastically reduced and finally eliminated.

Whilst no official attendance records were kept, it was felt at the conclusion of the exhibition that it has been quite successful and had helped immeasurably in propagating the ideal of clean air within the community.

Statistics

No. of smoke observations taken	126
---------------------------------	------	------	------	-----

Aggregate emissions were as follows:

Black smoke	....	....	....	....	101½ mins.
Dense smoke	....	....	....	....	124¼ mins.
Light smoke	....	....	....	....	286½ mins.

This gives an average emission per 30 minute observation as follows:

Black smoke	....	....	....	....	0.80 mins.
Dense smoke	....	....	....	....	0.98 mins.
Light smoke	....	....	....	....	2.27 mins.

Premises visited or re-visited re smoke emission	43
--	------	----

Visits re Clean Air Exhibition....	87
------------------------------------	------	----

New replacement boiler plants installed	1
---	------	---

Conversions to oil firing	2
---------------------------	------	---

Underfeed stokers installed	1
-----------------------------	------	---

Improvements effected due to improved firing methods and/or minor repairs or improvements to plant		3
---	--	---

One of the problems which has arisen during the year which appears to defy complete solution, is that of a grit nuisance emanating from the foundry of a blacksmith and tinsmith. Eleven hearths discharge their products of combustion in the conventional way, through a short brick flue to the outside air. Considerable grit is emitted whilst the blower is in use.

The contacting of the appropriate department of the Gas Board regarding the dust free qualities of their coke, coupled with more extensive sieving at the Works, did much to overcome the nuisance, but it still remains a source of considerable potential pollution. I think that it is worth recording that of several firms specialising in the manufacture of grit arrestation equipment who were contacted only one gave the matter any serious consideration and finally concluded that they could be of no assistance.

PUBLIC CLEANSING

Regularity of service was maintained on a weekly basis with the exception of Bank holidays. There is constant need of review due to changing pattern of housing brought about by the building of new estates and the clearance of unfit houses. In my opinion insufficient regard is had to the siting of and the access to the refuse bin resulting in longer distances having to be walked by the collectors. This will inevitably result in increased cleansing costs which will remain a permanent feature as long as the estates remain.

For the first time the Municipal bin scheme shows signs of stabilisation. The total number of replacements to dwelling-houses numbered 2,029 as compared with 3,243 last year. This in my opinion is the direct result of the Committee's wise decision to buy a quality receptacle as distinct from a low priced receptacle.

House refuse was disposed of by controlled tipping at Blowers Green and the completion of the second stage at this site is not very far off. The second stage will give sufficient area for a football pitch and for provision of tennis and bowls. There were outbreaks of fire during the year but these were quite quickly controlled by the use of solid C.O.₂.

Vehicle repair and maintenance is taking increasingly more time but this is only to be expected when one considers the increasing age of vehicles. It is time and energy well spent and this is well reflected in the cost of transport per ton of refuse which is only half that of the national average. Perhaps a word of warning is necessary at this point. Vehicle repair and maintenance has been expanded very greatly but no alteration has yet been made in the accommodation for this expansion. There is an urgent need for improved facilities, better equipment and more floor space for the repair shop. The speed at which work is done is hampered because of these factors and the Committee's attention is drawn to this.

HOUSE REFUSE COLLECTION

Year ending 31st December

	1956	1955
No. of houses and other premises to which collection service was given	19,491	19,309
Average No. of ashbins cleansed per week	19,983	19,801
Average No. of pail closets cleansed per week ..	102	103*
Average No. of cesspools serviced per week	27	32
Average No. of gallons removed from cesspools per week (estimated)	49,312	61,918
Total refuse collected in tons (estimated) excluding night soil	17,907	16,907

* Includes emptying of pails at fairgrounds, etc., (1,311).

COST STATEMENT, 1956-57

<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	21,068	6,860	27,928	61.49
(ii) Transport	5,600	1,926	7,526	16.57
(iii) Plant, equipment, land and buildings	4,774	4,310	9,084	20.00
(iv) Other Items	528	352	880	1.94
(v) Total gross expenditure	31,970	13,448	45,418	100.
GROSS INCOME	1,174	4,196	5,370	—
NET COST	30,796	9,252	40,048	—
Capital expenditure met from revenue (included above) ..	—	475	475	—
UNIT COSTS	s. d.	s. d.	s. d.	
Gross cost per ton, labour only	22.9	7.4	30.1	
Gross cost per ton, transport only	6.0	2.1	8.1	
Net cost (all expenditure) per ton	33.2	9.11	43.1	
	£	£	£	
Net cost per 1,000 population	481	144	625	
Net cost per 1,000 premises	1,540	462	2,002	

OPERATIONAL STATISTICS

Area (statute acres)—land and inland water	....	4,328 acres
Population at 30th June, 1956	....	64,400 persons
Total refuse collected (tons).	....	18,565 tons
Weight (cwts.) per 1,000 population per day		15.8 cwts.
Number of premises from which refuse is collected		19,843 premises
Premises from which collections are made at least once weekly	....	100% of total
Average haul, single journey, to final disposal point (including miles by secondary transport)	....	2½ miles
Kerbside collection, expressed as estimated percentage of total collection	....	Nil %
Total refuse disposed of (of which Nil tons were disposed of for other local authorities)	....	18,565 tons

Methods of disposal (salvage excluded):

(a) Crude tipping	....	Nil %
(b) Controlled tipping	....	94 %
(c) Direct incineration	....	6 %
(d) Separation and incineration	....	Nil %
(e) Other methods (state nature)	....	Nil %
		<hr/> 100% <hr/>

Salvage

Analysis of income and tonnage:

	<i>Income</i> £	<i>Tonnage collected</i> Tons
(a) Raw Kitchen Waste	Nil	Nil
(b) Scrap Metal	178	52
(c) Waste Paper	3,123	409
(d) Other Salvage	12	1
	<hr/> 3,313 <hr/>	<hr/> 462 <hr/>

Trade Refuse

- (a) Income £1,155.
- (b) Tonnage 1,877 tons

The following is a summary of the vehicles and equipment now maintained at Lister Road Depot:

Mayor's Car	1
Refuse collection vehicles	9
Cesspool emptiers	3
Mechanical horse	1
Furniture van trailers	2
Dozers (for tips)	2
Open lorries	6
Vans	5
Motor mowers	20
Gang mowers....	9
Rotary mowers	13
Hand mowers	11
Auto scythes	1
Tractors	3
Moto carts	1
Civil Defence vehicles	5
Civil Defence Mobile Canteens (Trailers)....	2
	<hr/> 94 <hr/>

Year ended 31st December, 1956

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

Mayor's Car, 1 Humber Pullman (from 11/10/56) LFD 888

Cleansing Department Vehicles:

1 1947 Dennis 750 gallon cesspool emptier with nightsoil attachments	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 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
1 1955 Bedford/Eagle "Compressmore" refuse collection vehicle	PFD 849
1 1955 1½-ton Morris Van	PFD 819

—
24
—

Housing Department Vehicles:

1 1950 Bedford 2-ton open Lorry	LFD 270
1 1953 Bedford 20/25 cwt. Pick-up	OFD 341
1 1955 Bedford 10 cwt. Van	PAB 955

Parks Department

1 1951 Pattison Tractor	LFD 584
1 1953 Ferguson Tractor	NFD 501
1 1953 Oppermann Moto Cart	NFD 901
1 1953 2/3-ton Bedford open Lorry with tipper	OFD 316
1 1955 Singer "Monarch" Tractor	RFD 388
A1 Atco 24in. Motor Mower	
A2 Atco 14in. Motor Mower	
A3 Atco 22in. Motor Mower	
A4 Hayter Rotary Mower	
A5 Allen Autoscythe	
A6 Greens Zephyr Hand Mower 16in. (1954)	
A7 Qualcast Panther Hand Mower	
B1 Atco 16in. Motor Mower (Old Machine)	
B2 Hayter Rotary Mower	
B3 Dulson Hand Mower	
B4 Ransomes 20in. Motor Mower MK15 (1957)	
C1 Atco 20in. Motor Mower	
C2 Hayter Rotary Mower	
D1 Atco 16in. Motor Mower	
D2 Rotoscythe	
D3 Greens Zephyr 16in. Hand Mower (1954)	
D4 Dulson Hand Mower	
D5 Ransomes 18in. Motor Mower MK7 (1957)	
E1 Atco 16in. Motor Mower	
E2 Dulson Hand Mower	
F1 Dennis 36in. Motor Mower	
F2 Atco 20in. Motor Mower	
F3 Hayter Rotary Mower	
F4 Greens 12in. Zephyr Hand Mower	
G1 Atco 28in. Motor Mower	
G2 Greens 12in. Zephyr Hand Mower (1954)	

- H1 Atco 16in. Motor Mower
- J1 Atco 17in. Motor Mower
- J2 Ransomes Ajax Hand Mower
- K1 Lloyds Pennsylvania 27in. Motor Mower
- K2 Atco 24in. Motor Mower
- K3 Atco 17in. Motor Mower
- K4 Hayter Rotary Mower
- K5 Hayter Rotary Mower
- K6 Rotoscythe
- K7 Ransomes "Ripper" Hand Mower
- K8 Gang-mower Ransomes "Klospac"
- K9 Gang-mower Ransomes "Klospac"
- K10 Gang-mower Ransomes "Klospac"
- K11 Hayter Rotary Mower—tractor drawn (1957)
 - L1 Atco 20in. Motor Mower
 - L2 Atco 20in. Motor Mower
 - L3 Hayter Rotary Mower
 - L4 Hayter Rotary Mower (Kickstart type)
 - L5 Rotoscythe
 - L6 Ransomes "Ace" Hand Mower
 - L7 Emery "350" 24in. Motor Mower (1954)
 - L8 Hayter Tractor driven Rotary Mower
 - L9 Gang-mower Ransomes MK5
 - L10 Gang-mower Ransomes MK5
 - L11 Gang-mower Ransomes MK5
 - L12 Gang-mower Ransomes MK10
 - L13 Gang-mower Ransomes MK10
 - L14 Gang-mower Ransomes MK10

Bin Scheme

Analysis of Ashbins issued for year ended 31st March, 1957

Replacements—to Council Houses	....	....	....	893
to Private Premises	....	....	....	1,136
First Issues to newly erected houses—Corporation	....			460
Private	....	....		69
Replacements and new issues to Schools and Business Premises	....	....	....	193
				<hr/> 2,751 <hr/>

BIN REPLACEMENTS **COUNCIL HOUSES**

<i>First supplied Year ending 31st March</i>	<i>Replaced 1952 'B'</i>	<i>Replaced 1953 'C'</i>	<i>Replaced 1954 'D'</i>	<i>Replaced 1955 'E'</i>	<i>Replaced 1956 'F'</i>	<i>Replaced 1957 'G'</i>
1951 'A' ...	2	2	11	8	40	43
1952 'B' ...	—	2	48	78	336	77
1953 'C' ...	—	—	8	40	117	66
1954 'D' ...	—	—	—	8	17	22
1955 'E' ...	—	—	—	—	5	6
1956 'F' ...	—	—	—	—	—	—
1957 'G' ...	—	—	—	—	—	—

PRIVATE HOUSES

<i>First supplied Year ending 31st March</i>	<i>Replaced 1952 'B'</i>	<i>Replaced 1953 'C'</i>	<i>Replaced 1954 'D'</i>	<i>Replaced 1955 'E'</i>	<i>Replaced 1956 'F'</i>	<i>Replaced 1957 'G'</i>
1951 'A' ...	1	8	11	3	34	33
1952 'B' ...	—	3	37	129	362	121
1953 'C' ...	—	—	11	37	144	87
1954 'D' ...	—	—	—	6	24	17
1955 'E' ...	—	—	—	—	3	11
1956 'F' ...	—	—	—	—	—	—
1957 'G' ...	—	—	—	—	—	—

SUMMARY

<i>First supplied Year ending 31st March</i>	<i>Replaced 1952 'B'</i>	<i>Replaced 1953 'C'</i>	<i>Replaced 1954 'D'</i>	<i>Replaced 1955 'E'</i>	<i>Replaced 1956 'F'</i>	<i>Replaced 1957 'G'</i>
1951 'A' ...	3	10	22	11	74	76
1952 'B' ...	—	5	85	207	698	198
1953 'C' ...	—	—	19	77	261	153
1954 'D' ...	—	—	—	14	41	39
1955 'E' ...	—	—	—	—	8	17
1956 'F' ...	—	—	—	—	—	—
1957 'G' ...	—	—	—	—	—	—

ISSUES

	1950	1951	1952	1953	1954	1955	1956
Private Houses	776	1,489	1,917	1,929	1,536	1,906	1,205
Council Houses	669	1,022	932	1,266	1,402	1,542	1,353
Other Issues	32	129	204	99	101	181	193
	<u>1,477</u>	<u>2,640</u>	<u>3,053</u>	<u>3,294</u>	<u>3,039</u>	<u>3,629</u>	<u>2,751</u>

**Comparative Salvage Weights and Values
Years ending 31st March, 1956 and 1957**

Materials	Materials Sold				Expenditure £		
	Weight (tons)		Value £				
	1956	1957	1956	1957		1956	1957
Paper	412	409	3,290	3,124	Wages ..	3,067	
Rags	$\frac{1}{4}$	$\frac{1}{4}$	$1\frac{1}{2}$	1	Transport ..	597	
Condemned Meat etc.	2	$\frac{3}{4}$	16	11	Materials ..	171	
Metals	42 $\frac{3}{4}$	52	107 $\frac{1}{4}$	178			
Sale of kitchen waste buckets ..	—	—	11 $\frac{1}{4}$	—			
Totals ..	457	462	3,426	3,314		3,835	

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
Year ended 31st March, 1956	....	....	....	£3,411
Year ended 31st March, 1957	....	....	....	£3,303

Records of Yearly Returns of Salvage Sold

<i>Materials</i>	<i>Year ended</i> 31.3.53		<i>Year ended</i> 31.3.54		<i>Year ended</i> 31.3.55		<i>Year ended</i> 31.3.56		<i>Year ended</i> 31.3.57	
	T.	C.	T.	C.	T.	C.	T.	C.	T.	C.
Waste Paper ..	427	16½	413	1	409	1	412	4¾	409	7
Metals	151	9¼	40	18	41	9¾	42	7½	51	19½
Textiles.. ..	8	3½	—	12½	—	13¾	—	1¼	—	1¼
Kitchen Waste..	740	9¼	797	14	114	16½	—	—	—	—
Condemned Meat	4	½	1	17½	2	16½	1	18½	—	13¼
Totals ..	1,331	19½	1,254	3	568	17½	456	12	462	1

MISCELLANEOUS**SHOPS**

During the year 30 visits were made to shops under the health and sanitary provisions of the above Act.

SLAUGHTER OF ANIMALS ACT

The number of licensed slaughtermen at the end of the year was 24.

PHARMACY AND POISONS ACT, 1933

No applications for entry on the poisons list were made.

FERTILISERS AND FEEDING STUFFS ACT, 1926

Four samples of fertilisers and one sample of feeding stuffs were taken during the year. One sample of fertiliser had minor variations from the guaranteed analysis.

MERCHANDISE MARKS ACT

Requirements as to indication of origin were not always fully observed, but verbal warnings to traders had the desired effect.

CARAVANS

85 visits were made to caravans during the year. The length of stay was limited to a few days at most in all cases.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

Three samples have been taken under this Act during the year and all proved to be satisfactory.

PET ANIMALS ACT, 1951

Four premises are licensed under this enactment.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

at 31st December, 1956

Medical Officer of Health:

R. M. Ross, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officer of Health:

M. Kerrigan, M.B., B.Ch., B.A.O., 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.

Speech Therapists:

*Mrs. N. W. Brooke

*Miss A. Boucher

Chief Dental Officer:

M. D. McGarry, L.D.S.

Dental Officers:

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

Mr. D. B. Robertson, L.D.S.

Chief Public Health Inspector and Cleansing Superintendent:

†W. Parker, M.R.S.H., M.A.P.H.I., Cert.S.I.B.

Deputy Chief Public Health Inspector:

†W. H. Bowman, M.R.S.H., M.A.P.H.I., Cert.S.I.B.

District Public Health Inspectors:

†H. E. Hancox, M.A.P.H.I., Cert.S.I.B.

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

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

†E. A. Siggers, M.R.S.H., M.A.P.H.I., Cert.S.I.B., Cert.Smoke Insp.

Inspector in Charge of Food Preparing Premises:

†F. L. Jones, M.A.P.H.I., Cert.S.I.B.

Additional Public Health Inspectors:

†G. Brownsword, M.A.P.H.I., Cert.S.I.B.
D. Clarke, M.A.P.H.I., Cert.S.I.B.

Assistant Cleansing Superintendent:

G. Thomas, M.A.P.H.I., M.Inst.P.C., Cert.S.I.B.

Assistant Public Health Inspector:

N. Briggs, Cert.S.I.B.

Pupil Public Health Inspectors:

D. B. Sutherland
J. T. Cope

Non-Medical Supervisor of Midwives:

Miss B. A. Dryhurst,
S.R.N., S.C.M., M.T.D., H.V., S.R.M.N., R.M.P.A.

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 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. 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.
*Mrs. M. Gwinnell, S.R.N., S.C.M., (Part 1) H.V.'s Cert.
Miss J. M. Hadlington, S.R.N., S.C.M., C.C.C.C., H.V.'s Cert.

Clinic Nurses:

Mrs. L. Edwards, S.R.N.
*Mrs. D. A. Beech, S.R.N., S.C.M. (Part 1)
Mrs. M. F. Bridges, S.R.N., S.C.M.
Mrs. M. McHugh, S.R.N., S.C.M.
Mrs. J. E. Perry, 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.
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.
Mrs. E. Brown, S.C.M.
Mrs. C. M. Cody, S.R.N., S.C.M.
Mrs. M. Plant, S.C.M.
Mrs. N. J. Raybould, S.R.N., S.C.M.

Dental Attendants:

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

Clerical Staff:

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

General Health:

Miss I. Richards
 Mrs. I. Strathearn
 K. Rawlings
 Miss B. R. Branston
 Miss E. Smith

Welfare Foods Distribution:

*Mrs. G. Crew
 *Mrs. I. Lewis

Sanitary Section:

Mrs. I. Murphy
 Mrs. M. Parkes
 Miss B. Underwood
 Mr. G. W. Thomas
 *Mrs. M. Bennett

School Health Section:

R. Woolley, Senior Clerk
 Miss M. Mayer
 Mrs. O. Baker
 Miss M. Tuck
 Mrs. P. W. Arculus
 Miss P. Dodd

Welfare Section:

Miss E. J. Blewitt
 Mrs. S. Packenham

Mental Health Officer:

T. Tangney

Occupation Centre Supervisor:

Mrs. I. M. Cooper

Occupation Centre Assistants:

Miss B. F. Lloyd
Miss P. H. Kear
Miss M. Robinson

Welfare Officer:

G. T. Meredith

Welfare Assistant:

E. E. Dent

Matron—"Albert House":

Miss M. I. McLennan

Assistant Matron—"Albert House":

Miss E. Johnson

Matron—"The Woodlands":

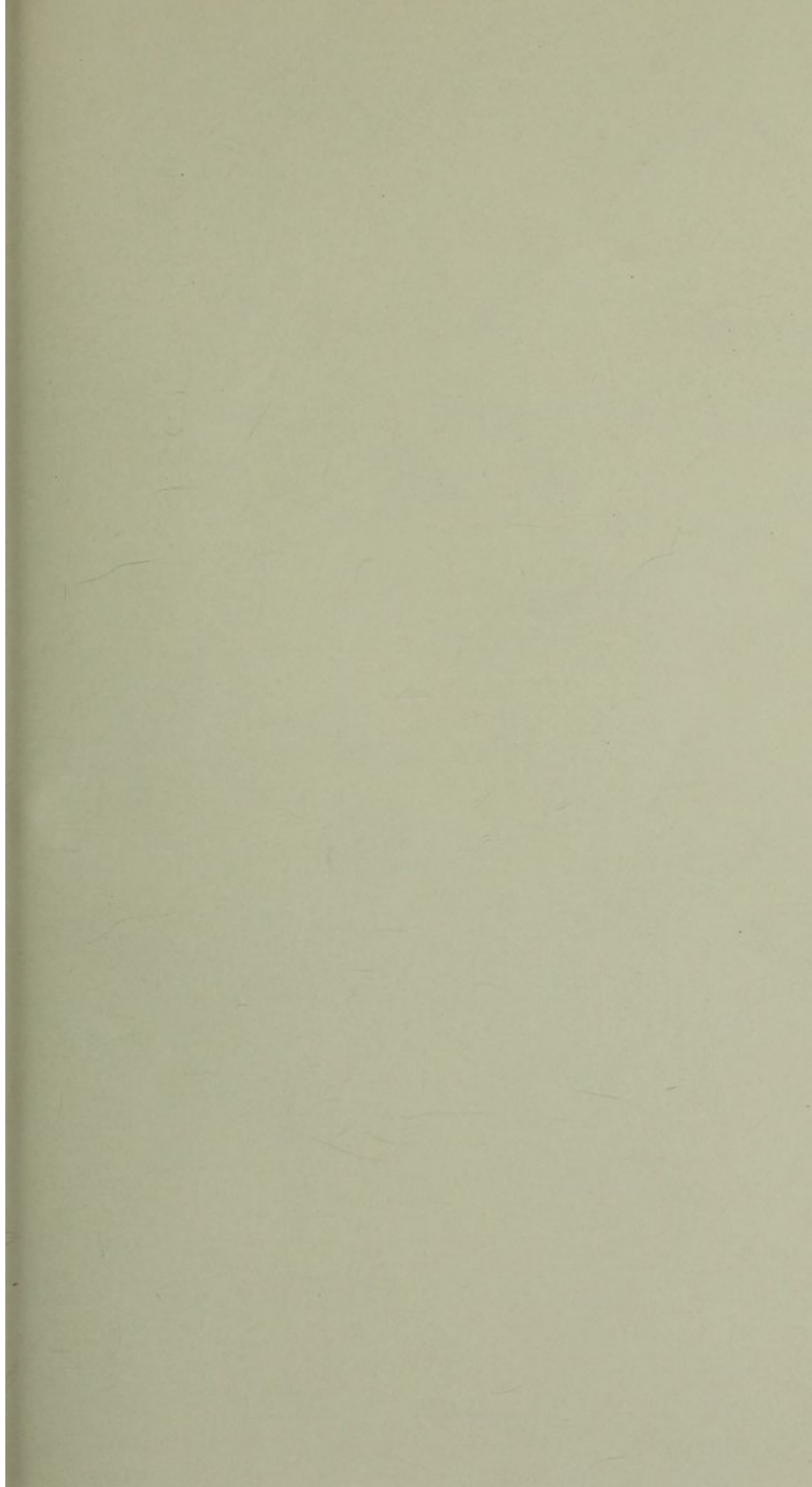
Miss M. Radcliffe

Assistant Matron—"The Woodlands":

Mrs. A. Leishman

* Part-time.

† Certificate of the Royal Society of Health—Inspector of Meat and Other Foods.



THEORY OF THE EARTH

Wm. B. Smith
Chas. H. Smith
John M. Smith

THEORY OF THE EARTH

Wm. B. Smith

THEORY OF THE EARTH

Wm. B. Smith

THEORY OF THE EARTH

Wm. B. Smith

THEORY OF THE EARTH

Wm. B. Smith

THEORY OF THE EARTH

Wm. B. Smith

THEORY OF THE EARTH

Wm. B. Smith

THEORY OF THE EARTH

THEORY OF THE EARTH

Wm. B. Smith