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COUNTY BOROUGH OF DUDLEY

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# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH  
PRINCIPAL SCHOOL MEDICAL OFFICER  
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

1958





CONSTITUTION OF COMMITTEES AS AT 31st DECEMBER, 1958

HEALTH COMMITTEE

Councillor H. J. Hedge (Chairman)  
Councillor Mrs. R. Davies (Vice-Chairman)

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

(Members of the Council)

Dr. J. Macdonald	}	Appointed by Dudley Executive Council
Mr. S. Rowley		
Mrs. D. Chambers		

Dr. W. N. Miller                      Appointed by Local Medical Committee

Mrs. E. Moore                      Appointed by Local Hospital Management Committee

Mrs. Billingham                      Mrs. P. Homer

(Co-opted Members)

WELFARE COMMITTEE

Councillor Mrs. R.E. Wakeman (Chairman)  
The Deputy Mayor, Councillor J. L. Billingham (Vice-Chairman)

The Mayor	Councillor F. G. Hurrell
Alderman G. B. Norton	Councillor E. Morris
Councillor G.W.A. Griffiths	Councillor C. N. Preedy
Councillor T. Gallagher	Councillor A. E. Ward

(Members of the Council)

Mrs. P. Homer	Mrs. A. M. Silcox
Mrs. E. Moore	Mrs. R. W. Wakeman
Mrs. M. Shipway	Mrs. J. Welch

(Co-opted Members)

EDUCATION COMMITTEE

Councillor A. E. Ward (Chairman)  
Councillor H. J. Hedge (Vice-Chairman)

The Mayor	Councillor Mrs. R. Davies
The Deputy Mayor	Councillor Mrs. S. Norton
Alderman T. E. Bennett	Councillor C. N. Preedy
Alderman R. Little	Councillor H. Vanes
Alderman J. H. Molyneux	Councillor Mrs. R. E. Wakeman
Alderman J. C. Price	Councillor F. J. Williams
Alderman J. L. Hillman	

(Members of the Council)

Miss M. B. Ambrose	Rev. R. C. Stevens
Mrs. D. Chambers	Mr. H. Baker
Rev. J. J. Davies	Mr. N. H. Davis
Rev. P. J. Quilty	

(Co-opted Members)



SCHOOL MANAGEMENT AND MEDICAL SUB-COMMITTEE

The Mayor, Alderman Dr. F. G. Lewis (Chairman)

The Deputy Mayor

Alderman T.E. Bennett

Alderman J.C. Price

Councillor Mrs. R. Davies

Councillor H. J. Hedge

Councillor F.J. Williams

Councillor H. Vanes

Councillor Mrs. S. Norton

Councillor Mrs. R.E. Wakeman

Councillor C.N. Freedy

Councillor A. E. Ward

(Members of the Council)

Rev. J.J. Davies

Rev. P.J. Quilty

Rev. R.C. Stevens

Mr. H. Baker

Mr. N.H. 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 1958.

Dudley, in 1958, continued to show improvement in most of the indices of community health. The infant mortality rate reached its lowest level to date, and there was again no maternal death. It is interesting to note that deaths from enteritis and diarrhoea which, not so long ago, were a major cause of infant loss have now practically disappeared. This reflects not only improved health and resistance in infants, and advances in medical treatment, but the rapid improvement in environment, and particularly housing, which has recently taken place.

Notifiable infectious diseases caused little concern; they were remarkably low in incidence and largely free from serious complications. There was only one case of poliomyelitis, in an adult, but it could certainly not be claimed that this freedom from the disease in children was due to vaccination, which continued to be accepted by a disappointingly low proportion of parents and young people. After two year's interruption, the decline in new cases of tuberculosis was resumed; the two groups failing to show a decrease were children under 15 and men over 45 years. It would seem that there are a considerable number of unrecognised, and infectious, cases in the latter category who are maintaining infection in the younger age groups. The fact that the great majority can now so readily be rendered non-infectious points the urgency of intensified case finding in the older age groups.

Every year the proportion of time devoted by the Council's domiciliary services to the support of the aged increases. This is particularly true of the Home Nursing and Home Help Services, but affects also Mental Health and Care and After-Care. Pressure on these services by the increasing proportion of aged in the population demands a continuous expansion to which no arbitrary financial limit can humanely be set. The increased provision by the Housing Committee of accommodation specifically designed for the elderly further avoids or postpones their admission to Welfare Homes or Hospitals, thereby increasing the case load of the Health Committee's domiciliary services.

The priorities in the expansion of the Mental Health Service recommended by the Ministry of Health, under the stimulus of the Royal Commission's Report, fortunately coincide with Dudley's own most urgent needs. One can surely now look forward to an early replacement of the present Occupation Centre, inadequate both in size and facilities; to an Adult Training Centre; and an increase in the resources available for community care of the mentally handicapped who must increasingly find a place in ordinary life rather than in Institutions.

With regard to the environmental services, rehousing from unfit property was accelerated in the year under review, and substantial progress was made in the establishment of smoke control areas. Though the low level of food poisoning notifications may be an under-estimate of the prevalence, it is at least evidence of the absence of major outbreaks. This may partly be the result of improved standards of food handling and facilities resulting from the 1955 Food Hygiene Regulations; it certainly is a tribute to the Public Health Inspectors concerned with this important aspect of community protection.

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 other Officials of the Council for their help and co-operation, and



in particular to Mr. Parker, Chief Public Health Inspector, Mr. Meredith, Deputy Chief Welfare Officer, and Mr. Parsons, Administrative Assistant, and his successor, Mr. Trinder; 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.

The Council House,  
Dudley.

Telephone No: Dudley 55433

# SECTION A - VITAL STATISTICS

## Summary

Population - Registrar General's estimate, 1958	64,530
Rateable Value (at 1st April, 1959)	£802,492
Estimated Product of 1d. Rate (1958/59)	£2,895
Livebirths:	
	M. F. Total
Legitimate	468 450 918
Illegitimate	21 16 37
	Total 955
Live birth rate per 1,000 population	14.24
	*(16.4)
Stillbirths:	
Legitimate	12 12 24
Illegitimate	- - -
Stillbirth rate per 1,000 live and still births	24.51
	*(21.6)
Total live and still births	501 478 979
Infant Deaths	9 14 23
Infant mortality rate per 1,000 live births - total	24.0
	*(22.5)
Infant mortality rate per 1,000 live births-legitimate	25.0
Infant mortality rate per 1,000 live births-illegitimate	Nil
Neo-natal mortality rate per 1,000 live births (first four weeks)	17.8
Illegitimate live births per cent of total live births	3.9
Maternal deaths (including abortion)	Nil
Maternal mortality rate per 1,000 live and still births	Nil
Deaths	367 291 658
Death rate per 1,000 population	13.2
	*(11.7)

\* The National Rates are shown in brackets.

## Deaths from all causes

Table I

Cause of Death	M.	F.	Total
1. Tuberculosis of Respiratory System	7	3	10
2. Other forms of Tuberculosis	2	-	2
3. Syphilitic Diseases	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal Infections	1	-	1
7. Acute Poliomyelitis	-	1	1
8. Measles	-	-	-
9. Other Infective and Parasitic Diseases	-	-	-
10. Malignant Neoplasm, Stomach	10	7	17
11. Malignant Neoplasm, Lungs, Bronchus	22	1	23
12. Malignant Neoplasm, Breast	-	5	5
13. Malignant Neoplasm, Uterus	-	6	6
14. Other Malignant and Lymphatic Neoplasms	36	23	59
15. Leukaemia	3	2	5
16. Diabetes	1	6	7



	M.	F.	Total
17. Vascular Lesions of Nervous System	44	43	87
18. Coronary Disease, Angina	51	30	81
19. Hypertension with Heart Disease	16	11	27
20. Other Heart Diseases	52	45	97
21. Other Circulatory Disease	11	14	25
22. Influenza	-	1	1
23. Pneumonia	16	13	29
24. Bronchitis	31	19	50
25. Other Diseases of Respiratory System	4	2	6
26. Ulcer of Stomach and Duodenum	6	2	8
27. Gastritis, Enteritis and Diarrhoea	-	1	1
28. Nephritis and Nephrosis	2	3	5
29. Hyperplasia of Prostate	4	-	4
30. Pregnancy, Childbirth, Abortion	-	-	-
31. Congenital Malformations	8	5	13
32. Other defined and ill-defined diseases	22	35	57
33. Motor Vehicle Accidents	2	2	4
34. All other Accidents	11	7	18
35. Suicide	5	4	9
36. Homicide and Operations of War	-	-	-
	<hr/> 367	<hr/> 291	<hr/> 658

#### Infant Mortality

At 24 per thousand births, Dudley's infant mortality showed further improvement and the lowest level to date. The excess over the national average of 22.5 compares favourably with that obtaining in most other industrial towns of similar character. Three quarters of these deaths took place in the first month and well over half in the first week. The latter group, together with stillbirths, have shown little improvement in recent years in contrast with the considerable saving of life in later infancy. From the point of view of causation, still largely undetermined, these deaths have probably much in common with stillbirths. Prematurity figures largely, if somewhat vaguely, in the picture; it was given as the sole or contributory cause of death in half the cases. Pending more exact knowledge, the main emphasis must remain on improving ante-natal care in general, and on the early detection and effective treatment of toxæmia of pregnancy in particular. The recent Cranbrook Committee Report on the Maternity Services was largely pre-occupied with the need to improve co-ordination of the three branches of the Health Service in the interests of effective supervision of the expectant mother. The maternity service which has been operating in Dudley for several years ensures that all the Local Authority's facilities are readily available to general practitioners; close links are also maintained with the Hospital Services, in order that the best possible use may be made of the available maternity beds. There was, again, no maternal death.

23 infant deaths were attributed to the following causes:-

Prematurity	7
Collapse of lung	5
Congenital deformity	3
Broncho-pneumonia	3
Pneumonia	1
Other causes	4

#### Other Causes of Death

Dudley's death rate was again, like that of other industrial towns, substantially in excess of the national average. The main increases were from diseases of the heart and circulation. The increasing proportion of aged in the population necessarily implies a corresponding increase in these degenerative diseases. The sharpest increase was shown in coronary



disease in males in the 45 - 64 year age group. A study of their occupations does not confirm, in the case of Dudley at least, the fashionable theory of the protection conferred by regular, strenuous, physical work.

Apart from exceptional periods of 'smog', deaths from chronic bronchitis in Dudley have declined slowly but steadily over recent years. This has applied more especially to the higher male rate and has no doubt been associated with improved conditions at work. Present efforts to deal with general atmospheric pollution should accelerate this trend and reduce the incidence of a disability which still affects far too high a proportion of our population.

Accidents again increased, more particularly among the elderly at home. It is essential that everybody with access to the homes of the older citizens should be on the alert to identify risks and persuade those whose faculties afford decreasing protection to take the necessary steps to avoid these dangers.

#### SECTION B - INFECTIOUS DISEASE

The following table shows the incidence of notifiable infectious diseases during 1958:-

	Numbers originally notified		Final numbers after correction	
	M.	F.	M.	F.
Scarlet Fever	19	16	19	16
Diphtheria	-	-	-	-
Whooping Cough	1	1	1	1
Measles	41	33	41	33
Pneumonia	9	11	9	11
Enteric or Typhoid Fever	-	-	-	-
Dysentery	14	13	14	13
Puerperal Pyrexia	-	1	-	1
Ophthalmia Neonatorum	-	-	-	-
Anterior Poliomyelitis:				
Paralytic	-	1	-	1
Non-Paralytic	-	-	-	-
Meningococcal Infection	2	-	2	-
Food Poisoning	3	1	3	1

Scarlet fever was more prevalent than of late, but mild in character. Neither measles nor whooping cough showed epidemic prevalence. It does seem that the whooping cough immunisation campaign of recent years is beginning to bear fruit, giving a substantial reduction in the incidence as well as the severity of the disease. The figures for dysentery and food poisoning probably under-estimate the prevalence of these infections in the community. The fact that these small family outbreaks of dysentery, mainly of the mild Sonne type, did not lead to a school spread outbreak reflects considerable credit on the standard of hygiene demanded and practiced in Dudley schools.

#### Tuberculosis

The decrease in new cases of pulmonary tuberculosis was resumed, in spite of a further increase of notifications of children. These latter are being found, by intensive follow-up of contacts of adult cases and by skin testing at 5 and 13 years in the schools, at an early and readily treatable stage of the disease. This feature does, however, suggest that an extension of the B.C.G. vaccination scheme to age groups under the present 13 year olds might be desirable; the Ministry's recent recommendations for an extension of the scheme apply to pupils over 13 years. The proportion of children found, at 13 years, to have had a previous (and usually inapparent) infection has declined from 20% to 13.8% in three years, but still represents a substantial exposure, more especially as 6.4% showed evidence of having been infected by 5 years of age.



The Mass Radiography Unit discovered 60 new cases of active tuberculosis from Dudley and surrounding districts; 86% of these were among the minority of cases referred by family doctors. The Unit's recent policy of concentrating on groups of the population known to be at special risk, rather than dissipating time and effort on indiscriminate mass surveys, seems to be justified by results. Dr. Posner and her staff have very kindly continued to deal with contacts, school children and other groups referred by this Department. Dr. Macdonald, Chest Physician, and his Chest Clinic staff have likewise been unfailingly helpful.

Owing to improved methods of treatment, and the consequent decline in persistently infectious cases, the need for urgent rehousing is now less frequent; such requests have continued to receive very sympathetic and generous consideration by the Housing Tenancy Sub-Committee.

The number of persons on the register at 31st December, 1958 was:

Pulmonary - 539; Non-pulmonary - 55; Total - 594

The number of notifications and deaths from pulmonary and non-pulmonary tuberculosis according to age groups is set out below.

Age Groups	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	-	-	1	-	-	-	-	-
1 - 5 years	4	4	-	-	-	-	-	-
5 - 15 years	4	3	-	1	-	-	-	-
15 - 45 years	17	16	1	3	2	3	-	-
45 - 65 years	8	1	-	-	3	1	3	-
Over 65 years	3	-	-	-	2	-	-	-
Total - all ages	36	24	2	4	7	4	3	-

#### 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	-
Total number of cases	4
Total number of deaths	-

#### 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, Guest Hospital, during the year.

#### Cases dealt with for first time during year:

Syphilis	10
Gonorrhoea	20
Non-Venereal and undiagnosed conditions	<u>74</u>
Total	<u>104</u>



## SECTION C - PART III - NATIONAL HEALTH SERVICE ACT, 1946

After ten years functioning of the National Health Service, a clearer realisation is beginning to emerge of the importance of the Local Health Authority domiciliary services to the efficient and economical operation of the other two more publicised, and much more expensive, branches of the Service. The hospitals are making increasing use of the home nursing and domestic help services to postpone, or avoid, admission, and to expedite discharge of patients. Fuller use is also being made of the Health Department's intimate knowledge of home conditions, particularly in the case of children, the aged, mental, and maternity cases. Family doctors have always worked closely with district nurses and midwives, and it is a great pity that Dudley's recruiting difficulties have prevented an adequate expansion of the health visiting service to a level at which the staff could be placed more freely at the disposal of family doctors.

The theoretic objections to a health service administered by three separate authorities have been found, in Dudley at least, largely to disappear at the local working level. In a compact area of limited population, informal personal contacts between general practitioners, hospital, and public health staff are frequent, and largely dispense with the need for the plethora of co-ordinating committees recommended for the bridging of potential administrative gaps. Many Council members sit on the Local Executive Committee and Hospital Management Committee and this cross membership is invaluable in maintaining co-ordination of the activities of the three branches of the service. Regular meetings between the Senior Administrative Medical Officer of the Birmingham Regional Hospital Board and the Medical Officers of Health of the West Midland Local Health Authorities, and the M.O's.H. attendance at meetings of the Local Medical Committee, further serve to ensure mutual awareness and collaboration between the three arms.

The individual services have shown differing responses to the impact of the National Health Service Act. Some well established services such as infant welfare and ante-natal clinics showed an initial sharp decline in attendance as a result of the family doctor's services becoming freely available to all, but have since made a gradual recovery to the pre-1948 level. Health Visitors, whose responsibilities were greatly widened by the Act, have not increased in number above the level which was considered insufficient 20 years ago, despite the scheme for subsidised training. This limitation has frustrated expansion of their work in several desirable directions.

Domiciliary midwifery naturally declined with the birth rate and the increased provision of maternity home beds; the number of midwives has fallen from 13 to 8, but the proportion of home confinements has recently been stabilised at about 45%. Demands on the ambulance service, a direct reflection of increased pressure on the hospitals, mounted rapidly in the early years, but have remained at a fairly constant level since 1956. The home nursing service, provided through the agency of the Badley District Nursing Association, had rapidly to be expanded in the first three years of the National Health Service, but is still, owing to recruiting difficulties, functioning well below the potential demand. The domestic help service, introduced by the Act, rapidly established its popularity, but is still restricted in its development. Home nursing and domestic help are undoubtedly the two branches of the Part III National Health Services, the development of which has lagged in Dudley, and where much remains to be done in terms of service to the community and support of the other branches of the Service.



## Care of Mothers and Young Children

### Maternity Clinics

#### Child Welfare Clinics

There have been satisfactory attendances at both Ante-natal and Child Welfare sessions; the following table shows attendances as compared with 1957.

	<u>Expectant Mothers attending</u>		<u>Total Attendances</u>	
	<u>1958</u>	<u>1957</u>	<u>1958</u>	<u>1957</u>
(a) Ante-natal	830	859	1,073	1,147
(b) Post-natal	7	14	7	14
(c) Child Welfare:				
Children under 1 year			11,202	10,742
Children between 1 and 5 years			6,774	6,500
			<u>17,976</u>	<u>17,242</u>

A high proportion of expectant mothers continued to attend the ante-natal clinics for routine blood tests. Chest X-ray examination and dental treatment are also available. For the rest, the majority of these patients are supervised by their family doctors in association with the district midwife, and it is disappointing that a higher proportion do not make use of the relaxation classes and health education provided at clinics. Post-natal examinations have now passed almost entirely into the hands of the family doctors.

Attendance at infant welfare clinics continued to increase, and there is no doubt that these clinics fulfil a real need. Health visitors have been trained in the early ascertainment of deafness; and have attended discussion groups led by the Child Psychiatrist. These latter have given a better insight into emotional and behaviour problems; they have increased the health visitor's capacity to deal with minor abnormalities and to recognise at an early stage more serious disorders which can then be referred to the Child Guidance Clinic before undesirable patterns have been long and deeply established.

The ladies of the Voluntary Committee continued to give invaluable help at the clinics and are largely responsible for making these clinics, in addition to their ostensible function, a valuable form of social contact for mothers and children.

### Dental

#### REPORT OF THE CHIEF DENTAL OFFICER

In spite of the reduction in staff from 2.5 in 1957 to 2 dentists in 1958, the numbers examined, requiring treatment and actually treated was approximately the same as last year, but the number made dentally fit fell. This no doubt was due to the reduction in sessions spent on Maternity and Child Welfare work resulting in a larger interval between patients' appointments. In 1958, 71 sessions were spent on Maternity and Child Welfare work in comparison with 112 in 1957.

About 10% of the expectant and nursing mothers fail to keep their first appointment for treatment when referred to us.

Unfortunately the service still proves to be on the main an emergency service for the relief of pain. 52 mothers out of 157 were made dentally fit and some were not completed within the year 1958. This means that 66% did not have full treatment to make them dentally fit. The mothers will not always avail themselves of the opportunities offered them.

Shortage of staff makes it impossible to spend a lot of time educating the mothers to accept full dental treatment. It is to be hoped that next year will bring an improvement in the staffing position.

I wish to take this opportunity of extending my thanks to my colleagues, Mr. Bassett, Mrs. Smith and Mrs. Robinson, the two dental attendants, and Drs. Browne and MacCormac, the anaesthetists, for their loyal support."

	<u>Expectant and Nursing Mothers</u>	<u>Children under 5 years</u>
Numbers provided with dental care:		
(i) Examined	190	166
(ii) Needing Treatment	186	165
(iii) Treated	157	165
(iv) No. of attendances for treatment	439	199
(v) Made dentally fit	52	100
Forms of Dental Treatment Provided:		
(i) Extractions	435	278
(ii) Fillings	77	25
(iii) Scalings & Gum Treatment	45	-
(iv) Silver Nitrate Treatment	5	8
(v) Dentures Provided	56	-
No. of administrations of Nitrous- oxide for extractions	51	106
No. of dental X-rays	10	-

#### Ophthalmic Clinic

	<u>Children under 5 years</u>
Errors of refraction (including squint)	67
External and Other (excluding errors of refraction and squint)	<u>43</u>
Total	<u>110</u>
Spectacles prescribed	20

#### Orthopaedic Clinic

##### \* Massage:

Number treated	48
Total treatments	209

##### \* Orthopaedic:

Seen by Surgeon	109
New Cases	24
Total Attendances	224

\* The above figures include cases from Staffordshire.



## U.V.L. Clinic

Children treated	27
Total attendances	125

## Midwifery

The total number of births (live and still) was 972 of which 454 occurred at home and 518 at nearby Maternity Homes and Hospitals. Of the Institutional confinements 329 took place in the Rosemary Ednan Maternity Home. The percentage of domiciliary confinements in 1958 was 46.3.

In the case of domiciliary confinements 441 were attended by midwives alone, and in 13 cases a doctor also attended. In 36 cases Medical Aid was sent for, a percentage of 8.4 as against 7.2 in 1957.

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

	<u>At Home</u>	<u>In Hospital</u>
Premature live births	20	50
Premature still births	5	8
	<u>25</u>	<u>58</u>

## Health Visiting

In spite of their numerous other responsibilities, the home visiting of families with pre-school children remains the primary function of the health visitor. It is, therefore, very satisfactory that the present depleted staff has been able again to increase these visits by over 10% and proffer their advice and guidance where it is most effective, in the child's home and in terms of its every day background.

The total number of visits by health visitors during the year was 21,783 as against 20,246 in 1957.

	<u>1957</u>	<u>1958</u>
Visits to children under 1 year:		
(a) First visits	916	961
(b) Total visits	7,976	9,089
Visits to children between 1 and 5 years	10,734	11,598
Visits to tuberculous households	1,312	699
Miscellaneous visits	172	397

## Home Nursing

The Badley District Nursing Association continued to act as agents for the Council, under the supervision of the Matron, Miss Darby. The Home Nursing Service provides perhaps the closest link between the three branches of the National Health Service, since the nurse works under the direct instruction of family doctors and in close touch with the local hospitals, from which the Matron receives advance notice of all cases requiring nursing attention after discharge.

With the progressive increase in the age and infirmity of the cases and the wider range of serious cases treated at home, the task of these nurses is an onerous one, often carried out without adequate facilities and in all sorts of weather. There is no doubt that if the present very difficult recruiting position could be improved there is scope for a considerable expansion of this service, which would lead to further economies

in the use of hospital beds.

The District Nurses and their Matron, Miss Darby, (in the last of her many years of devoted service to the sick and disabled of this town) are to be congratulated on the very high standard of nursing skill and professional responsibility they have, as always, shown.

	<u>Visits</u>
Medical cases	7,204
Surgical cases	3,796
Tuberculous cases	1,093
Maternal complications	-
Others	56
	<u>12,149</u>

72% of visits were to persons over 65 years of age.

#### Vaccination and Immunisation

##### Vaccination

It has again to be reported that parents of only one third of infants could be persuaded to accept vaccination against smallpox. The general level of protection in the community is too low to prevent the spread of this disease, the entry of which is facilitated by the speed of modern travel.

##### Immunisation

Separation of diphtheria from whooping cough immunisation, which the Health Committee felt compelled to adopt as the result of the Medical Research Council's finding of a somewhat increased risk of poliomyelitis from the combined injection, continued to have an adverse effect on the proportion of infants protected against diphtheria. By four years of age, however, over 63% of children had been immunised and this rose to 93% in the junior schools.

Protection against whooping cough, which remained popular with parents on account of its more immediately obvious benefits, suffered less, despite the three injections involved.

Poliomyelitis vaccine was in more generous supply and the response from Dudley parents improved after a very slow start. By the end of the year, however, the proportion of eligible children and young people protected was only half of that achieved in the country as a whole.

##### Diphtheria Immunisation:

	<u>Immunised during 1958</u>
Children under 5 years	553
Children over 5 years:	
Primary	193
Re-Immunisation (Booster)	627
Whooping Cough Vaccination	419
Poliomyelitis Vaccination (2 injections)	4,310

##### Ambulance Service

The efficiency with which this service is run by Mr. Wade and his staff was illustrated by the fact that 7½% more patients were carried with no corresponding increase in mileage. Radio control and increased



reliance on dual purpose vehicles have led to notable economies and increased flexibility in meeting the many and varied demands.

	<u>Ambulances</u>	<u>Sitting Case Cars</u>
No. of vehicles at 31st December, 1958	4	5
Total number of accident or other emergency calls	1,182	53
Total number of patients carried	3,749	14,729
Total mileage	22,370	66,626

#### Prevention of Illness. Care and After-Care

The services provided under this section of the National Health Service Act have, to date, been somewhat miscellaneous, concerned mainly with supporting the treatment, and speeding the convalescence, of patients treated by family doctors in their own homes. They include the supply of nursing equipment and extra nourishment, and arranging for recuperative holidays and occupational therapy. Now that the Minister has recently encouraged a considerable expansion of mental health services under this heading, this section of the Act will play a more prominent part than hitherto.

The recuperative holiday scheme continued to be popular with family doctors, but the demand seems to have become stabilised at a reasonable level and no longer, as some years ago, threatens a rapid, unlimited, and very expensive expansion.

Instruction in various crafts is given both at the Handicraft Centre in St. James's Road, and at home in the case of house-bound patients. The Handicraft Instructor has found it possible to meet the requirements of long term patients without encroaching on her responsibilities to the Welfare Committee. This is largely due to the success of modern treatment in securing a rapid return of a great majority of tuberculous patients to employment.

Sick room equipment of various types including wheel chairs, nursing requisites, beds, bedding, etc., were supplied to 200 patients. In addition, arrangements were made in 76 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, 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	334
Visits made to patients in their own homes	1,036
No. of patients visited in hospitals	23

#### Child Neglect and Break-up of Families

1958 saw further improvement in the co-ordination of the activities of the various Council departments and outside agencies, both statutory and voluntary, concerned with so called "problem families". In addition to the regular meetings of the Co-ordinating Committee, at which all of these are represented, fortnightly case conferences were held, restricted to the field workers directly concerned with a small group of cases, with the Children's Officer and Medical Officer of Health to provide continuity. The Health Visitors make a major contribution to the supervision of these families, and to the pooling of information, by virtue of their regular visiting of all families with children under school age.

In many of the earlier cases of threatened break-down of family life or child neglect it was possible to achieve substantial improvement, and in the more established cases the value of a holding operation is not



to be under-estimated. The intensive rehabilitation of such chronic cases requires more time and individual attention than the Authority's welfare workers can offer, and the services of a qualified family case worker.

#### Domestic Help Service

By the end of the year the number of part-time domestic helps had risen to 37, in order to cope with the ever increasing demand from the elderly sick and infirm. These ladies, who have their own domestic responsibilities, average somewhat less than half time. The original intention of helping families over short periods of domestic crisis, e.g. illness of the mother, accounts for only a small proportion of the services' activities. Mainly, it is concerned with maintaining the elderly in relative independence in their own homes and avoiding, or at least, postponing admission to welfare homes or hospitals. Such support is likely to be protracted, and expensive, as the majority of these cases are on the minimum charge.

The cases fell into the following categories:

Maternity	13
Tuberculosis	5
Chronic Sick, Aged and Infirm	110
Others	17

#### Ministry of Health Circular 14/57

Following the recommendations of this circular (on Local Authorities' services for the chronic sick and infirm) discussions were held with Dr. Kubik, the Geriatrician, with a view to ensuring closer integration of the services at the disposal of this type of patient. This collaboration has achieved a two-way flow of information, and a much closer relationship between hospital and Health Department than previously obtained. The Welfare staff of the Health Department supply reports on the social circumstances of cases on the waiting list and arrange, in advance of discharge, for such Local Authority services as will be required to ensure that the patient is able to maintain the improvement achieved by his period of hospital treatment. Interchange of patients between hospital accommodation and old persons' homes is now much freer, ensuring the most appropriate use of the two types of accommodation.

The difficulty of expanding the domiciliary health services to meet increasing demands was illustrated by the fact that a vacancy for a district nurse was advertised, with housing, for some 15 months before a suitable applicant was found. The proportion of the domestic help service's activities devoted to the chronic sick and elderly infirm continued to increase and the staff was expanded accordingly. Since the great majority of these part-time domestic helps have their own family responsibilities, it has not been possible to provide an evening or night service; it should, however, be pointed out that the expressed demand in this area for such extensions has hitherto been very small.

#### Superannuation Examinations

It is not generally realised that the Public Health and School Health Departments must devote an appreciable part of their staffs' 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. 153 superannuation and 35 Training College examinations were carried out last year.



## SECTION D - MENTAL HEALTH SERVICE

The Mental Health Officer reports:-

### ADMINISTRATION

Two of the Council's Medical Officers hold the necessary qualifications to examine children, who are considered mentally retarded, for the purpose of ascertainment under the Education Act, 1944, and for their subsequent report, if necessary, to the Local Health Authority. The Mental Health Officer and the Supervisor of the Occupation Centre undertake statutory and voluntary supervision of mental defectives in the Borough. The Mental Health Officer is the duly authorised and petitioning officer for the Borough.

A refresher course on Mental Health was attended from the 14th to the 19th July inclusive by the Mental Health Officer. This has proved to be a great asset as an insight was gained into implementing the recommendations of the Royal Commission on the law relating to mental illness and mental deficiency, and their ultimate effect on new legislation on mental health. 1958 brought several circulars from the Ministry of Health urging Local Health Authorities to implement as far as possible some of these recommendations, and this is gradually being done. One which was greatly welcomed was Circular 5/58 which urged informal admission of patients to Mental Deficiency Hospitals and Certified Institutions, and the review and discharge, if possible, of patients from guardianship.

It is now evident that greater co-operation and co-ordination will be required between the Local Health Authorities Mental Welfare Officers and Social Workers of the local mental hospital. Local Authorities already have a nucleus of social workers to cope with some of the existing work, but if we are to shoulder our portion of this additional work, and ours will be the greater portion, it will be necessary to recruit quickly, suitable staff to undertake these extra responsibilities. This will be a great problem as all Authorities will be recruiting simultaneously. The service we provide will play a big part in the health of our community.

### LUNACY AND MENTAL TREATMENT ACTS, 1890-1930

#### Prevention, Care and After-Care

Some prevention care and after-care is now being carried out. This work is of paramount importance as it very often prevents admissions and re-admissions to our already overcrowded Mental Hospitals. It gives great relief to the individual sufferer and his relatives.

### INVESTIGATIONS, ADMISSIONS, DISCHARGES AND DEATHS

During 1958, 121 cases were referred to the Mental Health Department for investigation and action. Of these, 87 were admitted to Mental Hospitals in our area, 3 were referred to the Psychiatric Clinic, 2 to the Welfare Department, and no action was deemed necessary in 29 cases. In addition to these figures 56 females and 39 males were admitted voluntarily to hospitals. These admissions were arranged through the psychiatric clinic, and through domiciliary visits carried out by the Medical Staff of Barnsley Hall Hospital. In the same period 60 males and 87 females were discharged from hospitals, and 2 males and 11 females died in hospitals.

### MENTAL DEFICIENCY ACTS, 1913-1938

Ascertainment of mental defectives continues mostly through the Education Department. Others are notified by their families, family doctor, and sometimes through the Court, and police bring some cases to our notice.



During 1958, 11 new cases were notified, 10 by the Local Education Department, and one adult defective by the family doctor. Nine of these were placed under statutory supervision and two under voluntary supervision. We have now on our register 220 defectives of both sexes, of these 53 males and 48 females are under statutory supervision, 13 males and 23 females under voluntary supervision, and 1 male under guardianship. The remaining 38 males and 44 females are accommodated in hospitals mostly within the Birmingham Region.

The guardianship case was reviewed with a view to discharge but his relatives have expressed a wish that he remain under guardianship. Keeping in mind the Ministry's Circular this case will be reviewed periodically.

A total of 484 visits were made to homes of mental defectives residing in the Borough.

#### OCCUPATION CENTRE

The Occupation Centre continues to function and it provides, for those children who are not suitable for education in an ordinary or special school, an essential service. The number of children and adults attending this Centre remains at 50. They are picked up each morning at points near their homes and returned there in the afternoon.

It was reported last year that an industrial section had been provided for male defectives over the age of 16 years. This continued to function 3 days per week during 1958. Recently a trainee male instructor has been appointed which enables this section to operate full time.

The Voluntary Association of the parents and teachers of the mentally handicapped continues to function, and through its efforts the children and their relatives were able to visit the Clée Hills, Stratford-upon-Avon, Evesham, Oxford and the Cotswolds. This alternative to the usual seaside trips proved welcome to all who participated in the outings.

The usual Christmas Party was given to the children and their parents and was held, by kind permission of the Vicar, in St. Thomas's Church Hall. We take this opportunity to thank the Rev. Keith Murray for granting this facility, and also the Deputy Chief Fire Officer, the Parks Superintendent and their respective staff for their help in decorating the hall on this occasion. We would also thank Alderman Norton who kindly presented a film show during the party.

We owe a debt of gratitude to Mr. Wade, Chief Fire and Ambulance Officer and his staff for co-operation throughout the year, particularly in providing transport to and from the Centre for one of our defectives.

#### LICENCED CASES

During the year we had under our supervision 3 males and 3 females licenced from hospitals to the care of their relatives.

#### HOSPITAL ADMISSIONS

During 1958, 4 female defectives of various grades were admitted to hospital; of these 3 were admitted informally. This procedure was in keeping with the Royal Commission's recommendations and those of the Ministry of Health Circular already mentioned above. One defective was placed in hospital by her parents.

#### CIRCULAR 5/52 ADMISSIONS

Arrangements were made through the Birmingham Regional Hospital



Board for temporary admission, to Mental Deficiency Hospitals and Institutions, of 10 mental defectives. The length of stay in hospital varied from two to four weeks. This temporary relief is very much appreciated by the relatives.

## SECTION E - WELFARE SERVICES

### NATIONAL ASSISTANCE ACT, 1948

#### GENERAL .

The year under review marked the tenth anniversary of the introduction of the National Assistance Act on the 5th July, 1948. At such a time it is natural to feel the need to review the progress made in the past decade but, in fact, the year has been more significant for the decisions taken affecting the development of Welfare Services over the next two or three years.

"Primrose House", the first of the Homes provided by the conversion of a pair of Council houses was opened during the year. The Council quickly recognised the possibilities of this type of Home and decided to provide, not only the planned home of forty three beds, but three further small Homes in converted pairs of Council houses. The Authority will become independent of outside help by about 1961, and more important, the aged people in the Committee's care will then all be accommodated within the Borough.

In 1951, according to the census report, Dudley's old age population was somewhat less than the average for the rest of the Country, 88 compared with 110 per 1,000 population. During the last year or so the number of cases of old people in their own homes seeking advice and assistance from the Department has been increasing. This is not surprising in an ageing population. It will be interesting to see, however, in the census of 1961, whether, in fact, the population of pension age in Dudley has remained lower than the average.

Whilst the number of Dudley's older citizens is below average there appears to be a higher proportion of handicapped people than one would expect in a Borough of this size. There are no statistics available to indicate the average numbers of handicapped people to be expected in a given population but the two hundred and thirty handicapped persons registered under the Council's Scheme is higher than in some other areas of a similar size.

With the development of the Council's policy in relation to handicapped persons and the provision made for old people, the Council are now developing all the services envisaged in the National Assistance Act of 1948.

#### RESIDENTIAL ACCOMMODATION

The Council's policy, referred to above, will provide enough Homes in due course to allow the Authority to remove all residents from "The Poplars" and to meet a large part of the unsatisfied need for accommodation. The following table shows an increase during the year in the total number of residents in the Authority's care. In fact, the eleven beds provided at "Primrose House" only make up for the earlier loss of accommodation at Wolverhampton.



Name of Home	No. of residents 1.1.58	Ad- missions	Dis- charges	Deaths	No. of residents 31.12.58
"Albert House", Dudley	21	2	-	2	21
"The Woodlands", Dudley	22	1	-	-	23
"The Poplars", Wolverhampton	42	8	7	3	40
"Prinrose House", Dudley	-	12	-	1	11
Home for the Deaf, Malvern	2	-	-	-	2
"The Haven", Scarborough	1	-	-	-	1
N.I.D. Hostel, Wembley	1	-	-	-	1
"Rest Haven", Southport	1	-	-	-	1
"Kingsbury, Woking	-	1	-	-	1
Totals	90	24	7	6	101

#### TEMPORARY ACCOMMODATION

Temporary accommodation has again produced a number of problems. Some of these have been solved by co-operation with the Housing Committee and others by co-operation of the Children's Committee. Often in this latter case the only solution available results in the break up of the family. This is to be regretted and it is hoped that more satisfactory arrangements for temporary accommodation can be made in order to allow families to remain together.

#### WELFARE OF THE BLIND

The activities of the Wolverhampton, Dudley and Districts Institution for the Blind acting as the Council's agent provide in Dudley a first class service. It is in fact true to say that welfare services to the blind having been established for many years are the most fully developed of all services provided by the Welfare Committee.

The difficulties in connection with the proposed new workshops for the blind have continued. It should be emphasised how important it is, in the interests of the blind, to reach a decision in this matter. All concerned agree that new workshops are urgently needed. In this connection an opportunity is now provided for the Council to take into account the need to provide sheltered employment for handicapped persons on a slightly larger scale than is envisaged in the present proposals.

The Blind Register at the 31st December was made up as follows:-

Blind	Males	Females	Total
Employed	13	5	18
Unemployable	42	35	77
Children	1	1	2
Totals	56	41	97

Partially Sighted	Males	Females	Total
Employed	1	1	2
Unemployable	2	-	2
Children	1	-	1
Totals	4	1	5

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

(i) Number of cases registered during the year in respect of which paragraph 7(c) of Forms B.D.8 recommends:	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	1	-	-	7
(b) Treatment	-	-	-	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 1958.

#### WELFARE OF THE DEAF

The agency arrangements which the Authority has with the Worcestershire and Herefordshire Association for the Work amongst the Deaf are, as always, satisfactory. Once again the Missioner is able to report that in spite of the slight recession in trade there has not been any great unemployment amongst the deaf although some have suffered slight hardship as a result of working a shorter week.

The activities of the Association amongst those classified as hard of hearing continue to grow. The Association must, however, always be primarily concerned with those born deaf or who become deaf at an early age.

The use of the excellent Social Centre in Hinley Road, has declined to some extent but it is hoped use may be made of this Centre for other handicapped persons as services to them develop.

The Deaf Register at the 31st December was as follows:-

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

#### WELFARE OF OTHER HANDICAPPED PEOPLE

During the year a great deal of work has been done to implement the Committee's decision to develop more fully the Scheme for other handicapped persons.

The Handicraft Centre, opened in the latter part of the year, proved to be a great success. Apart from the benefits of an occupation the Centre provides some social contact for many who have previously been isolated. This part of the service illustrates the response to the handicapped being given some assistance to help themselves.

In the last quarter of the year a serious start was also made on the remainder of the service. With the appointment of a caseworker the



solution of the remaining problems in developing the service can be attempted.

Whilst some services to the handicapped, by their very nature, can only be undertaken by the Local Authority there are services, such as the running of a social centre, outings and friendly visiting to the isolated which are a field for voluntary effort. There are voluntary organisations each concerned with a particular group of handicapped people but there is no voluntary organisation concerned with the handicapped as a whole. The need is already recognised for a voluntary association concerned with all handicapped people and it is hoped that the goodwill that exists in the Borough can soon be directed to the benefit of all handicapped persons irrespective of their disability.

#### WELFARE OF THE AGED AT HOME

Earlier in the report mention is made of the fact that Dudley, according to the last census, had a smaller old age population than average but in spite of this the work carried out by the Department among old people continues to increase. It is hard to discover whether this is due to increasing numbers of old people or to the fact that the Department is becoming more well known. In spite of the publicity of one kind and another given to the problems of old age one is increasingly aware of the lack of factual information about the local aged community.

In previous years tribute has been paid to voluntary activity and it is again a pleasure to commend the activities undertaken by the Dudley Old People's Welfare Association and the Womens Voluntary Service. In this field particularly there are many voluntary services which could never realistically be undertaken by a statutory authority. The friendly visitor, the old peoples club, and the holidays scheme meet a real need providing help in ways most effective to reduce loneliness and isolation.

#### MORAL WELFARE

In this field the activities of the Worcester Diocesan Association for Moral Welfare Work provide the only solution to the finding of suitable accommodation and providing other assistance in those cases with which the Department is concerned.

#### TEMPORARY PROTECTION OF PROPERTY

The problem of finding an alternative to the Brewster Street Store is still with us. It is hoped that the coming year will finally see some alternative accommodation to this unsatisfactory property. Again the majority of the problems arising under this heading have been solved without taking any more large property into store. Sooner or later, however, the department will be in great difficulty unless proper storage accommodation can be found.

#### BURIALS

There were, during the year, five cases in which it was necessary to make funeral arrangements.

The need for this service will always vary but as the years pass and more people are fully covered by National Insurance the recovery of the costs of the service should increase considerably.

#### CONCLUSION

Every year the Department has cause to be grateful to the assistance of various organisations and private individuals who, as well as showing interest in its work also offer considerable assistance. Every individual cannot be mentioned but the Department's debt to the following is recorded with gratitude.

Dudley Rotary Club, Dudley Round Table, The Inner Wheel,

Messrs. Kendricks Coachs, Infantile Paralysis Fellowship, the Licensed Victuallers Association, St. John's Ambulance Brigade and Cadets, Toc H., Townswomens Guild and the students of the Dudley Training College.

Local medical practitioners and hospitals are constantly in touch with the Department and their co-operation and help is greatly appreciated as is that of the National Assistance Board who so willingly assist the Department to overcome many difficulties.



## 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 1958, 637 out of 643 samples of the chlorinated water were free from coliform bacteria.

Samples of the raw water are not obtainable at two of the pumping stations, but 207 samples from the other stations were all free from coliform bacteria.

312 samples of a supply of surface origin were also examined before treatment, and these gave an approximate average coliform bacteria content of 85 per 100 ml.

Samples were examined within the County Borough from:-

Cawney Hill Reservoir No. 1  
Cawney Hill Reservoir No. 2  
Shavers End Reservoir No. 1  
Shavers End Reservoir No. 2  
Shavers End Repumping Station  
Springsnire Reservoir  
and from Waterman's House, Dudley  
Waterman's House, Netherton

112 out of 125 samples examined from the service reservoirs were free from coliform bacteria. 20 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 1958 were:-

	<u>Dudley</u>	<u>Netherton</u>
pH	7.1	7.2
	Expressed in parts per million	
Alkalinity (CaCO <sub>3</sub> )	101	108
Chlorides (Cl)	38.2	38.5
Ammoniacal Nitrogen (N)	Trace	Trace
Albuminoid Nitrogen (N)	Trace	Trace
Oxidised Nitrogen (N)	3.0	3.1
Oxygen absorbed (3 hr. at 27°C.)	.12	.12
Temporary Hardness	97	104
Permanent Hardness	77	83
Total Hardness	174	187
Iron (Fe)	.03	.02
Manganese (Mn)	Nil	Nil
Lead (Pb)	Nil	Nil

The waters are not liable to plumbo-solvency, the 24 samples from the taps in Dudley and Netherton being all free from any detectable quantity of lead.

## CLINIC SERVICES

Infant Welfare sessions are held each week as follows:-

Central Clinic, Hall Street, Dudley, on Tuesday and Friday afternoons.  
Netherton Clinic, Brewster 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  
Holly Hall Clinic on Thursday afternoon  
Dudley Wood Clinic on Wednesday afternoon

Minor Ailment Clinics are held each week-day morning as follows:-

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, Priory and Holly Hall Clinics.

Child Guidance Clinic on Monday morning.

Obstetric Clinic once monthly on Monday.



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 1958.

By all the usual criteria the high health standards of Dudley's school children were fully maintained during 1958. The number of children found on routine inspection to be seriously sub-standard in their general health (1.6%) has never been lower and their needs are well catered for by the Malvern Open Air School Scheme and the Rotary seaside holiday.

Notifiable infectious disease was gratifyingly low in incidence, and mild in form. Apart from the perennial threat of Sonne Dysentery in infant schools, which fortunately did not materialise in 1958, control problems are more apt to arise from non-notifiable infections, particularly those of virus origin. Infectious jaundice, which affected two schools, was a case in point. Though the proportion of children affected is relatively small, the outbreak is usually protracted and not noticeably susceptible to the routine measures of control. This is probably due to the child being infective for some days before clear cut signs of illness appear and to the high proportion of mild and unrecognised cases.

The normal programme of routine inspections was somewhat interrupted by poliomyelitis immunisation sessions, but not nearly as much as one would have liked. Dudley was free from poliomyelitis again last year and eight years' relative freedom from the disease has led to a deplorably poor response to the current immunisation campaign. General resistance to the disease among the child population must be low and Dudley's luck cannot be expected to hold indefinitely. The obligation on parents to give their children this valuable measure of protection is obvious and requires to be emphasised at every opportunity by everyone in a position to influence public and parental opinion. Ample supplies of British vaccine are now available through either family doctor or school clinics.

Staffing difficulties complicated and retarded the work of the Department throughout the year, affecting medical and dental officers and speech therapists in particular, but, at the time of writing, the protracted vacancies in these departments have been partially filled. Towards the end of the year it was possible, for the first time, to engage an Orthoptist to assist the Ophthalmic Specialist at the Central Clinic and so widen the facilities available there.

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. Last but not least, I am particularly indebted to all members of the School Health Service staff for their cheerful and unstinted efforts.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

R. M. ROSS,

Principal School Medical Officer.



## Routine School Medical Inspections

The basis of the scheme remained the same as in previous years. Three routine examinations were carried out - as soon as possible after admission to a maintained school, i.e. at age 5 - 6; during the last year in a junior school (age 10 - 11) and during the last year of attendance at a maintained secondary school.

In addition, younger children aged 2 - 5 at the Nursery School and Nursery Classes are examined, as are older children at the Grammar Schools, Girls' High School and Junior Technical College before taking up employment. Examinations were supplemented when necessary by special inspections and re-inspections.

During 1958, 3016 children were examined at routine medical inspections. As a result of these inspections 307 were found to have defective vision (269 from errors of refraction) and 256 were kept under observation, and, where necessary, were referred to the Eye Specialist. A further 805 children were found to be suffering from other defects or diseases requiring treatment and the necessary action was taken in all cases. The number of defects requiring to be kept under observation, but not requiring treatment, was 999 and the children concerned were kept under special supervision during the year. The latter group, of course, includes many defects which may be corrected spontaneously and never require treatment. These are kept under observation merely as a precautionary measure.

The school population of the Borough (including the Nursery School and Nursery Classes) was 11,024 at the end of December, 1958.

## Special Medical Inspections

These inspections cover children examined other than at a routine medical inspection, for special reasons. At the request of parents or teachers, pupils can attend at the various school clinics to be seen by the School Medical Officer and these clinics are held from 9 - 10 a.m. as follows:-

Central Clinic	- Each week-day except Saturday
Holly Hall Clinic	- Tuesdays
Netherton Clinic	- Wednesdays
Priory Clinic	- Thursdays
Dudley Wood Clinic	- Thursdays

2,027 children were seen at these sessions and the parents were advised or the children referred to their private doctor or to the appropriate specialist as necessary. 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.

This service continues to be very popular and is greatly appreciated by the parents of the pupils concerned.

## 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 Medical Officers.

During 1958, 2,629 were seen at these inspections.

## Action on Defects

An analysis of defects is appended to the report.

In the majority of cases, treatment is arranged through the child's own general practitioner, unless he wishes these arrangements to be made by the school medical officer. The family doctor is either notified verbally or a copy of case-notes is sent to him in due course indicating the progress of each case. The only exception is in the case of defects of vision which are referred direct by the school medical officer to the visiting consultant ophthalmologist.



The generally satisfactory standard of nutrition amongst school children has been maintained. Out of a total of 3,016 children examined, only 1.62% were found to fall seriously short of a reasonable standard of health.

### Infectious Disease

Incidence of notifiable infectious disease was remarkably low. Scarlet fever alone showed an increase on recent years but this infection is, nowadays, so mild and so rarely attended by complications that its continued notification seems of doubtful value.

Poliomyelitis was again absent but this could certainly not be attributed to immunity derived from vaccination. In common with other eligible groups, the proportion of Dudley's school children enjoying this valuable protection is only half the national average. If, in the future, Dudley is again visited by a serious outbreak of this disease, the majority of parents who are neglecting their present opportunities will not be able to protect their children on short notice as protection takes some time to develop after injections.

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

Age Group	Measles		Diphtheria		Scarlet Fever		Whooping Cough		Poliomyelitis		Meningitis		Dysentery	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5-10	13	9	-	-	13	12	-	-	-	-	-	-	2	4
10-15	-	-	-	-	1	-	-	-	-	-	-	-	2	2

### Tuberculosis

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

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Pulmonary	6	5	11
Non-Pulmonary	-	-	-

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

	<u>Males</u>	<u>Females</u>
Pulmonary	52	35
Non-Pulmonary	18	4

Notification of pulmonary disease, at first sight, appears to continue at a disturbingly high level. In actual fact the majority of these children are picked up either as contacts of known cases, or by our own tuberculin testing survey of school entrants, before they have become obviously ill, and this early ascertainment ensures, usually, a satisfactory and rapid response to treatment.

School entrants continued to be skin tested for evidence of previous infection. The previous, and rather inaccurate, method of patch testing was replaced by the Heaf test. The greater sensitiveness of this test resulted in the proportion of children showing evidence of past infection increasing to 6.4%. All such children are, of course, fully investigated by the Chest Clinic to confirm the successful overcoming of infection, and their family contacts X-rayed, in an effort to trace the source of infection.

The testing and B.C.G. vaccination of 15 year old children continued, the proportion found to have been infected falling again to 13.8%. The Mass X-ray Unit decided that it was no longer profitable to X-ray all school leavers. This gives an indication of the effectiveness of the scheme in controlling this infection among school children.



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

#### Ophthalmic Clinic

There were 254 children examined for the first time by the Council's ophthalmologist at the Central Clinic. In addition 861 pupils with previously noted errors of refraction and 14 with other defects previously observed were also seen, making a total of 1,130 pupils treated at the Eye Clinic. Spectacles were prescribed for 693 pupils.

Dr. L.H.G. Moore, the Consultant Ophthalmic Surgeon, reports:-

"My colleague Dr. Archer and I do three school clinics per week during term time and if we are behind with numbers we do clinics during holiday time. We like to see every child who wears glasses at least once a year but in actual fact the routine cases probably work out at once in fourteen months. The average would be lower because certain cases are seen every six months and a small percentage of cases are seen at three monthly intervals.

Until this year squint cases have been transferred to our care at the Guest Hospital for further treatment after the first visit to the clinic. At the end of this year we started an orthoptic session at the Central Clinic so that selected cases can be seen there. Children who have had squint surgery and/or orthoptic treatment at the Guest Hospital are transferred back to Central Clinic when the course of treatment is finished. We have found this to be in the best interests of the child because cases attending hospital are not sent for but have to come to the clinic on their own initiative, whereas cases attending Central Clinic are regularly sent for when they are due to be seen. We have also found that it is in the best interest of the child that the treatment of the visual defect should take place under the same authority as the discovery of the defect."

#### Orthopaedic Clinic

The existing arrangements with the Royal Orthopaedic Hospital, Birmingham, continue to function satisfactorily. The Orthopaedic Surgeon holds a clinic fortnightly, and a nursing team attends weekly on Fridays to carry out treatment prescribed.

241 Dudley children were seen by the surgeon at these clinics during the year and a total of 718 treatments were given.

Children of all ages (pre-school and school) attend the Orthopaedic Clinics - no distinction is made. An agreed proportion of the costs, however, is paid to the Committee.

During the year, outside authorities have continued to avail themselves of the facilities that the Dudley Clinic affords, thus saving their patients the long and tiring journey to Birmingham, at the same time economising in ambulance demands.

#### 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, etc., A special feature of this department is the graduated resistance exercises given to the children with weak muscles from any cause.



The majority of the pupils treated are those suffering from postural defects, but children with chest complaints such as bronchitis and asthma are also referred 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. 115 pupils received a total of 669 physiotherapy treatments and 77 children received 397 breathing exercise lessons.

#### Sunlight Clinic

General ultra-violet ray therapy is mainly carried out at Central Clinic, but sessions are also held at Priory Clinic. A course of ultra-violet ray therapy lasts six weeks, under the supervision of a qualified nurse. The great majority of children certainly seem to benefit, though the mechanism remains often obscure and a psychological element may well be involved.

76 cases of school age attended for various conditions  
The total number of attendances made was 419.

#### Ear, Nose and Throat Clinic

There was no great change in the number of children having their tonsils and adenoids removed. Altogether 181 children had this operation whilst 14 received other forms of treatment. All were seen by Mr. W. K. Hamilton, Ear, Nose and Throat Consultant, who attends once a fortnight at the Central Clinic. This service continued to function satisfactorily during the year. On the whole, the results of treatment, operative and non-operative, have been good and it is encouraging to see the smaller number of children now attending for treatment of chronic diseases particularly of the ears. They are sent to us in the acute stages and treatment is thus rendered more easy, with a better end result.

Of the children seen at periodic medical examinations the following proportions are known to have had their tonsils and adenoids removed:-

	<u>Boys</u>	<u>Girls</u>
	<u>%</u>	<u>%</u>
Entrants	3.7	4.5
2nd Age Group	15.6	18.3
3rd Age Group	26.4	26.5

#### Hearing - Pure Tone Audiometric Testing

Pure-tone audiometric testing for suspected deafness continued during the year. Mrs. Crellin, of the Worcestershire and Herefordshire Association for the Deaf, who also conducts a lip-reading class, tested individually 920 children in school. Children failing the initial test were tested at the end of her visit and the repeated failures were referred for clinical examination and further audiometric test by Dr. Kerrigan, Senior Assistant School Medical Officer.

162 were invited to attend at Central Clinic for examination and re-testing. Of these, 13 were referred to the Birmingham Audiological Clinic for more extensive tests and were subsequently seen by the aural surgeon, Mr. W.K. Hamilton, who recommended 7 to be fitted with hearing aids and one for operative treatment. To ensure that the children are fully trained in the use and care of the aids, and deriving the maximum benefit from them, special classes are conducted which children attend until proficient.

#### Child Guidance Clinic

This clinic functioned very satisfactorily during 1958 and I am most grateful to Dr. D. T. MacLay, whose report follows, for the help he continued to give children and parents and for his kind co-operation generally.

"The only major change during the year was that Mrs. Perry, owing to pressure of other commitments within the Local Health Services, was unable to



act as social worker to Child Guidance Clinic. Her services in the past have been invaluable. Mrs. Perry's place has been taken by Mrs. M. McHugh, S.R.N., S.C.M., whose enthusiasm and competence have ensured that there has been no breach in the service.

The Child Psychiatrist's Case conference with Maternity and Child Welfare Workers, previously conducted at West Bromwich, is, in the present year, taking place in Dudley and in addition to our own members a small number from Walsall and West Bromwich are attending.

The following figures refer to the Child Guidance Clinic proper. The number of new attendances fell off a little. An encouraging feature, however, has been the small number of failed appointments recently. This would seem to be a sign of healthy relations between the clinic and the public it serves. "

New Patients - Total 27

Feeding and Sleeping Difficulties	2
Anxiety and Insecurity	9
Backwardness	9
Enuresis	2
Stealing	2
Asthma	1
Migraine	2
	<u>27</u>

Sources of Referrals

Family Doctor	5
School Medical Officer	21
Speech Therapist	1
	<u>27</u>

Results in 1958 Cases - Total 42

More or less satisfactory degree of improvement	17
Ceased attending	8
Poor Result (Approved School)	1
Good Result	2
No improvement	2
Transferred	8
Still attending	2
Still in contact	2
	<u>42</u>

Total number of interviews

(a) By Psychiatrist	237
(b) By Psychologist	28

Speech Therapy

We have been fortunate in retaining the part-time services of Mrs. N.W. Brooke, Speech Therapist, who carried out this service single-handed during 1958 and I am indebted to her for the following information.

During the year 47 pupils received treatment in a total of 561 lessons. Two children had a repaired cleft palate and were slightly deaf, and one other child was found to be severely deaf and was referred to the aural surgeon. Two of these children now have hearing aids and in the case of the third it has not yet been possible to assess accurately his hearing owing to his age and severe speech disability. 16 children were referred for stammering defects and were treated. 6 children of pre-school age were backward in their speech development and received treatment prior to their admission to school.



As one of these did not respond he was temporarily discharged but re-admitted at a later date and began to make progress. Two spastic children attended and 7 severe dyslalia cases, the total was made up with 14 children suffering with minor defects of articulation.

33 children were discharged as cured or greatly improved and four others for constant non-attendance or non-co-operation. All discharge cases are followed up and of the 21 interviewed five were re-admitted for a further period of treatment and were to be reviewed at a later date and eight were finally discharged as having normal speech.

As the speech therapist was working single-handed throughout the year and no other speech therapist was obtainable it was not possible to give treatment at the day special school as was done the previous year, and the year ended with a number of children awaiting treatment.

It is hoped in future to pay more frequent visits to schools and head teachers and staff were invited to draw the attention of the medical officers to all children with speech defect and to encourage the parents to take steps to arrange treatment for all such children.

#### Handicapped Pupils

The ascertainment of handicapped pupils has continued throughout the year. Early ascertainment of handicapped children is an important function of the School Health Service and the Local Education Authority has the duty of providing special educational treatment for such pupils.

The following table gives details of the number of children at the end of the year receiving special educational treatment in special schools:-

<u>Blind</u>	<u>Number of Pupils</u>
Royal Normal College, Shrewsbury	2
Birmingham Royal Institution (Residential)	1
<u>Partially Sighted</u>	
Nil	
<u>Deaf</u>	
Longwill Day School, Birmingham	2
Braidwood Day School, Birmingham	1
St. Thomas's Residential, Basingstoke	1
North Staffs. Residential, Stoke-on-Trent	1
Royal School for Deaf, Birmingham (Residential)	2
<u>Partially Deaf</u>	
Needwood Residential, Staffs.	1
St. John's R.C. Residential, Boston Spa	1
North Staffs. Residential, Stoke-on-Trent	1
Longwill Day School, Birmingham	1
<u>Educationally Sub-Normal</u>	
Besford Court, Worcester	2
Beechwood Residential, Liverpool	1
St. Francis' Residential, Birmingham	1
Ryton Hall Residential, Shifnal	1
Sutton Special Day School, Dudley	90
<u>Epileptic</u>	
Nil	



### Maladjusted

St. Hilliard's Court, Gloucester	1
Shotton Hall, Shrewsbury	1
Chaigeley, Thelwall, Warrington	1
Cromer's Close Residential Hostel, Coventry	1

### Physically Handicapped

St. Margaret's School for Spastics, Croydon	1
Tudor Grange Residential, Solihull, Birmingham	1
Taught at home	4

### Delicate

Baskerville Open-Air Residential, Birmingham	1
Corley Open-Air Residential, Coventry	1

In addition to the above, 57 pupils between the ages of 5 and 15 years received part-time tuition in the Guest Hospital for periods of from 2 days to 176 days, under Section 56 of the Education Act, 1944.

### Ascertainment in 1958

In accordance with the requirements of the Handicapped Pupils and School Health Service Regulations, 1956, 77 children have been examined or re-examined during 1958 for the purpose of ascertaining whether or not they are suffering from a disability of the mind or body, and if the disability was such as to fall within the category requiring special educational treatment as prescribed by the regulations.

The following were the findings:-

Educationally subnormal - recommended Day Special School	21
Educationally subnormal - for Residential School	2
Educationally subnormal - but suitable for Ordinary School	8
Not educationally subnormal - to remain in an Ordinary School	3
Not educationally subnormal - to remain in an Ordinary School with remedial teaching	2
Ineducable	1
Re-ascertainment at Day Special School	15
Re-ascertainment at Day Special School and requiring supervision after leaving school	7
Maladjusted - to remain at Ordinary School with remedial teaching	3
Maladjusted - for Residential School	2
Referred to Child Guidance	3
Partially Deaf	8
Delicate	1
Physically handicapped - for home tuition	1

### Employment of Children and Young Persons

During the year 55 school children over the age of 13 years were granted permission, in accordance with the Bye-Laws made under the Children and Young Persons' Act, 1933, as amended by the Education Act, 1944, to undertake such part-time employment as delivering milk, newspapers, etc. Fitness amongst the Dudley children continued to be of high standard and 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.

Two licences were issued to two girls attending a secondary school to enable them to take part in entertainments at the Dudley Hippodrome and the Windsor Theatre, Bearwood. The children resided at home and attended their normal schools. Leave of absence from school was granted for the period of rehearsals and matinee performances.



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.

#### Open Air School

As has been the practice for a number of years now, places were again reserved at the Malvern Open Air School for Dudley children in sub-normal health and 14 children were sent each term during 1958, for a period of three months.

Every care is taken in the selection of these children, which is pursued throughout the year. During 1958, the names of 103 children were on the waiting list for a period at the Open Air School. Every effort is made to send only those who are really in need of a change from the health and environment point of view. Not infrequently help is required with clothing and shoes from voluntary organisations.

With very few exceptions these children return very much improved in health. They look fit and happy and all put on weight. It is not unusual for the children themselves to request a further period at the school. The following table shows the average gain in weight:-

	<u>June</u>	<u>September</u>	<u>December</u>
Boys	9½ lbs.	10 lbs.	9¾ lbs.
Girls	10½ lbs.	10½ lbs.	11 lbs.

#### Astley Burf Camp

The camp, which is under the control of the Education Committee, is situated in open country not far from the river Severn near Stourport. Throughout the summer months, each week from Monday to Friday 60 boys or 60 girls, go to the camp accompanied by teachers. Weather permitting, classes are held in the open air. All these children are examined by School Medical Officers prior to going to the camp as to their freedom from infectious diseases and general fitness for camp life.

#### Rotary Boys' House, Weston-Super-Mare

We are indebted to the Dudley Rotary Club for generously providing a free fortnight's holiday for Dudley schoolboys at Weston-Super-Mare. Children are referred by Head Teachers, General Practitioners, School Nurses, etc., and those children selected and examined by the School Medical Officer are convalescent or debilitated children whose parents would not be able otherwise to provide them with a recuperative holiday. Good food and regular hours do much to restore them to normal health and vigour. Travelling expenses, clothes and shoes present a problem to some parents, but voluntary organisations assist whenever possible in this respect. 22 boys greatly profited from this two weeks' holiday in 1958.

#### Work of the School Nurses

The majority of nurses engaged on school work are also Health Visitors and this is one of the most valuable features of the service. The nurse acting in the capacity of Health Visitor has, in the child's pre-school days, become a trusted advisor to the family in matters affecting health and hygiene and is fully conversant with the child's home background before he enters school; this continuity of supervision is vital to the efficiency of the service.

31,363 head inspections were carried out during the year, and the necessary steps were taken to ensure that the 2.4% of children found infested were cleansed. The great majority of infestations are of minor degree; severe and recurrent infestation is usually found to be a family affair. During 1958 the school nurses generally made frequent visits to houses of repeated



offenders and introduced a cleansing programme for the whole family. This has proved successful and it is gratifying to note that there was again a decrease in the number of infested children. In recent years infestation has generally been less intense and the response of mothers to informal advice much more prompt. This improvement and the further 25% decrease in incidence show the continuing effect of the efforts of the Special Sub-Committee which dealt with this problem, and of the nursing staff engaged in this unattractive but essential work.

	<u>No.</u> <u>Inspected</u>	<u>No. found to</u> <u>be infested</u>
1957	31,593	1,001 (3.2%)
1958	31,363	754 (2.4%)

#### School Dental Service

##### Chief Dental Officer's Report for 1958

I have pleasure in presenting the Annual Report on the School Dental Service for 1958.

At the beginning of the year Dudley had the full-time services of Mr. D. M. Parsons, L.D.S., and Mrs. J. P. McEwan, L.D.S., R.F.P.S. (Glas). In March, Mr. S. Bassett, L.D.S., R.F.P.S. (Glas.) commenced part-time duties - three sessions per week. Unfortunately Mr. Parsons resigned his position in November in favour of general dental practice, leaving the staffing position at its lowest ebb for 3 years - namely the whole-time equivalent of dental officers at 1 and 3/11ths instead of the minimum of 3. The average equivalent for the year was slightly over 2 - a decrease of .5 on 1957.

Of a total of 11,024 school children in Dudley 5,513 had routine inspections at school and 1,193 were inspected at specials at the clinics - 6,706 inspected in all, i.e. 60.8% of the school population, approximately the same as 1957. Of that number 70% accepted the treatment offered, approximately the same as in 1957.

	<u>Routine</u>	<u>Special</u>	<u>Total</u>
1956	3374	1635	5009
1957	5276	1283	6559
1958	5513	1193	6706

The school dental service cannot be considered satisfactory until each child has a dental inspection and necessary treatment at least once per year. This is supposed to be possible when a dental officer has 3,000 children in his care. At present some schools in Dudley have not been inspected for two years and some patients have been waiting for six months for a filling appointment.

The dental staff shortage is not news to the Committee. I cannot stress enough the necessity for Dudley to offer extra attractions with the post of whole-time Dental Officer such as are being offered by some other Authorities, e.g.:-

1. Housing accommodation, or
2. Five-day week, or
3. a higher sessional fee for day-time sessions.

The post has been advertised in the British Dental Journal and I have contacted the Dental Hospital, Birmingham and also local practitioners but no interest is shown at the present sessional fee of £3.3.0d. It is indeed a gloomy outlook for the coming year as things are at present.

Due to less staff and Mr. Parsons' indisposition and sick leave there was a reduction in work done:-



1957	-	4564 Fillings	}	Reduction of 29%
1958	-	3219 Fillings		
1957	-	5846 Extractions	}	Increase of 6%
1958	-	6204 Extractions		

but there was an increase in work done per treatment session, no doubt due in part to better equipment.

I am happy to say that the four dental clinics in the Borough have been kept open so that children can be treated at the clinic nearest their school:-

Central Clinic	-	Mondays and Thursdays.
Priory Clinic	-	Wednesdays and Fridays.
Holly Hall Clinic	-	Monday afternoon and Thursday afternoon and alternate Tuesday mornings.
Dudley Wood Clinic	-	Tuesdays

except when staff is at school inspections, etc.

All Clinics except Dudley Wood have very good modern equipment. However in the future it would help to cut down filling time if the new high-speed drills were installed.

During the year, with the skilful co-operation of Doctors Browne and MacCormac as anaesthetists three general anaesthetic sessions for extractions have been held each week of the school terms at least.

Children requiring orthodontic treatment are mostly at present referred to the Dental Hospital in Birmingham, but a few are treated at the Clinic.

Other specialist treatment is available at the Guest Hospital and the Birmingham Dental Hospital.

The following steps would help to improve the dental health of the school child:-

1. Better standard of hygiene - more propaganda in schools especially by exit door of dining-room.
2. Full dental staff
3. Change in eating habits
4. Fluoridation of water supply (still under discussion).

I would like to take this opportunity of thanking Dr. Ross for his valued advice since I took up the appointment of Chief Dental Officer and for the co-operation of the Medical and office staffs.

Lastly I feel very fortunate in having such a reliable colleague as Mr. Bassett and such invaluable dental attendants-cum-clerks as Mrs. Smith and Mrs. Robinson to help me keep the School Dental Service alive in Dudley.

J. P. McEwan

Chief Dental Officer.

STATISTICAL TABLES, 1958

PART I

Medical Inspection of Pupils attending Maintained and Assisted Primary  
and Secondary Schools (including Nursery and Special Schools).

Table 'A'

Periodic Medical Inspections

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1954 and later	117	116	99.15	1	0.85
1953	392	385	98.22	7	1.78
1952	308	301	97.73	7	2.27
1951	18	17	94.43	1	5.55
1950	13	12	92.31	1	7.69
1949	11	11	100.00	-	-
1948	184	181	98.37	3	1.63
1947	595	586	98.41	9	1.59
1946	252	248	98.41	4	1.59
1945	23	23	100.00	-	-
1944	20	20	100.00	-	-
1943 and earlier	1083	1067	98.52	16	1.48
TOTAL	3016	2967	98.38	49	1.62



Table 'B'

Pupils found to require Treatment

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

Age Groups Inspected (By year of Birth) (1)	For Defective Vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total Individual Pupils (4)
1954 and later	-	46	40
1953	7	29	26
1952	13	29	42
1951	1	1	1
1950	1	-	1
1949	-	1	1
1948	22	28	45
1947	80	83	136
1946	25	26	45
1945	-	4	4
1944	2	1	3
1943 and earlier	123	183	230
TOTAL	274	431	574

Table 'C'

Other Inspections

Number of Special Inspections	2027
Number of Re-inspections	<u>2629</u>
Total	<u>4656</u>

Table 'D'

Infestation with Vermin

(a) Total number of examinations in the schools by school nurses or other authorized persons	31,363
(b) Total number of individual pupils found to be infested	754
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	70
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	43

Part II

Defects Found by Medical Inspections during the year

Table 'A' - Periodic Inspections

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		T	O	T	O	T	O	T	O
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	-	11	39	17	14	9	53	37
5	Eyes -								
	(a) Vision	18	43	130	84	126	96	274	223
	(b) Squint	6	14	13	7	6	4	25	25
	(c) Other	1	-	4	3	9	5	14	8
6	Ears -								
	(a) Hearing	4	3	4	4	7	10	15	17
	(b) Otitis Media	3	8	9	13	4	8	16	29
	(c) Other	1	2	2	3	4	2	7	7
7	Nose and Throat	46	139	33	40	48	102	124	281
8	Speech	3	3	-	2	-	3	3	8
9	Lymphatic Glands	-	14	-	4	1	5	1	23
10	Heart	-	2	1	21	2	15	3	38
11	Lungs	3	22	5	10	13	40	21	72
12	Developmental -								
	(a) Hernia	-	9	-	-	-	1	-	10
	(b) Other	1	17	-	3	-	5	1	25
13	Orthopaedic -								
	(a) Posture	4	4	36	5	17	14	57	23
	(b) Feet	4	11	24	14	10	22	38	47
	(c) Other	5	12	4	-	10	31	19	43
14	Nervous System -								
	(a) Epilepsy	-	2	-	-	-	4	-	6
	(b) Other	-	2	-	2	-	3	-	7
15	Psychological -								
	(a) Developmental	-	7	1	2	1	6	2	15
	(b) Stability	1	7	-	3	1	6	2	16
16	Abdomen	1	6	-	2	-	2	1	10
17	Other	3	7	11	8	19	25	33	40



Table 'B' - Special Inspections

Defect Code No.	Defect or Disease	SPECIAL INSPECTIONS	
		Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	577	100
5	Eyes -		
	(a) Vision	255	256
	(b) Squint	18	9
	(c) Other	105	52
6	Ears -		
	(a) Hearing	14	27
	(b) Otitis Media	173	106
	(c) Other	79	31
7	Nose and Throat	123	273
8	Speech	8	6
9	Lymphatic Glands	8	49
10	Heart	2	64
11	Lungs	37	125
12	Developmental -		
	(a) Hernia	1	4
	(b) Other	3	14
13	Orthopaedic -		
	(a) Posture	9	36
	(b) Feet	70	49
	(c) Other	101	97
14	Nervous System -		
	(a) Epilepsy	2	9
	(b) Other	1	4
15	Psychological -		
	(a) Development	4	8
	(b) Stability	10	24
16	Abdomen	2	12
17	Other	222	289

Part III

Treatment of Pupils Attending Maintained and Assisted  
Primary and Secondary School (including Nursery and  
Special Schools)

Table 'A' - Eye Diseases, Defective Vision and Squint

	Number of Cases known to have been dealt with
External and other, excluding errors of refraction and squint	15
Errors of refraction (including squint)	1,089
Total	1,104
Number of Pupils for whom spectacles were prescribed	693

Table 'B' - Diseases and Defects of Ear, Nose and Throat

	Number of Cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear	-
(b) for adenoids and chronic tonsillitis	181
(c) for other nose and throat conditions	14
Received other forms of treatment	195
Total	390
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1958	7
(b) in previous years	18

Table 'C' - Orthopaedic and Postural Defects

	Number of Cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	643
(b) Pupils treated at school for postural defects	-
Total	643



Table 'D' - Diseases of the Skin

	Number of cases known to have been treated
Ringworm - (a) Scalp	-
(b) Body	1
Scabies	-
Impetigo	171
Other Skin Diseases	991
Total	1,163

Table 'E' - Child Guidance Treatment

Pupils treated at Child Guidance Clinic 55

Table 'F' - Speech Therapy

Pupils treated by speech therapist 47

Table 'G' - Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	3,517
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. Vaccination	565
(d) Other than (a) and (b) above. Please specify:	
Breathing Exercises	397
Physiotherapy	669
Sunlight	419
Total (a) - (d)	5,567

Part IV

Dental Inspection and Treatment Carried out by the Authority

1. Number of Pupils inspected by the Authority's Dental Officers :-	
(a) At Periodic Inspections	5513
(b) As Specials	1193
Total (1)	6706
2. Number found to require treatment	5193
3. Number offered treatment	4555
4. Number actually treated	2874
5. Number of attendances made by pupils for treatment, including those recorded at heading 11(h) below	5491
6. Half-days devoted to:	
Periodic (School) Inspection	45
Treatment	734
Total (6)	779
7. Fillings : Permanent Teeth	3147
Temporary Teeth	72
Total (7)	3219
8. Number of Teeth filled : Permanent Teeth	2706
Temporary Teeth	70
Total (8)	2776
9. Extractions : Permanent Teeth	2137
Temporary Teeth	4067
Total (9)	6204
10. Administration of general anaesthetics for extraction	1959
11. Orthodontics :	
(a) Cases commencing during the year	13
(b) Cases carried forward from previous year	4
(c) Cases completed during the year	6
(d) Cases discontinued during the year	3
(e) Pupils treated with appliances	7
(f) Removable appliances fitted	9
(g) Fixed appliances fitted	-
(h) Total attendances	72
12. Number of pupils fitted with artificial teeth	25
13. Other Operations : Permanent Teeth	1524
Temporary Teeth	-
Total (13)	1524



Summary of results of the investigation

1. Number of cases in which the following conditions were found:		
(a) As follows:		
(b) As follows:		
Total (c)		
2. Number of cases in which the following conditions were found:		
(a) As follows:		
(b) As follows:		
Total (c)		
3. Number of cases in which the following conditions were found:		
(a) As follows:		
(b) As follows:		
Total (c)		
4. Number of cases in which the following conditions were found:		
(a) As follows:		
(b) As follows:		
Total (c)		
5. Number of cases in which the following conditions were found:		
(a) As follows:		
(b) As follows:		
Total (c)		

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR  
AND CLEANSING SUPERINTENDENT FOR THE YEAR ENDED 31ST

DECEMBER, 1958

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

Mr. Mayor, Ladies and Gentlemen,

Improvement of environment is a relative term. Looking at environment from the angle of housing it is possible to use a reasonable yardstick to determine whether or not improvement is necessary or possible. The present yardstick for fit houses is found in the Housing Act, 1957.

There are, of course, other measurements such as overcrowding, sufficiency of accommodation on medical grounds, etc., but the major problem with which my department has had to deal is that of unfitness.

By the end of 1958, the records show that the number of houses condemned as unfit within the Borough during the post-war period has now exceeded 2,000 - by no means a small achievement. There still remain many other unfit dwellings and in terms of improvement for the people living in them it is so far negative.

One's environment is also affected by the air one breathes, but it is an unfortunate fact that improvement in housing, clothing and food in themselves still leave us breathing the same polluted atmosphere. On present progress it will take a very long time before the measures in the Clean Air Act, 1956 are proving effective. The effectiveness of those measures upon the individual will not be noticeable for a longer time still, but there are strong reasons for persistent effort towards full implementation.

All this means that environmental sanitation is complex, has far reaching effects upon the individual, but is unspectacular. Its failure would be more apparent than its success.

The report of the work of the department for 1958 which follows is an endeavour to set out the manner in which various responsibilities have been covered. Much of it is statistical, but it is the result of persistent effort on the part of all members of the staff, to whom the credit is mainly due.

My thanks are due to each member of the staff, but equally so to the members of the Health Committee and Council.

Mr. Bowman, my deputy, has shown the measure of loyalty one so readily associates with him. To Dr. Ross I again express my appreciation and last, but by no means least, I would mention the Chairman of the Health Committee for the year 1958, Mr. Councillor Hedge, whose help and co-operation has been unstintingly given.

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

There was again 100% inspection of animals killed for food. Five private slaughterhouses have ceased to exist, but there are still five private slaughterhouses in use. They are widely distributed over the Borough and make great inroads into the working time of inspectors. In spite of the reduction in the number of slaughterhouses the rate of killing is still increasing. Over the past two years the total number of animals killed and inspected has risen from 15,037 to 22,884. It has been no easy matter to keep pace with such a rapid increase with existing staff.

Food sampling is another time absorbing function. In the first place samples are chosen only after very careful scrutiny and consideration. In an age of publicity claims are being made for foodstuffs either by advertisement or by the label on the food. The authenticity of these claims can only be judged after sampling and analysis. A quick glance down the later table dealing with samples showing adverse reports gives an indication of the growing practice to use misleading labels.

The receipt of the result obtained from food samples is very often the beginning of careful and exhaustive checking of production methods in a food factory. A fairly typical example is the report on ice cream and unsatisfactory grading. Only after the most careful investigation extending over a period of time was it possible to say that a satisfactory conclusion had been reached. The taking of a food sample is often only the first step in a long chain of investigation finally resulting in benefit to the buying public.

It is very seldom that the department is involved in court proceedings for food offences. Great patience is exercised and every opportunity given to traders before court action is contemplated. Unfortunately there are those who do not avail themselves of such opportunities and I regret to say that during 1958 court action had to be taken in some instances. .

There are other food traders who are almost as unwilling to comply with statutory requirements but cautiously avoid court proceedings by absolute minimum observance. If in general, only minimum regard was paid throughout all aspects of living, e.g., safety, comfort and so on, life would be far less enjoyable. Conversely a higher regard in relation to food standards and food hygiene would result in betterment to the customer and a reduction in food wastage. I am firmly convinced that the highest standards in relation to food will only become universal from public demand rather than from legislation.

# INSPECTION OF MEAT

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

## Carcasses inspected and condemned

	Cattle (ex. cows)	Cows	Calves	Sheep and lambs	Pigs
Number killed	977	148	14	6734	15,011
Number inspected	977	148	14	6734	15,011
<u>All diseases except Tuberculosis and Cysticerci</u>					
Whole carcasses condemned	Nil	2	-	4	15
Carcasses of which some part or organ was condemned	164	42	Nil	501	2138
% of the number inspected affected with disease other than tuberculosis and cysticerci	16.8%	29.7%	Nil	7.5%	14.3%
<u>Tuberculosis only</u>					
Whole carcasses condemned	Nil	1	Nil	Nil	1
Carcasses of which some part or organ was condemned	26	26	Nil	Nil	535
% of the number inspected affected with tuberculosis	2.7%	18.3%	Nil	Nil	3.6%
<u>Cysticercosis</u>					
Carcasses of which some part or organ was condemned	1	Nil	Nil	Nil	Nil
Carcasses submitted to treatment by refrigeration	1	Nil	Nil	Nil	Nil
Generalised and totally condemned	Nil	Nil	Nil	Nil	Nil

## MEAT CONDEMNED

	Cows	Cattle	Calves	Sheep	Pigs	Total
Carcasses	3	-	-	4	16	23
Livers	42	25	-	324	860	1251
Lungs	28	33	-	15	1389	1604
Plucks	1	2	-	37	209	249
Heads	9	25	-	-	483	517
Hearts	8	7	-	1	62	78
Kidneys	5	1	-	2	50	58
Hocks	-	-	-	-	116	116
Leaf	-	-	-	-	2	2
Skirt	2	2	-	-	-	4
Spleen	1	2	-	-	17	20
Collars	-	-	-	-	16	16
Udders	8	-	-	-	-	8
Hindquarters	-	-	-	-	3	3
Brisket	-	2	-	-	-	2
Forequarters	-	-	-	-	1	1
Stomachs and Intestines	1	-	-	-	2	3
Legs	-	-	-	-	5	5
Trimnings	-	-	-	-	8	8
Drafts	-	-	-	-	2	2



## DISEASES

	Cows lbs	Cattle lbs	Calves lbs	Sheep lbs	Pigs lbs	Total lbs
Tuberculosis	1128	770	-	-	6017	7915
Parasites	10	108	-	602	187	907
Pericarditis	-	9	-	-	30	39
Peritonitis	-	-	-	-	464	464
Mammitis	70	-	-	-	-	70
Abscess	80	329	-	-	308	717
Pleurisy	18	70	-	42	622	752
Congestion	-	9	-	-	204	213
Cysts	-	-	-	-	8	8
Pneumonia	-	10	-	21	1674	1705
Bruising	-	-	-	-	163	163
Cirrhosis	1	18	-	4	53	76
Hydro Nephrosis	2	1	-	-	48	51
Angiomatosis	52	11	-	-	-	63
Distomatosis	87	315	-	118	-	520
Actinomycosis	50	190	-	-	-	240
Emaciation	350	-	-	20	-	370
Tumours	-	27	-	-	-	27
Arthritis	-	-	-	-	167	167
Mastitis	350	-	-	-	-	350
Urticaria	-	-	-	-	4	4
Uraemia	-	-	-	-	100	100
C. Bovis	-	78	-	-	-	78
Necrosis	22	-	-	4	1551	1577
Fatty Degeneration	-	-	-	5	24	29
Injury	-	25	-	-	13	38
Erysipelas	-	-	-	-	72	72
Pyrexia	-	-	-	-	1432	1432
Septicaemia	-	-	-	110	-	110
Moribund	-	-	-	-	70	70
Swine Fever	-	-	-	-	280	280

Total weight of meat condemned ..... 8 tons 6 cwts 15 lbs.

Visits to slaughterhouses..... 1189. Visits to Butchers Shops.... 10.

## INSPECTION OF OTHER FOODS

During the year the District Inspectors made 255 visits to food premises for the purpose of food inspection, other than meat inspection.

The following foodstuffs were condemned:-

	Total
American Popcorn (packets)	2
Breakfast Cereal (packet)	1
Baked Beans (tins)	209
Bacon (lbs)	37 $\frac{1}{2}$
Bovine liver (lbs)	17 $\frac{1}{2}$
Beef (lbs)	2 $\frac{3}{4}$
Beetroot (jars)	4
Cream (tins)	27
Cheese (box)	1
Cheese slices (packets)	2
Cheese (packets)	139
Cheese (lbs)	1346
Chicken (tins)	13
Chicken paste (jars)	16
Condensed milk (tins)	3
Creamed Rice (tins)	8
Currants (lbs)	50
Candy stripe (packets)	4
Chocolate (packets)	20
Chocolate Nougat (lbs)	10 $\frac{1}{2}$
Crisps (packets)	72
Dessicated Coconut (packets)	14
Evaporated Milk (tins)	196
Fish (tins)	515

Fish (jar )	1
Fish (lbs)	9 $\frac{1}{2}$
Fruit (tins)	2191
Fruit juice (tins)	7
Fish Paste (jars)	2
Horse Radish Sauce (jars)	2
Ham (lbs)	14
Jiffi-jellies (jars)	2
Jam (jars)	21
Lemon Curd (jars)	2
Meat (tins)	997
Meat (lbs)	2 $\frac{1}{2}$
Meat (jars)	5
Marmalade (jars)	5
Marmite (jars)	19
Milo (tin)	1
Mustard (tubes)	2
French mustard (tin)	1
Milk powder (dried) (lbs)	36
Nescafe (tin)	1
Peas (dried) (sack)	1 cwt
Pickles (jars)	6
Peanuts and raisins (packet)	1
Rice (tins)	19
Creamed Rice (tins)	8
Soup (tins)	143
Spaghetti (tins)	4
Syrup (tins)	2
Sago (tins)	3
Sausage (lbs)	71
Spinach (tin)	1
Sandwich spread (jar)	1
Salad Cream (jar)	1
Sweetcorn (packet)	1
Slab Cakes	135
Tomatoes (tins)	419
Tomato juice (tins)	5
Toffees (tin)	1
Unlabelled tins	3
Vegetables (tins)	451

#### DISPOSAL OF CONDEMNED FOOD

Meat offals and tinned goods are disposed of by incineration at 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 .....	69
Grocers .....	218
Greengrocers .....	74
Cakes and Confectionery .....	24
Sweets .....	86
Fried Fish .....	30
Wet Fish .....	11
Multiple Stores .....	6
Cooked Meat .....	2
Restaurants, Cafes, Snack bars .....	23
Licensed premises .....	203
Licensed clubs .....	31
Bakehouses .....	8
Canteens .....	40
Registered Ice Cream Premises .....	231



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

General Food Shops .....	95
Food preparing Premises-subject to registration .....	224
Canteens .....	80
Restaurants .....	100
Fried Fish Shops .....	97
Butchers Shops .....	153
Licensed Premises .....	172
Bakehouses .....	76
Mobile Food Vehicles .....	28
Other Food Preparing premises .....	14

As a result of these visits 120 premises which were found to be not of the standard required by the Food Hygiene Regulations, 1955, were brought up to that standard.

Premises registered under Section 16 of the Food and Drugs Act, 1955.

Premises registered for the preparation or manufacture of sausage .....	1
Premises registered for the preparation or manufacture of potted, pickled or preserved food .....	10 *
Premises registered for the preparation or manufacture of sausages and potted, pickled or preserved food .....	9

\* This figure includes 5 domestic premises registered under Section 16 for the preparation of onions.

231 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 .....	226

During the year 200 visits were made by inspectors to these premises for inspection purposes or for the acquiring of samples for bacteriological examination or for chemical analysis.

MILK AND DAIRIES REGULATIONS, 1949-1954  
MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED)  
REGULATIONS, 1949-1953  
MILK (SPECIAL DESIGNATIONS) (RAW MILK) REGULATIONS, 1949  
AND 1954

Five dairies are on the register of this authority and one of these is a milk processing dairy where milk is pasteurised by the "holder" method. The remaining four registered premises are merely used for the storage of bottled milk awaiting delivery to consumers.

63 visits were made to the processing dairy during the year and close supervision of the pasteurising, cooling and bottling processes was maintained. Samples of pasteurised milk taken in April were reported as having failed the phosphatase test. Tests on recording and indicating thermometers showed a 5 °F difference between actual temperature and the temperature indicated on the recording thermometer and later traces revealed that the prescribed temperatures were not being reached in processing. Certain unsatisfactory conditions were also reported with respect to plant and premises and following a meeting with the Health Committee, the occupier of the dairy was served with a notice in pursuance of Section 44(2)(a) of the Food and Drugs Act, 1955.



Following service of the notice work was put in hand to remedy contraventions of the Milk and Dairies Regulations, 1949, and to secure observance of licence conditions. Recording thermometer traces indicated that the temperature requirements of the heat treatment regulations were being observed.

In October, further unsatisfactory practices were reported which involved the mixing of undesignated and Tuberculin Tested milks, and following a further meeting between the dairyman and the Health Committee all processing of milk at these premises ceased and the pasteuriser's licence was relinquished.

In addition to the above, 38 visits were made to milk shops during the year.

#### MILK SUPPLIES

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

	Processors' licences	Dealers' licences	Supplementary licences
T.T.Pasteurised	-	11	4
Pasteurised	1	13	4
Sterilised	-	184	4

At the end of 1958 there were 187 milk distributors registered with the Local Authority.

The number of dairies registered under the Milk and Dairies Regulations at the end of 1958 was 5.

#### BACTERIOLOGICAL EXAMINATION OF MILK

	Total No. taken	Bacteriological content		Phosphatase Test		Turbidity Test	
		Methylene Blue Reduction Test					
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
T.T.Pasteurised	73	71	2	71	2*	-	-
Pasteurised	43	42	1	43	-	-	-
Sterilised	8	8	-	-	-	8	-
Tuberculin Tested	3	2	1	-	-	-	-
Totals	127	123	4	114	2	8	-

A few Methylene Blue Reduction Test failures occurred on occasions during summer months, and in all cases the milk was produced outside Dudley. The milk was obtained from Dudley distributors who are supplied by processors in some cases on the day of production, but in others on the day following production. Producers should in their own interest, and in the interest of the public, endeavour to supply distributors and retailers as quickly as possible after processing, and distributors and retailers must endeavour to ensure that there is an equally rapid delivery to consumers. When approached following reports of methylene blue failures processors almost invariably suggest that the retailer may have inadvertently held over milk from a previous delivery. I understand that some processors use a code on the bottle cap to denote the day of production. It would assist sampling officers if details of the coding system could be supplied to Local Authorities.

\* Guinea pigs inoculated showed no evidence of Tuberculosis.



## FOOD AND DRUGS ACT, 1955

## FOOD HYGIENE REGULATIONS, 1955 - 1957

Inspections of food premises have continued during 1958, but again the programme has been curtailed due to the demands of other departmental duties. Progress is slow in some instances, but where occupiers of food premises embark on extensive improvement works, following service of notices drawing their attention to contraventions of the regulations, patience is often rewarded by permanent, rather than temporary, remedies.

It is often disappointing to find only lip service paid to regulations, and on many occasions inspectors are asked to quote the minimum acceptable remedy for contraventions of the regulations. Too often only the threat of court proceedings produces sufficient impetus to secure compliance.

Following a report from the Public Analyst on samples of foodstuffs and drugs purchased from a grocer's shop, an inspection of the premises revealed that a large quantity of food unfit for human consumption was being stored on the premises. All foodstuffs on the premises were systematically inspected. At one stage six inspectors were engaged on this task. As a result of their findings, over one hundred different foodstuffs were seized and removed to be dealt with by Justices of the Peace. Contraventions of the Food Hygiene Regulations were also found to exist.

Health Committee authorised the institution of proceedings against the occupier, and the defendant was fined a total of £180 on 13 charges relating to unfit food and for contraventions of the Food Hygiene Regulations.

For selling and being in possession of packets of rusks unfit for human consumption by reason of larval contamination, another company were fined a total of £30.

A bread roundsman who failed to heed a previous warning was successfully prosecuted for using tobacco whilst handling an unwrapped loaf.

## SAMPLING FOR CHEMICAL ANALYSIS

During the year 15 formal and 142 informal samples were taken and adverse reports were made on 25. Details of action taken are given below:-

Name of Article	Results of Analysis	Remarks and action taken
Salt.	Unsatisfactory Label. Formula incorrect in minor constituents.	Label amended by Manufacturer.
Enervyte.	Contained insect infestation and unsatisfactory label.	Stocks withdrawn.
Plain Flour.	Unsatisfactory label.	Representation made to Manufacturer.
Self Raising Flour.	Unsatisfactory label.	Representation made to Manufacturer.
Rutin T.	Contained 7.6% fine insoluble matter resembling clay.	Satisfactory explanation from Manufacturer.
Vitasal.	Deficient of 14.55% iodine.	Unable to take formal sample. No stock available.
Barmene	Amount of Vitamin D not declared on label.	Label amended
Boulders Pastilles	Recommended as a medicine but no particulars of ingredients stated.	Label amended
Ice Cream	28% below limit for fat.	Formal sample genuine.

Name of article	Results of Analysis	Remarks and action taken
Influenza Mixture	Deficient of 56.23% Potassium Nitrate.	Formal sample genuine.
Milk Shake Syrup	Unsatisfactory label.	Label amended.
Milk Shake Syrup	Unsatisfactory label.	Label amended.
Prescription Shampoo	No ingredients declared on label.	Retailer made satisfactory provision.
Spirit of Sal Volatile.	Deficient of 20.5% Ammonia.	Unable to take formal sample. No stock available
Boracic Ointment.	Not now in B.P.	No further action.
Brown Powders.	Phenolphthalin declared 16.6%. Present 22.3%	No further action.
Hi Protein Tablets.	Unsatisfactory Label. Labelled "Hi Protein Tablets". Protein found 11.8%.	No further action.
Indian Brandee	Chloroform declared 0.89%. Present 0.09%. Spt. Aether Nitrols declared 10%. Present - less than 0.01%.	Stock withdrawn.
Pork Sausage.	Contained 53.7% total meat instead of 65% the standard recommended and contained 90 parts per million sulphur dioxide - not declared.	Statement of preservatives exhibited following warning.
Vita Tea.	Misleading label.	No action.
Vita Tea.	Misleading label.	No action.
Bone and Nerve Liniment.	Unsatisfactory label and deficient of 40% Ammonia.	Warning letter.
Butta Creme.	Amount of butter fat present does not justify description used.	Unable to take formal sample. no stocks available.
Liquid filled chocolate bottles.	Low in spirit content.	Unable to take formal sample. No stocks available.
Vitality Biscuits.	Unsatisfactory label. No statement of vitamin content claimed.	Label amended.



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

Commodity	In- for- mal	For- mal.	Commodity	In- for- mal	For mal
Almond Flavouring	1		Grapefruit Milk Chocolate	1	
Annatto Substitute	1		Guavin	1	
Athera	1		Herb Beer	1	
Barmene	1		Hi-protein	3	
Beef and Malt Wine		1	Ice Cream	13	2
Biobalm	1		Ice Lollipops	6	
Biscuits	4		Indian Brandee	3	
Bitter Lemon	1		Infants Preservatives	1	
Blackcurrant Glycerine and Honey	1		Influenza Mixture	1	1
Blackcurrant Juice Syrup	1		Jelly Cream	1	
Blackcurrant Soft Drink	1		Jumping Jack	1	
Bone and Nerve Liniment	1		Junipah tablets	1	
Boracic Ointment B.P.	1		Kool Kup	3	
Bowdler's Lozenges	1		Lemon Flavouring	1	
Bronchial Emulsion	1		Liquid Paraffin B.P.	1	
Brown Powders	1		Maplesyrup	1	
Butta Creme	1		Margarine	1	
Butter		1	Menthol Eucalyptus	1	
Calamine Lotion B.P.	1		Milk	3	3
Capsules of Vitamin A & D	1		Milk Shake Syrup	2	
Cascara Sagrada B.P.	1		Minced Chicken in Chicken Stock.	1	
Cherry Wine	1		Mixed Peel	1	
Chicken and Ham Paste	1		Neoclenz	1	
Chocolate Liqueur bottles	2		Oatmeal	1	
Clotted Cream	1		Orange Juice	2	
Cocktail Dab	1		Ox-tongue	1	
Cocktail Tablets	1		Pickled Cabbage	1	
Cochineal extract	1		Pineapple Juice	1	
Condensed Milk	1		Pork Sausage		2
Cough Candy Dab	1		Prescription Shampoo	1	
Cough Mixture	1		Puff Pastry	1	
Crystallised Hen Egg	1		Ruby Wine		1
Dandelion Coffee	1		Rutin T	1	2
Dessicated Coconut	1		Ruturite Tablets	1	
Double Whipping Cream	1		Salt	1	1
Dried Milk Powder	2		Sherbert Dab and Sucker	3	
Ellioth Mixture	1		Soothing Powders	1	
Emprote	1		Spirit of Sal.Volatile	1	
Enervyte	1		Steak and Kidney Pie	1	
Evaporated Milk	1		Tablets of Menthol B.P.		
Express Powders	1		Oil of Eucalyptus B.P.		
Extra Strong Peppermints	1		Tea	1	
Flour	2		Tomato Juice	1	
Flowers of Sulphur	1		Tonic Beer Ingredients	1	
Food Colour	10		Turkey Pie	1	
Frozen Sponge Sandwich	1		Vanilla Flavouring	1	
Gelezone	1		Vita Tea		1
Ginger Beer	1		Vitalax	1	
Glace Cherries	2		Vitamin E Capsules	1	
Glycerine B.P.	3		Vitasal	1	
Grapefruit Juice	1				



## ICE CREAM AND ICED LOLLIPOPS

60 samples of ice cream submitted to the Public Health Laboratory Service for provisional grading tests were from four manufacturers in Dudley and ten manufacturers outside the area. 93% of the samples taken were placed in Provisional Grades 1 and 2. Of the samples taken produced in the Dudley area, the ten samples which failed to reach Grade 1 were produced by one manufacturer. A table summarising results is set out hereafter.

Investigation of the initial Grade 4 result showed that proper care of the ice cream servers was not being taken and that it was the practice of the shop assistants to remove the ice cream containers from the storage cabinet for defrosting. Immediate improvement in the method of handling in the shops was evident, and supplies of a quaternary ammonium compound were made available for use in serving utensil rinse water.

Grade 1 results in the shops were followed by two Grade 3 results from ageing ice cream mix and ice cream in cold store at the factory. A lengthy investigation followed at the factory and samples taken at different points in the plant during processing gave mixed results. Some samples were placed in Provisional Grade 1, and some in Grade 2. The cleansing and sterilising technique was suspect as it was the practice to tip sterilised milk into the pasteuriser overnight prior to processing. This meant that no preliminary final sterilisation of the plant and pipe lines could take place on the morning of processing. In addition, a proprietary detergent was being used in conjunction with a hypochlorite produced by another company and there was some doubt as to the compatibility of the two products. Homogeniser gland packings were found to be gummy when the plant was examined and it was the practice of the operators to wash these in hypochlorite solution without preliminary cleansing.

The manufacturer was advised to adopt a recognised cleansing routine using the detergents and sterilants of one company. This course was adopted and ensuing samples from the plant showed satisfactory results.

It is unfortunate that sampling officers are restricted in the number of samples which they can submit for bacteriological examination, but staff shortage at the Public Health Laboratory and demands of other laboratory work have resulted in fewer samples being submitted for examination.

Of 16 samples of ice cream taken for analysis one was reported as being below the standard required by the Food Standards (Ice Cream) Order, 1953. This was deficient of fat, and no satisfactory explanation for the deficiency was found. The recipe used gave very little latitude and as a result of the investigation the fat content was considerably increased.

A table showing the analysis of the results of the bacteriological examination of 67 Iced Lollies taken during the year is set out on the following page. The samples taken were produced by 2 manufacturers in Dudley and 10 manufacturers outside the area. Of 22 samples which gave colony counts in excess of 300, 18 were from the same manufacturer outside the Dudley area. 8 samples from this source gave "uncountable" colony counts. These unsatisfactory results were discussed at length with the Chief Public Health Inspector of the authority in whose area the manufacturer's premises were situated and a visit was made to the premises at his invitation. Certain improvement works were contemplated by the occupier, and it was anticipated that these would commence before production began in 1959.

The solitary report of Type 1 B. Coli in an iced lollie was referred to the authority concerned, and they reported that all stocks of lollies of this type from the same batch had been withdrawn from cold store and destroyed. The probable explanation given was that the principal ingredient was skimmed milk which on this occasion had not been properly pasteurised.

The Health Committee decided following consideration of reports of unsatisfactory results of bacteriological examination of iced lollie samples, to request the Association of Municipal Corporations to make representation to the Minister of Health with a view to introducing regulations controlling the chemical and bacteriological standard of iced lollies. The Health Committee of the Association gave full and sympathetic consideration to the problem but they hardly felt that it could be regarded as one of a sufficiently general character to be dealt with by the making of regulations. Many members of the Committee felt that bacteriological standards were on the whole reasonably satisfactory and it would not appear that any case has been established of disease being actually transmitted by this means.



# ICE CREAM

## Analysis of Results of Provisional Grading Tests

Where produced	No. of samples taken	Grade 1	Grade 2	Grade 3	Grade 4
In Dudley	33	23	6	3	1
Outside Dudley	27	27	-	-	-
Totals	60	50	6	3	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

Where produced	No. of samples taken	Colony count per ml. of lollie after 48 hrs at 37o C.											B.Coli Type 1 in 10 mls of lollie		
		Nil	0 - 10	10 - 50	50 - 100	100 - 200	200 - 300	300 - 500	500 - 1,000	1,000- 5,000	5,000-10,000	Over 10,000	Uncountable	Ab-sent	Present
In Dudley	5*	1	2	-	-	1	-	-	-	-	-	-	-	5	-
Outside Dudley	62x	1	15	10	4	2	-	5	2	5	-	1	9	61	1
Total	67	2	17	10	4	3	-	5	2	5	-	1	9	66	1

\* 1 of these samples was subjected to the Provisional Grading Test and was placed in Grade 1.

x 8 of these samples were subjected to the Provisional Grading Test and were all placed in Provisional Grade 1.

The sample where B. Coli Type 1 were present had a colony count of 33 per mls.

# UNFIT FOOD AND FOREIGN BODIES IN FOOD

1958 produced its crop of complaints under this category.

A sample of pickled cabbage which was alleged to have caused vomiting in a consumer was found to be free from metallic or other contamination likely to produce such symptoms.

Complaints of insufficiently cleansed milk bottles were investigated and in one instance the complainant was objecting to adhesions of milk fat to the sides of the bottle. This was in no way due to poor cleansing methods. Two complaints of bottles of milk containing particles of glass were received during the year. In the first case it appeared that a particle of glass from another bottle had gained access to the bottle complained of, and this had escaped the viewers' notice prior to filling. In the second case a bottle of school milk was consumed by a pupil who claimed to have swallowed a particle of glass which the bottle contained. It was unfortunate that in this instance the pupil failed to consume the milk with the aid of a drinking straw and the evidence did not come to light.



A cream and jam doughnut referred to the department from an adjoining authority had a blackened criss-cross pattern on its underside. Investigation showed that the pattern was produced by the wire trays on which the doughnuts were placed prior to immersion in the fryer. The flour used for dusting the doughnuts prior to frying became carbonised in the fat and this adhered to the wire mesh of the trays from which it was transferred to the doughnuts. More frequent clarification of the fat was immediately initiated.

A chocolate covered sandwich had a cream filling which had a "soapy" taste according to the complainant. Only incipient rancidity of the cream was reported by the Public Analyst.

A bakery complained of the lumpy condition of consignments of unsweetened evaporated milk. Examination by the Public Analyst failed to find the reason for this. It was stated to be purely a physical property and may have been associated with the ageing process or excessive heat treatment.

Another authority complained that a packet of crumpets supplied by a Dudley bakery firm had been found unfit due to mould growth. Investigations revealed that the crumpets were produced in another bakery of the same company and delivered to Dudley on the day following production. These crumpets were supplied to the retailer three days later and the retailer sold them to the complainant a further three days later. It was impossible to ascertain when the crumpets developed the mould growth, but after the retailer received the supply of crumpets, the weather became warm and humid and this may have precipitated the growth.

A purchaser of a chocolate covered sponge sandwich complained of a mould growth on the surface of the cream filling. An exhaustive enquiry showed that contrary to the statement of the retailer the sponge sandwich was supplied to her eight days before it was retailed and not on the previous day. In this instance a warning letter was sent to the retailer following report to Health Committee.

A piece of chocolate covered nougat contaminated by mice was sold from a sales kiosk, and inspection of the premises revealed mice infestation and further contaminated food. The infestation had spread from nearby premises which were also infested. Disinfestation treatment began immediately and all unprotected sweets were stored in metal food storage containers until the premises had been cleared of mice.

A complaint was received from another Local Authority that a milk brown loaf produced at a Dudley bakery was found to contain insect parts. These proved to be portions of the broad horned flour beetle and other specimens of the insect were found in the vicinity of the point in the bakery where the wheat meal flour was stored. The bakery in question had a contract with a disinfestation company which made regular visits for inspection and treatment. Inspection of wheat meal flour consignments coming to the bakery were made following the receipt of the complaint. In two instances insects were found on the necks of sacks and the origin of the contamination may have been the incoming flour.

A cockroach was found in a bilberry pie and inspection of the bakery revealed evidence of infestation by cockroaches. An old coke fired oven had been removed at about the same time that the pie in question was prepared and intensified treatment of the site of the oven with a proprietary insecticide had scattered the insect population. The upset state of the bakery was undoubtedly a contributory factor in this instance.

A solitary chocolate covered raisin in a packet was found to bear a small hole which could have been made by a cocoa-moth larva. The complainant claimed that a "brown maggot" had been noticed when the sweets were tipped out of the packet. This was unfortunately pounced upon by the wife of the complainant and thrown on to the fire. The suppliers in this instance, like all reputable manufacturers of chocolate products, were fully aware of the risk of contamination from this source and made full apologies.



## H O U S I N G

Housing is a long term business. This is unfortunate because it affects the individual so personally. The only real substitute for a bad house is to provide a sound one. During 1958 this has been done in 356 instances, thus being the highest yearly figure during the post-war period.

Having said that I must now give word of warning. The number of houses condemned during the year was very small and this will result in a slowing down of future progress.

There was a great amount of work put into the preparation of proposed clearance areas, but even at the time of writing this report there seems very little hope of much rehousing from these unfit houses for the next eighteen months.

### RENT ACT, 1956

No. of applications for certificates of disrepair .....	21
No. of notices of intention to issue a certificate served..	21
Certificates of Disrepair issued .....	13
Certificates of Disrepair cancelled .....	5

### REHOUSING

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

No. of cases rehoused because of Tuberculosis .....	13
No. of cases rehoused because of special health features..	2
No. of families rehoused from houses on which a Demolition Order or Closing Order was operative .....	43
No. of families rehoused from Clearance Areas .....	313

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

#### Available lettings during 1958

	<u>New</u>		<u>Re-lets</u>
Flats	47	Post-warhouses	36
Bungalows	Nil	Pre-war houses	53
Houses	285	Post-war flats	25
Bed Sitters	3	Pre-war flats	6
		Post-war Bungalows	5
		Pre-war Bungalows	4
		Pre-fabs	9
		Odd Properties (houses)	3
		" " (flats)	-
	<hr/>		<hr/>
	335		141
	<hr/>		<hr/>

Total ..... 476. Mutual exchanges are not included.

The total number of visits made for housing purposes during the year was 1886.

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	Total
Demolition Orders made	-	15	20	34	110	57	10	41	118	43	52	36	100	55	691
Closing Orders made	-	-	-	1	1	3	-	3	-	4	5	2	8	11	38
Houses confirmed in Clearance Areas.	-	-	63	102	-	-	-	-	429	-	-	111	599	41	1345
Houses demolished - Section 17	18	34	19	34	30	88	57	57	46	71	35	42	120	93	744
Houses demolished - Clearance Areas.	-	90	11	104	44	35	22	6	5	102	86	105	101	87	796
Rehousing - Section 17.	5	17	18	52	57	88	37	34	68	60	74	69	122	43	742
Rehousing - Slum Clearance Areas etc.	-	8	39	112	15	3	2	2	41	184	139	119	197	313	874

TABLE 11.

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	1957	1958
Families rehoused from houses affected by demolition or Closing Orders.	5	17	18	52	57	88	37	34	68	60	74	69	122	43
Families rehoused from Clearance Areas	-	8	39	112	15	3	2	2	41	184	139	119	197	313
Total	5	25	57	164	72	91	39	36	109	244	213	188	319	356
Total available lettings.	39	204	125	520	444	272	358	445	389	462	360	454	419	476
% 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	76.1	74.7



## SANITARY ADMINISTRATION

### Particulars of Inspections

Routine work continued under the Public Health Act, 1936 and during the year 970 inspections and 1410 re-inspections were made.

The number of preliminary notices served was 133 and the number complied with was 65. Statutory Notices served numbered 83 and 74 notices were complied with.

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

Chimneys .....	28
House roofs .....	91
Eavesgutters and rainwater pipes .....	34
Floors .....	15
Staircases .....	9
Plasterwork .....	75
Windows: Woodwork .....	41
Sashcords .....	51
Firegrates .....	14
Outbuildings .....	33
Closets .....	35
Drainage systems .....	49
Walls .....	51
Doors .....	21

### DOMESTIC WATER SUPPLY

No. of premises (excluding Council Houses) having a private water supply (estimated) .....	8841
No. of Council Houses .....	8875
No. of premises having common water supplies (estimated) .....	900

### WATER SUPPLY

Complaints with respect to water supply were mainly concerned with abnormal taste. Complaints of this nature are investigated and followed up by bacteriological and chemical examination of water samples. O-Tolidine tests are also carried out for presence of residual chlorine.

One instance of complaints of the presence of black deposits in the water supply which became evident during the weekly wash, was investigated. Samples of the black deposit and water were submitted to the Public Analyst who reported that the deposit consisted of mineral oil or grease. The water undertakers investigated and reported that the deposit may have originated from a pump packing. This contamination was experienced by only two householders and disappeared comparatively quickly.

Apart from this solitary instance, no unsatisfactory report following bacteriological or chemical examination was received.

## FACORIES

The number of Factories inspected was 70 and in addition 88 re-visits were made. 11 informal notices were served.

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

Contraventions	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector
Want of Cleanliness	-	-	-	-
Overcrowding	-	-	-	-
Unreasonable temperature	-	-	-	-
Inadequate ventilation	-	-	-	-
Ineffective drainage of floors	-	-	-	-
Sanitary conveniences				
(a) Insufficient	-	-	-	1
(b) Unsuitable or defective	15	15	-	5
(c) Not separate for sexes	2	2	-	-

## OUTWORKERS

(a) No. of lists received from employers .....	14
(b) No. of employers involved .....	14
(c) Outworkers involved .....	25
(d) No. of outworkers living outside Borough .....	14
(e) No. of districts in (d) .....	5
(f) No. of lists received from outside Authorities .....	3
(g) No. of outworkers involved .....	84

## INFECTIOUS DISEASE

150 visits were made by inspectors in connection with cases of notifiable disease. Almost half of the visits were in connection with dysentery or suspected dysentery cases.

In my report for 1957 reference was made to sewage pollution of a canal arm at Harts Hill and its connection with infectious disease. A duplicate sewer is now in course of construction and its completion should mark the end of pollution, from this source, to the canal arm.

Mention was also made of sewage pollution of open streams in other parts of the Borough due to the inability of the sewers to cope with the increased flow of sewage. Your Council received an intimation from the Sewage Board that Ministry consent was to be obtained for major works of reconstruction. There are no signs, as yet, of any of this work being started. In the meantime observations are being continued and I regret that sewage pollution of the water courses regularly occurs during rainy weather and the overflow of sewage continues for some time after rainfall has ceased.

In the meantime the public are warned that these waters are polluted by means of suitable signs sited at points where they are likely to join tow paths or gain access to the banks of water courses.



## SANITARY ACCOMMODATION

	1958	1957
No. of houses and other premises (estimated)	20,051	19,886
No. of houses and other premises served by W.C's draining into public sewers	19,868	19,707
No. of houses and other premises served by ashbins	20,051	19,886
No. of privies in the Borough	Nil	Nil
No. of cesspools in the Borough	108	104
No. of pail closets in the Borough	76	72
Particulars of conversions from conservancy system during the year:-		
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	4
Privies converted to pails	Nil	Nil

## RODENT CONTROL

1352 visits were made to premises in connection with rodent control during the year.

## AIR POLLUTION

### General

The tempo and volume of work has increased enormously in this field during the period under review, due to the full operation of the Clean Air Act, and the anxiety to utilise all the "power at our elbow" so as to proceed along the road to clean air with all possible haste.

### SMOKE CONTROL AREAS

#### (1) Russells Hall Estate

This is a Council housing estate under development, covering an area of 312 acres which, on completion, will contain approximately 2,500 dwellings in addition to shops, schools, etc.

Houses became available for letting in March, and by the end of the year some 304 houses were occupied.

The first house to be completed was taken over for a week by this Department in co-operation with the West Midlands Gas Board, and used for the purpose of demonstrating the correct usage of the heating appliances burning solid smokeless fuels. Details of these demonstrations were publicised and the attendances more than justified the efforts involved. During the week almost 1,000 people attended these demonstrations and the opportunity was taken not only for the giving of detailed information concerning the particular appliances installed, but also of disseminating general information regarding the ideals of clean air. In addition we gained much valuable information on the performance of the appliances, quantity of fuel consumed, quantity of gas consumed in order to ignite the fire with an integral gas burner etc.

Each ingoing tenant is given the opportunity of having a demonstration in their new homes, when any difficulties or queries are ironed out, and most new tenants have availed themselves of this service.

Whilst the Order does not become operative until the 1st January, 1959, the interim period has been covered by the new tenants signing an agreement, undertaking to burn only authorised fuels.

## (2) Dudley Castle Area

This is an area of some 420 acres, containing 981 premises, mainly houses, both Council and privately owned.

By the end of the year approval in principle had been received, detailed survey carried out, and all the necessary information prepared, and we now await the Council making the Smoke Control Order, prior to its submission to the Ministry of Housing and Local Government for final confirmation.

## (3) Flood Street Area

This is an area of some 38 acres, containing 100 premises, domestic, commercial and industrial and an area of land scheduled for future industrial development.

Preliminary details have been submitted to the Ministry of Housing and Local Government and we now await approval in principle before proceeding with the further stages.

### Industrial

Much time has been spent during the year in consultation with industrial undertakings on the interpretation and implications of the Clean Air Act. A large measure of co-operation has been received, particularly in relation to the provisions regarding dark smoke. This may well be due to the fact that smoke prevention and fuel economy run, to a large extent, hand in hand. The problem of grit arrestation appears to be a more vexed one, as the legislation is very non-specific, permitting of a variety of interpretation. In addition, there is no return on capital invested in grit arrestation equipment, other than the knowledge that one is playing ones part in the struggle for clean air.

### Certificates of Exemption

Certificates of Exemption were granted in six cases, five with a duration of 12 months, and one of six months. Four of these certificates were issued under Section 2, and two under Section 21.

### Statistics

No. of smoke observations taken - 166

Aggregate emissions were as follows:-

Black smoke .....	20 minutes
Dense smoke .....	270 $\frac{3}{4}$ minutes
Light smoke .....	961 $\frac{3}{4}$ minutes

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

Black smoke .....	0.12 minutes
Dark smoke .....	1.62 minutes
Light smoke .....	5.78 minutes

Industrial premises visited or re-visited re smoke emissions - 42

Visits re Clean Air Act - 2,905

Conversions to oil firing ..... 6

Improvement effected due to improved firing  
methods and/or minor repairs or improvements  
to plant ..... 10



## MISCELLANEOUS

### SHOPS

It was not possible during the year to carry out routine inspection of shops under the provisions of the Shops Act, 1950 and action had to be limited to complaints.

### SLAUGHTER OF ANIMALS ACT

The number of licensed slaughtermen at the end of the year was 26.

### PHARMACY AND POISONS ACT, 1933

No applications for entry on the poisons list were made.

### FERTILISERS AND FEEDING STUFFS ACT, 1926.

10 samples of fertiliser were taken during the year. 3 samples 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

Itinerants living in caravans are a continued source of nuisance in parts of the Borough. Your Council decided a few years ago that it was not possible to provide and equip a site where caravans could be parked for short periods.

This decision has in no way reduced the number of caravans coming in. The vans are parked on areas of land without permission. No amenities of any kind are provided and very quickly the area becomes untidy and littered with unwanted materials. In all cases several visits are required before the vans are moved, and result in a great wastage of valuable time.

A total of 182 visits were necessary during the year.

### RAG FLOCK AND OTHER FILLINGS MATERIALS ACT, 1951.

No samples were taken under this Act during the year.

### PET ANIMALS ACT, 1951.

Four premises are licensed under this enactment.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

AT 31st DECEMBER, 1958

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.
- \* M. H. Turner, M.B., Ch.B.
- \* N. Turner, M.R.C.S., L.R.C.P.
- \* J. E. Cumming, M.B., Ch.B. (Birm)

Consultants (by arrangement with Regional Hospital Board):

Ear, Nose and Throat Surgeon:

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

Chest Physician:

A. W. B. Macdonald, B.Sc., M.D.

Child Psychiatrist:

D. T. MacLay, M.D., D.P.M.

Ophthalmologist:

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

Orthopaedic Surgeon:

W. H. Scrase, F.R.C.S.

Gynaecologist:

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

Chief Dental Officer:

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

Dental Officer:

- \* S. H. Bassett, 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.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:

+ D. Clarke, M.A.P.H.I., Cert. S.I.B.  
N. Briggs, Cert. S.I.B.

Assistant Cleansing Superintendent:

G. Thomas, M.A.P.H.I., M. Inst. P.C., 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., S.C.M. (Part I) 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.C. 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.

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

\*Mrs. M. J. Astley, S.R.N., S.C.M., H.V.'s Cert.

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.

Speech Therapist:

\*Mrs. M. W. Brooke

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. B. J. Griffiths, S.R.N.

Nursing Assistant:

Mrs. E. H. Taylor

Dental Attendants:

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

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

\*Miss J. Jordan

Deputy Chief Welfare Officer:

G. T. Meredith

Assistant Welfare Officer:

Miss E. D. Reeve

Welfare Assistant:

J. Houghton

Occupational Therapist/Handicrafts Instructor:

Mrs. M. M. Ashen

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

Matron - "Primrose House":

Mrs. F. Madeley

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

Clerical Staff:

Administrative Assistant:

J. W. Trinder

General Health:

K. Rawlings, Senior Clerk

Miss I. Richards

Miss B. Branston

Mrs. I. Pritchard

Mrs. M. Chapman

Miss D. Simcox

Welfare Foods Distribution:

\*Mrs. G. Crew

\*Mrs. I. Lewis

Sanitary Section:

Mrs. M. Bennett

Miss B. Underwood

Miss J. Rippin

G. W. Thomas

School Health Section:

R. Woolley, Senior Clerk

Miss M. Mayer

Mrs. O. Baker

Miss M. Tuck

Miss P. Dodd

Miss M. Bowen

Mrs. A. Gwilliam

Welfare Section:

W. W. Guise (General Assistant)

Miss G. O. Jones

\*Part-time

+Certificate of the Royal Society of Health - Inspector of Meat and Other Foods.



1. The first part of the report deals with the general situation of the country and the progress of the work during the year. It is a summary of the work done and a statement of the results achieved. It is a statement of the work done and a statement of the results achieved.

2. The second part of the report deals with the details of the work done. It is a statement of the work done and a statement of the results achieved. It is a statement of the work done and a statement of the results achieved.

3. The third part of the report deals with the details of the work done. It is a statement of the work done and a statement of the results achieved. It is a statement of the work done and a statement of the results achieved.

4. The fourth part of the report deals with the details of the work done. It is a statement of the work done and a statement of the results achieved. It is a statement of the work done and a statement of the results achieved.

5. The fifth part of the report deals with the details of the work done. It is a statement of the work done and a statement of the results achieved. It is a statement of the work done and a statement of the results achieved.





