

**[Report 1959] / Medical Officer of Health, Dudley County Borough.**

**Contributors**

Dudley (England). County Borough Council.

**Publication/Creation**

1959

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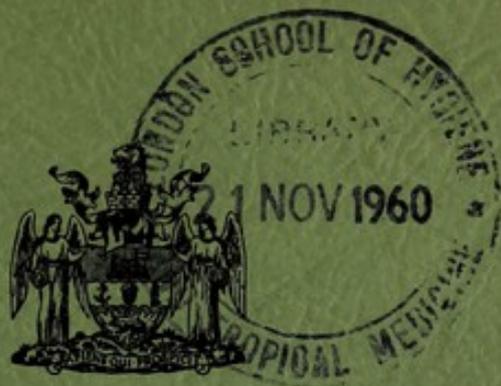
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COUNTY BOROUGH OF DUDLEY

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# ANNUAL REPORT

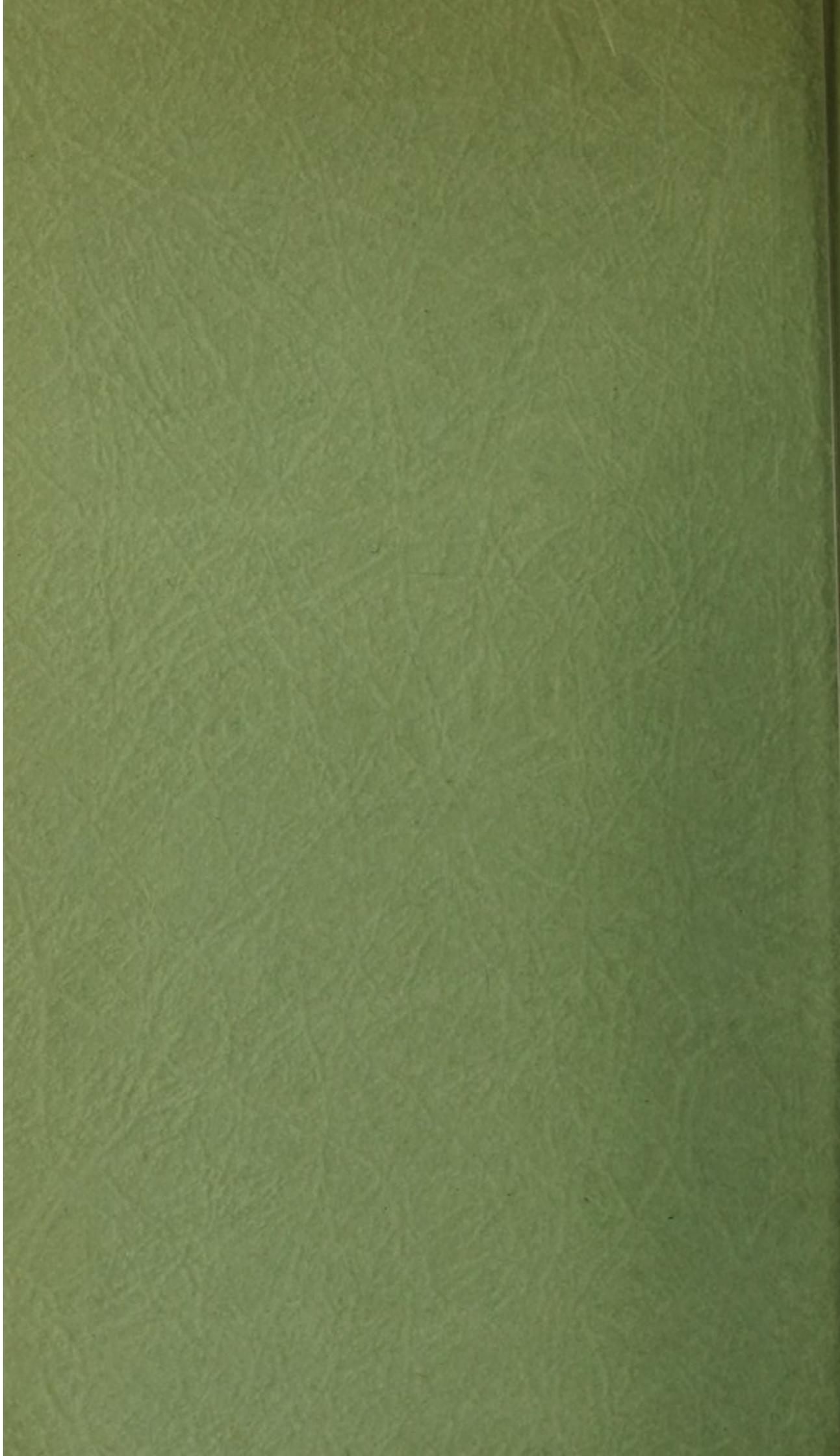
of the

**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 1959





COUNTY BOROUGH OF DUDLEY

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# ANNUAL REPORT

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PRINCIPAL SCHOOL MEDICAL OFFICER**

**CHIEF WELFARE OFFICER**

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**FOR THE YEAR 1959**

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**Constitution of Committees as at 31st December, 1959**

**HEALTH COMMITTEE**

Councillor W. H. W. Poulton (*Chairman*)

Councillor Mrs. R. Davies (*Vice-Chairman*)

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

(Members of the Council)

Dr. J. Macdonald	} Appointed by Dudley Executive Council
Mr. S. Rowley	
Mr. D. Chambers	
Dr. W. N. Miller	Appointed by Local Medical Committee
Mrs. D. Crump	Appointed by Local Hospital Management Committee
Mrs. Billingham	Mrs. P. Homer

(Co-opted Members)

**WELFARE COMMITTEE**

Councillor Mrs. R. E. Wakeman (*Chairman*)

Councillor E. Morris (*Vice-Chairman*)

The Mayor	Councillor G. W. A. Griffiths
The Deputy Mayor	Councillor Dr. J. H. Haldane
Alderman G. B. Norton	Councillor C. N. Preedy
Councillor J. L. Billingham	Councillor A. E. Ward
Councillor T. Gallagher	

(Members of the Council)

Mrs. P. Homer	Mrs. M. Shipway
Mrs. E. Moore	Mrs. A. M. Silcox
Mrs. E. B. Round	Mrs. J. Welch

(Co-opted Members)

**EDUCATION COMMITTEE**Councillor A. E. Ward (*Chairman*)The Mayor, Councillor J. Marsh (*Vice-Chairman*)

The Deputy Mayor	Councillor Dr. J. H. Haldane
Alderman T. E. Bennett	Councillor C. N. Preedy
Alderman J. L. Hillman	Councillor J. G. Rowley
Alderman J. H. Molyneux	Councillor H. Vanes
Alderman J. C. Price	Councillor Mrs. R. E. Wakeman
Councillor Mrs. R. Davies	Councillor F. J. Williams

(Members of the Council)

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

(Co-opted Members)

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

The Mayor	Councillor Mrs. R. E. Wakeman
Alderman T. E. Bennett	Councillor H. Vanes
Alderman J. C. Price	Councillor A. E. Ward
Councillor Mrs. R. Davies	Councillor F. J. Williams
Councillor C. N. Preedy	

(Members of the Council)

Rev. J. J. Davies	Mr. H. Baker
Rev. P. J. Quilty	Mr. N. H. Davis
Rev. R. C. Stevens	

(Co-opted Members)

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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1959.

1959, for Dudley, as for other Local Health Authorities, was an eventful year. The passing of the Mental Health Act, the belated sanction for development of chiropody schemes, the Reports of the Cranbrook Committee on maternal care and the Younghusband Working Party on the functions and training of social workers in Health and Welfare Departments, gave much food for thought and advance planning. Meanwhile the routine functions of the Department continued to be carried out efficiently in spite of equally routine staff shortages, thanks to the enthusiasm and co-operation of all concerned.

Apart from the contemporary plagues of accidents, lung cancer, and coronary heart disease, further improvements were experienced in the traditional health indices. Measles, though widespread, caused little serious concern; in the early months influenza took some toll of the elderly and others handicapped by chronic chest disease. Otherwise infectious disease was negligible and there were again no cases of poliomyelitis; the considerable, if belated, improvement in parental acceptance rates for immunisation against the latter may well have played a part, but the response from the older age groups was still disappointing.

Medical and enlightened lay opinion have of recent years moved far in advance of the archaic Mental Deficiency and Mental Treatment legislation which is still in operation. The full implementation of the 1959 Mental Health Act will do much to remove the remaining barriers to the integration of the care and treatment of mental disorder with the rest of the National Health Service and other social services. Informal admission of cases of mental illness commenced in the Autumn, with discharge from Order, though not from hospital, of many patients where compulsory power of detention was considered unnecessary. In the case of the mentally subnormal similar steps had commenced under the old legislation in the previous year. The Act seeks not only to place admission and treatment of all forms of mental disorder as far as practicable on the same basis as the procedure for other illnesses but to transfer the emphasis from hospital to community care. This greatly widened responsibility of the Local Health Authority urgently requires expansion of mental health staffs and adequate training of both recruits and existing staff, if these demands are to be met. The provision of accommodation for hostels and training centres, difficult and expensive though it may well prove, must be regarded as being of secondary importance. Failing prompt measures to recruit and train the right sort of mental welfare workers, the extension to the mentally handicapped of the facilities available under Section 28 (Prevention of Illness, Care and After-care) of the National Health Service Act and of the National Assistance and Childrens Acts will not be realised, and the whole movement of public opinion

towards a more liberal attitude to community care and responsibility may well lose impetus. In order to provide the necessary continuity of care for the patient and expert guidance for Local Authority staffs, the closest possible liaison will be necessary with mental hospitals and Dudley is indeed fortunate in being allocated as Advisors Dr. A. Shepherd, Medical Superintendent, Barnsley Hall Hospital, and Dr. R. J. Stanley, Medical Superintendent of Monyhull Hospital.

The Report of the Cranbrook Committee on Maternity Services did little to advance our knowledge of ante-natal care; this impression may be due to the almost complete identity of its recommendations and standards of maternal care with the policy pursued in this Borough for many years. Its emphasis, however, on the need for the closest possible co-ordination of the general practitioner, local health authority, and hospital services, and on the importance of the appropriate allocation of existing maternity beds, cannot be too often repeated. A disturbing reduction in our own domiciliary midwifery staff was met largely by the much appreciated gesture of two former Dudley midwives in returning as maternity nurses. With this help, and an admirable spirit of co-operation among the remaining staff, a serious breakdown in the service was avoided.

The responsibilities of the other domiciliary services continued to grow and it was encouraging to resume recruitment and training of health visitors after many frustrating years of understaffing. The The Badley District Nursing Home lost, by retirement, its Matron Miss Darby, who has done so much to establish its high standards and reputation. The opportunity was taken to seek the agreement of the Association and the Ministry of Health to integrate this with the other nursing services of the Borough, under a joint Supervisor of District Nurses and Midwives. A noteworthy advance was the establishment of a Family Planning Clinic fortnightly at Holly Hall, which is managed by a voluntary committee under the Chairmanship of Mrs. Moore.

In the report on the Welfare Services, Mr. Meredith draws attention to the rapid development of the scheme for the physically handicapped and the vital part played on the social side by the Dudley Association for the Handicapped. Residential accommodation for the aged was increased by the opening of two small Homes, and plans for a 42 bedded Home for the more infirm were approved by the Ministry.

In the environmental sphere further satisfactory progress was made in smoke control with the confirmation of Orders for two further areas, Dudley Castle and Flood Street No. 3. Slum clearance proceeded and the heavy initial work involved in preparing to deal with the Old Dock area comprising some 500 dwelling houses occupied a substantial proportion of the resources of the Department throughout the year.

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 the 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. Trinder, Administrative Assistant, and to the General Practitioners, Hospital Authorities, Voluntary Organisations, and the Press, for the co-operation and consideration I have always received.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

R. M. ROSS,

*Medical Officer of Health.*

The Council House,  
Dudley.

Telephone No.: Dudley 55433

## SECTION A—VITAL STATISTICS

Population—Registrar General's estimate, 1959	....	64,200
Rateable Value (at 1st April, 1960)	....	£816,808
Estimated Product of 1d. Rate (1959/60)	....	£3,380

**Live Births:**

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	468	450	918
Illegitimate	15	28	43
	<hr/>	<hr/>	<hr/>
	483	478	961

Rate per 1,000 population 14.21  
\*(16.5)

Illegitimate Live Births per cent of total live births 4.4

**Stillbirths:**

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	18	10	28
Illegitimate	—	1	1
	<hr/>	<hr/>	<hr/>
	18	11	29

Rate per 1,000 total live and still births 29.29  
\*(21.0)

**Total Live and Stillbirths:**

<i>M.</i>	<i>F.</i>	<i>Total</i>
501	489	990

**Infant Deaths (Deaths under 1 year)**

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	8	7	15
Illegitimate	2	—	2
	<hr/>	<hr/>	<hr/>
	10	7	17

**Infant Mortality Rates:**

Total infant deaths per 1,000 total live births 17.68  
\*(22.2)

Legitimate infant deaths per 1,000 legitimate live births 16.34

Illegitimate infant deaths per 1,000 illegitimate live births 46.51

Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) 13.52  
\*(15.8)

Early neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births) 11.4

Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births) 40.4  
\*(34.2)

**Maternal Mortality (including abortion)**

Deaths Nil

Rate per 1,000 total live and still births Nil

## Deaths:

<i>M.</i>	<i>F.</i>	<i>Total</i>
373	298	671

Death Rate per 1,000 population

13.5

\*(11.6)

\*The National Rates are shown in brackets.

## Deaths from all Causes

Table I

	<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1	Tuberculosis of Respiratory System ....	10	1	11
2	Other forms of Tuberculosis ....	—	—	—
3	Syphilitic Diseases ....	1	—	1
4	Diphtheria ....	—	—	—
5	Whooping Cough ....	—	—	—
6	Meningococcal Infections ....	1	—	1
7	Acute Poliomyelitis ....	—	—	—
8	Measles ....	—	—	—
9	Other Infective and Parasitic Diseases	1	—	1
10	Malignant Neoplasm, Stomach ....	15	10	25
11	Malignant Neoplasm, Lungs, Bronchus	26	—	26
12	Malignant Neoplasm, Breast ....	—	7	7
13	Malignant Neoplasm, Uterus ....	—	3	3
14	Other Malignant and Lymphatic Neo- plasms ....	27	28	55
15	Leukaemia ....	2	1	3
16	Diabetes ....	—	7	7
17	Vascular Lesions of Nervous System ....	34	51	85
18	Coronary Disease, Angina ....	66	31	97
19	Hypertension with Heart Disease ....	9	12	21
20	Other Heart Diseases ....	32	54	86
21	Other Circulatory Disease ....	13	14	27
22	Influenza ....	9	8	17
23	Pneumonia ....	31	14	45
24	Bronchitis ....	37	19	56
25	Other Diseases of Respiratory System....	6	—	6
26	Ulcer of Stomach and Duodenum ....	8	4	12
27	Gastritis, Enteritis and Diarrhoea ....	—	1	1
28	Nephritis and Nephrosis ....	5	1	6
29	Hyperplasia of Prostate ....	5	—	5
30	Pregnancy, Childbirth, Abortion ....	—	—	—
31	Congenital Malformations ....	—	3	3
32	Other defined and ill-defined diseases....	14	14	28
33	Motor Vehicle Accidents ....	10	—	10
34	All other Accidents ....	9	12	21
35	Suicide ....	2	3	5
36	Homicide and Operations of War ....	—	—	—
		<hr/> 373	<hr/> 298	<hr/> 671

## Infant Mortality

The favourable trend which has recently been approximating Dudley's experience to the national average continued. Three quarters of infant deaths were in the first month of life and two thirds in the first week. The much reduced rate of 17.7 per thousand births (England and Wales 22) gives, however, an exaggerated impression, since it was nearly offset by a counter-balancing increase in stillbirths, a further indication that the causes of these two sources of loss are largely the same. A more realistic index is arrived at by adding stillbirths and deaths in the first week of life and this "perinatal" rate at 40 per thousand births is still substantially in excess of the national average. The Cranbrook Committee Report on the Maternity Services, published during the course of the year under review, emphasises the need for improved ante-natal care, co-ordination of the services concerned, and the best use of available maternity beds. Local discussions on the Committee's recommendations reached general agreement on the standards of ante-natal care to be aimed at. It is to be hoped that the national publicity which the Committee's findings received will reduce the disappointing proportion of expectant mothers who fail to make regular use of the supervision provided by family doctors and local health authority clinics; some of the most serious cases come to notice only at an advanced stage of pregnancy. For the seventh year in succession there was no death attributed to pregnancy or childbirth.

The 17 infant deaths were attributed to the following causes:—

Prematurity	....	....	....	8
Congenital Malformations	....	....	....	1
Bronchitis ...	....	....	....	1
Pneumonia	....	....	....	2
Accidental Death	....	....	....	1
Other Causes	....	....	....	4

## Other Causes of Death

One of the most striking features of Dudley's mortality was that while deaths from most forms of cancer showed a slight but encouraging decline, those from cancer of the lung continued to rise. Such deaths, all male, amounted to four times the total of a decade ago and to more than twice that for deaths from tuberculosis. Whilst atmospheric pollution probably plays a minor part, the habit of smoking, particularly heavy cigarette smoking is the main factor. This makes it obligatory, at the very least, to do everything possible to discourage the younger generation becoming addicts. The fact that established smokers can, by abandoning the habit, reduce the risk by up to two thirds makes propaganda among the older age groups also worth while for its direct as well as indirect effect.

A similar contrast was seen in deaths from diseases of the heart and blood vessels which accounted for 47% of the total. While all other forms of such diseases showed a slight decline in spite of the increasing proportion of aged in the population, coronary heart disease continued to increase its toll; the number of deaths attributed to this cause being two and three quarters that of 10 years ago. Here again personal habits, of diet, exercise, and, to a lesser extent,

smoking are probably important in this source of wastage of men at an age when they should be making their maximum contribution to their families and the community.

Deaths from accidents were 50% higher than the average for recent years. Ten occurred on the roads and the majority of the remainder at home. No figures are available for the amount of disability caused by non-fatal accidents but any cause of death three times as lethal as tuberculosis clearly calls for more attention from Public Health staffs and the public at large than it has yet been accorded.

### SECTION B—INFECTIOUS DISEASE

The following table shows the incidence of notifiable infectious diseases during 1959:—

	<i>Numbers Notified</i>		<i>Admitted to Hospital</i>
	<i>M.</i>	<i>F.</i>	
Scarlet Fever	9	4	2
Diphtheria	—	—	—
Whooping Cough	5	9	4
Measles	296	268	13
Pneumonia	16	9	18
Enteric or Typhoid Fever	—	—	—
Dysentery	17	7	10
Puerperal Pyrexia	—	—	—
Ophthalmia Neonatorum	—	—	—
Anterior Poliomyelitis:			
Paralytic	—	—	—
Non-Paralytic	—	—	—
Meningococcal Infection	1	—	1
Food Poisoning	13	12	—

The biennial measles epidemic produced only two thirds of the usual number of notifications; serious complications were rare and there were no deaths. Influenza, prevalent in the early months, caused 11 deaths; most of these were in elderly patients already crippled by chronic chest or heart disease. Its influence was also seen in the increase in notifications of pneumonia and the abnormally high death rates from that disease and bronchitis. The efficacy of immunisation schemes was again reflected in the continued absence of diphtheria, the very low incidence and mildness of whooping cough, and may have been partly responsible for freedom from poliomyelitis.

All but one of the dysentery notifications came from a single doctor, and the fact that treatment was almost invariably started before a specimen could be obtained made it impossible to decide whether his or his colleagues' estimate of the prevalence of this infection was correct. Much the same comment applies to notifications of food poisoning; the majority of these were single cases and in the eleven where it was possible to obtain a sample before treatment the results were all negative.

## Tuberculosis

The number of new cases of pulmonary tuberculosis declined by 25%, and confirmatory evidence of progress in the control of this infection is apparent in the fact that the proportion of 5 year old children showing evidence of previous infection declined over the last four years from 5 to 2.3.

The protection conferred in recent years by B.C.G. vaccination of the majority of 13 year old school children should accelerate the present decrease of incidence in the susceptible young adult age group. The main effort is now directed to the discovery of unrecognised cases in men in middle and later age.

The shift of emphasis in the work of the Chest Clinic is shown by the Mass Radiography Unit referring three times as many patients to the Chest Clinic for other abnormalities of lungs and heart as it did for active tuberculosis. Of the active cases of tuberculosis discovered by the Mass Radiography Unit, nine tenths were derived from the group referred by family doctors. A survey was carried out in July in which particular attention was paid to the staff of small new firms.

In addition to the constant advice and help from Dr. Macdonald, Chest Physician, I am also grateful to Dr. Posner for the X-ray examination of groups of special interest to the Public Health Department—contacts, employees, ante-natal cases and school children.

The numbers of persons on the register at 31st December, 1959 were:

Pulmonary—535;      Non-Pulmonary—56;      Total—591

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

	<i>New Cases</i>				<i>Deaths of Registered Tuberculosis Cases</i>			
	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Under 1 year	—	—	—	—	—	—	—	—
1—5 years	—	2	—	—	—	—	—	—
5—15 years	1	4	—	—	—	—	—	—
15—45 years	15	11	—	1	3	1	—	—
45—65 years	8	3	—	—	8	1	—	—
Over 65 years	1	—	—	—	2	—	—	—
Total—all ages	25	20	—	1	13	2	—	—

## Inward Transfers;

Pulmonary		Non-Pulmonary	
<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
7	1	—	1

**Public Health Laboratory**

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

**Food Poisoning**

Total number of outbreaks	....	....	....	....	—
Total number of cases	....	....	....	....	25
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 cases treated at the Treatment Centre, Guest Hospital, during the year.

**Cases dealt with for the first time during year:**

Syphilis	....	....	....	....	....	....	3
Gonorrhoea	....	....	....	....	....	....	14
Non-Venereal and undiagnosed conditions	....	....	....	....	....	....	91
							<hr/> 108 <hr/>

It is a relief that Dudley does not yet at least share the marked increase in cases of Gonorrhoea recently experienced in most urban areas.

## SECTION C—NATIONAL HEALTH SERVICE ACT, 1946

## Section 22—Care of Mothers and Young Children

The following table shows attendances at the various clinics:—

	<i>Expectant mothers attending</i>	<i>Total Attendances</i>
(a) Ante-natal .....	801	909
(b) Post-natal .....	5	5
(c) Child Welfare		
Children under 1 year .....	.....	10,569
Children between 1 and 5 years .....	.....	6,582
		<hr/> 17,151 <hr/>

Many family doctors continue to take advantage of the facilities for blood tests afforded at the clinics; chest X-rays and dental treatment are also available. One would like to see a much higher proportion of expectant mothers taking advantage of the relaxation classes and health education also provided. Post-natal clinics are, of course, no longer held separately as nearly all these examinations are now carried out by general practitioners. Every patient attending the clinic to book a midwife is strongly urged to secure the supervision of the family doctor, and almost all do so.

Attendances at Child Welfare Clinics have been well maintained but the response of mothers of the older pre-school children to the opportunity for an annual check continues to be disappointingly small. If such a routine could be established the proportion of school entrants showing preventable defects could be considerably reduced. While malnutrition and gross defect are, of course, decreasing an increasing proportion of mothers are seeking advice on the psychological problems of child rearing, and the health visiting staff have had the benefit of attendance at discussion groups which Dr. Maclay of the Child Guidance Clinic organised and led for some years. Health Visitors have been trained in the ascertainment of partial deafness in infants. Routine testing for phenylketonuria, a rare but treatable cause of mental deficiency, was instituted. In the ascertainment of serious defect at the earliest possible stage and in advice directed to giving the young child the best possible emotional setting and parental management, the health visitor has a part to play as vital as any contribution she has made in the past.

The ladies of the Voluntary Committees 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.

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

The Co-ordinating Committee continued to work mainly through its Sub-Committee which is, in effect, a case conference confined to field workers from the various Local Authority Departments and outside statutory and voluntary agencies concerned at first hand with the families under discussion. A substantial proportion

of families listed originally as "potential" problems have been indefinitely suspended from the list of active cases and some fully established "problem" families have been promoted to the "potential" status. The assistance of the Housing Tenancy Sub-Committee has been most useful in rehousing several families and these cases have to date nearly all responded to the challenge of better housing conditions. This work is inevitably arduous and makes unlimited demands on the patience of those concerned; it is quite certain that, apart from the cases of undoubted improvement, further deterioration into squalor of many more has been arrested. As a valuable by-product there is no doubt that understanding and co-operation between the workers of the various Departments and Organisations concerned has been greatly improved and duplication of visiting reduced. Some overlap is inevitable as in many families more than one agency has a statutory obligation to visit, and in any case an overlap is always to be preferred to a gap when the health and happiness of children are at stake.

### **Family Planning Clinic**

A Voluntary Committee was formed under the auspices of the Family Planning Association to provide a service for which many Dudley women had previously to travel to neighbouring towns. Holly Hall Clinic was placed at their disposal and the Health Committee also made a grant towards expenses as did some neighbouring Authorities. Clinics are held fortnightly and a growing number of attenders are highly appreciative of the help and advice provided. Mrs. Moore, the members of the Committee of which she is Chairman, and the medical and nursing staff are to be congratulated and thanked for meeting a very real need.

### **Dental**

#### **REPORT OF THE CHIEF DENTAL OFFICER**

"There has been a further reduction in staff during the year (1958—two and three elevenths approximately; 1959—one and three elevenths approximately) resulting in fewer sessions given to Maternity and Child Welfare work. I am glad to report, however, that the amount of work completed was about the same as last year. The number of fillings has increased.

About one third of the mothers who present themselves for treatment are made dentally fit. The other two thirds receive only emergency treatment to relieve pain. Due to shortage of staff and long waiting lists of school children for fillings, if they show an aversion to fillings they are not pressed to have conservative work, as it has been proved in the past that such cases cause waste of time through broken appointments.

Since there was no dental surgeon to man the Dudley Wood Clinic it had to be closed down. Those patients from that area have to attend the Holly Hall Clinic. The Central Clinic has been demolished and the patients who would normally attend there are treated at Holly Hall or Priory Clinic whichever is most convenient to the patient.

At present the service can be regarded as an emergency service only. Until the staffing position is improved it will remain such."

*Expectant and Nursing Mothers*      *Children under 5 years*

Numbers provided with dental care:

(i) Examined	133	90
(ii) Needing Treatment	130	80
(iii) Treated	131	70
(iv) No. of attendances for treatment	354	95
(v) Made dentally fit	47	38

Forms of dental treatment provided:

(i) Extractions	399	107
(ii) Fillings	120	19
(iii) Scalings and gum treatment	15	—
(iv) Silver Nitrate Treatment	6	38
(v) Dentures provided	51	—

No. of administrations of Nitrous-oxide for extractions	46	52
---	----	----

No. of dental X-rays	4	—
----------------------	---	---

**Ophthalmic Clinic**

		<i>Children under 5 years</i>
Errors of Refraction (including squint)	71	
External and Other	51	
	<b>Total</b>	<b>122</b>
Spectacles prescribed	18	

**Orthopaedic Clinic**

Massage:

Number treated	57
Total treatments	148

Orthopaedic:

Seen by Surgeon	63
New Cases	17
Total Attendances	120

**U.V.L. Clinic**

Children treated	44
Total Attendances	102

### Section 23—Midwifery

The total number of births (live and still) was 974 of which 454 occurred at home and 520 at nearby Maternity Homes and Hospitals. Of the Institutional confinements 351 took place in the Rosemary Ednam Maternity Home. The percentage of domiciliary confinements in 1959 was 46.6.

In the case of the domiciliary confinements 426 were attended by midwives alone, and in 28 cases a doctor also attended. In 34 cases medical aid was sent for, a percentage of 8.0 as against 8.4 in 1958.

A rapid reduction of staff from 8 to 5 midwives created serious difficulties in maintaining cover for the 454 domiciliary confinements. The situation was not helped by the absence of a Supervisor for the latter half of the year. Miss Bennett, Superintendent Health Visitor, supervised this service in addition to her many other duties; two midwives previously employed by Dudley, Mrs. Davies and Mrs. Dumolo, very kindly returned to duty as maternity nurses; one of the Health Visitors, Mrs. Cox volunteered to be on call for emergencies; and the Rosemary Ednam Maternity Home staff were most co-operative in dealing with cases at short notice. Such expedients and a remarkably co-operative attitude on the part of the remaining midwives prevented any serious hardship to patients, but the question of midwifery recruitment is still one which gives rise to great concern. Such a critical staff situation was not favourable to certain desirable developments such as increased provision of relaxation classes and health education, but expansion of these services will be resumed whenever recruitment permits.

Dudley Health Department has been for many years, exceptionally fortunate in retaining the selection of applicants for the 33 monthly vacancies at the Rosemary Ednam Maternity Home. This enabled full account to be taken of all domestic circumstances as well as medical needs and a reasonable equity between competing claims to be maintained. Towards the end of 1959, the Hospital Management Committee assumed control of this selection and the Public Health Department will in future be consulted only when the hospital authorities request a report on the social circumstances of a case.

The premature baby service continues to be an essential part of the maternity service.

	<i>At Home</i>	<i>In Hospital</i>
Premature live births ....	26	39
Premature still births ....	7	15
	—	—
	33	54
	—	—

### Section 24—Health Visiting

After many years at about half establishment strength, recruitment improved. An existing clinic nurse and a recently qualified member of the staff were sent on a training course and a similar pair will follow in 1960. Many of the Health Department's duties, particularly in the more recently developing fields, can only





exercise of the powers conferred by this Section, but Mental Health, to which these provisions were extended by the 1959 Act, will soon exceed tuberculosis in its demands. The increasing proportion of seriously ill patients which the Home Nursing and Domestic Help Services enable the family doctor to care for at home involved an expansion of the nursing equipment issued on loan. The acute problem of adequate storage of this material remains unsolved. Full advantage was taken of the provision of extra nourishment for tuberculous and other patients and recuperative holidays for general practitioner's cases.

There was less pressure from the Health Department on the Handicraft Instructor and Centre; a very welcome relief in view of the increasing demands from the Welfare Committee's Handicapped Scheme. This reduction largely reflects the speedy return to full fitness and work now enjoyed by the great majority of patients discharged from sanatorium.

Statistics relating to the service are as follows:—

No. of patients interviewed at the office	....	....	365
Visits made to patients in their own homes	....	....	984

### Health Education

This is not a separate activity in itself but an integral part of all contacts of the staff of all branches of the Health Department with the public in the course of their routine duties. Health Visitors, District Nurses, Midwives and Public Health Inspectors, with access to homes, are able to give advice appropriate to the individual family when the latter is in a receptive state of mind. The routine examination of school and younger children by the Medical Officers and Health Visitors presents further opportunities for guidance in healthy living. The surprising lack of householders' opposition to smoke control areas can largely be attributed to intensive preparatory work by the Public Health Inspectors concerned, and it would appear that the only hope of urgently acquiring improvement in food handling practice lies in detailed advice on the spot.

More general means of health propaganda by posters, leaflets, talks to mothers at ante-natal and child welfare clinics, etc., were not neglected and a film strip projector was acquired to extend the range of visual aids already available for group instruction. Past demonstrations in health education techniques conducted by the Central Council for Health Education, and Health Visitors Refresher Courses, have helped staff in the acquisition of modern methods of health teaching.

### Section 29—Domestic Help

The demands on this service continued to increase. A high proportion of cases in the elderly and infirm category means a long term demand for help in the home, rather than the meeting of acute domestic crises which was the original objective. Apart from carrying out the domestic tasks and shopping which would otherwise be

neglected, home helps attending the elderly perform an invaluable social service in maintaining for many solitary people outside links and interests, and so prevent, or at least delay, mental as well as physical deterioration. Many of these home helps carry out services for their aged charges well outside their line of duty.

The number of part-time home helps had risen to 43 by the end of the year and it was found advisable, in the course of the year, to appoint Mrs. Taylor, who had had previous experience in a relief capacity, to the position of full-time organiser.

The cases fell into the following categories:—

Maternity	....	....	....	....	....	....	5
Tuberculosis	....	....	....	....	....	....	3
Chronic Sick, Aged and Infirm	....	....	....	....	....	....	131
Others	....	....	....	....	....	....	11

### Superannuation Examinations

Entrants and other medical examinations of employees of the Council, and of entrants to Teachers' Training Colleges continued to be carried out by medical and nursing staff of the Public Health and School Health Department. 172 superannuation and 51 Training College examinations were undertaken last year.

## SECTION D—MENTAL HEALTH SERVICE

The Mental Health Officer reports:—

“The year under review has been an important one. It saw the passage of the Mental Health Bill through both Houses emerging finally in July as the Mental Health Act, 1959. The Act itself is a very brave one. It repeals the Lunacy Acts of 1890, the Mental Treatment Act, 1930, and the Mental Deficiency Acts of 1913/38, and marks a great change in our social legislation. This single Act embraces both subnormality and mental illness.

Amongst other things the Act empowers Local Authorities to provide residential accommodation for most classes of mental disorders. This will involve Local Health Authorities in spending large sums in providing buildings, equipping and staffing them. It is important that the public should realise that this money is money well spent. Before providing residential accommodation the public needs to have understanding and tolerance. There is also a change in terminology, the term mental disorders is introduced to cover all forms of mental illness and mental deficiency. The old terms of idiot, imbecile and feeble minded and moral defective are abolished and instead we have severe subnormality covering the terms idiot and imbecile and feeble mindedness will in future be referred to as subnormality. Persons of subnormal (or normal) intelligence showing seriously aggressive or irresponsible behaviour will be referred to as psychopaths.

We must not neglect our duty to the public by accommodating in residential homes unsuitable cases. This residential accommodation will very often be a steppingstone for those who have completed their treatment or training in hospital but who have no home, or relatives who are willing to accommodate them, and for those who have not yet regained sufficient self confidence to embark on independent social and self supporting life. The ultimate objective for most will be to achieve sufficient degree of rehabilitation to enable them to return to their families or reside in lodgings. Accommodation will be provided for the mentally retarded, convalescent and partially recovered cases of mental illness and senile cases.

The new Mental Health Act changes the duties of the Mental Welfare Officer or Duly Authorised Officer. It reduces his authority but greatly increases the range of responsibility beyond the capacity of existing staffs. He becomes a social worker who will undertake preventative work, community care and after-care. Though the Mental Health Act as a whole is not yet implemented certain sections of it are, for example informal admission to hospital of mentally ill patients became operative on the 6th October, 1959, and until the whole of the 1959 Act comes into operation the Lunacy, Mental Treatment and Mental Deficiency Acts will continue to be used.

The increased responsibility of the Mental Welfare Officer will call for knowledge and skill of a high degree; the provision of training courses for existing and future staff, to fit them for their new tasks as social workers, is recommended also in the YOUNGHUSBAND Report as a matter of great urgency.

The Magistrate will no longer play any part in the certification of the mentally ill. Though he had no special qualifications to deal with the mentally ill, his opinion was always unbiased and he guarded the liberty and interests of the patient with great jealousy. We are sorry to see him disappear from this field. However, the new Act has not left the patient without safeguards. Review tribunals are to be established and the patient can appeal to such a body for the review of his case.

### **Administration**

The staff of the Mental Health Department consists of the Mental Welfare Officer and the Supervisor of the Training Centre who has one male and three female assistants. The Mental Welfare Officer investigates all cases referred and can take action under the Lunacy and Mental Treatment Acts if necessary. He also undertakes statutory and voluntary supervision of male defectives over the age of 16 years and some preventative care and after-care of the mentally ill. The supervision of females and male defectives up to 16 years of age is carried out by the Supervisor of the Training Centre. Relief duties are undertaken by the Chief Clerk of the Health Department.

Dr. Kerrigan and Dr. Klee, Assistant Medical Officers, are authorised by the Local Authority to deal with adult cases and the former is also recognised for the purpose of ascertaining the disposal of defective children. Dr. Maclay, Child Psychiatrist, of the Birmingham Regional Hospital Board, holds a weekly clinic at the Central Clinic.

### **Case Load**

The following figures are details of our case load during 1959. During the year 140 cases were referred to the Mental Health Department and of these 92 were admitted to Mental Hospitals. No action was taken in 36 of the cases, one case was referred to the Welfare Department, four to the Psychiatric Clinic, three to the Geriatric Specialist, and preventative care was undertaken in four cases. During the year 170 discharges from Mental Hospitals took place. In the same period deaths in Mental Hospitals totalled 9.

During 1959, 9 defectives were referred for supervision bringing the total on our register to 107 males and 118 females, of these 39 males and 44 females are accommodated in hospitals mostly within the Birmingham Region. Of those in hospital 10 were discharged from the Order of Detention, and of these 9 remained in hospital on an informal basis. During the year two defectives were admitted to hospital for permanent care and seven for periods of temporary care.

### **Home Visits**

During 1959, 520 visits were made to homes of defectives residing in the Borough who are under voluntary and statutory supervision, and during the same period 153 after-care visits to persons discharged from mental hospitals and 68 preventative care visits to persons living at home who were suffering from nervous disorders."

## TRAINING CENTRE

The number on the roll was 52; 22 children under 16; 22 girls and 8 boys over 16, with an average daily attendance of 36.

The first trainee assistant proceeded on a qualifying course for the Diploma of Teachers of the Mentally Handicapped and was replaced by Miss Whitehouse, who also shows a particular aptitude for this exacting work. The older boys in the workshop have been under another trainee, Mr. Juggins, who has not only made himself very popular with the boys but has achieved a high quality of work, and has been able to lead them in appropriate sport, such as cricket or football. It seems clear that to maintain adequate staffing, the principle of recruiting young and promising trainees, and subsidising their acquisition of qualifications at a later stage, produces the best results. Laundry work for the older girls was considerably developed throughout the year and has extended to commissions from old peoples' homes, relatives and friends, as well as the Centre's own requirements.

As in previous years an Open Day, with sports, was held in July, when prizes were distributed by the Mayoress, Mrs. J. Marsh. A Harvest Festival was conducted by the Revd. J. Smith, Vicar of St. John's, and a very enjoyable Christmas Party was held in St. Thomas's Hall by courtesy of the Vicar, Canon T. Keith Murray. On the above occasion the older girls were able to make a contribution by virtue of the recently acquired set of handbells. Owing to the efforts of the Voluntary Committee, three outings were held during the course of the summer. Materials normally disposed of at the Sale of Work were held over for a Mental Health Exhibition in the following spring, but some £80 worth of sales orders were completed over the year. The system of providing small sums of pocket money in recognition of work done has proved a success at the Centre.

## NATIONAL ASSISTANCE ACT, 1948

### WELFARE SERVICES

#### General

Considerable progress in the development of services to aged and handicapped persons has been made during the year. More accommodation in the Borough has been made available with the opening of two more Homes for old people; agreement has been reached on the proposals for the new blind workshops which will include facilities for sighted handicapped persons; plans have been approved to provide the fourth small Home by the conversion of Council houses; and before the year ended a tender was accepted for the erection of the large Home at Dudley Wood Road catering for the needs of more infirm residents.

When the planned new Homes are completed about 125 places will be available in Old People's Homes within the Borough. The development of further services to the aged is hampered by lack of information regarding the old age population in Dudley. The offer of the Dudley Training College, Social Studies Department, to undertake a properly conducted survey is welcomed and the survey should show what welfare services are needed.

For handicapped persons progress has been made not only in developing the Council's own services, but with the formation of the Dudley Voluntary Association for the Handicapped, in developing also those services which can best be provided by voluntary effort. As the Council's services and those of the Voluntary Association develop it can be expected in the not too distant future that facilities in Dudley will compare favourably with those in other areas.

The passing of the Mental Health Act in 1959 has shown the need to develop special accommodation for mentally disordered elderly patients although the size of this problem is not yet known.

#### Residential Accommodation

Two further small Homes ("Rose Cottage" and "Lupin House") were opened during the year making available a further twenty places in Dudley. The following table shows a reduction in numbers of old people at "The Poplars," Wolverhampton, made possible by the provision of more accommodation in Dudley. With a further small Home opening in 1960 and a large Home during 1961, the Council's plan to remove all residents from "The Poplars," Wolverhampton, will be accomplished within two years.

The total number of residents in the care of the Local Authority at the end of the year had decreased by three, quite clearly showing that the additional accommodation so far provided in Dudley is being used to provide a more satisfactory alternative to "The Poplars," rather than to provide extra places for old people.

The development of small Homes by the conversion of Council houses has attracted some attention and it is known that at least two other Authorities have proposals to build Homes of this kind.

<i>Home</i>	<i>No. of Residents 1st January, 1959</i>	<i>Ad- missions</i>	<i>Dis- charges</i>	<i>Deaths</i>	<i>No. of Residents 31st December, 1959</i>
"Albert House" ....	21	5	3	2	21
"The Woodlands" ....	23	8	7	3	21
"Primrose House" ....	11	4	3	1	11
"Rose Cottage" ....	(Opened May, 1959)	13	3	—	10
"Lupin House" ....	(This Home was opened in December, 1959, but not occupied until January, 1960)				
"The Poplars" ....	40	4	12	—	32
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 ....	101	34	31	6	98

### Temporary Accommodation

The co-operation between the Welfare and Housing Committees has been extremely good and as a result the solution of the problem of temporary accommodation has been made a great deal easier. The break up of families has been successfully avoided and difficulty now mainly arises where mothers (often unmarried) are accompanied by young children and are homeless. The solution in these cases continues to be found by the co-operation of the Children's Committee but it is felt that some accommodation for mothers with young children should be available. This, probably, could only economically be provided in co-operation with some other Local Authority or Organisation.

### Welfare of the Blind

Year after year the Council pays tribute to the activities of the Wolverhampton, Dudley and District Institution for the Blind who act as their agent for the provision of welfare services to blind persons. That tribute is no less deserved in the year under review. It is, however, most heartening to be able to record that the disagreement, which has existed between three Local Authorities concerned with the Institution in the provision of workshop facilities, has now been

resolved. This agreement should now enable a badly needed new workshop to be developed in the very near future. Reference to the workshop facilities for sighted handicapped persons is made later in the report. The blind register at the 31st December showed a reduction of three and it is notable that a majority of registered blind persons are now elderly.

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

<i>Blind</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Employed ....	12	5	17
Unemployed ....	38	37	75
Children ....	1	1	2
<b>Totals</b> ....	<b>51</b>	<b>43</b>	<b>94</b>

<i>Partially Sighted</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Employed ....	2	1	3
Unemployed ....	1	3	4
Children ....	1	—	1
<b>Totals</b> ....	<b>4</b>	<b>4</b>	<b>8</b>

The following table gives details of new cases registered during the year.

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

There were no cases of ophthalmia neonatorum during 1959.

## Welfare of the Deaf

In his Annual Report the Chaplain of the Worcestershire and Herefordshire Association for Work amongst the Deaf stated that steady progress was made during the year with employment problems and that young school leavers have been placed in such trades as light engineering, carpentry and tailoring. Again it is true to say that the Council has cause to be grateful for the work this Association carries out as its agent for the welfare of those who are deaf and dumb.

For the hard of hearing the Association does not, of course, need to provide special facilities for religious worship, but lip reading classes, speech training, advice on aids and various other forms of welfare are provided.

The use made by the deaf of the excellent Social Centre in Himley Road has not improved since the decline reported last year.

At the 31st December the Deaf Register was made up as follows:

<i>Description</i>	<i>Children under 16 years</i>		<i>Persons aged 16—64 years</i>		<i>Persons aged 65 years and over</i>		<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Deaf .....	3	5	25	15	6	4	58
Hard of Hearing .....	5	2	1	—	—	1	9

## Welfare of other Handicapped Persons

Considerable growth in services for the handicapped has taken place during the year. The Handicraft Centre, opened last year, has been highly successful and the demand for this facility is now greater than the number which can be accommodated. Assistance with remedial aids and adaptations is growing and the regular visits, help and advice of the Welfare Staff in ensuring that the services available from other sources, as well as those provided by the Council, are being increasingly used.

A holiday scheme for the handicapped is to be implemented during 1960 and the need for transport facilities is to be met by increasing the use of the Ambulance Service. A dual purpose vehicle will be provided in 1960.

Mention was made last year of the need for a Local Voluntary Association which would concern itself with the needs of all the handicapped and not just one particular group. The Dudley Voluntary Association for the Handicapped, sponsored by the Mayor with the support of Rotary, was formed early in 1959. The administration of this Association and its activities is closely linked with the Council's Welfare Department. This ensures the integration of voluntary services with those which the Council provide directly.

In the agreement which has been reached on the proposals for a new blind workshop, provision has been made for sheltered employment for sighted handicapped persons. This particular provision meets a need long felt in this area and will be a major improvement of the service to handicapped people. Sheltered employment for those able to qualify, combined with the pastime occupation facilities for those unable to reach the standard for sheltered employment will provide the occupational opportunities which the handicapped have needed more, perhaps, than any other service.

The following table shows the number of registered handicapped persons at the 31st December and in this connection Dudley seems to have a higher number of handicapped people than most areas of similar size.

	<i>Under 16 years</i>	<i>16—64 years</i>	<i>65 and over</i>	<i>Total</i>
Male .....	1	143	48	192
Female .....	—	64	7	71
Total .....	1	207	55	263

### Welfare for the Aged at Home

The Welfare Department naturally attracts a large number of enquiries from elderly people seeking all kinds of advice. With the growth in the number of elderly persons the number of enquiries annually increases and advice is given not only in connection with the Council's own services but also those services provided by other voluntary and statutory organisations.

Services to the elderly when looked at on a national scale reveal an impressive range of services available over the country as a whole. There are, however, very few places where all services are available in the same area and one feels that in the next few years efforts should be made to ensure a pattern of comprehensive care is available everywhere. The care of the aged in their own homes will require the further development of domiciliary services.

Chiropody Services which have been slow to develop should now grow with the establishment or extension of a chiropody service as part of the arrangements made by the Local Health Authority. There is no doubt of the importance of this service in keeping old people mobile and preventing their isolation and deterioration.

The work of the Dudley Old People's Welfare Association and the Women's Voluntary Service has been of increasing value to the elderly during the year. One cannot too often emphasise how essential is voluntary effort in providing such services as Old Peoples' Clubs, Holiday Schemes and Friendly Visitors. Many of the needs of the elderly can be met only by sustained voluntary effort.

### **Moral Welfare**

Eleven cases were dealt with during the year by the Worcester Diocesan Moral Welfare Association which provides the only facilities available to solve problems arising from these cases.

### **Temporary Protection of Property**

The problem of finding an alternative to the Brewster Street Store has been solved by the arrangements to move to premises in Dock Lane. These arrangements, however, are temporary, and a suitable permanent alternative will eventually be needed. It is, however, some satisfaction that the most unsatisfactory premises at Brewster Street will soon be vacated.

### **Burials**

The demand for this service naturally varies from year to year. Seven burials were carried out when no other suitable arrangements were being made.

### **Conclusion**

The Department receives active co-operation from a large number of private individuals and organisations, all of whom cannot be mentioned in an Annual Report, but the help and assistance received from the following should be mentioned:—

Dudley Rotary Club, Dudley Round Table, Messrs. Kendrick's Coaches, Inner Wheel, Infantile Paralysis Fellowship, Licensed Victuallers, St. Johns Ambulance Brigade and Cadets, Red Cross, Townswomen's Guild, and Dudley Training College.

The assistance received from local Medical Practitioners and hospitals, the National Assistance Board and the Ministry of Pensions in solving the problems of the aged and handicapped is greatly appreciated.

## 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 1959, 533 samples of the chlorinated water were examined of which 524 were free from all types of coliform bacteria.

Samples of the raw water are not obtainable at two of the pumping stations but out of 226 samples examined from the others none confirmed Bact. coli.

311 samples of a supply of surface origin were examined before treatment and these gave an approximate average coliform bacteria content of 87 per 100ml.

Samples were examined within the County Borough from:—

Cawney Hill Reservoir No. 1  
Cawney Hill Reservoir No. 2  
Shavers End Reservoir No. 1  
Shavers End Reservoir No. 2  
Shavers End Repumping Station  
Springsmire Reservoir

and from:—

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

103 samples from the service reservoirs, 20 from Shavers End Pumping 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 1959 were:—

	<i>Dudley</i>	<i>Netherton</i>
pH	7.2	7.2
	<i>Expressed in parts per million</i>	
Alkalinity (CaCO <sub>3</sub> )	106	108
Chlorides (Cl)	38.7	38.5
Ammoniacal Nitrogen (N)	Trace	Trace
Albuminoid Nitrogen (N)	Trace	Trace
Oxidised Nitrogen (N)	3.1	3.1
Oxygen absorbed (3 hr. at 27°C.)	.12	.12
Temporary Hardness	101	104
Permanent Hardness	86	87
Total Hardness	187	191
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, Art Centre, Netherton, on 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

Yew Tree Hills School

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 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 1959.

The general health of Dudley's school children continued at a satisfactorily high level in 1959. Infectious disease, although measles and chicken pox caused a considerable amount of absence, did not give rise to undue concern, and for the fourth year in succession there was no poliomyelitis in the school population. Even more satisfactory was the somewhat belated response by Dudley parents to the offer of substantial protection for their children against this disease, which brought the proportion of pupils immunised almost into line with the national average. The efforts directed in recent years towards reducing the incidence of tuberculosis among school children have begun to show results in a marked reduction in the number of cases notified and in the proportion of 5 and 13 year old children showing evidence of past infection.

The usual difficulties in the staffing situation were experienced. Medical Officers were brought to full strength and recruitment of health visitor-school nurses was improved. The recently appointed Orthoptist proved a valuable acquisition who was able to deal with a surprisingly large number of cases in the limited time she can place at our disposal. The temporary presence of a second speech therapist allowed a survey to be made of the potential demand for this service, which Mrs. Brooke was again left to wrestle with single handed at the year's end. As the Chief Dental Officer points out in her report, the School Dental Service remains grossly understaffed, but such aids as improved dental hygiene and dietetic habits, and fluoridation of water supplies still seem all too remote.

Dislocation of services in the Autumn arising out of the evacuation of "The Firs" by all but the clerical staff was only prevented by the adaptability and co-operation of all consultant, other medical, nursing and clerical staff involved. Most of the clinical services found a temporary home across the road in "The Manse." Only the

prospect of much improved facilities to be made available in the new Central Clinic makes the present conditions of inconvenience and discomfort tolerable. I am most grateful for the great forbearance and cheerfulness shown by consultants and staff in very trying circumstances, and for their continuing high standard of efficiency throughout the year. In this connection, Dr. Kerrigan, Senior Assistant Medical Officer of Health, and Mr. Woolley, Senior Clerk, School Health Service, call for particular mention for the part they play in the administration of this Service.

My thanks are due to the Chairman and Members of the School Management and Medical Sub-Committee for the encouragement and consideration they have invariably shown me; the Chief Education Officer and his staff for their unfailing courtesy and collaboration; and the general practitioners, hospital staffs, and voluntary bodies too numerous for individual mention, whose co-operation is so essential to the efficiency of the School Health Service.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

R. M. ROSS,

*Principal School Medical Officer.*

### **Routine Medical Inspection**

Routine medical inspections have been well maintained during 1959. 3,616 children were thus examined fully during the year; of these, 734 were found to be suffering from defects or diseases (excluding defective vision) requiring treatment and the necessary action was taken. The number of defects requiring observation, but not treatment, was 1,173 (again excluding defective vision) and the children concerned were kept under special supervision. The latter group, of course, includes many defects which may be corrected spontaneously and never require treatment, and are kept under observation as a precautionary measure.

The traditional system of medical inspection was continued. Pupils are examined three times during their school life, that is, between the ages of 5—6 (as soon as possible after admission to a maintained school); 10—11 (during the last year in a junior school); and 14—15 (during the last year of attendance at a secondary school), special regard being paid to fitness for the chosen employment. In addition, younger children aged 2—5 at Nursery School and Nursery Classes are examined, as are older children at the Grammar Schools, Girls' High School and Junior Technical College.

The attendance of parents at the examinations of the older age groups continues to be poor, but it is extremely good at the initial examination at the Infant School. The interest and co-operation of parents is desirable at all the routine medical examinations of a child at school in order that the child may obtain the maximum benefit of any advice which the doctor may give, and the Medical Officer all the relevant information.

### **General Condition**

On the whole the standard of nutrition is high and the general condition of the children can be regarded as satisfactory. Out of a total of 3,616 children examined, only .63% were found to fall seriously short of a reasonable standard of nutrition. The small number in this category are kept under strict observation, and every appropriate form of social or medical care made available.

### **Special Medical Inspections**

These inspections are of children examined other than at a routine medical inspection, for special reasons. 2,496 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.

School clinics have continued to function as in previous years and attendances have been satisfactory. 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 to 10 a.m. as follows:—

The Manse Clinic	....	....	Each week-day (including Saturdays)
Holly Hall Clinic	....	....	Tuesdays
Yew Tree Hills Clinic	....	....	Wednesdays
Priory Clinic	....	....	Thursdays
Dudley Wood Clinic	....	....	Thursdays

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.

### 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 1959, 2,783 were seen at these inspections.

### Action on Defects

An analysis of defects found at routine and special medical inspections is appended to this report. Family doctors are informed of findings and usually undertake treatment or agree to referral to specialists.

### Infectious Disease

Notifications continued at a low level, even measles, in its biennial epidemic, affecting only two thirds of the usual number of school children. Among infectious diseases not subject to notification, chickenpox was responsible for a considerable amount of absence. Whooping cough is now rarely notified in school children and scarlet fever is also much reduced in severity and number of cases. One infant school experienced a small outbreak of Sonne Dysentery in January; cases were mild and only a small proportion was brought to the attention of the family doctor, as evidenced by notifications. Several schools had a few cases of infectious jaundice, and one junior school produced 15 cases over the duration of the winter term.

Poliomyelitis was again absent from Dudley's schools and it is encouraging to be able to report that the response to the immunisation campaign, after a very slow start, has recently approached the national average. Family doctors have played a very large part in securing this dramatic improvement in the proportion of children protected. In addition to the children immunised during previous years and those done by the family doctors, over 6,000 injections were given to pupils at school clinics.

The importance of maintaining a solid immunity against diphtheria is apt to be obscured by the widely publicised anti-poliomyelitis campaign, and Dudley's 5 years freedom from this infection. The disease has very recently been on the increase in various parts of the country and parents would be well advised to see

that the protection conferred by infant immunisation is fortified by a booster dose at school entry, since nowadays diphtheria is spread mainly by school contact. Nearly 800 school children were immunised last year.

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

Age Group	Measles		Diphtheria		Scarlet Fever		Whooping Cough		Polio-myelitis		Menin-gitis		Dysentery	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5—10	150	119	—	—	6	2	1	4	—	—	—	—	3	1
10—15	1	10	—	—	1	1	—	1	—	—	—	—	1	1

### Tuberculosis

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

	Males	Females	Total
Pulmonary	—	5	5
Non-Pulmonary	—	—	—

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

	Males	Females
Pulmonary	31	26
Non-Pulmonary	7	4

The follow-up of family contacts of tuberculosis has never been more intensive, but in spite of this fact and of the contributions made by routine skin testing of the great majority of the 5 and 13 year old pupils, last year's total of 5 active cases in school children was by far the lowest yet recorded. Further grounds for a modest confidence that this disease, so serious for children, if only because of the protracted loss of school time involved, is coming under control, lie in the fact that the percentage of 13 year old pupils showing evidence of previous (and usually unrecognised) infection has declined from 20% to 12½% in the last 4 years. B.C.G. vaccination is offered to those who show no evidence of earlier experience of the infection and, as this measure has now been proved to afford substantial protection for at least 7½ years, it is a pity that only three quarters of parents take advantage of the scheme.

Routine skin testing of 5 year old entrants is apparently more popular with parents, nearly 90% of whom agree to this procedure. Of the 36 found positive last year 22 were already known to the Department and Chest Clinic, further evidence of the efforts of health visitors and all others concerned in tuberculosis control. Of the 36 positive cases, this state of affairs was due to previous B.C.G. vaccination, as family contacts, in 16, so that the true incidence of natural infection by 5 years of age was 2.3% only, less than half the figure found 5 years ago.

Regular routine Chest X-ray for all adults in contact with children is a measure of the utmost importance in the prevention of spread of tuberculous infection amongst pupils. Readily accessible facilities for this are provided by the Mass X-ray Unit at 1, Priory Road, to whose Director, Dr. Posner, and to Dr. Macdonald, Consultant Chest Physician, and their staffs, I am indebted for unfailing help and most valuable advice.

## Specialist Clinics

### Ophthalmic Clinic

As a result of school routine medical inspections, 407 children were found to require treatment for eye conditions (346 for errors of refraction); and 202 were kept under observation.

318 children were examined for the first time by the ophthalmic surgeon at "The Manse" Clinic. In addition 832 pupils with previously noted errors of refraction and 19 with other defects previously observed were also seen, making a total of 1,169 pupils treated at the Eye Clinic. Spectacles were prescribed for 764 pupils.

Dr. L. H. G. Moore, the consultant ophthalmic surgeon, reports:

"Clinics have been running smoothly throughout the year, despite the upheaval of moving clinic and equipment from Central Clinic over to the temporary premises at "The Manse" Clinic on the opposite side of the road. The move was unavoidable and, though efficiently carried out, it has since demonstrated to me and my colleague, Dr. Archer, quite clearly what I already suspected, that to have record cards in one building and see patients in another, can only lead eventually to muddle and confusion and is against the best interests of the patient. This is one of the reasons why I have always opposed the transfer of the school clinics to hospital, because I feel that the discovery of the defect and its treatment should, if possible, take place under the same Authority and, if possible, under the same roof.

I am grateful to the clerical staff of the School Health Service Staff and Dudley school teachers for their valuable assistance in providing me with statistical tables to assist me in my survey into the effect of television on children's vision, the results of which have been published in the appropriate medical journals."

### Orthoptic Treatment

Visual defects requiring orthoptic treatment were referred by the ophthalmic surgeon to the visiting orthoptist who attends at "The Manse" Ophthalmic Clinic one session per week. 260 children were seen during the year; of these, 82 were new cases and 178 were cases previously seen.

**Attendances:**

New Cases: for examination and registration	82
Old Cases: for Occlusion	64
for tests and observation	32
for periodic check-up	50
Miscellaneous visits	32
	<hr/> 178
Total attendances	<hr/> 260

**Discharges:**

Cured by orthoptics	30
Cured by orthoptics and operative treatment	40
Good cosmetic result	20
Considered satisfactory by parents only	6
Transferred to hospital for operative treatment	15
Failed to attend	13

**Orthopaedic Clinic**

This clinic is no longer under the direction of the Royal Orthopaedic Hospital, Birmingham, having been taken over on the 1st November, 1959 by the Dudley and Stourbridge Hospital Group, and continues to deal with large numbers of crippled children, many of whom attend from outlying districts and surrounding Boroughs.

Despite the rather cramped accommodation at "The Manse" attendances remained good during the year.

The orthopaedic surgeon, Mr, J. A. O'Garra, F.R.C.S., Assistant Orthopaedic Surgeon at the Guest Hospital, holds a fortnightly clinic at "The Manse" and a nursing team carry out the treatments prescribed.

233 children were found with orthopaedic defects at the school routine examinations; of these, 145 were kept under observation and 88 were found to require treatment and are included in the 206 Dudley children seen by the surgeon at the Orthopaedic Clinic. A total of 472 treatments were given at this Clinic during 1959.

**Physiotherapy Clinic**

The physiotherapy department at "The Manse" also functions under the direction of the Dudley and Stourbridge Hospital Group and not the Royal Orthopaedic Hospital, Birmingham, as in previous years.

In addition to the Orthopaedic Clinic, the physiotherapy department 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. 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 also are instructed. 79 pupils received a total of 520 physiotherapy treatments and 141 children received 549 breathing exercise lessons.

### Sunlight Clinic

General ultra-violet ray therapy is mainly carried out at "The Manse" 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.

42 cases of school age attended for various conditions, making 312 attendances in all.

### Ear, Nose and Throat Clinic

Medical inspections revealed 517 children with abnormalities of the ear, nose or throat, the great majority being enlargement of tonsils and adenoids. The bulk of these children revert spontaneously to normal and require observation only.

Cases where operative treatment is considered necessary are, with the co-operation and assent of the general practitioner, referred to Mr. W. K. Hamilton, F.R.C.S., Ear, Nose and Throat Surgeon, who attends once a fortnight at "The Manse" Clinic, and who has been most helpful, as in previous years, in dealing with cases regarded by the School Health Service as being in need of urgent treatment. Of the 517 children found at School Medical Inspections to be suffering from Ear, Nose and Throat defects, 180 received operative treatment for the removal of their tonsils and adenoids whilst 3 received other forms of treatment. The remaining 334 were kept under observation.

The attendance at the Saturday morning Ear, Nose and Throat Clinic, held at "The Manse" remained satisfactory during 1959 and continues to show the preference of many of the mothers for bringing their children on a day when no school time is missed. There are still some bad attenders, who, fortunately, are in the minority, although it is often these absentees who especially need attention; for instance, children with chronic discharging ears or chronically enlarged tonsils. Very little can be done without the co-operation of the parents and it sometimes takes a great deal of time and patience to convince the parents that early treatment means a quicker recovery of their child's disease or defect. This applies especially to infections of the nose, throat and ears. If a child can be treated whilst the effects of enlarged adenoids or inflammation of the ears are in their early stages, there is much more hope of permanent recovery, with no secondary effects. If parents wait to bring their child to the clinic until these conditions are well advanced, the treatment is much more difficult and a perfect result cannot be expected.

## Aural Screening and Clinic

In addition to referrals by parents and teachers, children suspected of deafness are brought to the notice of the medical officers following routine pure-tone audiometric testing in schools by Mrs. Crellin, of the Worcestershire and Herefordshire Association for the Deaf. Before such cases are regarded as handicapped children they are referred for clinical examination and a further audiometric testing by Dr. Kerrigan, Senior Assistant School Medical Officer.

The following table gives details of audiometry performed at the clinic:—

Number of children invited	.....	217
Referred for re-test by Mrs. Crellin	.....	12
1st appointments: Referred by School Medical Officers, Teachers and General Practitioners		51
Re-examination	.....	71
Total Attendances	.....	134

Of the 134 seen at "The Manse" Clinic, 11 were referred by Dr. Kerrigan to the Birmingham Audiological Clinic for more extensive tests and were subsequently seen by the Aural Surgeon, Mr. W. K. Hamilton, who recommended 5 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 by Mrs. Crellin which children attend until proficient. Weekly lip-reading classes are also carried out by Mrs. Crellin.

## Child Guidance Clinic

This clinic functioned very satisfactorily during 1959 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 feature that is novel this year has been the running of a small group of children who come to the Clinic together for about an hour each week. This kind of treatment is helpful in enabling some of the moderately shy, insecure and anxious children to make contacts and relationships that are fairly stable with each other and with the doctor. The time of the group is spent mainly in free play and, in addition to the facilities of the play-room, those of "The Firs" Clinic garden have made it a valuable playground.

The work of the clinic generally has been much on the level of the previous years."

**New Patients--Total 38**

Enuresis	5
Psychoses	1
Truancy	2
Asthma	1
Backwardness	6
Stealing	3
Behaviour disorders	5
Obsessional illness	1
Anxiety and Insecurity	14
	—
	38
	—

**Sources of Referrals**

School Medical Officers	19
Children's Hospital	1
Health Visitors	6
Probation Officer	1
Speech Therapist	1
Parents	1
Family Doctor	4
Juvenile Court	2
School	2
Paediatrician	1
	—
	38
	—

**Total number of interviews:—**

(a) By a Psychiatrist	303
(b) By a Psychologist	24

**Speech Therapy**

1959 has been a year of change and a year of progress in this department, mainly due to the fact that we were fortunate to obtain the services of a speech therapist, Miss S. Mason, who was appointed on the 5th January, 1959, on the basis of four sessions per week to assist Mrs. N. W. Brooke in carrying out speech therapy in the borough. Once again I am indebted to Mrs. Brooke for carrying out this service single-handed since the resignation of Miss Mason on the 15th December, 1959, and also for the following information:—

“The year began with Miss Mason taking up her appointment as part-time speech therapist and it was decided, in view of the length of time that had elapsed since the School Health Department had had two speech therapists carrying out this service, to review all cases on the register and the system generally. Arrangements were made for most of the schools to be visited and in consequence of this, new registers of cases requiring treatment were compiled. The schools were divided up so that half were visited by Miss Mason and treated by her at “The Manse” Clinic and the remainder by myself at the outlying clinics.

It is very encouraging each year to feel the interest that is taken in speech therapy by the medical and school staff in Dudley. Without the alertness of the school doctors and teachers, the speech therapist would have a particularly harassing time wondering how many children were being inadvertently overlooked.

One does not like to feel that the waiting list is too long but, on the other hand, it speaks highly of the observation of those who examine and teach the children, and also points the way to further improvement which may be necessary in the Speech Therapy Department in the way of staff and equipment. I am greatly indebted to the school doctors and school staff for their co-operation and to Mr. Woolley and his staff at Central Clinic for their helpful assistance during the year and especially during the period of transfer from Central Clinic to "The Manse" Clinic across the road.

Towards the end of the year a tape-recorder was purchased which I consider a great asset to the Speech Therapy Department and will prove, I am sure, during the coming year, of great benefit in the treatment of the more difficult cases.

Owing to the time taken up in visiting the schools a considerable proportion of the minor cases of speech defects found during the visits are still awaiting treatment. The more serious and urgent cases, however, were admitted. It is to be regretted that just when the Speech Therapy Department was beginning to provide a continuous service once more, and the advantage of having two speech therapists working in the borough was beginning to show results, Miss Mason resigned her appointment. Another speech therapist to replace Miss Mason is urgently required if we are to cope with the long waiting list of children requiring treatment.

Total number of cases seen	.....	53
Including: Number of Stammerers	.....	3
Number of Dyslalics	.....	20
Number with retarded speech development	.....	3
Number of other speech defects	.....	27
		53
Number of cases referred for specialist treatment or further medical advice	.....	1
Number discharged	.....	27
Total attendances	.....	434
Total number of sessions	.....	208

### Handicapped Pupils

Comprehensive provision continues to be made for handicapped children and early ascertainment is one of the most important functions of the School Health Service. A number of these children are brought to the notice of the Medical Officer at periodic medical inspections by head teachers and others are referred after illness or prolonged hospital treatment.

During the year the Chief Education Officer arranged with Mr. S. Barnsley, Deputy Head at Sutton School, to conduct a general screening throughout the Primary Schools of children between 7—8 years of age, and earlier in some instances, for the purpose of assessing children considered by the head teacher to be experiencing difficulty in coping with the normal school curriculum. The project proved successful and valuable time was saved for the busy teachers who would normally have had to carry out the preliminary tests before reporting a backward child for medical opinion. The results of Mr. Barnsley's efforts were also appreciated by Dr. Kerrigan, Senior Assistant School Medical Officer, who is responsible for ascertaining those children thought to be unsuitable for education at an ordinary school, or to require special treatment there.

The following table gives details of the number of children at the end of the year receiving special educational treatment in a special school:—

	<i>Number of Pupils</i>
<b>Blind</b>	
Lickey Grange Residential School .....	1
<b>Blind and Physically Handicapped</b>	
Little Bromwich General Hospital, Birmingham	1
<b>Deaf</b>	
Longwill Day School, Birmingham .....	3
Braidwood Day School, Birmingham .....	1
St. Thomas's Residential, Basingstoke .....	1
North Staffs. Residential, Stoke-on-Trent .....	2
Royal Residential, Birmingham .....	2
<b>Partially Deaf</b>	
Needwood Residential, Staffs. ....	1
North Staffs. Residential, Stoke-on-Trent .....	1
Longwill Day School, Birmingham .....	1
<b>Educationally Subnormal</b>	
Besford Court, Worcester .....	3
St. Francis' Residential Birmingham .....	2
Ryton Hall Residential, Shifnal .....	1
St. Christopher's Residential, Bristol .....	1
Sutton Special Day School, Dudley .....	90
<b>Maladjusted</b>	
Shotton Hall Residential, Shrewsbury .....	1
Chaigeley Residential, Warrington .....	1
Cromer's Close Hostel, Coventry .....	1
<b>Physically Handicapped</b>	
Tudor Grange Residential, Solihull .....	1
Taught at home .....	3
<b>Delicate</b>	
Corley Open-Air Residential, Coventry .....	2

35 Dudley pupils were taught in the Guest Hospital for periods of from three days to fifty-two days under Section 56 of the Education Act, 1944. In addition, there are a number of children who are in-patients at various hospitals and other institutions in different parts of the country.

### Ascertainment in 1959

In accordance with the requirements of the Handicapped Pupils and School Health Service Regulations, 1956, 91 children have been examined or re-examined during 1959 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:—

Deaf	.....	1
Partially Deaf	.....	5
Delicate	.....	2

### Educationally subnormal:

E.S.N. to remain in ordinary school	.....	7
E.S.N. to remain in ordinary school with remedial teaching	.....	2
E.S.N. recommended day special school	.....	34
E.S.N. for Residential School	.....	2
Not E.S.N., to remain in ordinary school	.....	6
Re-ascertainment at Day Special School	.....	7
Re-ascertainment at Day Special School and requiring supervision after leaving school	.....	5
For notification under Section 57(3) of the Education Act, 1944, for the purpose of the Mental Deficiency Act	.....	4
Physically Handicapped—for residential school	.....	1
Physically Handicapped—for home tuition	.....	3
Maladjusted—for Residential School	.....	1

In addition, the following examinations were also carried out:—

Preliminary examinations prior to examination under Section 57 of the Education Act, 1944	.....	4
Deferred examinations following examination under Section 34 of the Education Act, 1944	.....	3
Referrals to Child Guidance Clinic	.....	2
Examination of children under care of the Home Office	.....	2

### Employment of Children and Young Persons

During the year 44 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.

4 licences were issued to four girls attending a secondary school to enable them to take part in entertainments at the Dudley Hippodrome. 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.

### **Open Air School**

Malvern Open Air School is under the Worcestershire County Council and, by arrangement with that Authority, a number of places were again reserved for Dudley children in subnormal health.

During 1959, 27 boys and 16 girls were sent for a period of one term each. A term normally consists of 11 weeks and terms commence in March, June and September, and the school is closed from Mid-December to the middle of March.

Every care is taken in the selection of these children, which is pursued throughout the year. During 1959, the names of 92 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.

The school is situated high upon the western slope of the Malvern Hills on a beautiful site 700 feet above sea level. Everything possible is done to make the children happy and to improve their health. Much time is spent in games and open-air exercises and the period of rest and fresh air do much, with good food and regular meals, to give new life to the delicate child. As far as possible the education is given in the open air and the advantages to delicate children in attending the school where health is the first consideration, cannot be over-estimated.

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

Invariably the children return from Malvern very much improved in health. They are transformed in appearance and look fit and usually have enjoyed their term at the school. On occasions a child is recommended for a further term if, after his return home, he is exposed to adverse environmental conditions.

**Astley Burf Camp** has also contributed in this direction. The camp, provided by the Education Committee, is situated in open country not far from the banks of the Severn, near Stourport. During the summer months 60 boys or 60 girls go down there with their teachers in alternate weeks from Monday to Friday. They live under camp conditions in beautiful surroundings and in some instances it is perhaps the only week some of them get in the country.

## 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 represent a problem to some parents, but voluntary organisations assist whenever possible in this respect. 22 boys greatly benefited from this two weeks' holiday in 1959.

## Work of the School Nurses

The school nurses continue to carry out their duties with skill and efficiency and the success of the School Health Service is due in no small measure to their efforts.

## Head Inspections

28,037 head inspections were carried out during the year and the necessary steps were taken to ensure that the 2% 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 1959 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 heavy and the response of mothers to informal advice much more prompt.

## School Dental Service

### Chief Dental Officer's Report for 1959

I have pleasure in presenting the annual report of the School Dental Service.

#### Staff:

Mr. Bassett, approximately 3/11ths	} total 1 & 3/11ths instead of 3.
Myself, full-time	
Mr. Wayman, 43 sessions over a period of 2 months.	

I am sorry to report that the staffing position has continued to deteriorate this year. At the beginning of the year, Mr. Bassett worked 3 sessions per week, but cut these down to 1 at the end of the year due to pressure of work in his own practice.

Mr. Wayman, newly qualified from Birmingham University, came on the 13th April, 1959 to work a few sessions per week until (after taking his B.D.S. examination) he left at the end of June to go into practice as assistant to a Birmingham dentist, the post proving more lucrative than sessional work with this Authority.

Due to this reduction in staff I very much regret that it was necessary to close down the Dudley Wood Dental Clinic. The children who would normally be treated there can attend the Holly Hall Dental Clinic, as it was also necessary to close down the Central Clinic in August in readiness for its demolition in the Autumn. The two dental clinics in use since the Autumn term commenced are Priory and Holly Hall.

Advertising in the British Dental Journal has been in vain. Trying to attract new recruits straight from Birmingham Dental Hospital has likewise been fruitless, in spite of the added attraction of housing accommodation.

### Work carried out

The amount of work done per session was slightly higher (3.0%) than last year. 32 sessions were devoted to inspecting 3,966 school children—about one third of the school population. 1,024 were also examined as casuals at the clinic. 4,024 required treatment. 3,496 were offered treatment but only 2,053 of these 3,496 were treated due to sudden loss of staff and re-organisation of areas.

Of the 3,966 who had routine inspections, 3,046 required treatment, 2,501 were offered treatment. Of these 2,501, 63% accepted treatment. These inspections revealed that at least 77% required urgent treatment and only 3% had actually perfectly sound teeth. This indeed is a sad state of affairs and it would seem that any effort one dentist, responsible for the dental health of 11,000 school children, could make would be but a drop in the ocean.

### Preventative measures are strongly indicated

- (1) Fluoridation
- (2) Improvement in eating habits
- (3) Improvement in oral hygiene

#### (1) Fluoridation

It is to be hoped that the pilot schemes of fluoridation of the domestic water supplies in Watford, Kilmarnock and Anglesey prove successful and that, if they are, Dudley will follow suit. The fluorine concentration in our water supply is .04 parts per million. It is reported that 1 part per million is necessary to reduce the incidence of caries. The cost is reckoned at 6d. per head of the population per annum.

#### (2) Improvement in eating habits

Statistics show that since the war and de-rationing of sugar sweetmeats and biscuits the incidence of dental caries has increased. The sale of biscuits in schools (which I know helps to swell the school funds) may fill a temporary gap in the tummy but helps to accelerate the formation of a permanent gap in the dental arch. What about the sale of apples instead, or raw cleaned vegetables prepared in the school kitchens, e.g. carrots or celery?

### (3) Improvement in oral hygiene

The standard of oral hygiene in the Borough still leaves much to be desired and certainly has room for improvement. However, I can report that there is a great improvement since first I inspected schools in Dudley 12 years ago. A programme of insistent and unrelenting dental propaganda over the years will no doubt bring about a gradual improvement.

I think, however, that fluoridation is our only real hope for a substantial reduction in the incidence of caries.

### Specialist Treatment

Several patients have been referred to Mr. Walpole-Day and Mr. Morris of the Orthodontic Department, Birmingham Dental Hospital, where they receive expert attention in the field of orthodontics. The simpler cases are dealt with in the Clinics in Dudley.

### Equipment and Surgeries

I am pleased to say that equipment in all the clinics is as modern as will be found in most clinics (apart from the absence of the ultra-high-speed drills). The dental suites are all in modern, pleasant buildings and are most comfortable to work in.

I would like to take this opportunity of thanking Dr. Ross, the Medical Staff, School Headmasters and Headmistresses and teachers for their kind co-operation, and also the office staffs at the Central Clinic and Council House for their help in clerical matters.

Mr. Bassett has proved a most reliable part-time colleague. Dr. Browne has also been invaluable at the two anaesthetic sessions per week.

Last but not least Mrs. Smith and Mrs. Robinson, as always, have proved themselves the most reliable dental attendants a dental officer could wish to have.

J. P. McEwan,

*Chief Dental Officer*

## STATISTICAL TABLES, 1959

## PART I

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

Table 'A'

## Periodic Medical Inspections

<i>Age Groups Inspected (by year of Birth)</i>	<i>Number of Pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		<i>Satisfactory</i>		<i>Unsatisfactory</i>	
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>
		(3)	(4)	(5)	(6)
1955 and later	72	72	100.0	—	—
1954 ....	460	458	99.6	2	0.4
1953 ....	510	506	99.2	4	0.8
1952 ....	32	29	90.6	3	9.4
1951 ....	9	9	100.0	—	—
1950 ....	5	5	100.0	—	—
1949 ....	545	544	99.8	1	0.2
1948 ....	678	674	99.4	4	0.6
1947 ....	257	256	99.6	1	0.4
1946 ....	31	31	100.0	—	—
1945 ....	29	29	100.0	—	—
1944 and earlier	988	980	99.2	8	0.8
Total ....	3616	3593	99.4	23	0.6

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).

<i>Age Groups Inspected (by year of Birth)</i> (1)	<i>For Defective Vision (excluding squint)</i> (2)	<i>For any of the other conditions recorded in Part II</i> (3)	<i>Total Individual Pupils</i> (4)
1955 and later	1	7	8
1954 ....	9	59	60
1953 ....	12	80	91
1952 ....	—	6	6
1951 ....	—	2	2
1950 ....	—	—	—
1949 ....	64	67	128
1948 ....	88	88	170
1947 ....	30	26	51
1946 ....	3	1	3
1945 ....	5	1	5
1944 and earlier	134	68	197
Total ....	346	405	721

Table 'C'

## Other Inspections

Number of Special Inspections ....	2,496
Number of Re-inspections ....	2,783
Total ....	5,279

Table 'D'

## Infestation with Vermin

(a) Total number of examinations in the schools by school nurses or other authorised persons ....	28,037
(b) Total number of individual pupils found to be infested ....	553
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) ....	44
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) ....	29

## 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 (3)	O (4)	T (5)	O (6)	T (7)	O (8)	T (9)	O (10)
(1)	(2)								
4	Skin.....	6	8	21	15	11	13	38	36
5	Eyes—								
	(a) Vision.....	22	37	139	69	185	69	346	175
	(b) Squint.....	32	9	8	5	14	5	54	19
	(c) Other.....	2	3	—	2	5	5	7	10
6	Ears—								
	(a) Hearing.....	8	8	5	4	8	15	21	27
	(b) Otitis Media.....	7	13	4	15	13	25	24	53
	(c) Other.....	1	3	3	2	2	2	6	7
7	Nose and Throat.....	56	146	10	25	30	112	96	283
8	Speech.....	10	12	—	2	3	2	13	16
9	Lymphatic Glands.....	2	49	3	4	—	42	5	95
10	Heart.....	1	5	2	19	2	20	5	44
11	Lungs.....	10	45	—	12	5	45	15	102
12	Developmental—								
	(a) Hernia.....	4	6	4	1	2	3	10	10
	(b) Other.....	1	12	—	7	5	17	6	36
13	Orthopaedic—								
	(a) Posture.....	5	4	2	5	7	13	14	22
	(b) Feet.....	7	30	2	27	40	27	49	84
	(c) Other.....	3	13	5	11	17	15	25	39
14	Nervous System—								
	(a) Epilepsy.....	1	1	1	4	—	3	2	8
	(b) Other.....	—	3	—	—	—	1	—	4
15	Psychological—								
	(a) Development.....	3	9	—	21	—	19	3	49
	(b) Stability.....	1	4	—	1	—	9	1	14
16	Abdomen.....	—	3	—	3	2	3	2	9
17	Other.....	6	2	2	14	6	28	14	44

Table 'B'—Special Inspections

<i>Defect Code No.</i>	<i>Defect or Disease</i>	<i>Special Inspections</i>	
		<i>Pupils requiring Treatment</i>	<i>Pupils requiring Observation</i>
(1)	(2)	(3)	(4)
4	Skin .....	288	170
5	Eyes—		
	(a) Vision .....	379	410
	(b) Squint .....	36	28
	(c) Other .....	70	27
6	Ears—		
	(a) Hearing .....	35	65
	(b) Otitis Media .....	94	121
	(c) Other .....	38	54
7	Nose and Throat .....	122	638
8	Speech .....	47	54
9	Lymphatic Glands .....	8	122
10	Heart .....	3	97
11	Lungs .....	40	206
12	Developmental—		
	(a) Hernia .....	2	16
	(b) Other .....	11	26
13	Orthopaedic—		
	(a) Posture .....	10	64
	(b) Feet .....	82	120
	(c) Other .....	120	88
14	Nervous System—		
	(a) Epilepsy .....	5	13
	(b) Other .....	1	18
15	Psychological—		
	(a) Development .....	4	22
	(b) Stability .....	9	21
16	Abdomen .....	1	41
17	Other .....	189	309

## Part III

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

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

	<i>Number of Cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint .....	26
Errors of refraction (including squint) .....	1,143
Total .....	1,169
Number of Pupils for whom spectacles were prescribed .....	764

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

	<i>Number of Cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear .....	—
(b) for adenoids and chronic tonsillitis .....	180
(c) for other nose and throat conditions .....	—
Received other forms of treatment .....	3
Total .....	183
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1959 .....	5
(b) in previous years .....	25

Table 'C'—Orthopaedic and Postural Defects

	<i>Number of Cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments .....	472
(b) Pupils treated at school for postural defects .....	—
Total .....	472

Table 'D'—Diseases of the Skin

	<i>Number of Cases known to have been treated</i>
Ringworm—	
(a) Scalp .....	1
(b) Body .....	—
Scabies .....	—
Impetigo .....	287
Other Skin Diseases .....	974
Total .....	1,262

Table 'E'—Child Guidance Treatment

Pupils treated at Child Guidance Clinic .... 62

Table 'F'—Speech Therapy

Pupils treated by speech therapist .... 53

Table 'G'—Other Treatment Given

	<i>Number of Cases known to have been dealt with</i>
(a) Pupils with minor ailments .....	5,592
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. Vaccination ....	540
(d) Other than (a) and (b) above.	
Breathing Exercises .....	549
Physiotherapy .....	520
Sunlight .....	312
Orthoptic Treatment .....	260
Total (a)—(d) .....	7,773



ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH  
INSPECTOR AND CLEANSING SUPERINTENDENT FOR  
THE YEAR ENDED 31st DECEMBER, 1959

In submitting this report I am greatly indebted to all members of the staff, not only for its compilation, but also for the extremely efficient manner in which their duties have been carried out.

This is the last year of the 1950's and during this decade there has been new legislation and new responsibility thrust upon the staff and upon the Local Authority. Notably there is the Clean Air Act which has not only placed greater responsibilities upon industry, but will bring domestic smoke within control. In this latter respect your Committee is actively engaged in the letter as well as the spirit of Clean Air. Very nearly 25% of the Borough is well on the way towards smoke control and that this has been accomplished without formal objection from householders is a tribute to the householders themselves, to the good publicity of your Committee and, I feel justifiably, to the good relations between staff and public.

Food and housing being matters affecting us all for health and well being are, quite naturally, matters which require much time and attention in the Department.

Housing is of particular interest because I feel that the clearance of unfit houses is becoming a very nearly complete achievement. Active measures taken since the end of the war, coupled with the approved programme for clearance, should see the end of the areas of bad housing in the next few years.

Although it is customary to say "thank you", I do so on this occasion Mr. Chairman, both to yourself and to all members of the Committee because of the great help and consideration which it has been your custom to give me. Dr. Ross, Mr. Bowman, and other officials have never failed to be equally courteous and helpful.

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

Food is essential for life, but it is also essential that food should reach the individual wholesome, unadulterated, clean and either labelled or advertised in a perfectly honest manner. The public health inspectorate is concerned in all these aspects of food manufacture and sale.

There is much information in the following pages, but I feel it is reasonable that special emphasis be placed on three items. The first is in connection with artificial cream. This product is used in the confectionery trade in large quantities. It is easily and quickly contaminated as the results of sampling have shown. The finished product is stored at room temperature which, more often than not, assists in the further increase of bacteriological contamination. It is eaten without further preparation and is a continued potential source of trouble.

Secondly, I would refer to the labelling of food. The public is being conditioned to choose items as a result of visual enticement. This is reasonable and proper as long as the foodstuff contains what is purported to be within it either on the label or by advertisement.

Finally I mention the inspection of meat. Food animals are slaughtered in five private slaughterhouses in the Borough and at varying times. The total number of animals killed for food is again higher than before. At a time when Ministry departments are endeavouring to reach 100% inspection of carcase meat, it is pleasing to report that such a target has been reached in Dudley for many years, in spite of difficulties.

## INSPECTION OF MEAT

The following tables give particulars of carcasses and organs unfit for consumption and tabulate causes for condemnation.

## Carcasses inspected and condemned

	<i>Cattle (ex- Cows)</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed .....	799	180	5	15,394	8,881
Number inspected .....	799	180	5	15,394	8,881
<b>All diseases except Tuberculosis and Cysticerci—</b>					
Whole carcasses condemned .....	5	—	—	9	23
Carcasses of which some part or organ was condemned .....	316	86	1	1,095	2,276
% of the number inspected affected with disease other than tubercu- losis and cysticerci .....	4.15%	4.77%	2%	7.2%	.25%
<b>Tuberculosis only—</b>					
Whole carcasses condemned .....	Nil	Nil	Nil	Nil	3
Carcasses of which some part or organ was condemned .....	4	2	Nil	Nil	429
% of the number inspected affected with tuberculosis .....	.5%	1.1%	Nil	Nil	4.8%
<b>Cysticercosis —</b>					
Carcasses of which some part or organ was condemned .....	1	Nil	Nil	Nil	Nil
Carcasses submitted to treatment by refrigeration .....	4	Nil	Nil	Nil	Nil
Generalised and totally condemned	Nil	Nil	Nil	Nil	Nil

## Meat Condemned

	<i>Cows</i>	<i>Cattle</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Carcasses .....	—	9	1	9	26	45
Livers .....	85	247	—	1,011	885	2,228
Lungs .....	17	22	—	232	1,069	1,340
Plucks .....	—	—	—	41	14	55
Heads .....	6	14	—	—	350	370
Kidneys .....	—	2	—	—	44	46
Hearts .....	2	—	—	3	55	60
Hocks .....	—	—	—	—	52	52
Spleen .....	1	—	—	—	15	16
Collars .....	—	—	—	—	13	13
Udders .....	8	—	—	—	—	8
Brisket .....	1	—	—	—	—	1
Forequarters .....	2	—	—	2	—	4
Stomach and Intestines .....	—	—	—	—	6	6
Legs .....	—	—	—	1	18	19
Feet .....	—	2	—	—	1	3
Frys .....	—	—	—	—	174	174
Drafts .....	—	—	—	—	3	3
Shanks .....	—	—	—	2	—	2
Loins .....	—	—	—	—	2	2
Peritoneum .....	—	—	—	—	2	2

## Diseases

	<i>Cows lbs.</i>	<i>Cattle lbs.</i>	<i>Calves lbs.</i>	<i>Sheep lbs.</i>	<i>Pigs lbs.</i>	<i>Total lbs.</i>
Tuberculosis .....	476	186	—	—	4,201	4,863
Parasites .....	—	6	—	988	208	1,202
Pericarditis .....	3	—	—	—	41	44
Peritonitis .....	12	—	—	—	179	191
Mammitis .....	75	—	—	—	—	75
Abscesses .....	84	223	—	4	215	526
Pleurisy .....	16	12	—	26	195	249
Congestion .....	—	—	—	—	12	12
Cysts .....	—	—	—	—	1	1
Pneumonia .....	6	8	—	45	1,949	2,008
Bruising .....	—	—	—	3	54	57
Cirrhosis .....	16	49	—	—	2	67
Hydronephrosis .....	—	23	—	—	55	78
Angiomatosis .....	152	—	—	—	—	152
Distomatosis .....	405	1,475	—	566	16	2,462
Actinomycosis .....	70	240	—	—	—	310
Emaciation .....	—	200	—	82	76	358
Tumours .....	—	10	—	—	—	10
Arthritis .....	—	—	—	—	47	47
C. Bovis .....	—	60	—	—	—	60
Necrosis .....	10	10	—	25	19	64
Fatty Degeneration .....	—	14	—	—	—	14
Injury .....	—	—	—	—	103	103
Septicaemia .....	—	—	—	—	206	206
Moribund .....	—	—	—	—	180	180
Echinococcus .....	57	109	—	34	—	200
Fluke .....	42	200	—	—	—	242
Ulcers .....	—	10	—	—	—	10
Emphysema .....	16	—	—	—	—	16
Umbilical Pyaemia .....	—	—	45	—	—	45
Contamination .....	—	—	—	—	10	10
Pleurisy and Peritonitis .....	—	—	—	—	339	339
Decomposition .....	—	—	—	30	165	195
Enteritis .....	—	—	—	—	5	5

Total weight of meat condemned:

6 tons, 8 cwts, 65 lbs.

Visits to slaughterhouses ..... 1,466

## INSPECTION OF OTHER FOODS

During the year the District Inspectors made 392 visits to food premises for the purpose of food inspection, other than meat inspection.

The following foodstuffs were condemned:—

	<i>Total</i>
Anchovy Paste (jar) .....	1
Baked Beans (tins) .....	125
Beetroot (jars) .....	5
Bacon (lbs.) .....	10
Bacon (packets) .....	339
Butter (lbs.) .....	3
Barley Crystals (tin) .....	1
Cream (tins) .....	17
Chocolate (boxes) .....	18

<b>Inspection of other Foods—<i>continued.</i></b>	<b>Total</b>
Chocolate (lbs.)	14
Cheese (packets)	1
Cheese (lbs.)	69
Chicken (tins)	6
Evaporated milk (tins)	194
Fish (tins)	549
Fish paste (jars)	5
Fruit (cases)	5
Fruit (tins)	2,674
Fruit juice (tins)	13
Frozen Steakettes (packets)	17
Gingerbread (packets)	3
Golden Syrup (tins)	3
Honey (jar)	1
Hams	2
Ham (tins)	78
Ham (lbs.)	26 $\frac{1}{4}$
Jam (jars)	51
Lemon Curd (jars)	42
Meat (lbs.)	79
Meat (tins)	573
Meatpaste (jar)	1
Marmalade (jars)	21
Miscellaneous (tins)	22
Nescafe (tins)	2
Orange Curd (jars)	2
Pork Pies	16
Pickle (jars)	174
Rice (tins)	24
Soup (tins)	149
Sago (tins)	11
Sausage (lbs.)	11 $\frac{1}{2}$
Sugared Almonds (lbs.)	28
Sandwich spread (jar)	1
Suet (packet)	1
Scone Mix (packets)	3
Shredded Wheat (packets)	11
Steak and Kidney pies	5
Sauce (bottle)	1
Spaghetti (tins)	16
Tomatoes (tins)	1,411
Treacle pudding (tin)	1
Turkey pies	15
Vegetables (tins)	347
Vegetables (lbs.)	6

### **Disposal of Condemned Food**

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

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

## SUPERVISION OF FOOD PREMISES

## Food Premises—Classification under various Trades

Butchers	62
Grocers	218
Greengrocers	74
Cakes and confectionery	24
Sweets	86
Fried Fish	31
Wet Fish	13
Multiple stores	6
Cooked meat	2
Restaurants, Cafes and Snack bars	20
Licensed premises	201
Licensed clubs	30
Bakehouses	11
Canteens	36
Registered Ice Cream Premises	209

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

General Food Shops	46
Food Preparing premises subject to registration	155
Canteens	69
Restaurants	35
Fried Fish Premises	14
Butchers	17
Licensed Premises	128
Bakehouses	99
Mobile Food Vehicles	17
Other Food Preparing Premises	15

As a result of these visits 50 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 of the Food and Drugs Act, 1955 for the preparation of onions.

209 premises are registered under Section 16(1) (b) and are classified as follows:—

Premises registered for the manufacture of ice cream	3
Premises registered for the sale and storage of ice cream	206

During the year 144 visits were made by Inspectors to registered ice cream premises for inspection purposes or the procuring of samples for bacteriological examination or for chemical analysis.

**MILK AND DAIRIES (GENERAL) REGULATIONS, 1959**

**MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND  
STERILISED MILK) REGULATIONS 1949—1953**

**MILK (SPECIAL DESIGNATIONS) (RAW MILK)  
REGULATIONS, 1949—1954**

Only four dairies remain on the Local Authority's register of premises within their district used as dairies as defined in the Milk and Dairies (General) Regulations, 1959. These are premises used solely as milk stores where bottled designated milk awaits delivery to consumers. There are no longer any processing dairies in Dudley.

During 1959 it was only found necessary to draw the attention of one distributor to contraventions of the Milk and Dairies (General) Regulations, 1959, when it was discovered that bottled milk was being deposited on pavements to await the arrival of retail delivery vehicles. This was no fault of the Company concerned but was due to lapses on the part of the wholesale delivery trucks.

In addition to 18 visits to dairies during the year 9 visits were made to milk shops.

**MILK SUPPLIES**

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

	<i>Processors' Licences</i>	<i>Dealers' Licences</i>	<i>Supplementary Licences</i>
T.T. Pasteurised....	—	14	6
Pasteurised .....	—	16	6
Sterilised .... ..	—	166	6

At the end of 1959 there were 165 milk distributors registered with the Local Authority.

The number of dairies registered under the Milk and Dairies Regulations at the end of 1959 was 4.

**BACTERIOLOGICAL EXAMINATION OF MILK**

	<i>Total No. of samples taken</i>	<i>Bacteriological Content</i>		<i>Phosphatase Test</i>		<i>Turbidity Test</i>	
		<i>Methylene Blue Reduction Test</i>		<i>Satis- factory</i>	<i>Unsatis- factory</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>
		<i>Satis- factory</i>	<i>Unsatis- factory</i>				
T.T. Pasteurised	51	50	1	51	Nil	—	—
Pasteurised .....	40	38	2	40	Nil	—	—
Sterilised .....	7	7	Nil	—	—	7	—
Totals .....	98	95	3	91	—	7	—

Eight processing dairies supply milk to the Dudley area either directly through their own retail vehicles or through local distributors. Since 1st November, 1952 when the Milk (Special Designations) (Specified Areas) Order, 1952 came into operation all milk in the County Borough area has been either pasteurised, sterilised or Tuberculin Tested. As will be seen from the previous table only three samples of milk failed the Methylene Blue Test and no samples failed the Phosphatase Test or the Turbidity Test for sterilised milks.

All methylene blue test failures occurred during the summer months. The sample of Tuberculin Tested (Pasteurised) Milk and one of the two samples of Pasteurised milk which failed the test were from the same Company and the third sample failing the test was a carton of homogenised pasteurised milk from a refrigerated vending machine. Following report to Health Committee a warning letter was sent to the Company processing the two samples of bottled milk which failed the test. The Processors of the cartoned milk blamed tanker milk for the unsatisfactory result and follow-up samples taken at regular intervals afterwards proved quite satisfactory.

One Company supplying milk in this area directly by their own retailing vehicles and indirectly through other distributors and milk shops has disclosed details of the daily coding system which they employ. When samples are taken which originate from this Dairy a note of the coding is taken by the sampling officer. By this method it is possible to obtain the age of the milk at sampling, and this is especially useful in investigating methylene blue failures. A knowledge of coding systems such as these is particularly valuable where processors wholesale to distributors and where some delay may possibly occur involving a greater than normal time lag between processing and delivery to consumer.

## FOOD AND DRUGS ACT, 1955

## FOOD HYGIENE REGULATIONS, 1955—1957

A steady rate of progress was again maintained during 1959 in food premises throughout the Borough. This aspect of the Public Health Inspector's duties may appear at times to be somewhat unrewarding in view of the slow rate of improvement in some food premises. Too often it becomes necessary to draw the attention of the occupier to a contravention of the regulations which he has been made aware of on a previous inspection and which he has, in fact, remedied but has allowed to recur. The majority of contraventions in this category are due to lack of satisfactory cleansing routine. If progress in this essential could keep pace with the marked improvements in structure and equipment of food premises, I feel sure we would have greater cause for satisfaction. Too often it is found that little or no cleaning staff are employed in food preparing establishments, and often where such persons are employed the cleansing of internal surfaces and equipment is a side line and not the principal task. The cleansing of equipment, always a "Cinderella" task, is frequently carried out by staff diverted from other duties as the need arises. The cleansing of internal surfaces is resorted to in many cases only because the Inspector says it has to be done, and not as a routine practice. The trend for the larger food manufacturing concerns to employ Hygiene Officers is to be commended, and where such Officers are operating the Local Authority has the satisfaction of knowing that the management are alive to the need for a positive hygiene policy, and what is equally important a day-by-day education of food handlers is being undertaken. In an area where labour shortages are presenting managements with a difficult personnel problem and new employees come from all classes of industry, the training of new intakes in matters of food hygiene must be undertaken at the outset, and this is where the food Hygiene Officer assumes an important role.

Whilst the labour problem may be hampering some firms the advance in mechanisation as applied to food processing may provide part of the answer to the problem.

Resort to the use of mechanical aids to cleansing may well be the answer to the cleansing problem. Certainly the introduction of new types of detergents designed for certain specific cleansing tasks is easing the task, but it is lamentable that some managements still rely on the odd packet of detergent designed for general domestic use and obtained from the nearest grocers shop.

During the year food hygiene talks illustrated with film strips were given by Inspectors to bakery staffs in an attempt to eliminate coliform contamination of imitation cream. An account of this will be found elsewhere in this report. It is unfortunate that all bakeries were not able to take advantage of this, as it is felt that propaganda of this kind has an important place in food hygiene training.

### SAMPLING FOR CHEMICAL ANALYSIS

During the year 13 formal and 239 informal samples were taken and adverse reports were made on 10. Details of action taken are given below:—

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Bone and Nerve Liniment	Deficient of 55% Ammonia.	Letter of warning sent.
Butter Mintoes.	Unsatisfactory label. Contained liquid glucose. Health glucose declaration not justified.	After correspondence with Manufacturer it was agreed that label should be amended.
Children's Cough Mixture.	Unsatisfactory label. No formula given.	Satisfactory provision made for labelling as a consequence of interview.
Custard Powder.	Misleading label.	Arrangements made for amendment to label.
Pineapple Chunks.	Misleading label.	After consideration Public Analyst felt that legal proceedings were not justified.
Pork Sausage.	Contained more fat than lean meat.	Letter sent to Manufacturer. Satisfactory reply. No further action.
Malt Vinegar.	Contained zoogleal lumps.	Information passed on to retailer. No further action.
Banana and Cream Sweets.	Unsatisfactory label. No cream present.	Letter sent to Manufacturer. Label amended.
Strawberries and Cream Sweets.	Unsatisfactory label. No cream present.	Letter sent to Manufacturer. Label amended.
Strawberries and Cream Sweets.	Unsatisfactory label. No cream present.	Letter sent to Manufacturer. Label amended.

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

<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>	<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>
Acetic Acid .....	1	—	Pancake Mix .....	1	—
All Butter Lemon Curd .....	1	—	Pearl Barley .....	1	—
Altoids .....	1	—	Pernivet .....	1	—
Artificial Colouring .....	8	—	Pickles .....	3	—
Assorted Liqueurs .....	6	—	Protein Rolls .....	1	—
Barley Kernels .....	1	—	Rice .....	4	—
Beans in Tomato .....	1	—	Sago .....	1	—
Bicarbonate of Soda .....	1	—	Sausage .....	2	4
Bone and Nerve Lini- ment .....	—	1	Sausage Rolls .....	4	—
Breakfast Oats .....	1	—	Seedless Raisins .....	1	—
Butter Beans .....	1	—	Soup .....	3	—
Cake Flour .....	1	—	Split Peas .....	1	—
Cereals .....	1	—	Steak and Kidney Pie .....	1	—
Cheese Biscuits .....	2	—	Stewed Steak .....	2	—
Chilblain Tablets .....	1	—	Sugar Confectionery .....	38	2
Chocolate Brandy .....	—	—	Sultanas .....	1	—
Beans .....	1	—	Table Cream .....	2	—
Christmas Pudding .....	1	—	Table Sea Salt .....	1	—
Cinnamon .....	1	—	Tapioca .....	2	—
Cordials .....	30	—	Tea .....	6	—
Cough Mixture .....	7	—	Tonic Blood Purifier .....	1	—
Cough Pastilles .....	8	—	Tussola .....	1	—
Currants .....	1	—	Vitamins .....	4	—
Custard Powder .....	1	—	Wheat Semolina .....	1	—
Danish Butter .....	1	1	Whipping Cream .....	2	—
Dentosine .....	1	—	Yeast .....	1	—
Desiccated Coconut .....	1	—			
Di-lactofort .....	2	—			
Domestic Borax .....	1	—			
Dried Peas .....	2	—			
Dry Fry .....	1	—			
Epsom Salts .....	1	—			
Egyelo .....	1	—			
Extract of Malt .....	1	—			
Flake Farinoca .....	1	—			
Flour .....	2	—			
Frozen Fish Cakes .....	1	—			
Glace Cherries .....	2	—			
Ground Ginger .....	1	—			
Ground Nutmeg .....	1	—			
Ice Lollies .....	14	—			
Ice Cream .....	5	—			
Indian Brandec .....	1	—			
Infant Powders .....	1	—			
Jam .....	1	—			
Kwik Steakettes .....	1	—			
Lactogel Tablets .....	1	—			
Lard .....	9	—			
Lentils .....	1	—			
Magic Powders .....	1	—			
Malt Vinegar .....	2	—			
Milk .....	7	5			
Milk Chocolate .....	3	—			
Minced Chicken .....	2	—			
Mixed Fruit .....	1	—			
Mixed Peel .....	1	—			
Mixed Spice .....	2	—			
Molasses .....	1	—			
Mousse .....	2	—			

## ICE CREAM AND ICED LOLLIPOPS

During 1959 a total number of 56 samples of ice cream were submitted to the Public Health Laboratory Service for provisional grading tests. An analysis of the results is set out in the table below. The ice cream was produced by 8 manufacturers outside Dudley and 3 manufacturers within the Borough. Of the ice cream samples from producers in Dudley 11 of the 12 Grade 2 results and all the Grade 3 and Grade 4 results were produced by one manufacturer. The investigation of the low grade results took considerably longer than originally anticipated, but the source of contamination was eventually discovered. Whilst it was routine practice to dismantle the homogeniser and cleanse all parts thoroughly in a detergent/steriliser solution, following up with a hypochlorite soak of the re-assembled homogeniser prior to processing, three rubber washers on stainless steel bolts were rarely removed as on cursory examination they appeared quite incapable of retaining mix debris on their unexposed faces. When these bolts were removed and the washers prised off, an evil smelling accumulation was revealed. The daily cleansing and sterilisation routine was therefore amended to include the removal and cleansing of these washers, and results immediately improved.

The results of the bacteriological examination of ice lollies submitted to the Public Health Laboratory Service are also tabulated. A number of ice lollies where ice cream formed a constituent were examined by means of the provisional grading tests. The five lollies in the "over 10,000" and "Uncountable" categories were all produced by the same manufacturer, and the solitary sample where Type 1 B.Coli were present was an "uncountable" result from the same producer.

All samples of ice cream submitted for chemical analysis were found to conform to the requirements of the Food Standards (Ice Cream) Regulations, 1959 and all ice lollies were found to be genuine and free from significant metallic contamination. In one case the Public Analyst commented on the low percentage of sugar (4%) and the proportion of this ingredient was found to vary between 6% and 17%.

### ICE CREAM

#### Analysis of Results of Provisional Grading Tests

<i>Where produced</i>	<i>No. of samples taken</i>	<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
In Dudley .....	36	17	12	3	4
Outside Dudley .....	20	19	—	1	—
Totals .....	56	36	12	4	4

*Key:* Grade 1—Good  
Grade 2—Fairly good

Grade 3—Poor  
Grade 4—Unsatisfactory

ICED LOLLIPOPS

Table showing analysis of results of bacteriological examinations

Where produced	No. of samples taken	Colony count per ml. of lollie after 48 hours at 37° C.											Provisional grading		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	Grade 1	Grade 2	Absent	Present
In Dudley	5	—	1	1	—	—	—	—	—	—	—	—	—	3	—	4§	—
Outside Dudley	46*	3	11	4	3	—	—	2	3	—	1	4	11	3	41†	1	
TOTAL	51	3	12	5	3	—	—	2	3	—	1	4	14	3	45	1	

\* One culture overgrown by spreading colonies.

§ No report on coliforms in respect of one sample.

† No report on coliforms in respect of four samples.

## COMPLAINTS RE UNFIT OR CONTAMINATED FOOD

During the year a total of 55 visits were made in connection with complaints of unfit or contaminated food. Details of some of the matters investigated are set out below.

Following receipt of a notification from another Local Authority that samples of frozen "steakettes" produced in Ireland had been found to contain coagulase-positive *Staphylococcus aureus* and heat resistant *C1.Welchii*, visits were made by Inspectors to retailers selling frozen products. Where supplies of "steakettes" from this source were in stock the retailers were asked to withdraw these from sale pending bacteriological examination of samples. The recommended cooking time of these products was quoted as being 10 secs. on each side. Bacteriological examination of samples revealed abundant growths of Type 1 *B.Coli* and staphylococci and as a result of this report all stocks were withdrawn from retailers and destroyed.

A packet of pre-packed pikelets was found to show evidence of mould growth two days after purchase. The retailers withdrew all stock from the same source and notified the supplier whose bakery was not in the Dudley area. A number of factors may have contributed to the growth of the mould. The weather during the period in question was unusually hot and humid and the possibility that the pikelets had been packed whilst still retaining some heat could not be ruled out. In addition, the supplier suggested that the wrong type of wrapping film had been supplied. Advice was given as to how to combat mould development in premises and plant and the facts were referred to the authority in which the bakery was situated. No further occurrences of trouble of this sort were reported.

Complaint that a portion of a housefly had been found in a chocolate éclair was referred to the department by the purchaser. The bakery concerned was not in the Dudley area and the nature of the complaint was referred to the local authority concerned. Fly infestation had apparently given trouble in that part of the bakery where the éclairs were produced and the Company had called in infestation specialists to give frequent treatments. In addition, the entire rebuilding of the bakery was in progress, and the éclairs were being produced in the oldest remaining section of the bakery under conditions which were temporarily unsatisfactory.

A macaroon purchased in a Dudley cake shop contained what appeared to be mice droppings. Examination by the Public Analyst revealed that the particles consisted of small pieces of charred carbonaceous material.

A retailer complained of the unsatisfactory condition of a consignment of vinegar. The Public Analyst reported that the fine translucent material present in samples submitted to him was of the nature of a zooglear mass of many micro-organisms clumped together. Whilst it was not difficult to filter out the material, it was possible that the growth may have re-appeared in the filtered vinegar. The consignment was accordingly returned by the retailer to the suppliers.

Samples of all the different types of ice lollies manufactured in Dudley were taken for pH value tests. All lollies tested had a pH value of less than 4.5 and therefore were not required to be heat

treated as required by the Ice Cream (Heat Treatment, etc.) Regulations, 1959. In view of the highly coloured nature of lollie mixes it was thought that the use of pH test papers which change colour at different levels of acidity as recommended by the Ministry of Health in Circular 8/59 may be misleading. A Lovibond Comparator Disc covering the pH range of 3.6 to 5.2 was therefore obtained and used in conjunction with a Lovibond Comparator already available in the Department. This method of pH testing has proved to be quite satisfactory. The advantage of this method is that compensation is made for any inherent colour of the lollie mix, as the colour of the mix and indicator is compared with the same thickness of lolly mix viewed through standard colour glasses each colour representing a different pH value.

### IMITATION CREAM

During June a sample of imitation cream from a trifle manufactured in a Dudley bakery gave a very unsatisfactory bacteriological examination result when sampled in the district of another Authority. Following receipt of details of this sample an investigation into the handling and preparation of this commodity was begun at the bakery concerned and later at other bakeries in Dudley.

Generally speaking the results of the investigation showed a very poor standard of hygiene in every stage of production from the opening of the sealed container up to the time the finished product reached the consumer. In confectionery bakeries where all types of fillings and decorating materials are handled it was not surprising to find that imitation cream was not accorded any particular treatment other than refrigeration of the unopened sealed containers.

Sampling of imitation cream followed preliminary investigation, and the results confirmed the opinion that the product was being badly handled. High colony counts were accompanied by Type 1 B.Coli in good numbers. The presence of these bacteria was probably the most disturbing feature of the whole investigation. In one bakery, of a total of 12 samples taken at various stages after the initial opening of the containers, no less than 9 samples were found to contain B.Coli. Type 1. Whilst samples taken from previously unopened containers showed high colony counts in a number of instances, only one produced a positive coliform result, and this was probably due to contamination during opening, as in this case the normal routine method of the bakery was followed.

High colony counts from samples taken from previously unopened containers were obtained during the hot summer weather experienced in 1959, and although deliveries are usually made without much delay, overnight transit by rail when high temperatures were the rule rather than the exception, encouraged bacterial growth. Whilst high bacterial counts do not necessarily indicate an unsafe product it may indicate lack of care in preparation and handling. However, I am of the opinion that the presence of faecal coliforms in such a high proportion of samples must be viewed with grave concern. Details of suggested cleansing routines were supplied to all bakehouses and the use of a sterilant-detergent for the cleaning of equipment and utensils was advised. The importance of thorough hand washing

was impressed on bakery staffs, and the use of sterilant solutions for the hand rinsing of operatives during working periods was recommended.

Difficulties were encountered in some bakeries, but one bakery in particular made every effort to eliminate the offending coliform. By the end of 1959 a considerably reduced bacteriological count (The highest count of the final batch was 680 colonies per ml. of imitation cream after 48 hours at 37°C.) and complete absence of faecal coliforms was achieved. These results were very encouraging, and confirmed the belief that good bacteriological results could be obtained with the full co-operation of management, worker and Public Health Inspector. It does appear, however, that until the handling of this type of product in bakeries is as hygienic as the handling of ice cream by the ice cream manufacturers, random sampling of the finished product will continue to reveal avoidable contamination.

The following enactments came into operation during the 1950's:

- Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950.
- Milk and Dairies (General) Regulations, 1959.
- Channel Islands and South Devon Milk Regulations, 1956.
- Food and Drugs Act, 1955.
- Food Hygiene Regulations, 1955.
- Food standards orders with respect to the following foods:—
  - Fish cakes, Cream, Edible Gelatine, Fish Paste, Meat Paste,
  - Coffee Mixture, Suet, Preserves, Saccharin Tablets, Soft Drinks,
  - Margarine, Butter and Margarine.
- Labelling of Food Order, 1953.
- Ice Cream (Heat Treatment, etc.) Regulations, 1959.
- Food Standards (Ice Cream) Regulations, 1959.
- Slaughter of Animals (Amendment) Act, 1951.
- Slaughter of Animals (Pigs) Act, 1953.
- Slaughterhouses Act, 1954.
- Slaughter of Animals (Amendment) Act, 1954.
- Slaughter of Animals (Prevention of Cruelty) Regulations, 1954.
- Model Byelaws for Private and Public Slaughterhouses.
- The Slaughter of Pigs (Anaesthesia) Regs. 1958.
- Slaughter of Animals (Prevention of Cruelty) Regulations, 1958.
- Slaughterhouses (Hygiene) Regulations, 1958.
- Slaughterhouses Act, 1958.

## HOUSING

Good health and good housing may not always go hand-in-hand, but good housing has done much to promote good health. Not only so, but every family has surely a right to expect to enjoy better living in an improving society.

This report is dealing with activities during the last year of the 1950's and, therefore, I would like to mention something of the cumulative efforts over the past decade. Areas of unfit and obsolete dwellings which housed some hundreds of people at the beginning of 1950 have either disappeared or are in process of disappearing. They were landmarks of bad arrangement, bad construction and an absence of planning. They represented the worst of the industrial revolution and it is with honest regret that I cannot report that all of such areas are now gone.

Back-to-back houses, court properties and terraces of cottages, all of which suffered from the ills of disrepair, dampness, darkness and bad ventilation. These so called dwellings without adequate water supply, drainage facilities and sanitary arrangements are being moved at a steady rate. The decided policy of the Council to build new houses, plus the very real help from void houses on existing estates has resulted in an extremely high figure of houses available for letting during the 1950's.

Looking back to the available lettings over this period, the following table emerges:—

<i>Year</i>	<i>New Houses</i>	<i>Voids for re-letting*</i>
1950	155	117
1951	224	134
1952	307	138
1953	302	86
1954	398	64
1955	303	77
1956	299	165
1957	268	151
1958	335	141
1959	165	167
	2,756	1,240
Grand total	.....	3,996

\*This figure does not include exchanges.

Out of these 3,996 lettings, families from unfit houses were accommodated to the total of 1,756 which represents 43.9% of available lettings. Solid progress has, therefore, been made in the removal of unfit dwelling houses. Unfortunately this progress will not be continued at the same steady rate during the next twelve months. In January of this year under review representations in respect of unfitness were made of 511 houses in the Old Dock Area. It is probably the largest complete area of unfit houses and obsol-

escent development in the borough, resulting in much consideration as to the best method for dealing with it. Consequently there has been delay, and by the end of the year no final decision had been reached.

Having viewed housing in retrospect what now are the prospects? There still remain approximately 1,500 families living in unfit houses, and the most recent report of the Housing Manager showed the current total of applicants for Council houses to be 2,529. This does not mean that the housing need is a combination of these figures because many of the applicants live as tenants in houses which are listed for clearance. Without a careful analysis of the waiting list, it is only possible to attempt an assessment of housing need, bearing in mind the further fact that some of the sub-tenant applicants are undoubtedly living in unfit houses and are therefore duplicated.

Some short time ago the waiting list was divided into tenant applicants and sub-tenant applicants. The sub-tenants amounted to approximately 2/3rds of the total. Assuming the same proportion exists with the present waiting list, the approximate housing need in the borough would appear to be:—

Sub-tenant applicants	....	....	....	....	1,730
Families in unfit houses	....	....	....	....	1,500
					<hr/>
					3,230
					<hr/>

On the basis of these figures, the housing need of the borough is being lowered in a very satisfactory manner. House building at a steady annual rate, plus the voids from the very substantial housing pool, should substantially meet the housing need well within the foreseeable future.

The clearance of unfit houses should be capable of accomplishment over the next five or six years.

There will still remain houses without amenities such as bathrooms, hot water supplies and internal sanitary arrangements. One can only express a hope that legislation may be brought into force amending the terms of "fitness" to include such things.

The improvement grants which are available at the present time are aimed at providing amenities in existing houses. I would wish to report success in this direction, but a glance at the section dealing with this matter will show otherwise.

Similarly the Rent Act has also been very much of a dead letter in this County Borough.

### RENT ACT, 1956

No. of applications for certificates of disrepair	....	8
No. of notices of intention to issue a certificate served		8
Certificates of Disrepair issued	....	6
Certificates of Disrepair cancelled	....	2

### REHOUSING

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

No. of cases rehoused because of Tuberculosis	....	2
No. of cases rehoused because of special health features	....	Nil
No. of families rehoused from houses on which a Demolition Order or Closing Order was operative		51
No. of families rehoused from Clearance Areas	....	110

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

#### Available lettings during 1959

	<i>New</i>	<i>Re-lets</i>
Bed Sitters	5	36
Flats	15	73
Houses	145	31
		3
		6
		4
		4
		10
	<hr/>	<hr/>
	165	167
	<hr/>	<hr/>
Total	....	332

Mutual exchanges are not included.

The total number of visits made for housing purposes during the year was 1319.

Table 1  
Housing Progress 1st July, 1945 to 31st December, 1959

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	Total
Demolition Orders made .....	—	15	20	34	110	57	10	41	118	43	52	36	100	55	19	710
Closing Orders made .....	—	—	—	1	1	3	—	3	—	4	5	2	8	11	3	41
Houses confirmed in Clearance Areas .....	—	—	63	102	—	—	—	—	429	—	—	111	599	41	21	1,366
Houses demolished—Section 17 .....	18	34	19	34	30	88	57	57	46	71	35	42	120	93	34	778
Houses demolished—Clearance areas .....	—	90	11	104	44	35	22	6	3	102	86	105	101	87	210	1,006
Rehousing—Section 17 .....	3	17	18	52	57	88	37	34	68	60	74	69	122	43	51	793
Rehousing—Slum clearance areas, etc. ....	—	8	39	112	15	3	2	2	41	184	139	119	197	313	110	1,284

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

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Families rehoused from houses affected by Demolition or Closing Orders .....	3	17	18	52	57	88	37	34	68	60	74	69	122	43	51
Families rehoused from Clearance Areas .....	—	8	39	122	15	3	2	2	41	184	139	119	197	313	110
Total .....	3	25	57	164	72	91	39	36	109	244	213	188	319	356	161
Total available lettings .....	39	204	195	520	444	272	358	445	389	462	380	464	419	476	332
% 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	48.5

## IMPROVEMENT GRANTS

During the year 77 visits were made to properties, mainly owner-occupied, in connection with improvement grants.

Generally the response to the recent legislation to help improve sub-standard houses has been disappointing despite the Council's efforts to publicise the scheme. Unfortunately far too many property owners are prone to maintain the inside at the expense of the outside and one finds that before a grant can be recommended the applicant is faced with an extensive specification of repairs covering pointing, rendering of exposed gables, roof repairs, repair of rotted woodwork and other similar work necessary to prolong the life of the property to the requisite 15 years. In such circumstances it is usually the case that the application is not proceeded with. The only solution to these time wasting inspections would appear to be the service of a Section 9 notice where applicable, but I am of the opinion that even this action would produce a number to be complied with by the Local Authority in default, and since the scheme is optional on the owner, forceful action by the Council would not appear to be justified.

## SANITARY ADMINISTRATION

### Particulars of Inspections

Routine work continued under the Public Health Act, 1936, and during the year 972 inspections and 1573 re-inspections were made.

The number of preliminary notices served was 166 and the number complied with was 60. Statutory Notices served numbered 79 and 78 notices were complied with.

The following were some of the more important defects remedied:

Chimneys	19
House roofs	81
Eavesgutters and rainwater pipes	61
Floors	24
Staircases	5
Plasterwork	96
Windows: woodwork	42
sashcords	25
Firegrates	5
Outbuildings	27
Closets	60
Drainage systems	66
Walls	27
Doors	34

## DOMESTIC WATER SUPPLY

No. of premises (excluding Council Houses) having a private water supply (estimated)	8,892
No. of Council Houses	9,034
No. of premises having common water supplies (estimated)	800

## WATER SUPPLY

Complaints of abnormal taste in drinking water were again received during 1959 but only in one case did the Public Analyst find a definite reason for this. The iron content was found to be 3 parts per million. One sample of drinking water was reported as "chemically of slightly suspicious quality." With an absence of free chlorine it was considered advisable to follow up with samples for bacteriological examination. These proved satisfactory and further samples of water taken for chemical analysis were found to be of satisfactory quality. A sample of water taken from a dwelling house where black particles were reported was submitted for analysis. The black particles were found to have the characteristics of bitumen. The Waterworks Company failed to find any evidence of this contamination in their samples, but flushing of the mains was carried out and this appeared to clear up the cause of the complaint.

### FACTORIES ACTS, 1937 to 1959

#### PART 1 OF THE ACT

1—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

<i>Premises</i>  (1)	<i>Number on Register</i>  (2)	<i>Number of</i>		
		<i>In- spections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .....	17	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .....	242	136	10	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) .....	—	—	—	—
Total .....	259	136	10	—

## 2—Cases in which DEFECTS were found:

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred To H.M. Inspector</i> (4)	<i>By H.M. Inspector</i> (5)	
Want of cleanliness (S.1) ....	—	—	—	—	—
Overcrowding (S.2) ....	—	—	—	—	—
Unreasonable temperature (S.3) ....	—	—	—	—	—
Inadequate ventilation (S.4) ....	—	—	—	—	—

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred To H.M. Inspector</i> (4)	<i>By H.M. Inspector</i> (5)	
Ineffective drainage of floors (S.6) ....	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ....	2	2	—	1	1
(b) Unsuitable or defective....	20	20	—	6	—
(c) Not separate for sexes ....	1	1	—	1	—
Other offences against the Act (not including offences relating to Out-work) ....	—	—	—	—	—
<b>Total</b> ....	<b>23</b>	<b>23</b>	<b>—</b>	<b>8</b>	<b>1</b>

## PART VIII OF THE ACT

## Outwork

(Sections 110 and 111)

Nature of Work (1)	Section 110			Section 111		
	No. of out-workers in August list required by Section 110(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel {	Making, etc.,	8	—	—	—	—
	Cleaning and Washing	—	—	—	—	—
Household linen	—	—	—	—	—	—
Lace lace curtains and nets	—	—	—	—	—	—
Curtains and furniture hangings	—	—	—	—	—	—
Furniture and upholstery	—	—	—	—	—	—
Electro-plate	—	—	—	—	—	—
File making	—	—	—	—	—	—
Brass and brass articles	—	—	—	—	—	—
Fur pulling	—	—	—	—	—	—
Iron and steel cables and chains	—	—	—	—	—	—
Iron and steel anchors and grapnels	—	—	—	—	—	—
Cart gear	—	—	—	—	—	—
Locks, latches and keys	—	—	—	—	—	—
Umbrellas, etc.	—	—	—	—	—	—
Artificial flowers	—	—	—	—	—	—
Nets, other than wire nets	—	—	—	—	—	—
Tents	—	—	—	—	—	—
Sacks	—	—	—	—	—	—
Racquet and tennis balls	—	—	—	—	—	—

## PART VIII OF THE ACT (Contd.)

## Outwork

(Sections 110 and 111)

Nature of Work (1)	Section 110			Section 111		
	No. of out-workers in August list required by Section 110(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Paper bags .....	—	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper .....	1	—	—	—	—	—
Brush making .....	—	—	—	—	—	—
Pea picking .....	—	—	—	—	—	—
Feather sorting .....	—	—	—	—	—	—
Carding, etc., of buttons, etc. ....	69	—	—	—	—	—
Stuffed toys .....	—	—	—	—	—	—
Basket making .....	—	—	—	—	—	—
Chocolates and sweetmeats .....	—	—	—	—	—	—
Cosaques, Christmas stockings, etc. ....	—	—	—	—	—	—
Textile weaving .....	—	—	—	—	—	—
Lampshades .....	—	—	—	—	—	—
<b>TOTAL</b> .....	<b>78</b>	—	—	—	—	—

## INFECTIOUS DISEASE

Inspectors paid 83 visits in connection with cases of notifiable disease during 1959. The majority of visits were to cases of dysentery of suspected dysentery and suspected food poisoning.

My previous two reports have referred under this heading to sewage pollution of canals and watercourses within the area from sewer overflows. Pollution of the canal arm at Harts Hill has now ceased as the duplicate sewer extending from the lowest point of Stourbridge Road to Pedmore Road where it joins the sewer of Upper Stour Valley Main Sewerage Board has now been completed. I understand that the Board now plans to construct a duplicate sewer extending from Pedmore Road to Saltwells. It is hoped that the construction of this will not be long delayed as contamination of the brook course at the Pedmore Road/Level Street overflows and at the junction of Saltwells Road and Coppice Lane still continues during rain and at the latter point from time to time during dry weather. The Mouse Sweet Brook is also polluted during rainy conditions at Windmill End and at Bannister Street in the Rowley Regis area. I am not aware of any proposals to alleviate the situation along this stretch of watercourse.

The public are still made aware of the danger of the pollution by means of suitable signs erected at points giving access to the banks of the watercourses. Observations are made from time to time at all known points of contamination as experience has shown that chokage or partial chokage of a sewer may cause extensive pollution at overflow points.

## SANITARY ACCOMMODATION

	1958	1959
No. of houses and other premises (estimated)	20,051	20,185
No. of houses and other premises served by W.C.'s draining into public sewers ....	19,868	20,000
No. of houses and other premises served by ashbins ....	20,051	20,185
No. of privies in the Borough ....	Nil	Nil
No. of cesspools in the Borough ....	108	107
No. of pail closets in the Borough ....	76	76

### 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	Nil
Privies converted to pails ....	Nil	Nil

## RODENT CONTROL

1368 visits were made to premises in connection with rodent control during the year.

## AIR POLLUTION 1959

## General

A progressive increase in the volume of work under this important heading is inevitable as the Clean Air Act is implemented more fully. This is most pronounced in the case of Smoke Control Areas where one can say that the more that is done, the more there is to be done, by the way of preparation, administration, advice and control. The industrial problem is more static, in that some control has existed for a long time, nevertheless, in this field also, work automatically increases with the application of higher standards.

## Smoke Control Areas

## Details of Areas

Area	No. of Dwellings			% of houses in Borough	Acreage	% area of Borough	Date of Con.	Date of Op.
	Council	Private	Total					
Russells Hall	Present-458 Anticipated-2,500	Not yet known	2,500	12.5	312	7.3	25/6/58	1/1/59
Dudley Castle	559	394	953	4.75	420	9.9	11/6/59	1/9/60
Flood St., No. 3	1	46	47	0.25	38	0.9	24/12/59	1/10/60
Wrens Hill	1,271	141	1,412	7.0	253	5.9	Awaiting submission for approval in principle.	
TOTALS	4,331	581	4,912	24.5%	1,023	24%		

**N.B.**—Details of premises other than domestic dwellings, are excluded from these figures. Exemptions have only been agreed where the Smoke Control Areas (Exempted Fireplaces) Order, 1959, applies.

## (1) Russells Hall Estate

This is a Council Estate under development.

Much continuing publicity work is done on this Estate so as to assure as far as possible the smooth working of the Area. Results have shown that this is effort well directed. Few contraventions of the Order have occurred and where these have taken place, stern informal action has provided the remedy. In no case has it proved necessary to consider legal proceedings.

**(2) Dudley Castle Area**

This Order is now confirmed and works of adaptation are in progress in both Council and private houses. The speed with which these conversions have been carried out is disappointingly slow, particularly in the case of the private houses, when one considers the quantity of work remaining to be done.

**(3) Flood Street No. 3 Area**

This Order has just been confirmed. A Schedule of suggested works of conversion will be sent out in the very near future, also giving an interpretation of the Order, and the general levels of grant payable.

**(4) Wrens Hill Area**

Preliminary information is in process of being prepared, for submission to the Ministry of Housing and Local Government for approval in principle.

**Industrial**

Further consultations have taken place between managements of industrial undertakings and ourselves, particularly so in the case of plants which have been the subject of Certificates of Exemption. In only two cases has it been found necessary and desirable that these should be renewed. The four other Certificates are now time expired and the difficulties originally encountered appear to have been overcome.

Five applicants have been considered for chimney height approval under Section 10 of the Act. In four cases approval was given without modification and in the fifth case a minimum height of stack was fixed.

One application has been received and considered for "prior approval" under Section 3 of the Act. This was for a third boiler and associated equipment, stoker, etc., as a triplication of existing plant. The application was approved.

**Statistics**

No. of smoke observations taken .... 172

Aggregate emissions were as follows:—

Black smoke	....	....	....	....	229 $\frac{3}{4}$ mins.
Dense smoke	....	....	....	....	1,065 $\frac{1}{4}$ mins.
Light smoke	....	....	....	....	1,954 $\frac{1}{2}$ mins.

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

Black smoke .....	1.33 mins.
Dark smoke .....	6.18 mins.
Light smoke .....	11.36 mins.
Industrial Premises visited or re-visited re smoke emission .....	27
Visits re Clean Air Act .....	1,049
Conversions to oil firing .....	2
Improvements effected due to improved firing methods and/or minor repairs or improvements to plant .....	10
Major improvements to plant .....	3
Grit arresters fitted .....	2

**N.B.**—The very high figures for aggregate and average emissions have been arrived at, due to a concentration of effort upon the main offenders in the area. Much of the smoke was in fact, produced from a plant which is the subject of a Certificate of Exemption.

A Sub-Committee of the Health Committee has met representatives of the particular firm, guilty of producing these large quantities of smoke. The representatives informed the Sub-Committee of their proposals which should overcome the smoke problem. A further Certificate of Exemption for a period of 12 months was granted following this meeting, and it is anticipated that this should provide sufficient time for the work to be carried out and the problem eliminated.

**MISCELLANEOUS****SHOPS**

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

In an endeavour to control hours of closing the Council appointed a part-time Shops Inspector as from 2nd of November, 1959.

**SLAUGHTER OF ANIMALS ACT**

The number of licensed slaughtermen at the end of the year was 21.

**PHARMACY AND POISONS ACT, 1933**

No applications for entry on the poisons list were made.

**FERTILISERS AND FEEDING STUFFS ACT, 1926**

6 samples of fertiliser were taken during the year. One sample of fertiliser had minor variations from the guaranteed analysis.

**MERCHANDISE MARKS ACT**

Court proceedings were instituted against a butcher following a contravention of Section 2(2) of the Merchandise Marks Act, 1887 relating to the supply of meat under a false trade description. The defendant was found guilty and was fined £5 with £3 3s. 0d. costs.

**PUBLIC SWIMMING BATHS**

The public swimming baths in Dudley are Corporation owned and consist of three covered baths sited in Blowers Green Road. The main bath measures 75' × 35' and varies in depth from 3' 6" to 7' with a total capacity of 88,450 gallons. Two smaller baths are set aside for use by school children, one bath being used by girls and one bath by boys. The boys' bath measures 52' × 30' with a depth varying between 3' and 5', whilst the girls' bath measures 51' × 30' and is of the same depth as the boy's. The capacities of the two smaller baths are 43,600 and 41,400 gallons respectively.

Water is supplied to the swimming baths from the mains of the South Staffordshire Waterworks Company. This is subjected to continuous filtration in three pressure filters of the vertical type. Bath water is passed from the pools via a strainer box which is removed daily for cleansing, and pumped by an electrically operated pump to the filters after the addition of alumino-ferric coagulant. The filters are washed by reversing the direction of the water flow together with breaking up of the sand bed by means of rotating rakes.

A four hour turnover period is worked and the water is heated by means of a calorifier and aerated by means of a Venturi tube device. Sterilisation is achieved by means of marginal chlorination using chlorine gas and a concentration of 0.5 parts per million of

water is the operating target. Orthotolidine and pH tests are taken at frequent intervals. Alkalinity is adjusted by means of soda ash which is added prior to filtration and the pH ranges in practice between 7.4 and 7.6.

Two samples of water from the swimming baths for bacteriological examination had viable counts per ml. of 0 and 1 respectively and coliforms were absent from 100 mls. A sample for chemical analysis was reported by the Public Analyst as organically of reasonably satisfactory quality and safe for use in a Public Swimming Bath.

### OFFENSIVE TRADES

Many complaints were made during the summer months of unpleasant smells emanating from the premises of a fat extractor. Investigation revealed that non-edible fats arriving at the factory were extensively putrified due to the hot weather conditions. It was originally thought that the smells were being discharged from the boiler chimney, due to the inefficiency of the system which consisted of discharging the effluent from the digesters to the furnace of the Cochrane boiler via an expansion tank and a condenser. Treatment of the incoming loads and the fat on the charging floor with an industrial deodorant specifically designed for the trade was being carried out, together with the dosing of the fat in the digester with the same deodorant.

Further investigation indicated that the smell did not emanate from the chimney but from the ventilating louvres in the top of the factory and from other ventilating openings. Smells appeared to be at their worst when actual charging of the digesters was taking place, and the smell evolved continued to disperse for some time afterwards. With this in mind fresh methods were adopted in an attempt to neutralise the smell at this time. An additional hood with associated ducting and connecting with the existing expansion tank and condenser system was installed over the charging hopper and different methods of dispersal of the deodorant solution were tried. The injection of live steam into a vessel containing a solution of the deodorant was found to be most effective. Later the fan drawing off the fumes from the digesters and the charging floor was replaced by a larger capacity fan. By this time the cooler weather had brought about an improvement in the state of the incoming non-edible fat and complaints ceased with the exception of two occasions when plant breakdowns were experienced.

### CARAVANS

The number of caravans occupying sites without permission increased to a considerable extent during 1959 and it was necessary for the Inspectors to make a total of 316 visits in an effort to keep the Borough free from itinerant caravan dwellers.

Every endeavour was made during the year to fence off sites in regular use, or to take other steps available to the Department to prevent access to open land, but it was found that as the number of sites available decreased the caravan occupants merely moved from one site in the Borough to another and in many cases back again,

and the amount of time which was taken up in dealing with this position was considerable, and I must emphasise that, in my opinion, the time involved could more usefully have been spent in other directions. There is, I know, considerable sympathy for caravan dwellers in some quarters, but judging from the condition in which the sites were left after only a few days occupation, it is my opinion that most of this sympathy is misplaced.

The sites occupied are without water supply or sanitary accommodation and whilst some of the caravans had their own sanitary facilities, the general standard of hygiene was extremely poor. Most of the caravan dwellers are engaged in the scrap metal trade and are in the habit of bringing to the sites considerable quantities of scrap metal from which is taken metal which is of value to them, the remainder being left behind for Corporation workmen to clear away. The attitude of many of the caravan dwellers is belligerent and the Inspectors are to be congratulated on the patience which they show in very difficult circumstances. I would also like to record my appreciation of the services rendered by the Dudley Police during the year. There is no doubt that without this assistance it would not have been possible to move the caravan dwellers as quickly as they were.

It is obviously impossible to fence all waste land in the Borough and I do not think there is anything further that the Department can do to deal with this problem, and there is, I think little likelihood that the number to be dealt with will decrease during 1960.

#### **RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951**

One sample was 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, 1959

*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:*

D. W. S. Klee, M.B., B.S.

C. M. Granville, L.R.C.P., L.R.C.S., C.P.H.

\*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:*

J. A. O'Garra, M.Ch., Orthop. 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, M.A.P.H.I., Cert. S.I.B.

*Assistant Cleansing Superintendent:*

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

*Pupil Public Health Inspectors:*

J. T. Cope

R. P. G. Drew

*Non-Medical Supervisor of Midwives and Superintendent of Home Nurses:*

Vacant

*Superintendent Health Visitor:*

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

*Health Visitors/School Nurses:*

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

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

Miss V.J. Coulter, 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.

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

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

Mrs. M. C. Perry, 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. M. J. Astley, S.R.N., S.C.M., M.T.D., H.V.s Cert.

Mrs. L. Edwards, S.R.N. (Acting)

*Student Health Visitors:*

Mrs. M. F. Bridges, S.R.N., S.C.M.

Miss G. B. White, S.R.N., S.C.M. (Part 1)

*Municipal Midwives:*

Mrs. A. Arnold, 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.

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

Miss D. B. Wells, S.R.N., S.C.M.

*Maternity Nurses:*

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

\*Mrs. O. Dumolo, S.C.M.

*Speech Therapist:*

\*Mrs. N. W. Brooke

*Orthoptist:*

\*Miss A. A. Wright

*Clinic Nurses:*

\*Mrs. D. A. Beech, S.R.N., S.C.M. (Part 1)

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

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

*Home Help Organiser:*

Mrs. E. H. Taylor

*Dental Attendants:*

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

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

*Deputy Chief Welfare Officer:*

G. T. Meredith

*Assistant Welfare Officer:*

Mrs. E. D. Newland

*Welfare Assistant:*

J. Houghton

*Occupational Therapist/Handicrafts Instructor:*

Mrs. M. M. Ashen

*Staff at Old Peoples' Homes:*

Matron—Miss I. McLennan	:	
Assistant Matron—Miss E. Johnson	:	“Albert House”
Matron—Miss M. Radcliffe	:	
Matron's Assistant—Mrs. F. M. Cole	:	“The Woodlands”
Matron—Mrs. F. Madeley	:	
General Assistant—Mrs. E. E. Horton	:	“Primrose House”
Matron—Miss A. A. Knight	:	
General Assistant—Miss A. Hudson	:	“Rose Cottage”
Matron—Vacant	:	
General Assistant—Mrs. G. G. Copeland	:	“Lupin House”

*Mental Health Officer:*

T. Tangney

*Special Training Centre Supervisor:*

Mrs. I. M. Cooper

*Special Training Centre Assistants:*

Miss B. F. Lloyd

Miss P. H. Kear

Miss M. Robinson

Miss A. Whitehouse

*Special Training Centre—Trainee Instructor:*

B. J. Juggins

*Clerical Staff:**Administrative Assistant:*

J. W. Trinder

*General Health:*

K. Rawlings, Senior Clerk  
 Miss I. Richards  
 Miss B. Branston  
 Mrs. I. Pritchard  
 G. H. Darby  
 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  
 Mrs. P. Nicklin  
 Miss M. Bowen  
 Mrs. A. Gwilliam

*Welfare Section:*

W. W. Guise (General Assistant)  
 Miss G. O. Jones  
 J. W. Trevis

\* Part-time

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