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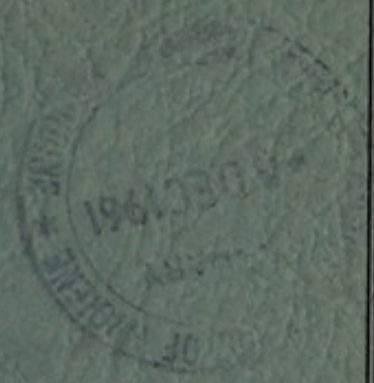


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COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

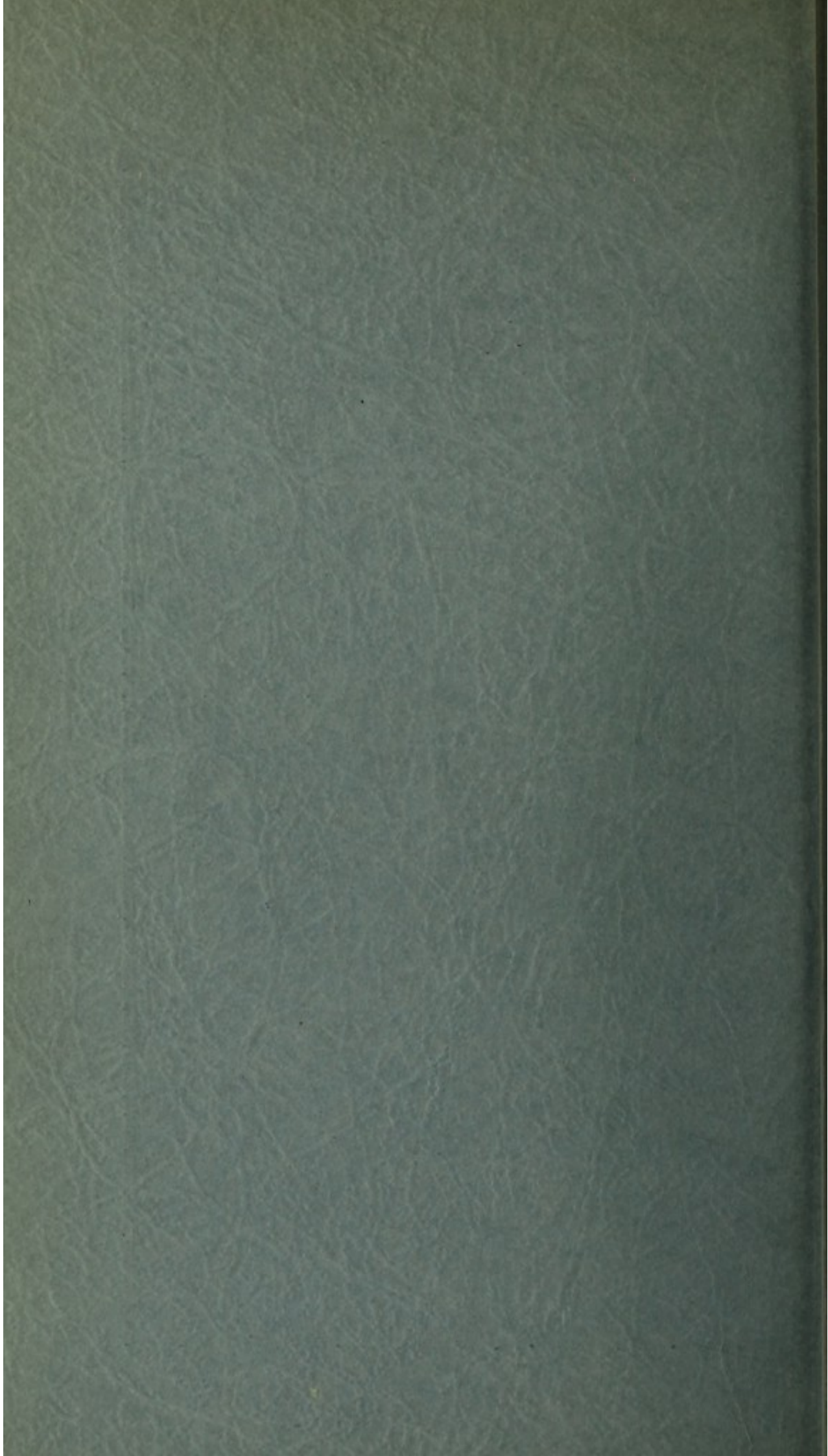
of the

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 1960





COUNTY BOROUGH OF DUDLEY

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.

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

FOR THE YEAR 1960

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Constitution of Committees as at 31st December, 1960

HEALTH COMMITTEE

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

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

The Mayor	Councillor J. Glazebrook
The Deputy Mayor	Councillor Dr. J. H. Haldane
Alderman T. E. Bennett	Councillor W. T. Harris
Councillor J. J. Curley	Councillor C. Homer
Councillor J. Davies	Councillor W. H. W. Poulton
Councillor Mrs. R. Davies	Councillor Mrs. R. E. Wakeman

(Members of the Council)

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

(Co-opted Members)

WELFARE COMMITTEE

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

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

The Mayor	Councillor J. L. Billingham
The Deputy Mayor	Councillor T. Gallagher
Alderman Dr. F. G. Lewis	Councillor G. W. A. Griffiths
Alderman G. B. Norton	Councillor E. Morris
Councillor G. Beech	

(Members of the Council)

Mrs. C. R. Butler	Mrs. D. Little
Mrs. B. Duesbury	Mrs. E. Moore
Mrs. J. H. Haldane	Rev. B. H. Butt

(Co-opted Members)

EDUCATION COMMITTEE

Alderman J. L. Hillman (*Chairman*)

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

The Mayor	Councillor G. W. A. Griffiths
The Deputy Mayor	Councillor Dr. J. H. Haldane
Alderman T. E. Bennett	Councillor G. Relf
Alderman J. H. Molyneux	Councillor J. G. Rowley
Alderman J. C. Price	Councillor Mrs. R. E. Wakeman
Councillor G. Beech	Councillor F. J. Williams
Councillor Mrs. R. Davies	

(Members of the Council)

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

(Co-opted Members)

SCHOOL MANAGEMENT AND MEDICAL SUB-COMMITTEE

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

The Mayor	Councillor G. W. A. Griffiths
The Deputy Mayor	Councillor Dr. J. H. Haldane
Alderman T. E. Bennett	Councillor G. Relf
Alderman J. C. Price	Councillor Mrs. R. E. Wakeman
Councillor G. Beech	Councillor F. J. Williams
Councillor Mrs. R. Davies	

(Members of the Council)

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

(Co-opted Members)

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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1960.

Like its predecessors, while it records a steady growth and extension of services, such indices of the health of the population as are available, show unfavourable as well as encouraging aspects. The low and mild incidence of notifiable infectious disease was offset by the part played by respiratory infections in Dudley's discouraging loss of infant life. The general marked improvement in incidence and mortality of tuberculosis failed to benefit men in middle and later life.

The main emphasis, appropriate to the internationally observed "Mental Health Year", fell locally and nationally on mental health. The operation of the new Act was completed, in two final stages, in July and November, and its local implementation absorbed much of the attention of the Mental Health Sub-Committee and staff of the department. So many of the increased facilities required for the community care of the mentally disordered are essentially social in character that the Council decided that these could most effectively and economically be provided under the National Assistance Act, the Welfare Committee already having at its disposal the necessary administrative machine and the considerable experience of Mr. Meredith and the rest of the Welfare Section staff. Apart from this added responsibility, expansion continued in the Welfare Services in the shape of the sixth small home going into operation, a start being made on the large home at Dudley Wood, and considerable further developments in the facilities offered to the physically handicapped.

1960 was a year of further steady progress in the environmental health services, particularly with regard to extensive slum clearance in the central, Dock, areas. Improved practice in food handling was reflected in the continuing low notified incidence of food poisoning. With increasing elimination, or at least control, of the traditional nuisances, more attention is being paid to that arising from noise, though much remains to be done in the way of measurement and establishment of recognised and enforceable standards.

Staff difficulties continued to hamper the priority dental services and almost completely frustrated the development of the recently permissible chiropody service. The situation steadily improved in the midwifery field and by the end of the year a return to a full establishment could reasonably be envisaged. Two student health visitors were again attending a training course and this service should soon be in a position to offer closer support to the family doctors.

In conclusion, in respect not only of 1960 but of my whole 6½ years service in Dudley, I have to thank Members of the Council, and in particular of the Health and Welfare Committees, and the School Health Service and Housing Tenancy Sub-Committees, for

their support, consideration, and encouragement; and all members of the Health and Welfare Department for their more than willing and efficient discharge of their duties. I am grateful to all other Chief Officers and officials of the Council for their unfailing help and courtesy over the years, and to Family Doctors, Consultants, members of the Press and all National Agencies and Voluntary Organisations too numerous to mention, for the very happy relations I have enjoyed in Dudley. I am particularly indebted to Dr. Kerrigan, Mr. Parker, Mr. Meredith, Mr. Trinder, Mr. Woolley and Miss Richards who, in particular, have made my period of service so very agreeable as well as relatively carefree.

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, 1960	....	63,910
Rateable Value (at 1st April, 1961)	....	£829,653
Estimated Product of 1d. Rate (1960/61)	....	£3,424

Live Births:

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	455	448	903
Illegitimate	23	28	51
	—	—	—
	478	476	954
Rate per 1,000 population			14.17 *(17.1)
Illegitimate Live Births per cent of total live births			5.34

Stillbirths:

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	13	13	26
Illegitimate	—	—	—
	—	—	—
	13	13	26
Rate per 1,000 total live and still births			26.53 *(19.8)

Total Live and Stillbirths:

<i>M.</i>	<i>F.</i>	<i>Total</i>
491	489	980

Infant Deaths (Deaths under 1 year)

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	14	10	24
Illegitimate	1	1	2
	—	—	—
	15	11	26

Infant Mortality Rates:

Total infant deaths per 1,000 total live births	....	27.25 *(21.9)
Legitimate infant deaths per 1,000 legitimate live births		26.57
Illegitimate infant deaths per 1,000 illegitimate live births		39.21
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)		16.77 *(15.6)
Early neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)		12.57
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)		38.77 *(32.9)
Maternal Mortality (including abortion)		Nil
Deaths		Nil
Rate per 1,000 total live and still births		Nil

Deaths:

	<i>M.</i>	<i>F.</i>	<i>Total</i>
	370	314	684
Death Rate per 1,000 population			13.9
			*(11.5)

*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	5	1	6
2	Other forms of Tuberculosis	1	—	1
3	Syphilitic Diseases	—	—	—
4	Diphtheria	—	—	—
5	Whooping Cough	1	—	1
6	Meningococcal Infections	—	—	—
7	Acute Poliomyelitis	—	—	—
8	Measles	—	—	—
9	Other Infective and Parasitic Diseases	—	—	—
10	Malignant Neoplasm, Stomach	12	10	22
11	Malignant Neoplasm, Lungs, Bronchus	17	2	19
12	Malignant Neoplasm, Breast	—	11	11
13	Malignant Neoplasm, Uterus	—	7	7
14	Other Malignant and Lymphatic Neo- plasms	31	20	51
15	Leukaemia	2	2	4
16	Diabetes	1	2	3
17	Vascular Lesions of Nervous System	41	65	106
18	Coronary Disease, Angina	70	44	114
19	Hypertension with Heart Disease	6	8	14
20	Other Heart Diseases	32	41	73
21	Other Circulatory Disease	16	17	33
22	Influenza	—	—	—
23	Pneumonia	17	17	34
24	Bronchitis	42	14	56
25	Other Diseases of Respiratory System	7	1	8
26	Ulcer of Stomach and Duodenum	7	4	11
27	Gastritis, Enteritis and Diarrhoea	1	—	1
28	Nephritis and Nephrosis	1	1	2
29	Hyperplasia of Prostate	4	—	4
30	Pregnancy, Childbirth, Abortion	—	—	—
31	Congenital Malformations	2	—	2
32	Other defined and ill-defined diseases	32	34	66
33	Motor Vehicle Accidents	4	—	4
34	All other Accidents	14	10	24
35	Suicide	4	3	7
36	Homicide and Operations of War	—	—	—
		370	314	684

Birth Rate

In spite of the fact that the age constitution of Dudley's population is favourable to a rate of at least the national average, Dudley's birth rate remained some $17\frac{1}{2}\%$ below that level. The two main factors involved are probably the discouragement of parenthood arising from overcrowding and the high proportion of young married couples in inadequate lodgings, and the accelerating emigration of these couples into private housing estates to the west of the town.

Infant Mortality

Dudley's infant mortality rate for 1960 was as far above the national average as the previous years' was below. Such violent fluctuations are a recognised feature of the vital statistics of small populations, but when the loss from this source and from still births is studied over the years, Dudley's experience, though comparing favourably with similar industrial towns, still lags well behind the national average.

Of the total number of 26 deaths under one year of age, of which 12 occurred in the first week, prematurity, either alone or in association with other conditions, was given as the causal factor in 14. Of the 32 premature infants born at home, 17 were transferred to the Premature Baby Unit at Sorrento Maternity Hospital, and the 15 remaining successfully survived the neonatal period. The incidence of prematurity at 11% was, for some unknown reason, considerably above Dudley's normal experience and the national average of 7.7%. It is to be feared that until the largely unknown causes of this condition are clarified, little further can be done in the way of radically reducing this source of early loss. This also applies to the other principal factors, operating in the early days of life, congenital defects and abnormalities of the lung. Further improvements in the care of expectant mothers, with particular emphasis on co-ordination of the three branches of the National Health Service concerned, better selection of cases for the available maternity beds, adequate provision of ante-natal beds for abnormal pregnancies, and the follow-up of indifferent and negligent patients can, however, be expected to ensure a further gradual improvement pending a major break through in the study of causation which will also produce a marked reduction in the still birth rate, where, in all probability, the same causal factors are at work.

A more serious and immediate cause for concern is the excessive and preventable loss of infant life after the first month. This is particularly disappointing since the previous huge wastage from gastro-intestinal infections has now been eliminated. Respiratory infections were responsible for the majority of the 10 deaths in this group, and, in addition, for four in the first month of life. Half of these children admittedly suffered also from congenital abnormalities, but modern surgical methods have greatly improved the prospects for such handicapped infants, if they can weather the early years. Half of the 10 respiratory deaths occurred in the first quarter of the year; only two out of ten in the six months from May to October, and none at all in the third quarter. In other words, the pattern is parallel to that of the incidence of upper respiratory infections in

adults and older children. Overcrowding undoubtedly plays a part in the spread of such infections, but much remains to be done in educating mothers in the necessity of protecting infants, as far as possible, from sufferers from "colds", which, though trivial at later stages, can cause fatal lung infections in susceptible infants. Nor is it sufficiently realised that infants in the early stages of such grave illnesses may show few obvious signs other than listlessness and loss of appetite. If modern life-saving drugs are to have a chance, family doctors must be called in in the early stages.

Still Births

Of the loss from still birth, 26.5 per 1,000 births compared with the national average of 19.8, two-thirds were premature. The major factors associated with still births were toxæmia in 40%, accidental hæmorrhage in 15%, and congenital abnormalities in 25%. As mentioned above the advances in knowledge necessary to reduce the still birth rate will probably be largely identical with those already outlined as being necessary for the control of infant loss in the first week of life.

SECTION B—INFECTIOUS DISEASE

The following table shows the incidence of notifiable infectious diseases during 1960:—

	<i>Numbers Notified</i>		<i>Admitted to Hospital</i>
	<i>M.</i>	<i>F.</i>	
Scarlet Fever	5	2	3
Diphtheria	—	—	—
Whooping Cough	14	17	7
Measles	4	4	1
Pneumonia	4	3	6
Dysentery	1	2	3
Puerperal Pyrexia	—	2	1
Ophthalmia Neonatorum	—	—	—
Poliomyelitis	—	—	—
Erysipelas	2	1	1
Food Poisoning	1	2	1
Encephalitis (Acute)	1	—	1

As will be seen, notifications of infectious disease were remarkably low, though certain of the less severe infections were prevalent. Influenza caused a high absence from work in the early weeks of the year though it was of a very mild character, giving rise to no deaths, and relatively few lung complications. Throughout the greater part of the year mumps and chicken pox were prevalent among school children, but both diseases were of little concern except as a cause of absence. Notified cases of dysentery and food poisoning were few, but milder forms of these infections were probably more prevalent than indicated by official notifications.

Tuberculosis

There was again a reduction, of 15%, in notifications of pulmonary tuberculosis, and deaths declined by some 40%. It was noteworthy that two thirds of all deaths occurred in males in the age group 45—64 years, in which group nearly a quarter of the new cases were found. Even in the younger adult years, contrary to the common experience, male cases were nearly double the number of female. This suggests that the place of work may be of increasing importance in the spread of the disease. Female cases and deaths have greatly declined in number, and the reduced chance of exposure to infection within the general community is further illustrated by the fact that the proportion of 13 year olds found to have been previously infected has been halved to 11% in the last five years, and an even more marked reduction experienced in the proportion of 5 year olds showing such evidence. Of those, 5% were positive, but in actual fact three quarters were previously known to the Chest Clinics as contacts of adult cases, having been naturally infected or having received B.C.G. vaccination.

The unfavourable experience of middle-aged and elderly men could also in part, at least, be attributed to the recurrence of disease, often unrecognised at an earlier stage in life, when, 25-30 years ago, conditions of employment were often deplorable and the resistance of many to the disease was lowered by unemployment and consequent malnutrition. B.C.G. vaccination, still very inadequately accepted by parents of 13 year old school children, and modern drugs, are potent tools which, if fully used, by parents and patients alike, can ensure that tuberculosis quickly becomes a matter of little concern to the more fortunate, younger generations of today and tomorrow.

Dudley Mass Radiography Unit further modernised its equipment in the course of the year, changing over to 100 millimetre films at their base in Priory Road, and from 35 to 70 millimetre in their mobile equipment. The actual numbers dealt with were reduced by the temporary precaution, requested by the Ministry of Health, of transferring all expectant mothers, and children under 15 to the Chest Clinic. The Unit discovered a third of Dudley's new cases, nearly all of them at the special sessions devoted to referrals from general practitioners. More than half the cases were found to be already infectious to some degree, which points to the need for more liberal use of routine X-ray facilities by the general population to allow of this, and other diseases, to be discovered before they have reached the stage of giving rise to symptoms and the calling in of the family doctor. The changing functions of the Unit are illustrated by the fact that ten times as many other abnormalities were referred to clinics and hospitals as were active T.B. cases to the chest clinic. The most numerous of such referrals were heart conditions, acute lung infections, and chronic lung diseases, notably bronchitis and pneumoconiosis.

In addition to 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, 1960 were:

Pulmonary—515; Non-Pulmonary—60; Total—575

It is only now that the marked reduction in new cases has led to a decline in the number on the register, which has been greatly inflated over recent years by the greatly increased prospects of survival and the prolonged period of supervision required to guard against the possibility of relapse.

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	1	2	—	—	—	—	—	—
5—15 years	2	1	—	1	—	—	—	—
15—45 years	12	7	1	2	—	2	1	—
45—65 years	9	1	—	—	6	—	—	—
Over 65 years	2	1	—	—	—	1	—	—
Total—all ages	26	12	1	3	6	3	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	....	....	....	....	3
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	.....	6
Gonorrhoea	.....	14
Non-Venereal and undiagnosed conditions	.....	103

Dudley again continued, on the figures available, as far as hospital attendance was concerned, to escape the dramatic rise in cases of specific infection which has been experienced in recent years in other 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	805	2,688
(b) Child Welfare		
Children under 1 year	.....	10,514
Children between 1 and 5 years	.....	7,758
		<hr/> 18,272 <hr/>

Attendances at both ante-natal and child welfare clinics showed an all round increase which makes it clear that the facilities provided for health education, relaxation classes, etc., are meeting a definite need. Many family doctors continued to take advantage of the facilities for blood tests, afforded at the ante-natal clinics; chest X-rays and dental treatment are also arranged. 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.

It was particularly gratifying that the number of attendances of older pre-school children increased by nearly 20%. There is no doubt that if mothers can be persuaded to adopt the practice of a routine check by their own family doctors or at a clinic throughout the pre-school years, a considerable amount of minor defect would be recognised and dealt with at an early stage and advice on the management of the emotional and behaviour problems of such children obtained at a stage early enough to prevent the development, in the minority, of more serious and intractable disturbances in later childhood and adult life.

The routine screening of infants at 6 weeks for phenylketonuria was continued, to allow of the treatment of a rare form of mental subnormality at the earliest possible stage. Routine testing of infants for deafness suffered from the resignation and temporary absence of trained staff, and until places on a Training Course are again available such testing has to be on a highly selective basis, confined to children known to be at special risk.

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. The workers concerned have continued to have the well earned encouragement of seeing more of the less intractable problem families finding their way back to acceptable standards of child care, and of minimising the damage to the children of the hard core families for whom all the help available can only prevent deterioration into further depths of squalor. The regular interchange of views at this conference continues to be helpful to all concerned and ensures that available resources are as efficiently and economically employed as possible. Some overlap is inevitable as in the case of 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.

Child Guidance

For some years previous to the relevant Circular (3/59) of the Ministry of Health, arrangements had been in force in Dudley for Medical Officers, Health Visitors, and other interested nursing staff, to meet regularly with Dr. Maclay, Consultant Child Psychiatrist, in order to have the benefit of his expert guidance on the recognition and the best methods of handling the many emotional and behaviour problems which they meet with in the course of their work with pre-school children and pupils. The subject was dealt with both in a general theoretic way and in relation to individual cases, enabling Health Visitors to acquire a deeper and wider understanding of such psychological problems, and giving them confidence in handling the much more numerous minor and temporary disturbances which they now feel to be within their competence. This form of inservice training has thus been of value to the child guidance clinic also, by reducing the pressure on the waiting list, and by enabling both doctors and nurses to distinguish at an early stage those cases requiring expert assessment and possibly treatment at this clinic.

Family Planning Clinic

The Family Planning Clinic, run by a Voluntary Committee at Holly Hall Clinic, continued to grow in popularity and attracted clients from a wide area outside Dudley. Some 60% of patients,

however, came from Dudley and the usual sources of referral were general practitioners, Local Authorities' nursing staffs, and personal recommendations by satisfied clients. There were indications towards the end of the year, in undue prolongation of sessions, that the fortnightly clinic would soon have to become a weekly one. Mrs. Moore, Chairman, and Mrs. Collins, Secretary, and the members of their Committee are to be congratulated and thanked for meeting a very real need and one for which the Local Authority cannot directly cater though helping with the provision of premises and by an annual grant.

Dental

REPORT OF THE CHIEF DENTAL OFFICER

At the beginning of 1960, instead of three dental officers there was only the equivalent of 1.1, but by the middle of June we obtained the services of Mr. Peter Stone thus making the equivalent for the year approximately 1.6 for 11,000 school children and all the maternity and child welfare work in the Borough.

Due to the Dudley Wood Clinic being closed and the Central Clinic being rebuilt the dental surgeries at Priory and Holly Hall Clinics were the only dental clinics available for treatment. These clinics are convenient only for the mothers who live in the Priory and Holly Hall areas. Pregnant and nursing mothers find it inconvenient to travel out of their districts for treatment extending over several visits. This would account for the drop in attendances from last year.

In actual fact the amount of work done was almost the same as last year and the proportion of patients completed increased. This year 50% of the mothers completed their treatment as against 33 $\frac{1}{3}$ % the previous year.

Since the attendance rate is not at all certain, a separate session per week is not set aside for maternity and child welfare work, but then patients have appointments during the sessions for school children. It is, therefore, rather difficult to assess the exact number of sessions devoted to this work. Judging from the work done I should estimate 55 sessions were devoted to maternity and child welfare work during the year.

It is to be hoped that with the opening of the new Central Clinic will come an increase in staff so that more time may be devoted to the maternity and child welfare side of our work.

Expectant and Nursing Mothers Children under 5 years

Numbers provided with dental care:

(i) Examined	83	80
(ii) Needing Treatment	80	79
(iii) Treated	80	74
(iv) No. of attendances for treatment	275	96
(v) Made dentally fit	41	46

	<i>Expectant and Nursing mothers</i>	<i>Children under 5 years</i>
Forms of dental treatment provided:		
(i) Extractions	390	122
(ii) Fillings	126	31
(iii) Scalings and gum treatment	13	—
(iv) Silver Nitrate Treatment	4	17
(v) Dentures provided	33	—
No. of administrations of Nitrous-oxide for extractions	36	51
No. of dental X-rays	11	—

Ophthalmic Clinic

	<i>Children under 5 years</i>
Errors of Refraction (including squint)	89
External and Other	46
Total	135
Spectacles prescribed	32

Orthopaedic Clinic

Massage:

Number treated	76
Total treatments	321

Orthopaedic:

Seen by Surgeon	69
New Cases	24
Total Attendances	125

U.V.L. Clinic

Children treated	17
Total Attendances	56

Ear, Nose and Throat Clinic

Number seen by E.N.T. Consultant	14
Referred for operative treatment	6

Section 23—Midwifery

The total number of births (live and still) was 982 of which 462 occurred at home and 520 at nearby Maternity Homes and Hospitals. Of the Institutional confinements 293 took place in the Rosemary Ednam Maternity Home. In the case of the domiciliary confinements 423 were attended by midwives alone.

There was during 1960 a slow but encouraging improvement in the staffing situation and by the end of the year, with 7 midwives, the service was only one short of establishment. We continued to

be indebted to Mrs. Davies and Mrs. Dumolo for making good the deficiency as maternity nurses. Since there is every indication of a continued rise in the birth rate owing to the "bulge" which is now leaving secondary schools and to the declining age of marriage, it is important that every effort should be made to maintain a full and efficient midwifery staff. The increasing tendency to early discharge from maternity homes and hospitals increases the burden on domiciliary midwives who understandably find less satisfaction in having to take over responsibility at such a late stage.

In the course of the year two additional midwives were approved by the Central Midwives' Board as teaching midwives. All of the 7 pupil midwives undertaking their Part II training in Dudley were successful in their qualifying examinations.

The C.M.B. issued amendments to its Rules which, among other things, reduced the minimum lying in period from 14 to 10 days, thus bringing the Rules more into line with contemporary hospital practice, and enabling the health visitor to take on the case immediately on discharge from the maternity hospital on the 10th day, and so avoiding the untidy intervention of visits by the domiciliary midwife from the 10th to the 14th day. The previous distinction between the official designations "Midwife" and "Maternity Nurse" was abolished. As a further sign of the times, the previous obligation on the midwife to notify the institution of artificial feeding was also removed.

As is obvious from previous comments, the Premature Baby Service was fully occupied in the course of the year.

	<i>At Home</i>	<i>In Hospital</i>
Premature live births	29	60
Premature still births	3	14
	—	—
	32	74
	—	—

Section 24—Health Visiting

A further two trainees were sent on a training course in the Autumn, comprising again an established member of the nursing staff and a recently qualified recruit. It is very satisfactory that after many years of stagnation, we have at last some hope of reaching, in due course, our proper establishment of health visitors. A large number of the most promising new developments in the Personal Health Services are completely dependent on adequate staffing in this respect.

The still restricted numbers of health visitors available necessitated a continuance of highly selective health visiting. This is not necessarily a bad thing in itself, since the majority of young mothers are better informed than ever before; provided they know how to contact their district health visitor, when the need arises, they can be encouraged to handle their infants and young children with the confidence which makes for good family relationships. Proportionately more attention can be devoted to the minority of less satisfactory mothers and to the small group of problem families where almost continual supervision is necessary to safeguard the children from the worst effects of parental incompetence and neglect.

Health Visitors continued to attend Dr. Everley Jones's paediatric ward rounds at the Guest Hospital, and their regular visits to the Chest Clinic to keep up-to-date on the requirements of their patients. A further element of variety was lent to their work by the indispensable part they play in the various national surveys which are an essential basis for future progress in the reduction of the incidence of disease and disability in our child population.

The total number of visits by health visitors during the year was 19,056.

Visits to children under 1 year:

(a) First Visits	.....	.....	.....	.....	.....	.....	937
(b) Total Visits	.....	.....	.....	.....	.....	.....	6,556
Visits to children between 1 and 5 years	.....	.....	.....	.....	.....	.....	10,814
Visits to tuberculous households	.....	.....	.....	.....	.....	.....	477
Miscellaneous Visits	.....	.....	.....	.....	.....	.....	272

Section 25—Home Nursing

In the course of the year, with the consent of the Ministry of Health, an agreement was reached between the Council and the Badley Nursing Association for the latter to transfer its home nursing staff who have now become direct employees of the Council, under the supervision of Mrs. Allen, who also acts as Supervisor of Midwives. The nursing staff continued to display its high standard of service, and an 8% increase in visits, particularly to the elderly, necessitated a further increase of staff to 7 full-time and two part-time nurses. The long felt need to provide a training course for home nurses, particularly for recent recruits to the service, was at last met by the establishment of a West Midland Training Scheme, comprising the five County Boroughs and Staffordshire, which held its first four months' course in the Autumn. This involves attendance on one day per week for theoretical instruction at Walsall Technical College, with the trainee working under supervision with her own Authority for the remainder of the week. This retention of scarce nursing resources in the Authority's own area, and the fractional financial cost compared with previous training arrangements, constitute a great advance and one which has been much appreciated by the nurses concerned and even by experienced home nurses who have found the course a very valuable stimulus and means of bringing their knowledge and technique up-to-date.

The following table will make it clear to what extent this service enables economies to be made in the use of hospital beds as well as meeting the patient's normal preference for remaining at home, or at least being absent from it for as short a period as possible. The degree to which old people in particular are helped may be gauged by the fact that two thirds of all visits were to patients over 65 years of age.

							<i>Visits</i>
Medical Cases	.....	.....	.....	.....	.....	.....	10,400
Surgical Cases	.....	.....	.....	.....	.....	.....	5,095
Tuberculous Cases	.....	.....	.....	.....	.....	.....	752
Maternal Complications	.....	.....	.....	.....	.....	.....	12
Others	.....	.....	.....	.....	.....	.....	177
							<hr/> 16,436 <hr/>

Section 26—Vaccination and Immunisation

Vaccination

It has again to be reported that parents of only 35% of infants could be persuaded to accept vaccination against smallpox. The general level of protection in the community is too low to prevent the spread of this disease, the entry of which is facilitated by the speed of modern travel.

Immunisation

During the greater part of the year continued adherence to the Medical Research Council's advice against combined immunisation kept the numbers of infants protected at a disappointingly low level, though by 4 years the proportion immunised against diphtheria had risen to 60%. Towards the end of the year increasing evidence of the safety of the new combined vaccines allowed the introduction of the triple vaccine against diphtheria, whooping cough and tetanus. The resultant decrease in the number of injections required should encourage mothers and so provide a higher level of protection in the future.

The extension of the age groups eligible for poliomyelitis vaccination had less effect than might have been anticipated owing to the relatively poor response from adults. A large proportion of the immunisation programme was undertaken by family doctors, and over 7,000 further complete courses were given; an additional 3,000 had their first two injections.

Diphtheria Immunisation:

	<i>Immunised during 1960</i>
Children under 5 years	563
Children over 5 years:	
Primary	96
Re-Immunisation (Booster)	300
Whooping Cough Vaccination	512
Poliomyelitis Vaccination (2 injections)	3,061
(3 injections)	7,200

Section 27—Ambulance Service

This service continued to be run with notable efficiency by Mr. Wade and his staff. Radio control and full use of dual purpose vehicles maintained the economies achieved in recent years and increased flexibility in meeting the many and varied commitments.

	<i>Ambulances</i>	<i>Sitting Case Cars</i>
No. of vehicles at 31st December, 1960	4	5 (dual purpose)
Total number of accident or other emergency calls	1,252	98
Total number of patients carried	3,906	15,119
Total mileage	23,360	71,407

Section 28—Prevention of Illness, Care and After-care

The somewhat varied services provided under this Section of the National Health Service Act, so useful in the width of interpretation which it permits, continued to support the more specific objectives of the other Local Health Authority services and the General Practitioner Service. The anticipated wide expansion of activities under this Section in the interests of the mentally disordered did not materialise, as the Council decided that the majority of the necessary social services would be more economically and efficiently provided under the National Assistance Act. Further reference is made to this under Mental Health, but, of course, the full range of services under Section 28 is available to the mentally disordered on the same basis as to those suffering from physical illness or handicap.

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 available on loan. The acute problem of adequate storage of this material remained unsolved, pending the completion of the new Central Clinic. 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 provided with:			
(1)	Sick Room Equipment....	.....	229
(2)	Free Milk .....	.....	33
(3)	Recuperative Holidays....	.....	30

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.

More general means of health propaganda by posters, leaflets, talks to mothers at ante-natal and child welfare clinics, etc., were continued, and the library of film strips was expanded 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.

A particularly topical item at present is, of course, the well established connection between heavy cigarette smoking and lung cancer. There can be no doubt that the public has been fully informed on the facts of the case, and that any individual Local Authority's persuasive propaganda is puny compared with the advertising expenditure of the cigarette manufacturers. There is a special obligation in relation to the young and as yet unaddicted, and in addition to general methods of health propaganda, older children in schools have their attention drawn to the risks involved, individually, as well as collectively, by school health service staff, who greatly rely on the collaboration of the teaching staff in this, as in other aspects of health education.

Liaison with the General Practitioner and Hospital Services

Over the whole range of Section 28 activities, and other family services, a close liaison is maintained with the other two branches of the National Health Service in order to provide the best possible service to patients, and to eliminate, as far as possible, both duplication and gaps in the necessary provision. This collaboration has been particularly well developed in relation to maternity, aged, and psychiatric cases.

Long before the issue of Ministry of Health Circular 2/59 urging the implementation of the Platt Committee's recommendations on the "Welfare of Children in Hospital," a close co-operation had been established with the Local Paediatric Services. For many years, until the diminishing number of cases rendered it unprofitable, Dr. Everley Jones, Consultant Paediatrician, held a regular clinic on Local Authority premises, and health visitors have continued to attend his ward rounds so as to familiarise themselves with the problems of patients before discharge. Reports on the family and housing background are frequently called for by the hospital staff, and discharges of all children are notified to this Department to ensure adequate follow-up.

It has long been an integral part of the Health Visitor's teaching to instruct mothers in simple home nursing, and this practice has, of course, facilitated the retention of ailing children at home, who might otherwise have required hospital admission. The home nursing and domestic help services are, of course, available to increase the family doctor's resources in this field.

The fact that the Hospital Management Committee's specialists regularly see child patients at the Central Clinic, and the generous provision for the continuance of this practice which has been made in the new building nearing completion, mean that both mothers and children are saved protracted periods of waiting in the hospital out-patient department. In the case of indifferent parents, health visitors frequently stimulate regular visiting of their children in hospital, and not infrequently personally transport unreliable parents to hospital for this purpose.

Chiropody

The belated authorisation by the Ministry of a Local Health Authority Chiropody Service led the Council to draw up plans which included a direct service to certain priority classes, notably the

handicapped, expectant mothers, and, in the interests of prevention and early treatment, school children. Service for the elderly was provided on an agency basis, on behalf of the Health Committee, by the Old Peoples' Welfare Association who have, for years, made this valuable facility available. Provision was made for home visitation of housebound cases when such need was certified by the family doctor. A centrally placed surgery was provided and equipped, and accommodation earmarked in the new Central Clinic for another. It was anticipated that increasing demand would justify part-time services in the Council's outlying clinics.

Unfortunately for these ambitious plans, only one session a week by a suitably qualified chiropodist was available, and consequently all developments other than the central surgery service to the ambulant aged, and the service under the Welfare Committee arrangements to residents in Local Authority Homes, had to be postponed. Until realistic efforts are made to extend training facilities in the Midland area, and to bring Local Authority scales of salary and sessional payments more nearly into line with the incomes earned by private practitioners, little improvement can be hoped for.

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 and period of duty.

1960 saw a further expansion of the service; an average of 50 part-time home helps were employed under the whole-time supervision of the Organiser, Mrs. Taylor, and the number of hours provided rose by some 50%.

The cases fell into the following categories:—

Maternity	.....	.....	.....	.....	.....	.....	.....	.....	.....	9
Tuberculosis	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Chronic Sick, Aged and Infirm	.....	.....	.....	.....	.....	.....	.....	.....	.....	191
Others	.....	.....	.....	.....	.....	.....	.....	.....	.....	17

Housing on Medical Grounds

The extremely valuable consideration and help given by the Housing Tenancy Sub-Committee to cases of serious illness and handicap, where rehousing could be expected to make a substantial contribution, were very much appreciated. Some years ago assistance was on an "all or none" basis and was largely confined to infectious cases of tuberculosis. Modern advances in treatment have greatly reduced the demand from this source and enabled immediate rehousing to be offered in the few cases where such conditions as

advanced heart disease, severe rheumatism or other serious crippling handicaps have made existing conditions intolerable. In addition, the present points scheme allows for the recommendation of medical points over a much wider range of cases and, though the number of points available is small in relation to the total required for rehousing, many cases can now be helped for which, under the old scheme, nothing could be done. Of 362 lettings in the course of 1960, 56 had been awarded some medical points. Well over 1,000 medical certificates have been submitted but in practice, though all deserve consideration, only 30-40% satisfy the stringent conditions of severity and chronicity laid down in the points scheme. In addition, of course, the large scale rehousing from clearance areas includes many other medical cases, though in some of these the delay necessary on legal grounds often means postponing removal beyond the date on which their points would otherwise have ensured rehousing. 13 of the 56 cases were rehoused as part of the slum clearance programme.

Superannuation Examinations

Full medical examination of entrants and other 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. 222 superannuation and 41 Training College examinations were undertaken last year.

SECTION D—MENTAL HEALTH SERVICE

It was appropriate in view of developments in this field at national level that 1960 should have been internationally observed as "Mental Health Year". Extensive publicity on a national scale in the cause of mental disorder was conducted by the Ministry of Health, the National Association for Mental Health, and other interested bodies. At a local level, a great deal of work was involved in presenting a Mental Health Exhibition in April, in which an extensive range of most interesting exhibits was displayed in the Town Hall for two days. Major contributions to this were made by the Birmingham Regional Hospital Board, Barnsley Hall and Monyhull Hospitals, and our own Training Centre whose Supervisor, Mrs. Cooper, was the moving spirit behind the enterprise. Some 700 people attended the evening meeting chaired by Lady Thompson at which, following a stimulating film show, most interesting addresses were given by Dr. Shepherd and Dr. Stanley, Medical Superintendents of Barnsley Hall and Monyhull Hospitals respectively, followed by Dr. Galloway, Medical Officer of Health of Wolverhampton. All left no doubt in the audience's mind of the vital part public understanding and support would have to play in the further development of Mental Health Services. An audience of 550, mainly senior school children, attended on the following afternoon an "Any Questions Session" at which Mr. Eisel, Chief Education Officer, took the chair; among the speakers were Miss Dean, the National Organiser for Mental Deficiency Services, National Association for Mental Health, and the Rev. Canon T. Keith Murray, the Vicar of Dudley. Film shows were held at other times and, in all, at least another 1,000 of the public attended the Exhibition at times other than the formal meetings. It was felt by all concerned that these attendances contrasted very favourably with previous local experience and reflected a general and informed public interest in the subject.

July and November saw, in two stages, the full implementation of the 1959 Mental Health Act and the Council proceeded to the more detailed elaboration of their proposed scheme for a Mental Health Service which had been formulated in general terms during the previous year. It was soon evident that the services required by the mentally ill and subnormal in the community were largely social in character and almost identical with those already provided under the National Assistance Act for the aged and/or physically handicapped. Rather than set up a parallel organisation, the Health Committee decided to ask the Welfare Committee to extend such services to mentally ill and subnormal patients, thus utilising the existing administrative structure for such provision and the considerable experience accumulated by Mr. Meredith and the rest of the Welfare Section staff. Arrangements were made for matters of common interest to be referred to a Joint Sub-Committee comprising the Mental Health Sub-Committee and representatives of the Welfare Committee. Mentally disordered patients will, of course, have full access to any services which can more appropriately be provided under Section 28 of the National Health Service Act, on precisely the same basis as those suffering from physical illness or handicap.

It was found that Dudley's immediate needs in the development of services largely conformed to the priorities recommended by the Ministry of Health. It was rather ironical that after many years of impatient expectation the proffered opportunity to build a Junior Training Centre had to be deferred. Such a Centre, accommodating only 30 to 35 children, would be grossly inadequate for the increased population anticipated as a result of the Local Government Commission's recommendations, and it was felt that a large Centre would not only allow much greater flexibility in the use of staff, but permit children to be classified according to their abilities into a sufficient number of groups to facilitate progressive training along nursery and primary school lines. Provision of such a Centre would free the existing premises for use by adult cases until such time as a purpose built Adult Training Centre is achieved.

The Council agreed to the appointment of a further Mental Welfare Officer, and the recent integration of the Welfare and Mental Health Sections from the administrative point of view will shortly be followed, it is hoped, by the existing Welfare Officers, both Social and Mental, accepting responsibilities over the whole of their combined fields. The opportunity of gaining such extended experience has already shown itself an advantage in recruitment and is in line with the recommendations of the Younghusband Committee. If the recommended community care of mental disorder is to be fully achieved it is a matter of some urgency that adequate training arrangements should rapidly be developed at a national or regional level for both recruits and existing staff. It is to be hoped that the Council will make full use of any opportunities available for secondment of staff for this purpose, as the future development of Local Authority Mental Health Services will render quality even more important than quantity of staff, and both are matters of considerably greater urgency than the provision of residential accommodation.

The Ministry of Health's recommendation that hostels provided for the mentally disordered should have a minimum size of 20 places made it impracticable for Dudley to cater independently for the four or five separate groups into which such cases would have to be segregated, except, perhaps, in the case of the senile, where a Home would ultimately justify itself. The five West Midland County Boroughs consequently undertook to make the necessary provision as a joint enterprise, but further development of this scheme had to be postponed since it was obvious that any considerable population increases resulting from Local Government Re-organisation would have a direct bearing on such developments.

In formulating its final Mental Health proposals, the Mental Health Sub-Committee was greatly helped by the expert guidance of Dr. Shepherd and Dr. Stanley, Medical Superintendents of Barnsley Hall and Monyhull Hospitals, whom the Regional Hospital Board had nominated as advisers to the Council. Both have undertaken to extend the experience of Dudley's Social Welfare Officers by arranging attendance at their hospitals; have visited us in Dudley and shown a most encouraging interest in our local efforts; and to both of whom the Department is greatly indebted, not only for help with individual cases admitted to their hospitals, but for the welcome

they have given to mental health staff, and their evident intention to make the indispensable co-ordination of hospital and community services a reality in this area.

Case Load

The following figures are details of our case load during 1960.

Mentally Ill

123 psychiatric cases were referred to the Mental Health Department, of these 88 were admitted to hospital. No action was deemed necessary in 22 cases; 4 were referred to the Psychiatric Clinic; 1 to the Geriatric Specialist, and 8 were considered suitable for preventative care.

During the year there were 146 discharged from Psychiatric Hospitals, and 11 deaths took place in Psychiatric Hospitals.

Subnormals

21 subnormal cases were referred for supervision.

Total on register—105 males and 118 females; of these 36 males and 44 females were accommodated in hospitals. During the year 6 subnormals were admitted for permanent care and 10 for temporary care. There were 3 deaths among subnormal patients.

Home Visits

During 1960, 443 visits were made to subnormals, and 408 visits to psychiatric cases comprising 209 after-care visits and 199 preventative care visits.

TRAINING CENTRE

The number on the roll was 53 comprising 25 children under 16; and 28 over 16, with an average daily attendance of 37 whole-time attenders. In addition 9 senior female trainees attended for three days only per week.

With regard to staff, Miss Robinson attended the qualifying course for the Diploma of Teachers of the Mentally Handicapped at Bristol in the course of the year, and arrangements were made for Miss Whitehouse to follow subsequent on Miss Robinson's return. Miss Lloyd, Assistant Supervisor, retired after a long and much appreciated service of 26 years, and received a presentation from the Mayor on the occasion of his attendance, with the Mayoress, at the successful Open and Sports' Day in July. We also had the privilege and pleasure of Alderman and Mrs. Preedy's company at the Christmas Party held in St. John's Church Hall where Mrs. Bennett, Chairman of the Voluntary Association for 17 years, received from the Mayor a token of the Centre's and Voluntary Association's appreciation of her long continued interest and support.

Outings to Kinver, Wickstead Park and Malvern were provided by the Voluntary Association who also made arrangements for a Christmas visit to the Pantomime. Parents and other good friends of the Centre instituted a fund to provide a holiday home in the country for the children, as it was felt that this would be of more benefit than lengthy one day-bus journeys.

A welcome innovation was the start of regular visitation by Dr. Stanley, Medical Superintendent of Monyhull Hospital, whose interest and great experience will be invaluable to the Centre. Among innumerable friends and helpers, mention must specially be made of Mr. Wade, Chief Fire and Ambulance Officer, and his staff, Mr. Deans, Parks Superintendent, The Teachers' Training College Rag Day Organisers, and the Rev. John Smith, together with the Voluntary Association.

NATIONAL ASSISTANCE ACT, 1948

WELFARE SERVICES

General

The year under review has again been one of marked progress in the development of services to aged and handicapped persons. A fifth small Home for the elderly, "Lupin House," came into occupation during the year and a sixth Home, "Roseland House," was in the course of erection at the end of the year. For the handicapped a Holiday Scheme was undertaken for the first time and there was a marked growth in voluntary and social activities.

At the end of the year the Council resolved to unify the Social and Mental Welfare sections of the Health Department and in addition to unifying the services administratively it was proposed that the existing Welfare and Mental Welfare Officers should eventually undertake all-purpose work for the mentally disordered, physically handicapped and aged.

Residential Accommodation

As mentioned above "Lupin House" came into occupation during the year, "Roseland House" was approaching completion by the end of the year and work was well in hand for the new large Home at Dudley Wood.

Once again the total number of residents in the care of the Authority has changed little during the year (an increase of three will be seen in the following table), which shows that the additional accommodation for the elderly provided in Dudley over the last few years is being used to provide a more satisfactory alternative to "The Poplars" rather than providing an increased total of new places. The total number will not be markedly increased until the new Home at Dudley Wood is occupied.

It is possible to look forward to the completion within a year of the four small Homes, the new Home at Dudley Wood and to the replacement of institutional accommodation at "The Poplars," by accommodation in small Homes of various sizes. Dudley will then

be among the relatively small number of Authorities who have achieved one of the main aims of the National Assistance Act, 1948 to replace institution accommodation.

In looking to any future developments it seems likely that any further extension in the number of places provided in Homes for the Aged will be for the elderly mentally disordered.

<i>Home</i>	<i>No. of Residents 1st January, 1960</i>	<i>Ad- missions</i>	<i>Dis- charges</i>	<i>Deaths</i>	<i>No. of Residents 31st December, 1960</i>
"Albert House"	21	10	10	—	21
"The Woodlands"	21	6	4	1	22
"Primrose House"	11	3	2	1	11
"Rose Cottage"	10	4	4	—	10
"Lupin House"	—	13	3	—	10
	(First resident was admitted on 5th January)				
"The Poplars"	32	5	10	4	23
Worcester C.C.	—	1	1	—	—
Home for the Deaf, Malvern	2	—	—	—	2
"Kingsbury, Woking	1	—	—	—	1
Chalfont Colony, Bucks.	—	1	—	—	1
Totals	98	43	34	6	101

Temporary Accommodation

It is undoubtedly true that the problem of the vast majority of cases of families applying for temporary accommodation is really one of permanent rehousing. This was emphasised in the joint circular issued by the Ministry of Housing and Local Government and the Ministry of Health in 1959. It is very satisfying to be able to record the growing co-operation between the Housing and Welfare Committees which has enabled the majority of cases in need of temporary accommodation to be satisfactorily rehoused.

In those cases where housing accommodation could not be provided the co-operation of the Children's Committee was essential to resolving the problems temporarily.

Welfare of the Blind

The Wolverhampton, Dudley & District Institute for the Blind continued during the year to act as the agent of the Local Authority for the provision of welfare services to blind persons. This has been,

perhaps, one of the most satisfactory of the last few years because agreement between the Local Authorities has finally resulted in the approval of the Ministry of Labour to the scheme for new workshops for the blind. The Ministry, at a meeting during the year, said they were convinced of the need for the new workshops and were satisfied with the plans which had been put forward and indicated a willingness to make a financial contribution. Looking forward to 1961 a start should at last be made on this project.

The Blind Register at 31st December, 1960, was made up as follows:

<i>Blind</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Employed	14	5	19
Unemployed	33	40	73
Children	1	1	2
Totals	48	46	94

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

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

(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:	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(a) No treatment	—	1	—	3
(b) Treatment	2	2	—	3
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment	—	2	—	2

There were no cases of ophthalmia neonatorum during 1960.

Welfare of the Deaf

The Worcestershire and Herefordshire Association for work amongst the Deaf has continued during the year to act as the Council's agent for the provision of welfare services to the deaf and dumb and hard of hearing. Whilst it is difficult each year to say anything new about the good and steady work done by the Association one cannot but under-line the utter isolation of those who are born deaf and their need of help.

The decline of the use of the social centre in Himley Road has been reported over the last two years and there has been little change during the current year.

The register of deaf at 31st December was as follows:

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

Welfare of other Handicapped Persons

It is very difficult to convey in a report of this nature how much the services which the Council have provided for the handicapped mean to many who have been without any regular social contact for years and who until the scheme came into operation had no one to whom to turn for advice, guidance and help. There is no doubt that in the last two or three years the Council's scheme has enabled many handicapped people in Dudley to lead a more independent and interesting life.

The Handicraft Centre provides not only regular pastime occupation but an opportunity for social contact and the assistance given with remedial aids and adaptations continues to grow and continues to foster independence. It is often astonishing to find the degree to which a handicapped person with the help of adaptations and simple aids can free himself from dependence on his immediate family for many day to day needs. When giving general advice and guidance to the handicapped it is often found that as much help can be given by ensuring that services available from other sources are fully used as much as by providing those within the Council's scheme.

During the year for the first time the Council provided a holiday scheme and a party of 65 handicapped persons including escorts and staff spent a week at a holiday camp at Sandbay near Weston-Super-Mare. The facilities of a camp of this kind all at ground floor level were most suitable for this purpose. Many had never had a holiday of any kind for years and in some cases never had a holiday in their lives before.

The very close relationship which exists between the Local Authority and the Dudley Voluntary Association for the Handicapped has many advantages and the voluntary, social and recreational facilities which the Association provides coupled with the Council's services have made a substantial contribution to enriching the lives of the disabled. The Council provides premises for social centre meetings and gives considerable assistance with transport.

The very valuable help given by the Ambulance Service is greatly appreciated and the willing co-operation of the Chief Ambulance Officer and his staff have made the service work smoothly and well. During the year the tail lift ambulance came into use and has been an added boon. It cannot too frequently be emphasised that, whilst the provision of transport is expensive, the service to the handicapped just could not flourish without it. The Council can take pride in the development of its services to the handicapped in recent years and one other great need, that for sheltered employment, will be met when the new workshops for the blind and disabled are complete.

The Mental Health Act, 1959 amended the Council's scheme to include mentally disordered persons of any description.

The following table shows the state of the register at 31st December:

	<i>Under 16 years</i>	<i>16—64 years</i>	<i>65 and over</i>	<i>Total</i>
Male	—	114	37	151
Female	—	72	13	85
Total	—	186	50	236

Welfare of the Aged at Home

It is accepted that the vast majority of elderly people wish to live an independent life in their own homes. Many are able to do so without assistance of any kind; some seek help from statutory and voluntary sources. The number seeking advice continues to grow year by year, and it is increasingly found that welfare officers are spending a growing proportion of their time advising on a wide range of problems unconnected with the Council's own services. As with the handicapped, considerable service is often rendered by ensuring that an elderly person receives appropriate assistance from sources other than the Council. With the growth in the elderly population this aspect of the service is not only growing but is bound to continue to grow. The appointment of Welfare Assistants recommended in the Younghusband Report might well enable this aspect of the work to be developed and trainees might get their early experience dealing with the large number of more routine enquiries.

Again I have very great pleasure in paying tribute to the voluntary work for the elderly which is done in the Borough and in particular the co-operation of the Dudley Old Peoples' Welfare Association and the Women's Voluntary Service is invaluable. Without the activities of these two organisations many of the elderly in Dudley would suffer real hardship.

Moral Welfare

The number of cases for which the Council were asked to accept financial responsibility during the year was five compared with eleven in the previous year. This is surprising in view of the widely reported increase in this problem. The assistance of the Worcestershire Diocesan Moral Welfare Association has provided the only means available of dealing with this problem and the Council have cause to be grateful for their efforts.

Temporary Protection of Property

All the problems arising under this heading during the year have been satisfactorily resolved without the need to take any further property into store. Whilst last year it was a pleasure to report that the Brewster Street premises had finally been vacated the alternative provided at Dock Lane is still only a temporary one.

Burials

Only two burials were carried out during the year.

Conclusion

Year by year the co-operation of a large number of private individuals and organisations are reported and again it is not possible to refer to them all in an annual report of this kind. Nevertheless the following should be mentioned in addition to those who have been referred to earlier in the report.

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

Local medical practitioners and hospitals, the National Assistance Board, and Ministry of Pensions, have again been of great assistance to the Department in resolving the problems of aged and handicapped persons.

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 and Thursday 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 Tuesday 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, Thursday and Friday mornings.

Physiotherapy Clinics daily.

Artificial Sunlight Clinics on Monday, Wednesday and Thursday.

Orthopaedic Clinic on Friday.

Dental Clinics are held at Priory, Holly Hall and Dudley Wood 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 1960.

Every-day observation, and the negligible proportion of pupils found to be of unsatisfactory nutrition, confirmed that the health of Dudley's school children continued to flourish in 1960. Apart from the usual minor respiratory illnesses which are the lot of primary school children particularly, and the moderate epidemics of chicken-pox and mumps, Dudley's schools were remarkably free from the more serious forms of infectious disease. There were only three cases of tuberculosis, and none was severe. Only about 1% of school entrants showed evidence of past infection from unknown cases, and the proportion acquiring infection by 13 years of age was only half of that of 5 years ago. This freedom from exposure in childhood makes it the more important that these 13 year old pupils should have B.C.G. vaccination for protection in the vulnerable years of adolescence and early working life. The number of parents of this group who fail to provide this for their children remains inexplicably large.

The School Health Service is primarily preventive and advisory, but an important part of prevention still lies in ensuring adequate and early treatment of defect. The Service is, therefore, still urgently concerned with the ascertainment of defect and the minimising of the consequences, educational and otherwise, of handicap. School plays a large part in the pupil's life, second only to the home, and the School Health Service consequently remains an important link between the family doctor and the child's school experience. The frequent contacts with teaching staff enjoyed by school doctors and nurses facilitate not only advice on individual pupils, in the light of consultation with family doctors and specialists, but allow the School Health staff a more general advisory function in relation to the group of schools they regularly attend.

1960 saw a further improvement in the medical and nursing staff position, but there was a serious shortage on the dental side, and the speech therapist service, always inadequate, was temporarily brought to a standstill by the resignation of Mrs. Brooke, on whom it had largely depended for many years.

My thanks are due to the consultant, medical, nursing and clerical staff, not only for the very efficient, co-operative and cheerful discharge of their duties, but for the great tolerance they have shown of the atrocious working conditions which they have continued to endure while the rebuilding of "The Firs" Central Clinic proceeds. I would particularly mention Dr. Kerrigan, Senior Assistant Medical Officer, and Mr. Woolley, Senior Clerk, School Health Service, for the part they have continued to play in the administration of the Service, and also, indeed, in the preparation of this report.

I am grateful to the Chairman and Members of the School Management and Medical Sub-Committee for their continued encouragement and consideration, to the Chief Education Officer, and his staff for their constant courtesy and co-operation, to the staff of other Departments, to hospitals, to the general practitioners, and to the many voluntary bodies which serve the health interests of school children.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

R. M. ROSS,

Principal School Medical Officer.

Handicapped Pupils

Increasing attention has of recent years been given to the special problems of pupils labouring under physical or mental handicaps. This has become possible as a result of childrens' increasing freedom from the more severe forms of illness and disability which have plagued all earlier generations. The type of handicap is itself rapidly changing, with a virtual disappearance of such crippling diseases as tuberculosis, rickets, rheumatic fever, etc. These are being replaced, as a result of improved obstetric and paediatric practice ensuring survival of premature and delicate infants, with disabilities which are not only severe but also multiple, thereby presenting problems in the management of handicapped children, of unprecedented complexity. The most favourable results are, of course, to be obtained by the early ascertainment and institution of appropriate surgical or medical treatment, but a substantial proportion of milder degree are still found at school entry either unrecognised or as cases where parents have failed to take full advantage of the general practitioner and specialist services available. Whether previously recognised or not, all handicapped children obviously need, to offset their disadvantages, the best possible education of which they are capable, and have also to be helped to adjust themselves to their disabilities and make full use of the social education which school life also provides. This frequently involves patient counselling of parents in order that the child learns to live with his handicap and make the most of his remaining assets. Much remains to be done in providing later vocational training and continued supervision of such handicapped school leavers in the difficult early years of working life.

Since the handicapped pupil is more dependent than the normal child on the support of his family and must, in any case, return to the ordinary community to live and work, a much larger proportion of more severely handicapped children are remaining in ordinary schools and avoiding the segregation implied in admission to residential special schools. Such a residential school should be used only if an essential need of a child cannot be provided in the ordinary school; if the environment at home or school is harmful to a child; or if his presence involves a disproportionate diversion of attention from the remaining children in the class. It is obvious that the child's scholastic progress and happy and successful integration into ordinary school life is dependent on the sympathy and insight of the teachers who accept this greatly increased responsibility. Teachers have long played a most important part in preventative mental health work by compensating for the unhappy home environment of variously disturbed and maladjusted children; their help in securing the handicapped child's acceptance of his disability and absorption into the community of the school is particularly important in preventing the additional psychological difficulties which lie in wait for the handicapped child and his parents. The key to success in much of this endeavour is the emphasis by all concerned with the child on his remaining potentialities rather than his limitations.

This developing aspect of the School Medical Officer's work requires not only a full appreciation of the medical aspects of the pupil's disabilities, but the giving of advice on the necessary modifications in the pattern of normal school life which these call for. Accurate assessment of any child's handicap frequently calls for repeated examination and much patient observation, with specialist advice available, where necessary, to the School Medical Officer, before a final decision is made. This necessarily involves close collaboration with the teaching staff, to whom, as it were, the school doctor acts as interpreter of the family doctors', and consultants' requirements, translating them into terms of school life with which she has had much more opportunity to familiarise herself than her professional colleagues. In the special case of educational sub-normality, ascertainment and recommendations as to disposal can only be carried out by Medical Officers with the special training required by the Ministry of Education. Their special experience and training in this type of case allows them to offer continuing advice and support to both parents and teachers who have the onerous but rewarding responsibility of ensuring that these retarded children make the best possible use of their remaining capacities. Similar advice and guidance is available to families where children show some emotional disturbance or behaviour disorder. These cases are both too numerous and, in the majority of cases, too mild, for referral to the Child Guidance Clinic. In collaboration with parents, teachers, and family doctors much can be done to adjust family attitudes and provide a more healthy emotional climate for the child.

Handicapped children of all types are seen on every visit to the school by the medical officer and, in addition, at clinics where considered necessary. In this way continuity of supervision is maintained throughout the child's school life. A relatively small number of further children are added to the list on discharge from treatment in hospital.

In 1960 there were 126 children receiving special educational treatment in special schools (including 90 at Sutton Special Day School, Dudley) and the following table gives details:

	<i>Number of Pupils</i>
Blind	
Henshaw's Residential School, Manchester	1
Blind and Physically Handicapped	
Little Bromwich General Hospital, Birmingham	1
Deaf	
Longwill Day School, Moseley Road, Birmingham	3
Braidwood Day School, Perry Common, Birmingham	1
North Staffordshire Residential, Stoke-on-Trent	2
Royal Residential School, Birmingham	2
Royal Residential School, Birmingham (Martley Branch)	1

	<i>Number of Pupils</i>
Partially Deaf	
Needwood Residential School, Staffordshire	1
North Staffordshire Residential School, Stoke-on-Trent	1
Longwill Day School, Moseley Road, Birmingham	1
Educationally Subnormal	
Orton Hall Residential, Peterborough	1
Besford Court, Worcester	4
St. Francis Residential, Birmingham	2
Ryton Hall Residential, Shifnal	1
St. Christopher's Residential, Bristol	1
Sutton Special Day School, Dudley	90
Maladjusted	
Shotton Hall Residential, Shrewsbury	1
Chaigeley Residential, Warrington	1
Cicely Haughton Residential, Stoke	1
Physically Handicapped	
Tudor Grange Residential, Solihull	1
Taught at home	5
Delicate	
Children's Convalescent Home, West Kirby	1
Corley Open-Air Residential, Coventry	2
Baskerville Day Open-Air School, Birmingham....	1

45 Dudley pupils were taught in the Guest Hospital for periods of from two days to fifty-one 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.

Children in residential special schools are seen periodically by my school medical officers during the school holidays when they return home for the period during which the school is closed.

Ascertainment and Screening

A necessary corollary of the increased emphasis on the care of handicapped pupils is the establishment of various screening procedures to pick up the milder degrees of defect which have reached school age without being recognised. Prominent among these are, of course, defects of the special senses which can have such crippling effect on the child's educational progress. The vision of all school entrants is tested, if necessary by special methods, appropriate to the retarded or immature child. Routine hearing tests of all 6 year old children have for some years been carried out by Mrs. Crellin of the Worcestershire and Herefordshire Association for the Deaf, who, during 1960, tested 1018 children of this age by pure tone audiometer. Teachers are encouraged to bring forward children

from other age groups who show speech defect, backwardness, emotional disturbance, or other features which conceivably might be caused by partial hearing loss. All children failing this test, 82 in 1960, are referred for further audiometric testing and clinical examination by Dr. Kerrigan, Senior Assistant School Medical Officer, who has had special training in these techniques at the Ewings' Clinic in Manchester.

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

Referred for re-test by Mrs. Crellin	82
1st Appointments: Referred by School Medical Officers	30
Re-examination	57
Total Attendances	169

Of the 169 seen at "The Manse" Clinic, 7 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 4 to be fitted with hearing aids and 2 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; Mrs. Crellin also takes weekly classes in lip reading.

A further valuable measure is screening by the Educational Psychologist, Miss Meyerhof, of children referred by teachers on account of backwardness. Miss Meyerhof refers the more severe cases for further testing and recommendation as to the appropriate disposal by Dr. Kerrigan. The very responsible final recommendation, which determines the child's future schooling, rests with Dr. Kerrigan who exercises not only much skill and experience in this work, but the endless patience, sympathy, and insight which are necessary to encourage a disheartened child to do justice to itself, and to reconcile parents to what is often a harrowing and unwelcome decision. 63 recommendations in respect of children in this category were made in the course of the year, detailed disposal being as follows:

Educationally subnormal:

E.S.N. to remain in ordinary school	1
E.S.N. recommended to day special school	33
E.S.N. for Residential School	1
Not E.S.N., to remain in ordinary school	2
Re-ascertainment at Day Special School	6
Re-ascertainment at Day Special School and requiring supervision after leaving school	17
For notification under Section 57(3) of the Education Act, 1944, for the purpose of the Mental Health Act, 1959	3

Examination of children for other types of handicap resulted in the following recommendations:

Maladjusted—for residential school	4
Deaf	1
Partially Deaf	8
Physically Handicapped—for residential school	2
Physically Handicapped—for home tuition	4
Delicate	2

Further special examinations were carried out for the following purposes:

Deferred examination following examination under Section 34 of the Education Act, 1944	1
Referrals to Child Guidance Clinic	2
Examinations of children under care of the Home Office	4
Examinations in connection with Survey carried out under direction of the Paediatric Research Unit, Guy's Hospital, London	7

Routine Examinations by School Nurses

One of the least publicised but most valuable features of the School Health Service is the frequent visits paid to schools by the school nurses who are, of course, also trained health visitors and, as such, have had contact with the majority of the pupils from infancy and through their home visiting are familiar with the domestic backgrounds of the children. There is much more involved than the traditional examination for cleanliness and freedom from infestation, though these unfortunately cannot yet be dispensed with. Such frequent contacts enable the experienced nurse to notice other, and more serious, defects at an early stage; to follow the physical progress of her charges and to keep under supervision, in collaboration with the teachers, those children who are not thriving physically or not showing satisfactory educational progress. Not the least important aspect of this procedure is the opportunity afforded for the individual health education of the pupils. Even in the sordid matter of head infestation there has been heartening recent progress not only in the number of children affected, which is little more than half the number found only a few years ago, but even more markedly in the much milder degrees of infestation and in the promptness with which mothers of persistent offenders now respond to a reminder of this elementary requirement of child care. The practice of issuing an effective and attractive shampoo to families of repeated offenders has proved effective in controlling this source of infection of the many more children of careful parents who are dismayed and understandably indignant at their daughters' acquisitions from less well cared for classmates.

Routine Medical Inspections

The routine medical inspections of school children have continued and have been well maintained during 1960, 3,752 children having been examined throughout the year.

Children are examined on entry, at 10 years of age, and in the session before leaving school; this last check is, of course, of special importance in assessing fitness for the intended employment. In addition, children under 5 years at Nursery School are examined, as are children at Grammar Schools, Girls' High School, and the Junior Technical College, who remain beyond the statutory leaving age.

Absent children are followed up and examined as soon as possible.

As a result of these inspections 670 pupils were found to be suffering from defects or diseases (excluding defective vision) requiring treatment, and the necessary action was taken in all cases. The number of defects requiring observation, but not requiring treatment, was 1,185 (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 only as a precautionary measure.

Routine medical inspection of all school entrants is still very necessary if only to discover the substantial proportion of children who enter school either with milder and hitherto unrecognised defects, or whose parents have neglected the treatment available from family doctors, hospital or specialist services. The high proportion of parents attending routine inspections of the younger age groups provides an admirable opportunity for the School Medical Officer to obtain from child, parent, school nurse, and teacher a comprehensive assessment of the child's physical and mental health and general progress; to undertake individual health education adapted to the present needs of the child; and to enlist the understanding and co-operation of parents and teachers, as those most intimately concerned with the child's wellbeing and educational, emotional and social progress.

General Condition

At periodic medical inspection at school, a total of 3,752 were examined of which 3,745, or 99.8% were considered to be of satisfactory nutritional standard and only 7, or 0.2%, unsatisfactory. School meals, particularly those provided free in necessitous cases, play a notable part in minimising this figure. The small number found to fall seriously short of a reasonable standard of nutrition are kept under strict supervision, and every appropriate form of social or medical care is made available.

Special Medical Inspections

These inspections are of children examined other than at a routine medical inspection, for special reasons. 1,625 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. These special inspections allow of all children in any way handicapped or otherwise requiring supervision to be kept under observation and examined whenever the doctor visits the school, and also at school clinics if deemed necessary. It will be noted that

these special inspections are taking up an increasing proportion of School Medical Officers' time, but since attention is directed at children known to be at special risk, or in specific difficulties, such a commitment of medical time is at least as productive as that devoted to routine inspections of the predominantly healthy children of a given age group. The majority of children calling for this continued supervision are those with defects of vision, ear, nose and throat, and lungs. School Medical Officers' Clinics have continued to function as in previous years and meet an obvious need of both parents and teachers. The School Medical Officer, maintaining a close liaison with the family doctor, is available at these clinics (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 supply first aid to cases not requiring medical attention, 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 1960, 2,173 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

As regards notifiable infectious diseases 1960 proved, as far as notifications are concerned, one of the lightest on record. No case of either death or severe complications came to the notice of the Department; the actual notified cases were as follows:

Age Group	Measles	Diphtheria	Scarlet Fever	Whooping Cough	Polio-myelitis	Menin-gitis	Dysen-tery	Acute Pneu-monia	Acute Enceph-alitis
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
5—10	— 2	— —	2 1	4 4	— —	— —	— —	1 —	1 —
10—15	— —	— —	— —	— —	— —	— —	2 —	— 1	— —

Though such infections are not notified and consequently no figures available, both mumps and chickenpox constituted a considerable cause of absence in the course of the year.

Notifications of tuberculosis in children showed one of the lowest figures ever recorded and again these cases were fortunately not severe.

Incidence reported was as follows:

	<i>Males</i>	<i>Females</i>
Pulmonary	2	1
Non-Pulmonary	—	1

It was again found that the more sensitive and accurate Heaf test for past infection gave a higher figure among school entrants than had recently been experienced with the earlier Mantoux test; 5% of these children showed evidence of previous infection, but over three quarters were already known to the Chest Clinic as contacts of adult cases. It is evident that infection of younger children from hitherto unrecognised cases has declined to a gratifyingly low level. The proportion of 13 year old children found to show evidence of past infection has now declined to only 11%.

Vaccination and Immunisation

All 13 year old children showing no evidence of previous tuberculous infection are offered B.C.G. vaccination. As will be seen from the figures below the number of parents availing themselves of this protection remains disappointingly low. Since the administration of B.C.G. vaccine reduces the incidence of active tubercular disease by 5/6ths for at least 8 years, it is difficult to understand why school leavers are not given this protection at a time of life when resistance to the disease is at a relatively low ebb and they are exposed to the stresses of early working life.

Number offered skin test	1,501
Number of Consents	1,082
Number skin-tested	940
Number found positive	106
Number found negative	831
Number accepting B.C.G.	769

The school health service plays an indispensable part in maintaining a higher degree of protection against the more serious infectious diseases of the child population than would otherwise be possible since there is still a substantial proportion of parents who cannot be bothered to take their child to the family doctor for immunisation, but will consent to its being done at school. In particular the routine inspection of all children at fixed ages facilitates the booster doses which are necessary to maintain protection against diphtheria and poliomyelitis at a higher level.

558 school children were immunised against diphtheria during the course of the year.

1,300 school children completed their course of vaccination against poliomyelitis at school clinics during the year, and an unknown further number of older pupils attended the open public sessions. In addition, of course, a further considerable number of school children received protection from their family doctor.

Clinics

Specialist Clinics

The service continues to be indebted to the Regional Hospital Board and Local Hospital Management Committee for providing most of the consultant services on our own premises. This arrangement has great advantages for all concerned; for children and parents it means a reduction of time in the waiting room as well as on the waiting list, and avoids the practice of mixing children with all types of cases as is too frequently the case in hospital out-patient departments. As emphasised by Dr. Moore, the immediate availability of school medical records facilitates the specialist's work and the sharing of premises with consultants is a valuable stimulus to the School Medical and Nursing staff.

These clinics were again maintained under the very trying conditions of cramped accommodation and limited facilities available at "The Manse" Central Clinic, pending the rebuilding of "The Firs." The school health staff are most grateful to all the consultants concerned for their cheerful tolerance of slum conditions and can only hope that the new premises soon to be available will make the transitional period seem worth while. The work done in the various specialist clinics follows.

Ophthalmic Clinic

At routine and special medical inspections in schools 413 children were found to require treatment for eye conditions (381 for errors of refraction) and 179 were kept under observation. The total of patients seen by the Ophthalmic Surgeons, 1103, is made up of 329 children seen for the first time and 762 children with previously noted errors of refraction, and 12 with other defects previously seen. Spectacles were prescribed for 668 children.

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

"The only comment I would make on the Ophthalmic and Orthoptic Clinics is that we are working under difficulties which are the fault of no one. The eye clinic is a make-shift and we are cramped and our eye work to a certain extent must suffer. The amount of waiting room for the patients and their mothers is not adequate and there is therefore an overflow into the passages which must lead to noise and distraction.

All of these are minor things compared with the separation of the patients' records from the place where the examination is being conducted. I hope that this period of discomfort will serve firmly to underline the value of having a Central Clinic with the records housed under the same roof where the examinations are carried out. You will know that I have been urged from time to time to transfer these eye clinics to the Hospital Service and have them down at the Guest Hospital. I have pointed out in the past that the only one to gain from this would be myself (because my fee would be higher and I would be paid for six weeks' leave in the year). I am sure that the patient and the parent and the School Eye Service would be the losers and I very much hope that things will continue under the Local Authority as they are at present."

Orthoptic Clinic

Defects of vision requiring treatment by an orthoptist continue to be referred by the Ophthalmic Surgeons to the visiting Orthoptist, who performs six sessions monthly at "The Manse" Clinic. A total of 273 children made up of 82 new cases and 191 old cases, were seen during the year.

Attendances:

New Cases: for examination and registration	82
Old Cases: for treatment	50
for occlusion	86
for tests and observation	23
for periodic check-up	22
Miscellaneous visits	10
	<hr/>
	191
Total attendances	<hr/> 273 <hr/>

Discharges:

Cured by orthoptics	14
Cured by orthoptics and operative treatment	—
Good cosmetic result	3
Considered satisfactory by parents only	1
Transferred to hospital for operative treatment	1
Failed to attend	5

Orthopaedic Clinic

This clinic remains under the direction of the Dudley & Stourbridge Hospital Group, and the Assistant Orthopaedic Surgeon at the Guest Hospital, Mr. J. A. O'Garra, F.R.C.S., has continued his fortnightly clinics at "The Manse."

Inadequate space and accommodation at the temporary clinic have not discouraged patients and attendance has been maintained at about the same level as in the previous year. In addition to Dudley school children, many patients attend this clinic from neighbouring areas in preference to hospital out-patient departments.

Routine and special school examinations revealed 233 children with orthopaedic defects; of these 142 were noted for future observation and the remaining 91 who required treatment are included in the 203 Dudley children seen by the Surgeon at "The Manse." A total of 397 treatments were given at this clinic in 1960.

Physiotherapy Clinic

This clinic also continues to function under the direction of the Dudley & Stourbridge Hospital Group and a trained physiotherapist holds sessions every working day for the practice of remedial gymnastics, massage, infra-red and other ray treatments, etc. The majority of the children attend because of postural defects but many

children with chest complaints attend for breathing exercises and are encouraged to continue with these exercises at home in addition, and subsequent, to attendances at the clinic. In spite of the adverse conditions to which reference has already been made, it is gratifying to note that the numbers attending this clinic have shown a 10% increase, while both treatments and exercise attendances increased by 60%.

Ear, Nose and Throat Clinic

The number of children revealed by routine medical inspection to have abnormalities of ear, nose and throat continues to decline, the figure for 1960 being 430. As in previous years the great majority of these abnormalities were cases of enlargement of tonsils and adenoids, of which the majority revert spontaneously to normal after a period of observation only.

With the consent of the general practitioner, cases where operative treatment may be necessary are referred to Mr. W. K. Hamilton, F.R.C.S., Ear, Nose and Throat Surgeon, who attends fortnightly and continues to be most helpful in dealing with cases referred to him by the School Health Service. Of the 430 found at school medical inspections to be suffering from ear, nose and throat defects, 192 received operative treatment for removal of tonsils and adenoids, whilst 13 received other forms of treatment and 225 were kept under observation. Many mothers appreciate the facilities afforded at the Central Clinic for bringing their children on a day when no school time is lost, and attendances at the Ear, Nose and Throat Clinics held there continued to be satisfactory throughout 1960. In chronic infections of the ear, nose and throat it is sometimes difficult to convince parents of the necessity for thorough and occasionally prolonged treatment if their child's disease is to be dealt with successfully, but with patience most of the "hard core" of habitual absentees are usually persuaded to avail themselves of the facilities available.

Child Guidance Clinic

Dr. Maclay, Consultant Child Psychiatrist, continued to attend for one session per week. Appeals to the Regional Hospital Board to increase this allocation of consultant time have so far been fruitless; the continued shortage of trained staff for this type of work, national rather than local, restricts the service provided. Children are referred mainly by School Medical Officers, Family Doctors, Educational Psychologist, Children's Officer and the Courts. Miss Meyerhof, the recently appointed Educational Psychologist, attends Dr. Maclay's Child Guidance Clinic session, and is of valuable assistance in screening educationally subnormal cases for referral to Dr. Kerrigan; she sees children at the request of doctors, teachers, parents or others concerned.

I am most grateful to Dr. Maclay and Miss Meyerhof for the help given to children and parents and for their kind co-operation generally.

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

New Patients—Total 40

Anxiety and Insecurity	.....	.....	.....	.....	12
Backwardness	....	....	....	....	4
Enuresis or Encopresis	.....	.....	.....	.....	8
Stealing	.....	.....	.....	.....	6
Asthma	.....	.....	.....	.....	1
Behaviour Disorder	.....	.....	.....	.....	6
Speech Disorder	.....	.....	.....	.....	2
Arson	....	....	....	....	1
					40

Sources of Referral

Health Visitor	.....	.....	.....	.....	2
Family Doctor	.....	.....	.....	.....	10
School Medical Officer	.....	.....	.....	.....	14
Children's Officer	.....	.....	.....	.....	1
Speech Therapist	.....	.....	.....	.....	3
Mental Welfare Officer	.....	.....	.....	.....	1
Probation Officer	.....	.....	.....	.....	5
Parents	.....	.....	.....	.....	2
Head Teacher	....	....	....	....	1
Solicitor	.....	.....	.....	.....	1
					40

Total Number of Interviews

(a) Psychiatrist	.....	.....	.....	.....	273
(b) Psychologist	.....	.....	.....	.....	55

Speech Therapy

This service was discontinued from midsummer owing to the resignation of Mrs. N. W. Brooke, who had given valuable service for many years and whose departure from the School Health Service of this Borough was much regretted. Continual efforts to secure a replacement were unavailing and this important part of the School Health Service was consequently in abeyance. In the meantime particulars of those children suffering from speech defects continue to be recorded in the hope that the services of a full-time speech therapist will be made available in the near future.

Total number of cases seen during 1960	.....	.....	.....	.....	30
Stammerers	....	....	....	....	3
Dyslalsics	.....	.....	.....	.....	10
Retarded speech development	.....	.....	.....	.....	3
Other speech defects	.....	.....	.....	.....	14
					30
Number discharged	.....	.....	.....	.....	7
Total attendances	.....	.....	.....	.....	290
Total number of sessions	.....	.....	.....	.....	65

Employment of Children and Young Persons

During the year, 35 school children over the age of 13 years were granted permission, in accordance with the Bye-laws made under the Children & 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.

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 1960, 19 boys and 29 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, to ensure priority for the most urgent cases. During 1960, the names of 79 children were on the waiting list for a period at the Open Air School. Not infrequently help is required with clothing and shoes from voluntary organisations.

Astley Burf Camp

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 the teachers for a week. They live under camp conditions in beautiful surroundings during what is often their only opportunity for a country holiday.

Rotary Boys' House, Weston-Super-Mare

We are indebted to the Dudley Rotary Club for generously providing a free fortnight's holiday for Dudley school boys at Weston-Super-Mare. Children are referred by head teachers, general practitioners, school nurses, etc., and those children selected and examined by the school medical officer are convalescent or debilitated children whose parents would not be able otherwise to provide them with a recuperative holiday. Good food and regular hours do much to restore them to normal health and vigour. Travelling expenses, clothes and shoes present a problem to some parents, but voluntary organisations assist whenever possible in this respect. 24 boys greatly benefited from this two weeks' holiday in 1960.

SCHOOL DENTAL SERVICE

Report of the Chief Dental Officer

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

Staff:

Mr. Bassett, approximately 1/11th	} 1.6 instead of 3.
Mr. Stone, who commenced duty as a full-time dental officer towards the end of June	
Myself—full-time	

I am pleased to say that the staffing position improved in June when Mr. Stone joined the staff as a full-time dental officer. This made for the year the whole-time equivalent of dental officers 1.6 instead of the minimum establishment for 9,000 school-children of 3 dental officers. The school population of Dudley is now approximately 11,000 so I hope soon that the authorised establishment will be raised to 4. Mr. Bassett terminated his one session per week with us at the end of the year.

Work Done

During the year 34 sessions were devoted to dental inspections in schools. 4,234 children were inspected. 2,944 required treatment. 2,337 were offered treatment and, of these, 60% accepted treatment.

In addition to the routine school inspections, 905 casual patients were inspected at clinics. About 95% of these received emergency treatment. (It is worth while noting that a large proportion of these emergency patients are those who refused treatment after the routine inspection).

The number of children returning voluntarily for 6 monthly check-up is gratifying.

3,080 fillings were done mainly in permanent teeth. 1,020 permanent teeth and 2,290 temporary teeth were extracted.

Of the children in infant schools inspected 9% had sound teeth. Of the senior schools (including the 3 Grammar Schools) 1.7% were sound. Of the total number inspected 4.6% were sound.

Preventative measures are strongly indicated

1. Fluoridation
2. Improvement in eating habits
3. Improvement in oral hygiene

1. Fluoridation

The results of the pilot schemes of fluoridation of the domestic water supplies in Watford, Kilmarnock and Anglesey are still anxiously awaited. I note that last year both houses of the Irish National Legislature approved a Bill obliging Health Authorities to make arrangements for the fluoridation of water supplies. It is to be hoped that our Government will soon follow suit.

2. Improvement in eating habits

Towards the end of the year, Miss Scott, School Meals Supervisor, kindly co-operated in supplying discs of raw carrot to finish off the school meals. I believe about 3,000 children have school dinners each day. Parents would be well advised to cultivate the habit at home. Finish the meal with raw fruit or vegetable or rinse with water 3 times.

At the end of the year machinery was set in motion to ban the sale of biscuits, sweets and chocolates in schools in the County Borough of Dudley—a practice which is quite contrary to all the advice given in our oral hygiene propaganda. At the time of writing this report for 1960 (April 1961) I am glad to say Council saw fit to ban the sale of biscuits and sweets in schools.

3. Improvement in oral hygiene

Due to Dental Health propaganda I would say that there is a gradual improvement. In the latter part of the year each child seen at dental inspections was presented with a bright and colourful booklet on how to look after their own teeth. These booklets were supplied free by the Oral Hygiene Service. The Heads of schools have been informed of films which are loaned free from the same service. There are films for all age groups—and one in particular is very good for older children and Parent-Teacher Associations.

Orthodontic Cases

Those requiring specialist treatment are still referred to Mr. Walpole Day and Mr. Norris at the Birmingham Dental Hospital.

Hospital Cases

A few cases requiring hospital attention are referred to Mr. Mitchell, dental consultant at the Guest Hospital.

Equipment—Surgeries

The equipment in the 3 existing surgeries is modern. In Priory Clinic the Kavo Borden Aeroter—Ultra-high-speed Drill is installed. This has proved a great asset to both patients and dental surgeon. It is hoped that all our clinic dental surgeons will soon have one as part of the standard equipment. The surgeries now in use are all in modern light and comfortable buildings—a delight to work in, in comparison with the old dilapidated buildings of a few years ago—and much more pleasant to attend as a patient, too!

I would like to take this opportunity of thanking Dr. Ross, Medical Officer of Health, the Medical Staff, Mr. Eisel, Chief Education Officer and his staff and Head Masters and Mistresses 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.

I am sorry Mr. Bassett terminated his one session per week with us.

Mr. Stone's efforts have been greatly appreciated. It has now become possible to entertain the opening up of the Dudley Wood Clinic again at the end of the year.

Dr. Browne continues his invaluable services as anaesthetist for two sessions per week.

Mrs. Smith and Mrs. Robinson still give of their best as dental surgery assistants.

J. P. McEWAN, (MRS.)

Chief Dental Officer.

STATISTICAL TABLES, 1960

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)
1956 and later	123	123	100.0	—	—
1955	200	199	99.5	1	0.5
1954	466	464	99.6	2	0.4
1953	116	116	100.0	—	—
1952	322	320	99.4	2	0.6
1951	177	177	100.0	—	—
1950	479	479	100.0	—	—
1949	441	441	100.0	—	—
1948	108	108	100.0	—	—
1947	175	175	100.0	—	—
1946	127	127	100.0	—	—
1945 and earlier	1018	1016	99.8	2	0.2
Total	3752	3745	99.8	7	0.2

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)
1956 and later	—	5	4
1955	2	21	19
1954	7	64	70
1953	—	15	15
1952	49	38	79
1951	23	14	37
1950	45	44	88
1949	50	49	92
1948	15	6	20
1947	38	11	49
1946	18	6	22
1945 and earlier	144	43	173
Total	391	316	668

Table 'C'

Other Inspections

Number of Special Inspections	1,625
Number of Re-inspections	3,131
Total	4,756

Table 'D'

Infestation with Vermin

(a) Total number of examinations in the schools by school nurses or other authorised persons.....	27,856
(b) Total number of individual pupils found to be infested	731
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	41
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	31

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.....	5	9	9	9	21	20	35	38
5	Eyes—								
	(a) Vision.....	10	16	155	44	226	111	391	171
	(b) Squint.....	12	10	—	1	13	5	25	16
	(c) Other.....	4	1	2	1	3	1	9	3
6	Ears—								
	(a) Hearing.....	8	7	5	10	16	8	29	25
	(b) Otitis Media.....	4	23	3	22	7	31	14	76
	(c) Other.....	—	2	—	2	3	9	3	13
7	Nose and Throat.....	23	87	6	25	26	103	55	215
8	Speech.....	9	17	—	2	4	7	13	26
9	Lymphatic Glands.....	—	46	—	1	—	9	—	56
10	Heart.....	1	7	—	24	—	14	1	45
11	Lungs.....	4	33	2	11	8	34	14	78
12	Developmental—								
	(a) Hernia.....	2	7	1	2	4	10	7	19
	(b) Other.....	2	16	1	15	11	30	14	61
13	Orthopaedic—								
	(a) Posture.....	2	4	2	11	16	20	20	35
	(b) Feet.....	17	16	3	11	36	35	56	62
	(c) Other.....	4	20	3	9	8	16	15	45
14	Nervous System—								
	(a) Epilepsy.....	—	1	3	3	6	1	9	5
	(b) Other.....	—	—	1	—	—	2	1	2
15	Psychological—								
	(a) Development.....	—	2	—	—	1	7	1	2
	(b) Stability.....	—	3	—	1	—	5	—	9
16	Abdomen.....	—	1	2	4	4	4	6	9
17	Other.....	2	7	1	3	15	24	18	34

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	515	75
5	Eyes—		
	(a) Vision	291	338
	(b) Squint	15	7
	(c) Other	83	19
6	Ears—		
	(a) Hearing	15	40
	(b) Otitis Media	109	80
	(c) Other	43	38
7	Nose and Throat	69	335
8	Speech	9	14
9	Lymphatic Glands	7	43
10	Heart	5	67
11	Lungs	22	159
12	Developmental—		
	(a) Hernia	5	3
	(b) Other	7	30
13	Orthopaedic—		
	(a) Posture	4	26
	(b) Feet	41	44
	(c) Other	44	57
14	Nervous System—		
	(a) Epilepsy	4	13
	(b) Other	5	8
15	Psychological—		
	(a) Development	8	24
	(b) Stability	3	10
16	Abdomen	5	9
17	Other	341	349

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	16
Errors of refraction (including squint)	1,114
Total	1,130
Number of Pupils for whom spectacles were prescribed	686

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	192
(c) for other nose and throat conditions	—
Received other forms of treatment	13
Total	205
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1960	5
(b) in previous years	30

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	434
(b) Pupils treated at school for postural defects	—
Total	434

Table 'D'—Diseases of the Skin

	<i>Number of Cases known to have been treated</i>
Ringworm—	
(a) Scalp	1
(b) Body	—
Scabies	—
Impetigo	297
Other Skin Diseases	1,107
Total	1,405

Table 'E'—Child Guidance Treatment

Pupils treated at Child Guidance Clinic 40

Table 'F'—Speech Therapy

Pupils treated by speech therapist 30

Table 'G'—Other Treatment Given

	<i>Number of Cases known to have been dealt with</i>
(a) Pupils with minor ailments	4,995
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. Vaccination	769
(d) Other than (a) and (b) above.	
Breathing Exercises	861
Physiotherapy	938
Sunlight	76
Orthoptic Treatment	273
Total (a)—(d)	7,912

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH
INSPECTOR AND CLEANSING SUPERINTENDENT FOR
THE YEAR ENDED 31st DECEMBER, 1960

Whilst an annual report comes at the end of a years' work, there is no end to the work that is being done. Rather is it a progression towards an improvement and, in the case of the work done in my department, such improvement is towards the betterment of the general public. In all the work that is done, each part affects the individual either in respect of the food eaten, the air breathed, the general environment of living or the place of employment.

The Measurement of progress is difficult and often can only be done by a system of comparison. In atmospheric pollution, for example, Dudley has no measuring instruments. Therefore actual measurement of improvement is impossible and comparison is difficult because of the gradual changes taking place.

Housing improvement can be objectively measured by the simple expedient of statistics in their application to houses condemned. Housing deterioration cannot be so measured, but there is ample evidence to indicate the need for an examination of an attempt to halt dwelling house deterioration and so reduce the future burden of clearance.

Food Hygiene is continuing to improve in certain directions, mainly due to improved methods of pre-packing and the keen competition within the trade for improved premises and services. In other directions progress is slow and I am firmly of opinion that only public demand will finally bring about the improvements required.

None of the work which is done is spectacular and much of it is done to the annoyance of certain people. It would be more noticed by omission and comment would be more forthcoming with non accomplishment. Whilst everyone believes that prevention is better than cure, greatest publicity comes usually after an event, rather than before it.

I trust that, nevertheless, the work which every member of the staff has contributed during the past twelve months is appreciated with the measure of appreciation which I personally feel towards the staff. No one can have a better team.

The Health Committee, and especially the Chairman and Vice-Chairman have given major support at all times. Dr Ross and Mr. Bowman call for my especial thanks, and to you Mr. Mayor, I am expressly grateful.

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 a necessity and to most of us a pleasure, except at those times when contamination of the food we have eaten leads to considerable physical upset.

Food is also news in the sense that advertisers are trying to tempt the public to buy this and that speciality. It is to be expected that, in such circumstances, a considerable proportion of this report is concentrated upon food.

Inspectors are concerned with food in a wide variety of ways. First is the preparation of food, and this includes the inspection of meat from food animals. This aspect of the work involves slaughterhouses, restaurant kitchens, bakeries, food shops and dairies, etc. The food is of great importance, but equally so is the manner in which it is handled, stored, processed and in addition the cleanliness of utensils. The premises in which the food is handled are of equal importance, and so are the persons employed in the food trade.

In the section dealing with food and food premises there are certain matters I would particularly draw attention to. There is a progressive improvement in many food shops brought about partly because of competition, but also because of awareness on the part of the firms themselves of the desirability of improved food hygiene. Unfortunately this is of a limited character because there are still too many food establishments where the minimum is considered as the criterion.

Food sampling I also draw to your attention. Most contraventions are connected with labelling or advertising, and in most instances the fullest co-operation is given by the offenders. Whilst these are sins of commission, I am of the opinion that in the majority of cases the contravention has been one due to ignorance.

Members of the public are more and more drawing the attention of the Department to food contamination. Investigations into these cases is time absorbing, but usually very well worth while.

Finally a short word about ice cream. There is a fashion for most things, and ice cream is no exception. A few years ago the increasing trend towards pre-packed ice cream led inspectors to feel that a great step forward had been taken. Now it seems, there is a likelihood of going full circle because of the increasing trend to market loose ice cream.

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	899	158	20	7,298	5,587
Number inspected	899	158	20	7,298	5,587
All diseases except Tuberculosis and Cysticerci—					
Whole carcasses condemned	3	1	Nil	9	21
Carcasses of which some part or organ was condemned	232	100	Nil	787	2,768
% of the number inspected affected with disease other than tubercu- losis and cysticerci	26.6%	63%	Nil	10.9%	50. %
Tuberculosis only—					
Whole carcasses condemned	Nil	Nil	Nil	Nil	5
Carcasses of which some part or organ was condemned	Nil	Nil	Nil	Nil	322
% of the number inspected affected with tuberculosis	Nil	Nil	Nil	Nil	6. %
Cysticercosis —					
Carcasses of which some part or organ was condemned	2	Nil	Nil	Nil	Nil
Carcasses submitted to treatment by refrigeration	4	Nil	Nil	Nil	Nil
Generalised and totally condemned	2	Nil	Nil	Nil	Nil

Meat condemned—7 tons, 11 cwts, 2 qrs., 22 lbs.

	<i>Cows</i>	<i>Cattle</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Carcasses	2	5	—	12	36	55
Livers	78	162	—	695	1,029	1,964
Lungs	9	30	—	312	1,859	2,210
Plucks	—	—	—	—	8	8
Heads	3	10	—	—	395	408
Kidneys	1	—	—	1	75	77
Hearts	1	4	—	—	133	138
Hocks	—	—	—	—	61	61
Spleen	—	—	—	—	9	9
Collars	—	—	—	—	25	25
Udders	10	—	—	—	—	10
Forequarters	—	—	—	—	2	2
Stomach and Intestines	—	—	—	—	18	18
Legs	—	—	—	—	7	7
Feet	—	—	—	—	25	25
Drafts	—	—	—	—	2	2
Leaf	—	—	—	—	11	11
Shoulders	—	—	—	—	3	3

Diseases

	<i>Cows lbs.</i>	<i>Cattle lbs.</i>	<i>Sheep lbs.</i>	<i>Pigs lbs.</i>	<i>Total lbs.</i>
Tuberculosis	—	—	—	5,618	5,618
Parasites	4	—	484	223	711
Pericarditis	—	3	—	67	70
Peritonitis	—	—	—	1,086	1,086
Mammitis	—	21	—	—	21
Abscesses	164	65	4	155	388
Pleurisy	—	9	—	249	258
Congestion	—	—	—	257	257
Moribund	—	—	—	100	100
Cysts	6	91	99	16	212
Pneumonia	—	—	70	1,811	1,881
Bruising	—	5	—	304	309
Cirrhosis	—	18	—	—	18
Jaundice	—	—	—	229	229
Hydronephrosis	—	—	1	23	24
Angiomatosis	—	212	—	—	212
Distomatosis	—	581	260	6	847
Urticaria	—	—	—	51	51
Actinomycosis	25	135	—	—	160
Emaciations	—	40	188	70	298
Tumours	—	28	20	—	48
Arthritis	—	—	—	23	23
Pleurisy and Pericarditis	—	—	—	9	9
C. Bovis	962	62	—	—	1,024
Fatty Degeneration	—	—	2	8	10
Septicaemia	—	30	—	134	164
Adhesions	—	—	2	—	2
Pyrexia	—	—	—	150	150
Emphysema	—	6	—	—	6
Pleurisy and Peritonitis	—	—	13	850	863
Enteritis	—	—	—	60	60
Melanosis	16	—	—	—	16
Necrosis	20	—	—	10	30
Mastitis	—	33	—	—	33
Haemorrhage	—	—	—	2	2
Milk Spot	—	—	—	1,700	1,700

Total weight of meat condemned:

7 tons, 11 cwts, 2 qrs., 22 lbs.

Visits to slaughterhouses 1,261

INSPECTION OF OTHER FOODS

During the year the District Inspectors have made 210 visits to food premises for the purpose of food inspection, other than meat inspection.

The following foodstuffs were condemned:

	<i>Total</i>
Bacon (lbs.)	951
Bacon (packets)	52
Bacon (tins)	12
Baked Beans (tins)	62
Beetroot (jars)	3
Buttered cheese (tubs)	2

Inspection of other Foods—*continued.*

	<i>Total</i>
Cereals (packets)	27
Cheese (lbs.)	104
Cheese Spread (boxes)	2
Chicken (lbs.)	750
Chicken (tins)	18
Coffee (tins)	3
Cream (tins)	89
Evaporated Milk (tins)	286
Fish (lbs.)	25
Fish (tins)	360
Fish Paste (jar)	1
Fruit (boxes)	10
Fruit (tins)	2,212
Fruit Juice (tins)	36
Ham (lbs.)	10
Ham (tins)	21
Horse Radish Cream (tin)	1
Jam (jars)	33
Jiffi Jelly	4
Lemon Curd (jars)	6
Margarine (packets)	23
Marmalade (jars)	9
Mayonnaise (jars)	96
Meat (lbs.)	8 $\frac{3}{4}$
Meat (tins)	580
Mixed Fruit (lbs.)	44
Mustard (tube)	1
Peanut Butter (jar)	1
Pickles (jars)	43
Puff Candy (packets)	695
Rice Pudding (tins)	41
Ryvita (packet)	1
Sago (tins)	4
Sausage (lbs.)	31
Sausage (packets)	6 $\frac{1}{2}$
Sausage (tins)	2
Soup (tins)	84
Spaghetti (tins)	4
Swedes (cwts)	12 $\frac{1}{2}$
Tomatoes (tins)	1,049
Turkeys	8
Unlabelled Tins	5
Vegetables (tins)	285
Walnuts (tin)	1

Disposal of Condemned Food

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

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

SUPERVISION OF FOOD PREMISES

Food Premises—Classification under various Trades

Butchers	60
Grocers	218
Greengrocers	74
Cakes and confectionery	24
Sweets	86
Fried Fish	32
Wet Fish	11
Multiple stores	6
Cooked meat	2
Restaurants, Cafes and Snack bars	24
Licensed premises	197
Licensed clubs	29
Bakehouses	12
Canteens	38
Registered Ice Cream Premises	209

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

General Food Shops	120
Food Preparing premises subject to registration	182
Canteens	43
Restaurants	87
Fried Fish Premises	46
Butchers	80
Licensed Premises	89
Bakehouses	94
Mobile Food Vehicles	32
Other Food Preparing Premises	24

As a result of these visits 65 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	11*
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.

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

Premises registered for the manufacture of ice cream	4
Premises registered for the sale and storage of ice cream	218

During the year 189 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

Milk supplied to Dudley consumers comes from eight processing dairies, all of which are situated outside the County Borough area. Four dairies still remain on the dairies register, and these are all used as milk stores where bottled designated milk is received from processors for distribution.

During the year it was not found necessary to take any action with respect to contraventions of the Milk and Dairies (General) Regulations, 1959.

Reference is made under the heading of Bacteriological Examination of Milk, to action taken under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949-1953.

During the year 28 visits were made to Dairies and Milk shops in the Borough. The Milk (Special Designations) Regulations, 1960 were made on 23rd August, 1960, and with the exception of those provisions applicable to producers, will come into operation on 1st January, 1961.

The decision to change the system for the issue of dealer's licences will undoubtedly reduce clerical work, but will, I feel, make more difficult the task of dealing with breaches of licence conditions where the licence is not issued by this Authority. Presumably such breaches, as prescribed test failures, will have to be referred to the Licensing Authority concerned in the hope that they will see fit to take the necessary action under Section 43 of the Food and Drugs Act, 1955. Other than this course of action there would not appear to be any procedure an Authority can adopt in cases of breaches of licence conditions.

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	—	164	6

At the end of 1960 there were 164 milk distributors registered with the Local Authority.

The number of dairies registered under the Milk and Dairies Regulations at the end of 1960 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 (C.I.)	15	15	—	15	—	—	—
T.T. Pasteurised	52	50	2	52	—	—	—
Pasteurised	39	39	—	39	—	—	—
Sterilised	9	9	Nil	—	—	9	—
Totals	115	113	2	106	—	9	—

All milk supplies in this County Borough are either Tuberculin Tested, Pasteurised or Sterilised and this has been the case since the coming into operation of the Milk (Special Designations) (Specified Areas) Order, 1952.

As can be seen from the table only two of a total of 115 samples of designated milk submitted to the Public Health Laboratory Service for prescribed tests, failed such tests. Two cartons of Tuberculin Tested (Pasteurised) Milk purchased from a refrigerated vending machine, failed the methylene blue test.

Investigations revealed that unsold milk was not being removed from the vending machine when the roundsman replenished stocks. A warning letter was sent to the Company concerned and an undertaking was given that this highly desirable procedure would be adopted.

FOOD AND DRUGS ACT, 1955**FOOD HYGIENE REGULATIONS, 1955—1957****FOOD HYGIENE (GENERAL) REGULATIONS, 1960**

Continued improvement in hygiene standards is recorded in food premises of all types during 1960. Improvement by way of complete reconstruction, major alteration or minor amendment has been evident throughout the year. Sometimes such works have been prompted by visits of inspectors, but often the improvement in hygiene standards is brought about by a desire for improvement in production or marketing methods.

In the case of new food premises or alterations to existing premises involving submission of plans to the Local Authority for byelaw approval, copies of plans are forwarded to the Department for perusal and comment. In all such cases letters are sent to architects pointing out regulation requirements, and where appropriate, reference is made to Food Hygiene Codes of Practice Standards. Almost invariably this results in food premises which surpass the standards of the current legislation.

During the year one factory bakehouse ceased production. In other bakehouses extensions and improvement works have raised standards and streamlined production methods. I feel that it is safe to say that in this type of premise the greatest proportion of improvements have been affected. Co-operation between management and inspectors has been good and suggestions relating to food hygiene are quickly acted upon.

The high standard of food handling practised by some chain store companies has led to improved standards in food marketing by their competitors and has stimulated interest in food hygiene where otherwise this may have been lacking.

The same high standards unfortunately do not hold good with some catering premises where often cramped working conditions do not encourage good hygiene practices. Whereas improvement works of a structural character have been carried out to most types of food premises, no such works can be recorded with respect to cafes and restaurants.

In the case of licensed premises the progress can only be regarded as slow. New licensed premises attain a high standard, but Dudley still retains many licensed premises which have not been improved substantially since erection. At no other places of assembly are the public compelled to brave the elements and stumble along badly lit back yards to indifferent sanitary accommodation, often

poorly maintained. The progress on the few improvement and modernisation programmes is lamentably slow, and often many months elapse between submission of plans and onset of work.

1960 saw the coming into operation of the Food Hygiene (General) Regulations, 1960. Many points which were the subject of much argument in the previous regulations have been clarified. Nevertheless the new Regulation 25 will still be an exceedingly difficult one to administer. It is pleasing to be able to deal with rooms containing sanitary conveniences as distinct from the sanitary convenience itself, but there are still no powers to enforce the use by food handlers of cloakroom or locker accommodation provided for their own use. Comforting too is the fact that on a stall or mobile food vehicle from which open food is supplied in the course of a catering business there shall be provided adequate supplies of soap and other suitable detergent for the cleansing of food and equipment, whereas in food premises one has the chance of either soap *or* detergent for the same purpose. This surely must be the one instance where the standard applicable to vehicles is higher than that pertaining to premises.

The extension of some of the provisions of Regulation 26 to apply to any vehicle used in the course of a food business, is a welcome step forward. Whereas before it was only possible to take action under Regulation 10, it will now be possible to deal with dirty food delivery vehicles of all types even where risk of contamination cannot be proved.

It was regretted that the Minister saw fit to perpetuate the exemptions to Regulation 7 which allow certain food trades to be carried on in domestic premises. Whilst this only involves five domestic premises in Dudley where onions are prepared for pickling, there cannot be sufficient control either by inspectors or management to ensure that the applicable regulations are complied with at all times. I trust that the exemption will be withdrawn at the earliest possible date.

SAMPLING FOR CHEMICAL ANALYSIS

During the year 10 formal and 178 informal samples were taken and adverse reports were made on 19. 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.	Unsatisfactory label. Minims stated instead of millilitres.	Label amended.
Malted Cake.	Contaminated with grease and copper.	Referred to Manufacturer.
Vitamin Gelatine. Vitamin Gelatine. Vitamin Gelatine.	Insufficient vitamins present to justify description "vitamin gelatine".	} All stocks withdrawn from sale by retailer.
Sliced Braised Beef.	Contained 50% meat.	
Ice Cream. Ice Cream.	Unsatisfactory label. No reference to non-milk fat.	} Referred to Manufacturer.
Bread.	Contaminated with carbonaceous matter.	
Cherry Drops.	No formula given.	Referred to Manufacturer.
Ice Cream.	Contained 9% of fat, other than milk fat.	Legal proceedings considered but not taken.
Food Colour.	Sample musty and contained moulds and bacteria.	Stocks destroyed.
Cream Lollie.	Label not in accordance with Labelling of Food Order and no cream present.	Sale of this commodity discontinued.
Indian Brandee.	No spirit aeth. nit. present 100% declared.	Referred to Manufacturer.
Cream Mocha Rum.	Should be marked "rum flavour."	Label amended.
Cream Coffee and Brandy.	Should be marked "brandy flavour."	Label amended.
Liquorice and Aniseed Sweets	Active ingredients should be stated.	Referred to British Pharmaceutical Society.
Honeyjel.	Minerals claimed but quantities not stated. Claim to fight bacteria not justified.	Further action still under consideration.
Avala.	Insufficient vitamins present to justify advertisement "richest in vitamins 'B & C'."	Advertisement withdrawn.
Cream Cheese.	Only 33% butterfat present.	Formal sample to be taken.

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

<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>	<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>
Almond Paste	1	—	Orangeade	8	—
Apple Cham	1	—	Orstrax Tonic	1	—
Avala	—	1	Peppermints	2	—
Beef Burgers	6	—	Pork Gulash	1	—
Bone and Nerve Lini- ment	1	—	Rinstead Pastilles	1	—
Braised Hearts	1	—	Rum	—	1
Braised Kidneys	1	—	Sausage—Beef	1	—
Braised Steak with Vegetables	3	—	Sausage—Pork	16	—
Bread	12	—	Sausage Rolls	1	—
Breakfast Oats	1	—	Skinless Boned Chicken	2	—
Bromodal	1	—	Slippery Elm Tablets	1	—
Camphorated Oil	1	—	Steak and Kidney Pie	2	—
Candied Peel	1	—	Stewed Steak with Onions	1	—
Casserole Meat	2	—	Stoned Raisins	1	—
Cherry Drops	1	—	Strawberry Ice Cream Soda	2	—
Chest Pills	1	—	Sultanas	1	—
Chocolates	6	—	Table Sea Salt	—	1
Colouring	7	—	Tomato Paste	1	—
Cocktail Cherries	3	—	Vegetable Oil	1	—
Cornish Pasties	2	—	Vitamin Gelatine	3	—
Cough Lozenges	4	—	Vitamin Tablets	2	—
Cough Mixture	3	—	Vitavel Syrup	1	—
Cream	1	—	Wheat Germ Flakes	1	—
Cream Cheese	1	—	Whisky	—	1
Cydapple	1	—	Yeast	1	—
Dressed Crab	1	—			
Dripping	1	—			
Embrocation	1	—			
French Mustard	1	—			
Gargline	1	—			
Gin	—	1			
Glace Cherries	2	—			
Grape Juice (concentrated)	1	—			
Ground Almonds	1	—			
Honeyjel	1	—			
Ice Cream	16	1			
Ice Cream Powder	1	—			
Ice Lollies	5	—			
Ice Lollie Syrup	1	—			
Indian Brandee	2	—			
Lard	1	—			
Lemonade	2	—			
Lemon Kali	1	—			
Lime and Lemon	2	—			
Meat Paste	3	—			
Menthol & Eucalyptus Oil	1	—			
Mentholated Balsam	1	—			
Milk	8	4			
Minced Meat Loaf	1	—			
Mincemeat	2	—			
Mixed Peel	2	—			
Monosodium Glucomate	1	—			
Mushroom Sauce	1	—			
Nerve Pills	1	—			
Nu-tru-lax	1	—			

ICE CREAM AND ICED LOLLIPOPS

A total number of 76 samples of ice cream were submitted to the Public Health Laboratory Service for Provisional Grading Tests during 1960. An analysis of the results is set out in the table below.

One disappointing feature of the results was again the high proportion of Grade 2 results. Of the Dudley produced ice creams falling into this category, all but three were produced by one manufacturer. Whilst no lower grade results were forthcoming from this source, an exhaustive investigation failed to give positive proof of the cause of the Grade 2 results. Increased strength chemical sterilant solution was used on those parts of the plant where in past years suspicion had fallen. The homogeniser and the stainless steel buckets used for transferring the mix from the ageing vat to the freezer were rinsed out in the same sterilant between freezing processes. In addition, the outlet to the ageing vat was also given special attention as it was found that a small quantity of mix remained there after transferring the mix to the freezer.

Samples giving Grade 2 results at retailing points may have deteriorated due to lack of care with utensils. At all sales points where loose ice cream is sold, the use of a suitable sterilant is insisted upon, but there is no guarantee that a solution of the correct strength is prepared, that this is renewed as frequently as possible, or that serving utensils are rinsed frequently enough in the solution.

Inspection of ice cream sales vehicles revealed a number of contraventions of the Food Hygiene Regulations, 1955, and the Food Hygiene (General) Regulations, 1960. Whilst the standard of vehicles has considerably improved in post-war years, it is common place to find that a vehicle from which loose ice cream is sold has no hot water supply, though facilities are provided for this on the vehicle, or has no soap, nail-brush or clean towel. One has the feeling that these essentials are looked upon by operators as unnecessary encumbrances.

There are, however, exceptions to this and the standard of vehicles used for retailing soft ice cream in this area is exceptionally high. These vehicles are, in fact, mobile ice cream dairies. Ice cream mix either in hermetically sealed containers or in cans with press-in lids, is frozen in horizontal freezers and dispensed on sale directly from the freezer into biscuit containers or cups. In the case of the mix supplied in containers which are not airtight, the containers have to be stored in refrigerated compartments at temperatures below 45°F. Cleansing of equipment is carried out by means of detergent solutions followed by hypochlorite treatment.

A sample taken from one soft ice cream vehicle operating in Dudley was reported as Provisional Grade 4. Investigation revealed that it was customary to run off from the freezer all unsold ice cream at the end of each working day into one of the empty ice cream mix containers. This was presumably stored with the unopened mix containers until re-frozen on the following day. It was pointed out to the operators of the vehicle that this practice contravened Regula-

tion 6(c) of the Ice Cream (Heat Treatment, etc.) Regulations, 1959 and was responsible for the low grade result. Ensuing samples gave satisfactory provisional grading results.

During the year a soft ice cream machine was introduced into a chain store. In this instance the mix is not supplied in airtight containers but is stored in a refrigerated cabinet until required. Results of bacteriological examination of ice cream from this freezer have, with one exception, given Provisional Grade 1 results. One Grade 2 result was attributed to the failure of the operator to cleanse thoroughly and properly sterilise the plunger of the feed tank before processing began.

It may be that the popularity of soft ice cream will result in increased numbers of vehicles retailing this commodity, and an increase in the number of static sites. The simplicity of operation will undoubtedly appeal to the occupiers of many types of food shops, to caterers of all categories, and even to the occupiers of businesses which cannot be classified as food premises at all. What may not prove so simple to operators who are not acquainted with ice cream production techniques, are the cleansing and sterilisation routines which will have to be religiously observed to ensure that the consumer gets a safe and bacteriologically satisfactory product.

The rigid enforcement of the appropriate legislation, and the achievement of the necessary standards before registration, will be essential if the improved bacteriological standards in ice cream, which are the result of years of vigilance, are to be maintained.

During the year 18 samples of ice cream were submitted to the Public Analyst for examination. With three exceptions the samples were reported as genuine. The exceptions contravened Article 6A(4) of the Labelling of Food Order, 1953 (amended) in that they were found to contain fat other than milk fat and this was not declared on the label or the wrappers. In one case, the Manufacturers claimed that all wrappers in use had been amended to conform to this requirement, but it was thought that some wrappers had passed through the printing machine, but had not been overprinted. This explanation was accepted. In the other cases both samples were produced by the same Company. Firstly an informal sample was reported as being unsatisfactory in this respect and the Company were written to pointing out the omission and requesting their observations. A reply was not received to this letter and a formal sample was taken which was also reported as unsatisfactory by reason of the fact that it contained 9% of fat other than milk fat and this was not declared on the wrapper label.

Unfortunately the proceedings which were authorised had to be withdrawn due to excessive delay between the taking of the samples and the laying of the information occurred by reason of Local Authority procedure and the fact that authority to proceed had to be sought from the Ministry of Agriculture, Fisheries and Food. Subsequent to this Health Committee were given executive powers to take proceedings.

The eighteen ice cream samples submitted for analysis gave the following average results:—Milk Solids other than fat 11.5%. Fat 9.75%. These results far exceed the minimum standards of the Food Standards (Ice Cream) Regulations, 1959.

The Public Analyst took exception to the labelling of one type of ice lollie submitted during the year. This was described as a "Creame Lollie" and was found to contain not more than 0.2% of milk fat. The labeller of the food was approached but he did not accept that the label was misleading. An attempt was made to obtain a formal sample of this product but further supplies were not available.

All other ice lollies were reported as "genuine" and were found to be free from metallic contamination.

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	34	22	12	—	—
Outside Dudley	42	32	6	2	2
Totals	76	54	18	2	2

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	20	—	6	—	—	—	—	—	—	—	—	—	—	—	11	3	20	—
Outside Dudley	26	—	8	3	3	2	—	—	—	—	—	—	4	5	1	25	1	
TOTAL	46	—	14	3	3	2	—	—	—	—	—	—	4	16	4	45	1	

COMPLAINTS RE UNFIT OR CONTAMINATED FOOD

Visits were made during 1960 in connection with complaints of unfit or contaminated food. Details of some investigations are recorded below.

A rich malt cake was found, on complaint, to be contaminated by copper and grease. The amount of copper in the vicinity of the affected area was 1430 parts per million. A similar weight of cake from an uncontaminated part was free from copper. Calculated on the total weight of cake, the amount of copper in the sample was 11 parts per million which is within the recommended limit for copper in food. The manufacturers claimed that no copper utensils were used and that the only copper on their premises was copper piping, and no plumbing work had been carried out for some time prior to the complaint. The origin of the copper was therefore not discovered.

A seven ounce tin of Corned Beef purchased in a Dudley shop was found to contain a piece of cloth. A representative of the importing company inspected the can contents and the company requested that they be given the opportunity to carry out an examination of the cloth as this would aid investigation at the factory. The Health Committee viewed with grave concern this complaint, but agreed to allow the company to have the can and contents for examination, at the same time requesting that they be informed of the findings. The quality control department of the company in the Argentine carried out an extensive investigation but the source of cloth was not discovered.

Three cases of black deposits in loaves of bread were reported during 1960. Two of these complaints were of loaves produced outside Dudley, and the contamination in all three was not so excessive as to constitute a hazard to health. In the case of the loaf produced in Dudley, an investigation was conducted at the bakery concerned. Two possible sources of contamination were found. Firstly the discolouration may have been caused by blackened lubricating grease gaining access to plastic covered rollers on the moulding machine from either over greased greasing points or from the hoods or overalls of the fitters responsible for the task. Secondly the contamination may have reached the dough at the moulding stage from the air blowers on the moulder. At the time of the complaint trouble was being experienced with the oil fired travelling oven. Due to the unsatisfactory design of the oven flues there was a blowing back of carbon particles to the atmosphere inside the baking room. As a result of this, surfaces in the immediate vicinity of the oven had become blackened in a very short period of time, and it was thought that some of this carbon particle contamination may have found its way to the air inlets of the moulder air blower. The possibility of contamination from this source had not been overlooked by the management, and as a precaution, and pending the shutting down of the oven and redesigning of the flue system, the air inlets on one of the two moulders had been fitted with filters. Unfortunately this could not be achieved in the case of the second moulder, and it was thought that this may have been the source of contamination.

Immediate steps were taken to instruct fitters as to the precautions they must take to prevent a risk of grease contamination and plant operators were supervised by management to ensure that after a greasing the moulders were operated for a short period on dough which was rejected as waste. With respect to the other source of contamination, the travelling oven was put out of operation for flue reconstruction immediately.

A live insect reported as being found in a wrapped sliced loaf was identified as a vine weevil, a garden pest which attacks strawberry plants and vines. The contamination was almost certain to have occurred after delivery, as the paper wrapper of the loaf was found to be holed. A bread bin was not used by the complainant and the pantry window had been left in an open position.

What appeared to the complainant to be particles of excreta found under a piece of fat on a shoulder of imported frozen lamb, were identified as consisting of dried blood which had been cooked at a high temperature. Traces of tissue were also present and the objects were probably haemo lymph nodes.

DESICCATED COCONUT

When local bakeries received circulars from the British Bakery Industries Research Association with respect to the contamination of desiccated coconut originating from Ceylon by organisms of the Salmonella group, they immediately contacted the Department for advice. This was the first information the Department had received about this product, as no official intimation of the hazard had been circulated to this Local Authority. Samples of coconut in use at six bakeries in Dudley were submitted for bacteriological examination, but were reported as being free from pathogens. When samples were taken, advice was given re cross-infection from contaminated vessels, etc., and the use of the product, except in baked goods, ceased.

However, following receipt of the negative results of the bacteriological examination, and in view of the widespread use of coconut both domestic and in food industries outside the bakery trade, it was felt that further banning of its use was fruitless.

The publication of the interim report on Salmonella in Desiccated Coconut in the monthly Bulletin of the Ministry of Health and the Public Health Laboratory Service indicated that the use of this product in the raw state constituted a public health risk especially if used in foods which were likely to support the multiplication of salmonellae, and also to those people who eat large quantities of raw coconut.

Whilst some bakeries never reverted to using raw coconut, some continued to use the coarser grades as decorating material on cakes. In view of the comment in the report that in only 2.4% of the samples of thread coconut examined were positive results obtained, and that decorating coconut was used on baked cakes and not on foods likely to lead to a multiplication of salmonellae, there seemed little evidence to support a ban on its use. A powerful argument supporting its continued use in all food trades was, of course, the unrestricted availability of coconut to the general public. The position is, however, still unsatisfactory.

I understand attempts are being made to improve the methods of handling in the country of origin, and also steps are being taken to improve the standard of premises and plant. This will be a long term solution. In the meantime infected coconut may continue to be distributed.

HOUSING

Food and shelter are basic requirements of life. Although basic requirements, one expects more than just basic food and basic shelter. Every family living in an unfit house has a shelter—walls which in most cases are damp, incapable of reasonable decoration and often weirdly shaped. Roofs allow the gentle patter of falling rain to be seen and felt whilst the water supply for domestic use has to be carried in by physical effort. Such basic shelter is base indeed and I feel some measure of satisfaction in being able to report that no less than 2,200 families have been rehoused from condemned houses during the last 15 years.

At the end of 1960 there remain some 1,924 families still living in houses which are unfit by present Housing Act standards and which were recorded during the 1954 survey. There are in addition, many more houses which are deteriorating and will, of necessity, become unfit in the next few years. A continued and an accelerated programme of clearance is necessary. Also there is need for careful consideration to be given to a move for the rescue of houses which, with a measure of reconditioning, can be prevented from becoming the unfit houses of the future.

During the last year the following orders were confirmed:

	<i>Houses</i>
Pool Street	21
Old Dock Area (Clearance Orders) 1, 2, 3 and 4	36
Old Dock Area (Compulsory Purchase Order) No. 1	103

The position to date is as follows:

Houses condemned but still occupied....	191
Future clearance areas	942
Individual unfit houses to be dealt with	441
Remainder of Dock Area awaiting confirmation	350
Total	1,924

Following the 1954 review of houses this Authority undertook to deal with all unfit houses by the end of 1965. To redeem this promise it will be necessary in the next five years to rehouse the families from the above 1,924 houses. To do so will require a greater effort than before because over the past five years the total rehousing from unfit houses has been 1,147.

Reviewing the post war period one finds, as is to be expected, that there has been a periodic improvement in the rate of slum clearance. During the first ten years of this period, the number of

unfit houses dealt with was 1,153, but during the five years following that ten year period, the number of unfit houses dealt with was 1,147 giving an average per year of twice that of the previous period. Remembering that the remaining unfit houses were unfit at the commencement of the post war period, it requires very little imagination to picture the deterioration which the last 15 years has brought about. Needless to say the degree of urgency is great.

RENT ACT, 1956

No. of applications for certificates of disrepair	....	9
No. of notices of intention to issue a certificate served		9
Certificates of Disrepair issued	....	5
Certificates of Disrepair cancelled	....	1

REHOUSING

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

Available lettings during 1960			
	<i>New</i>		<i>Re-lets</i>
Flats (one bedroom)	.... 30	Post-war houses	.... 32
Houses	.... 156	Pre-war houses	.... 78
Bungalows	.... 9	Post-war flats	.... 30
		Pre-war flats	.... 4
		Post-war bungalows	.... 7
		Pre-war bungalows	.... 6
		Pre-fabs	.... 3
		Odd properties	.... 7
	-----		-----
	195		167
	-----		-----
Total	....	....	.... 362

Mutual exchanges are not included.

The total number of visits made for housing purposes during the year was 1,236.

Table I Housing Progress from 1st July, 1945 to 31st December, 1960

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	Total
Demolition Orders made	—	15	20	34	110	57	10	41	118	43	52	36	100	55	19	27	737
Closing Orders made	—	—	—	1	1	3	—	3	—	4	5	2	8	11	3	3	44
Houses confirmed in Clearance Areas	—	—	63	102	—	—	—	—	429	—	—	111	599	41	21	160	1,526
Houses demolished—Section 17	18	34	19	34	30	88	57	57	46	71	35	42	120	93	34	18	796
Houses demolished—Clearance Areas	—	90	11	104	44	35	22	6	3	102	86	105	101	87	210	259	1,265
Rehousing—Section 17	3	17	18	52	57	88	37	34	68	60	74	69	122	43	51	24	817
Rehousing—Slum clearance areas, etc.	—	8	39	112	15	3	2	2	41	184	139	119	197	313	110	99	1,383

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	1960
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	24
Families rehoused from Clearance Areas	—	8	39	112	15	3	2	2	41	184	139	119	197	313	110	99
Total	3	25	57	164	72	91	39	36	109	244	213	188	319	356	161	123
Total available lettings	39	204	195	520	444	272	358	445	389	462	380	464	419	476	332	362
% 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	72.7	48.5	39.8

N.B.—In addition, a further 44 families were rehoused during 1960 from houses acquired by the Corporation for demolition. These have been taken into account in arriving at the percentage of lettings allocated to families from unfit properties.

IMPROVEMENT GRANTS

Once again the number of applications for assistance in the provision of additional amenities has been disappointingly low. This applies both in respect of Discretionary and Standard Grants. The actual number of applications received was 64, but of these only 19 were proceeded with.

It was anticipated with the introduction of the Standard Grant system and its simplification of administrative procedure, that more property owners and particularly owner/occupiers would take advantage of the scheme, but this has not been the case. In most instances a specification of necessary repairs has to be issued as a condition of obtaining the grant, and care is taken to fully explain the necessity for this to the applicant but unfortunately, it seems that an application form accompanied by a specification acts as a deterrent and interest in the provision of a bathroom and the raising of housing standards fizzles out.

The number of properties in the borough not having the so-called standard amenities such as hot water supply and bathroom is quite considerable. Many of them are structurally sound and would immediately qualify for grant. It would seem that the amenities are low in the list of present day priorities and certainly the existing grants have not been very productive. This is very much the case in respect of rented properties, and I am of the opinion that an improvement in the standard of many existing houses will only be brought about by eventual statutory action.

SANITARY ADMINISTRATION

Particulars of Inspections

Routine work continued under the Public Health Act, 1936, and during the year 640 inspections and 1384 re-inspections were made.

The number of preliminary notices served was 187 and the number complied with was 78. Statutory Notices served numbered 75 and 71 notices were complied with.

The following were some of the more important defects remedied:

Chimneys	.....	9
House roofs	.....	75
Eavesgutters and rainwater pipes	.....	43
Floors	.....	8
Staircases	.....	9
Plasterwork	.....	99
Windows: woodwork	.....	20
sashcords	.....	14
Firegrates	.....	1
Outbuildings	.....	13
Closets	.....	37
Drainage systems	.....	55
Walls	.....	63
Doors	.....	11

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 1960, 629 samples of the chlorinated water were examined of which 621 were free from all types of coliform bacteria.

Samples of the raw water are not obtainable at two of the Pumping Stations but of the 214 samples taken 200 were free from all types of coliform bacteria.

309 samples of a supply of surface origin were examined before treatment and these gave an approximate average coliform bacteria content of 100 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

and from:

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

95 of the 105 samples from the service reservoirs and 24 of the 26 samples from the Watermen's houses were free from all types of coliform bacteria. 19 samples from Shavers End Pumping Station were all free from coliform bacteria.

The average chemical results of the tap samples from Dudley and Netherton for 1960 were:

	<i>Dudley</i>	<i>Netherton</i>
pH	7.1	7.2
	Expressed in parts per million	
Alkalinity (CaCO ₃)	106	110
Chlorides (Cl)	39.5	39.7
Ammoniacal Nitrogen (N)	Trace	Trace
Albuminoid Nitrogen (N)	Trace	Trace
Oxidised Nitrogen (N)	3.3	3.3
Oxygen absorbed (3hr at 27°C)	.12	.12
Temporary Hardness	101	105
Permanent Hardness	88	92
Total Hardness	189	197
Iron (Fe)	.03	.02
Manganese (Mn)	Nil	Nil
Lead (Pb)	Nil	Nil

The waters are not liable to plumbo-solvency, the 26 samples from the taps in Dudley and Netherton being all free from any detectable quantity of lead.

Domestic Water Supply

No. of premises (excluding Council Houses having a private water supply (estimated)	8,942
No. of Council Houses	9,298
No. of premises having common water supplies (estimated)	730

A complaint of black particles in drinking water from a group of houses was referred to the Water Company after investigations had revealed that these were bituminous in character. As a result, the service pipes for each house were connected to a different main supply pipe, and the trouble was eliminated.

A complaint of discolouration and unpleasant taste at a licensed premises was investigated. Samples submitted to the Public Analyst showed that although the water was organically of satisfactory quality it contained 3.8 parts per million of iron which is quite excessive in drinking water. It was believed to be due to local attack on iron pipes and these were replaced by new pipes.

The unpleasant taste and smell of drinking water in a flat over an office involved a lengthy investigation. The service pipes were of lead and copper and water for domestic use was drawn from a mixer tap in the kitchen of the flat. The mixer tap was taken apart after preliminary sampling had failed to show any reason for intermittent unpleasant taste and smell, and the inner surfaces of the tap and washer were swabbed. Microscopic examination showed the presence of many micro-organisms including algae and micro-fungi, and this was particularly marked on the specimens from the washer. These findings were related to the type of complaint and on the advice of the Public Analyst the pipeline feeding the flat and the taps were isolated and heavily chlorinated. The occupants were also advised to run the cold taps at full bore each night and morning.

The reports of the bacteriological examination of town water supplies were quite satisfactory. A total of 26 samples of water taken during the year were found to be free from coliforms and the highest total count recorded was 10 per million at 37°C.

Three samples of drinking water submitted to the Public Analyst for flourine content gave results of 0.05, 0.05 and 0.04 parts per million respectively.

SEWERAGE AND SEWAGE DISPOSAL

The Borough is divided by watershed lines into four principal drainage areas which are—The Central area which drains to Swindon about 6 miles out of the Borough where it is treated by Board Irrigation on farm land; the second area which drains practically the whole of the southern part of the Borough is treated by the Upper Stour Valley Main Sewerage Board at their works at Whittington; the Priory Estate sewage flows to the Council's Tipton Road Sewage Works and the north-eastern part of the Borough is drained to the Upper Stour Valley Main Sewerage Board Works at Tividale.

Wherever possible, foul sewage and storm water have been kept separate.

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	9	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	247	68	5	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
Total	256	68	5	—

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	—	—	—	—	—

<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	—	—	—	—	—
(b) Unsuitable or defective....	5	5	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	—	—	—	—	—
Total	5	5	—	2	—

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., Cleaning and Washing	10	—	—	—	—	—
	—	—	—	—	—	—
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	—	—	—	—	—	—
Brush making	—	—	—	—	—	—
Pea picking	—	—	—	—	—	—
Feather sorting	—	—	—	—	—	—
Carding, etc., of buttons, etc.	94	—	—	—	—	—
Stuffed toys	—	—	—	—	—	—
Basket making	—	—	—	—	—	—
Chocolates and sweetmeats	—	—	—	—	—	—
Cosaques, Christmas stockings, etc.	—	—	—	—	—	—
Textile weaving	—	—	—	—	—	—
Lampshades	—	—	—	—	—	—
TOTAL	94	—	—	—	—	—

INFECTIOUS DISEASE

29 visits were paid by inspectors in connection with notifiable disease during 1960. This is a considerable reduction on the figures for 1959 when visits to dysentery and suspected dysentery cases boosted this figure.

In my report for 1959 I referred to contamination of water-courses as I had done in reports for the previous two years. I referred to the proposal of the Stour Valley Main Sewerage Board to construct a duplicate sewer from the Pedmore Road/Level Street junction to their works at Cradley Heath. Whilst this work had not commenced in 1960, I understand that it is anticipated that work would begin early in 1961. Water course pollution from the existing sewer at Level Street overflow and at Coppice Lane has continued during 1960. In addition, during rainy periods, pollution has also occurred at Woodside End and at the Pleck from the Sewerage Board sewer which extends from Windmill End to the Cradley Heath works roughly following the course of the Mouse Sweet Brook. It is understood that a duplicate sewer is to be constructed at some time in the future which will eliminate this source of pollution.

During the year observations have been made from time to time to check on the operation of overflows and the extent of pollution as previous experience has shown that chokeage or partial chokeage of sewers can result in extensive pollution of watercourses brought about by almost continuous operation of overflows.

SANITARY ACCOMMODATION

	1959	1960
No. of houses and other premises (estimated)	20,185	20,367
No. of houses and other premises served by W.C.'s draining into public sewers	20,000	20,176
No. of houses and other premises served by ashbins	20,185	20,367
No. of cesspools in the Borough	107	117
No. of privies in the Borough	Nil	Nil
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

1,411 visits were made to premises in connection with rodent control during the year.

AIR POLLUTION

General

It has been said that smoke and dirt kill 50,000 people a year. Smoke is the result of burning fuel incorrectly and, therefore, not only does it cause atmospheric pollution, but is bad economics for the consumer.

Various attempts over a period of very many years have been made to come to grips with this problem and the latest is the Clean Air Act, 1956, which followed the Beaver report of 1954.

The legislation recognises that pollution from domestic smoke requires very different action than pollution from industrial sources. In Dudley a reasonable start has been made in respect of domestic premises and 24% of the acreage of the borough is now under the control of operative orders, plus one area approved in principle. The time involved in the preparation and subsequent supervision is tremendous. I must point out that this is being done as an addition to the other commitments of the department and without any addition to the establishment. It is for this reason that the figure of 24% of acreage is still the same as was given in my last annual report. Over the past twelve months a great amount of work has gone into the house to house inspection for the proposed Wrens Hill area, together with the preparation of masses of specifications. The confirmation of this order by the Minister is now awaited.

Industrially I can report a major conversion of plant at a very large works which, when completed, will reduce the level of pollution very considerably. Generally speaking the emission of smoke from industrial plant is more usual from hand fired appliances than from mechanically fired appliances.

The table below shows the analysis of hand fired appliances in the Borough. It will be seen that there are still 17 appliances burning coal which are hand fired. It is quite astonishing to find that hand-fired appliances are still being used, especially when one can read a report of one hundred years ago of the installation of a mechanical stoker which saved a firm from £8,000 in a ten year period. With the level of wages and coal prices as they were at that time such an economy was enormous. Why then do firms to-day still continue with appliances which are wasteful in fuel, wasteful in costs and make the firms themselves bad citizens because of their contribution in fouling the atmosphere?

Analysis of hand fired installations in the Borough

<i>Type of boiler or furnace</i>	<i>Number</i>	<i>Fuel fired</i>	
		<i>Coke</i>	<i>Coal</i>
Sectional	56	56	—
Vertical	27	20	7
Lancashire	7	—	7
Economic	2	2	—
Reheating furnaces	5	2	3
Total	97	80	17

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- 712 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 confirmation.	
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) Dudley Castle Area—

This area came into operation on the 1st September, 1960. A considerable amount of follow-up work has been done by way of advice and demonstration of the use of smokeless fuels on approved appliances.

It was originally scheduled to come into operation on the 1st of July, but had to be deferred for two months, due to the amount of conversion work outstanding and the pressure created on available local labour. This spotlights the problem of works of conversion being spaced out more evenly over the material period, *i.e.* between the date of confirmation of the Order and its date of operation. It is hoped that in the future the advice given to carry out conversion work in good time, will be heeded.

(2) Flood Street No. 3 Area—

This Area came into operation on the 1st October, 1960.

Here too, it has been found necessary to visit a number of houses in order to instruct the occupiers on the correct use of their new appliances in the burning of smokeless fuels.

(3) Wrens Hill Area—

The detailed survey of this Area is now nearing completion and work has commenced on the collation of the information obtained, in preparation for its submission to the Minister of Housing and Local Government for final confirmation.

Industrial

Further consultations have taken place from time to time between managements of industrial undertakings and ourselves, where particular difficulties have arisen and with regard to plants which have been the subject of Certificates of Exemption. In only one case was it found necessary and desirable that the Certificate should be renewed for a further period of 12 months.

Three applications have been considered for chimney height approval under Section 10 of the Act. In each case approval was given without modification.

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

Notification was given in two further cases of intention to install new plant.

Statistics

No. of smoke observations taken	84
---------------------------------	------	------	------	------	----

Aggregate emissions were as follows:—

Black smoke	....	....	....	....	....	38 $\frac{3}{4}$ mins.
Dark smoke	....	....	....	....	....	570 $\frac{3}{4}$ mins.
Light smoke	....	....	....	....	....	372 mins.

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

Black smoke	....	....	....	....	....	0.46 mins.
Dark smoke	....	....	....	....	....	6.79 mins.
Light smoke	....	....	....	....	....	4.42 mins.

Industrial Premises visited or re-visited re smoke emission	....	....	....	....	....	15
Visits re Clean Air Act	....	....	....	....	....	2,099
Conversions to oil firing	....	....	....	....	....	1
Improvements effected due to improved firing methods and/or minor repairs or improvements to plant	....	....	....	....	....	4
Major improvements to plant	....	....	....	....	....	2
Grit arrestors fitted	....	....	....	....	....	2

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.

SLAUGHTER OF ANIMALS ACT

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

PHARMACY AND POISONS ACT, 1933

No applications for entry on the poisons list were made.

FERTILISERS AND FEEDING STUFFS ACT, 1926

7 samples of fertiliser were taken during the year. 3 samples of fertiliser had minor variations from the guaranteed analysis.

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' \times 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' \times 30' with a depth varying between 3' and 5', whilst the girls' bath measures 51' \times 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.

Results of the Bacteriological examination of swimming bath water samples were as follows:

<i>Sample No.</i>	<i>Viable count per 1 ml.</i>	<i>Where taken</i>	<i>Coliform per 100 mls.</i>
1	Uncountable	1st class bath....	Nil.
2	72	Boys' bath (school use)	Nil.
3	267	Girls' bath (school use)	Nil.
4	133	1st class bath....	Nil.
5	40	Girls' bath (school use)	Nil.
6	1880	1st class bath....	Nil.

The above results were a little disappointing as compared with previous years. The explanation given for the unsatisfactory result of Sample No. 1 was that the washing of filters had meant an introduction of towns mains water which diluted the bath's contents and consequently reduced the chlorine content. In all cases the baths concerned were in full use at the time of sampling.

CARAVANS

Itinerants using caravans are either on the increase or are concentrating more within the West Midlands. Most of the people are engaged in the collection of scrap metal and use the ground adjacent to the caravan as a sorting place. When the caravanners move off the sites are very often left in a very unsatisfactory condition.

Efforts towards making it impossible for sites to be used have continued but with only partial success.

A total of 282 visits were made to unauthorised sites and again it was necessary in some cases to move the vans from the site physically before the occupants would go.

The itinerant caravanners are becoming a very real social problem which warrants careful thought with a view to a solution before it becomes any greater a problem than it now is.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

No 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, 1960**

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:

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

E. M. Tilsen, M.B., Ch.B., D.Obs., R.C.O.G., D.C.H.

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 Officers:

P. Stone, L.D.S., B.C.S.

*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.

1D. Clarke, M.A.P.H.I., Cert.S.I.B.

Inspector in Charge of Food Preparing Premises:

†F. L. Jones, M.A.P.H.I., Cert. S.I.B.

Additional Public Health Inspectors:

†N. Briggs, M.A.P.H.I., Cert. S.I.B.

J. T. Cope, 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:

R. P. G. Drew

Miss J. C. Trevis

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

Mrs. M. Allen, S.R.N., Q.D.N.I., S.C.M., H.V.s Cert.

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. F. Bridges, 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.

Mrs. M. Gwinnell, S.R.N., S.C.M., (Part 1) 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.

Miss G. B. White, S.R.N., S.C.M., (Part I) H.V.s Cert.

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

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

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

Student Health Visitors:

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

Miss M. H. Worton, S.R.N., S.C.M. (Part I)

Midwives:

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

Miss M. Atherley, 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.

Mrs. V. Stokes, S.R.N., S.C.M.

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

Maternity Nurse:

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

District Nurses:

Mrs. J. G. Handy, S.E.A.N.
 Mrs. M. J. Leatherbarrow, S.R.N.
 Mrs. E. Maher, S.R.N.
 Mrs. E. M. Nash, S.R.N.
 Mrs. V. Parres, S.R.N.
 Mrs. M. Setchfield, S.R.N.
 Mrs. E. Woodhouse, S.E.A.N.
 *Mrs. H. Darby, S.R.N.
 *Mrs. F. E. Jones, S.E.A.N.

Speech Therapist:

Vacant

Orthoptist:

*Mrs. A. A. Duggan

Chiropodist:

*Miss A. Caines

Clinic Nurse:

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

Nursing Auxiliary:

Mrs. I. D. Wall

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.
 *Mrs. F. M. Dunlop

Deputy Chief Welfare Officer:

G. T. Meredith

Senior Assistant Welfare Officer:

F. Dawson

Assistant Welfare Officers:

Miss U. J. Newman
 Vacant

Occupational Therapist/Handicrafts Instructor:

Mrs. M. M. Ashen

Staff at Old Peoples' Homes:

Matron—Miss I. McLennan	:	
Assistant Matron—Vacant		“Albert House”
Matron—Miss M. Radcliffe	:	
Matron's Assistant—Miss F. M. Cole		“The Woodlands”
Matron—Mrs. F. Madeley	:	
General Assistant—Mrs. E. E. Horton		“Primrose House”
Matron—Miss A. Hudson	:	
General Assistant—Mrs. M. McDonald		“Rose Cottage”
Matron—Vacant	:	
General Assistant—Miss E. E. Harris		“Lupin House”
Matron—Miss M. B. Lee	:	“Roseland House”

Mental Health Officer:

T. Tangney

Special Training Centre Supervisor:

Mrs. I. M. Cooper

Special Training Centre Assistants:

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
Mrs. S. Fradgley
*Mr. A. Mason

* Part-time

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

Young's Office
 Mr. J. B. [unclear]
 Mr. M. I. [unclear]
 Mr. J. [unclear]
 Mr. M. [unclear]
 Mr. [unclear]
 Mr. [unclear]
 Mr. [unclear]
 Mr. [unclear]
 Mr. [unclear]
 Mr. [unclear]
 Mr. [unclear]

Mr. [unclear]
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 Mr. [unclear]
 Mr. [unclear]

Mr. [unclear]
 Mr. [unclear]
 Mr. [unclear]
 Mr. [unclear]

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 Mr. [unclear]
 Mr. [unclear]

Mr. [unclear]
 Mr. [unclear]
 Mr. [unclear]

Mr. [unclear]
 Mr. [unclear]
 Mr. [unclear]
 Mr. [unclear]
 Mr. [unclear]

Mr. [unclear]
 Mr. [unclear]
 Mr. [unclear]

