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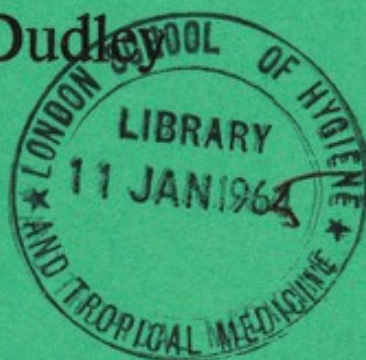


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County Borough of Dudley



HEALTH AND WELFARE SERVICES

1963





COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

PRINCIPAL SCHOOL MEDICAL OFFICER

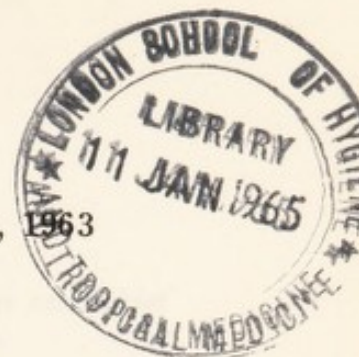
CHIEF WELFARE OFFICER

G. M. REYNOLDS, M.B., B.Ch., B.Sc., D.P.H.

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Constitution of Committees as at 31st December, 1963



HEALTH COMMITTEE

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

The Deputy Mayor Alderman F. T. Webb (*Vice-Chairman*)

The Mayor	Councillor R. C. S. Fowler
Alderman T. E. Bennett	Councillor J. Glazebrook
Alderman G. B. Norton	Councillor C. Homer
Alderman C. N. Preedy	Councillor M. F. O'Shaughnessy
Councillor Mrs. B. M. Baker	Councillor Mrs. R. E. Wakeman
Councillor J. J. Curley	

(Members of the Council)

Dr. J. H. Haldane	} 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 G. Beech (*Chairman*)

Alderman C. N. Preedy (*Vice-Chairman*)

The Mayor	Councillor G. W. A. Griffiths
The Deputy Mayor	Councillor E. Morris
Alderman Dr. F. G. Lewis	Councillor J. G. Rowley
Alderman G. B. Norton	Councillor T. H. Tromans
Councillor J. L. Billingham	Councillor Mrs. R. E. Wakeman

(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 Miss M. E. Moss
The Deputy Mayor	Councillor J. G. Parker
Alderman T. E. Bennett	Councillor J. W. R. Roe
Alderman J. H. Molyneux	Councillor J. G. Rowley
Alderman J. C. Price	Councillor Mrs. B. M. Trigg
Councillor G. Beech	Councillor Mrs. R. E. Wakeman
Councillor G. W. A. Griffiths	Councillor F. J. Williams
(Members of the Council)	

Miss M. B. Ambrose	Rev. M. McManus
Mrs. D. Chambers	Rev. R. C. Stevens
Mrs. G. B. Norton	Mr. A. Horridge
Rev. R. Berry	

(Co-opted Members)

SCHOOL MANAGEMENT AND MEDICAL SUB-COMMITTEE

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

The Mayor	Councillor J. G. Parker
The Deputy Mayor	Councillor J. W. R. Roe
Alderman T. E. Bennett	Councillor Mrs. B. M. Trigg
Alderman J. C. Price	Councillor Mrs. R. E. Wakeman
Councillor G. W. A. Griffiths	Councillor F. J. Williams
Councillor Miss M. E. Moss	

(Members of the Council)

Rev. R. Berry	Rev. R. C. Stevens
Rev. M. McManus	Mr. A. Horridge

(Co-opted Members)

STAFF

Medical Officer of Health, Principal School Medical Officer and Chief Welfare Officer:

G. M. Reynolds, M.B., B.Ch., B.Sc., D.P.H.

Senior Assistant Medical Officer of Health:

M. Kerrigan, B.A., 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.

(Resigned 28-2-63)

M. J. McNulty, M.B., B.Ch., B.A.O.

A. J. Wood, M.B., B.S. (Commenced 1-3-63).

*R. M. Brown, M.B., Ch.B., D.R.C.O.G.

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:

J. M. Waddams, L.D.S., R.C.S., B.D.S. (Commenced 14-1-63).

*P. J. Brickett, L.D.S.

*A. D. Oliver, L.D.S., B.D.S. (Resigned 22-6-63).

*P. K. G. Fradgley, L.D.S., R.C.S. (Commenced 18-3-63).

*Miss J. H. Caswell, B.D.S., L.D.S., R.C.S.

(Commenced 14-6-63, Resigned 9-8-63).

*W. R. Turner, L.D.S., R.C.S. (Commenced 15-7-63).

*J. Charlton, L.D.S., R.C.S. (Commenced 9-7-63).

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.

†D. Clarke, M.A.P.H.I., Cert. S.I.B.

†N. Briggs, 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.

Assistant Cleansing Superintendent:

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

Additional Public Health Inspectors:

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

†C. D. Whitehouse, M.A.P.H.I., Cert. S.I.B.

Pupil Public Health Inspectors :

R. P. G. Drew

Miss J. Trevis

Non-Medical Supervisor of Midwives:

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

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

(Resigned 28-2-63).

Mrs. M. Gwinnell, S.R.N., S.C.M., (Part 1) H.V.s Cert.

Mrs. M. H. Hinchliffe, S.R.N., S.C.M. (Part I) 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.

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

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

*Mrs. E. E. Turner, 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.

Domiciliary Midwives:

Mrs. A. Arnold, S.R.N., S.C.M.
 Miss M. Atherley, S.R.N., S.C.M.
 Miss E. F. Brightman, S.R.N., S.C.M.
 Mrs. C. M. Cody, S.R.N., S.C.M.
 Miss E. Gray, S.R.N., S.C.M. (Resigned 30-9-63).
 Miss D. M. Hancox, S.R.N., S.C.M.
 Mrs. M. Plant, S.E.N., S.C.M. (Commenced 1-7-63).
 Mrs. V. Stokes, S.R.N., S.C.M.
 Mrs. K. Walsh, S.C.M.

District Nurses:

Mrs. H. Darby, S.R.N.
 Mrs. J. G. Handy, S.E.N.
 Mrs. M. J. Leatherbarrow, S.R.N.
 Mrs. E. M. Nash, S.R.N.
 Mrs. V. Parres, S.R.N.
 Mrs. M. Setchfield, S.R.N.
 Mrs. L. M. Ward, S.R.N. (Resigned 30-9-63).
 Mrs. E. Woodhouse, S.E.N.
 *Mrs. F. Jones, S.E.N. (Resigned 30-9-63).
 *Mrs. J. M. Jasper, S.R.N. (Resigned 31-12-63).
 *Mrs. M. Skupien, S.E.N. (Commenced 7-10-63).

Speech Therapist:

Miss A. F. Davidson

Orthoptist:

*Mrs. A. M. Duggan

Chiropodist:

*Mrs. A. Shufflebotham (Resigned 8-3-63).
 oMiss J. Fraser (Commenced 16-9-63).

Physiotherapist (by arrangement with Regional Hospital Board):

Mrs. K. Price

Clinic Nurse:

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

Nursing Auxiliaries:

Mrs. I. D. Wall
 Mrs. E. M. Webster, S.E.N.

Domestic Help Supervisor:

Mrs. E. H. Taylor

Dental Surgery Assistants:

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

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

*Miss D. B. Johnson (Commenced 16-1-63).

*Mrs. M. Waddams (Commenced 13-3-63, Resigned 5-7-63).

*Mrs. I. Strathearn (Commenced 3-7-63).

Deputy Chief Welfare Officer:

G. T. Meredith, A.I.S.W. (Resigned 31-10-63).

I. A. Connor, B.Sc. (Econ.) (Commenced 1-12-63).

Senior Social and Mental Welfare Officer:

J. Berry

Social and Mental Welfare Officers:

J. A. Keen, R.N.M.S. (Resigned 31-8-63).

Miss M. Phillips, R.M.N.

A. Cook (Resigned 31-7-63).

J. Houghton (Commenced 1-1-63).

E. Bitson (Commenced 2-9-63).

E. J. Walker, S.R.N., S.R.M.N. (Commenced 1-11-63).

Welfare Assistant:

M. J. Brooker (Commenced 29-4-63).

Occupational Therapist/Handicrafts Instructor:

Mrs. M. M. Ashen

Home Teacher for the Blind:

K. Hancox

Staff at Old Peoples' Homes as at 31st December, 1963:

Matron—Miss M. I. McLennan

Assistant Matron—Mrs. A. Leishman : "Albert House"

Matron—Miss F. M. Cole

Assistant Matron—Mrs. M. Rivers : "The Woodlands"

Matron—Miss E. E. Horton :

General Assistant—Miss L. I. Porter : "Primrose House"

Matron—Miss W. M. Farrow

(Resigned 31-12-63) : "Rose Cottage"

Matron—Miss E. E. Harris : "Lupin House"

Matron—Miss M. B. Lee, S.E.N. : "Roseland House"

Matron—Mrs. N. J. Hinkley, S.R.N.,
B.T.A.

Assistant Matron—Mrs. S. W. Archer : "Lawnwood House"

Special Training Centre Supervisor:

Mrs. I. M. Cooper

Special Training Centre Assistants:

Miss P. H. Kear

Miss M. Robinson

Mrs. A. Oldham

Miss J. E. Ball

Special Training Centre—Handicrafts Instructor:

B. J. Juggins

*Clerical Staff:**Administrative Assistant:*

J. W. Trinder, A.R.S.H., A.R.I.P.H.H.

General Health:

K. Rawlings, Senior Clerk

Miss I. Richards, Senior Female Clerk

G. H. Darby

Mrs. I. Pritchard (Resigned 8-12-63).

Mrs. D. Jones (Resigned 31-7-63).

Miss V. Meredith (Commenced 2-9-63, Resigned 15-12-63).

Mrs. O. Atha (Commenced 2-12-63).

Miss J. Darby (Commenced 17-12-63).

Welfare Foods Distribution:

*Mrs. G. Crew

*Mrs. I. Lewis

*Mrs. I. Pritchard (Commenced 9-12-63).

Sanitary Section

Mrs. M. Bennett

Mrs. B. Evans

Miss J. Rippin (Resigned 30-9-63).

G. W. Thomas

Miss J. Forrest (Commenced 12-9-63).

R. Brown (Commenced 9-12-63).

School Health Section:

R. Woolley, Senior Clerk

Miss M. Mayer

Mrs. O. Baker

Mrs. M. Smith (Resigned 30-11-63).

Miss M. Bowen

Mrs. A. Gwilliam

Miss D. Williams (Resigned 31-10-63).

Miss G. Hackett (Commenced 28-10-63).

Miss M. Robinson (Commenced 25-11-63).

Welfare Section:

Mrs. M. McCartney

Mrs. G. O. Jones (Resigned 21-7-63).

A. Mason

Miss A. E. Hardcastle

Mrs. B. M. Sanders

Miss E. R. Hodgman (Commenced 11-7-63).

*Mrs. D. Collins

* Part-time

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

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 on the work of the Health, Welfare and School Health Services for the year 1963.

Although the Health Committee planned to build a new Junior and Adult Training Centre for the mentally handicapped it was frustrated in its attempts by the uncertainty over the extension of boundaries. The building at present occupied is overcrowded and unsuitable but until it is known whether the population will remain at 64,000 or increase to 180,000 plans for building the new Centre cannot be made. This is doubly unfortunate because the delay not only has an unsettling effect on the staff who compare the building in which they work with other new Training Centres in the area, but the scope of the work carried out at the Centre, especially in the adult section, is restricted because of lack of room and facilities. Despite these difficulties the high standard of teaching at the Centre continued because of the enthusiasm of the Supervisor and her staff.

It has always been the practice of the Department to encourage expectant and nursing mothers and children under five years of age to avail themselves of the priority dental services provided at the clinics. It was decided this year to invite the parents of three year old children to bring them along for dental inspection. 142 attended but it was not possible to extend the scheme further due to changes in staff.

Netherton Infant Welfare Clinic was transferred to the old school building at Brewster Street which was adapted and redecorated for this purpose. The need for these facilities was soon shown by the increased attendance of mothers and children, and it became necessary towards the end of the year to provide a second weekly session because of the demand.

Difficulties were experienced in obtaining suitable members of staff to fill vacancies in the three nursing services and especially was this so in the health visiting service. For many months it was not possible to appoint even a trainee health visitor. To try to overcome these difficulties some changes in duties were arranged and three advisers, appointed from among the existing staff, concentrated on health education and child care.

There are 11,000 pupils attending schools in Dudley of whom 3,350 were medically examined during the year at periodic inspections. Of these, 311 were found to have conditions requiring treatment and a further 1,004 required observation. That is to say that 9% of children attending school required treatment for conditions which would otherwise have remained undetected until symptoms became severe enough for the family doctor to be consulted.

During the year two pupils were recommended for admission to a Residential Special School. Great care is taken in making these recommendations and it is only when it is considered to be in the child's best interests that special educational treatment of this kind is advised. All the children return home to their parents during the school holidays and during this time they are re-examined so that their condition is reviewed three times a year.

For the first time protection against tuberculosis was offered at the Teachers' Training College and all those students to whom this offer was made were Heaf tested and either X-rayed or vaccinated. This offer was also made to 1,429 school children and consents were received for 1,150. As a result of this testing, vaccination was carried out in 983 cases and the remaining 189 pupils were seen at the Chest Clinic. No new cases of tuberculosis were discovered by this procedure but during the year there were, unfortunately, seven new cases of tuberculosis notified in school children.

One disquieting feature of the report is that a large number of children are referred for examination because of long absences from school and it was found that out of a total of 50 children examined 35 were found fit to attend school full-time, and that there was no justification for their being away. These children are not under medical care and are absent from school with the knowledge of their parents. A number of them are found to be girls approaching school leaving age who feel that it is no longer necessary for them to attend school.

In the section of the report on the environmental circumstances of the town it will be seen that in the post-war years, 2,933 houses have been condemned. Of these 213 were dealt with during the year. This, in addition to being a major work of clearance, has probably done more to improve the wellbeing of the citizens of Dudley than any other single project, and the work done by Mr. Parker and his staff of inspectors deserves to be recognised as a considerable contribution to the health of the town.

There can be few other Authorities who are as well placed as Dudley in having an adequate number of places in modern Homes to meet the needs of the elderly and infirm who require residential accommodation. There is no waiting list for admission and because of this favourable position it has been possible to increase the number of residents admitted for temporary periods. During the year 18 old people were admitted for a fortnight to allow their relatives to have a much needed holiday.

There were a number of staff changes during the year. Dr. Granville who had been with the Authority for three and a half years left and was replaced by Dr. Wood, who came to work in the Department from general practice. Mr. G. T. Meredith who had been Deputy Chief Welfare Officer since 1955 was appointed to the post of Chief Welfare Officer, City of Norwich and was succeeded by Mr. I. A. Connor, Welfare Officer, City of Belfast. In addition two of the Social and Mental Welfare Officers left to work with other Authorities. After 11 years Mrs. Cox resigned her position as

health visitor and Mrs. Jones, part-time district nurse, retired after serving with the Badley Nursing Association and the Local Authority for a similar period. There were other changes among the nursing and clerical staff.

I would like to thank the Council and members of the Health, Welfare and Education Committees for their support and encouragement and also the staff of the Department who gave loyal service during a particularly busy year.

I have the honour to be Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

G. M. Reynolds.

Medical Officer of Health.

The Council House,
Dudley.

Telephone No. : Dudley 55433.

VITAL STATISTICS

Population—Registrar General's estimate, 1963	....	64,110
Rateable Value (at 1st April, 1964)	....	£2,702,411
Estimated Product of 1d. Rate (1963/64)	....	£10,825

LIVE BIRTHS:

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	526	533	1059
Illegitimate	48	48	96
	<hr/> 574	<hr/> 581	<hr/> 1155

Rate per 1,000 population 17.82
*(18.2)

Illegitimate Live Births per cent of total live births 8.3

STILLBIRTHS:

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	11	14	25
Illegitimate	2	1	3
	<hr/> 13	<hr/> 15	<hr/> 28

Rate per 1,000 total live and still births 23.66
*(17.2)

TOTAL LIVE AND STILLBIRTHS:

<i>M.</i>	<i>F.</i>	<i>Total</i>
587	596	1183

INFANT DEATHS (Deaths under year:)

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	9	14	23
Illegitimate	2	—	2
	<hr/> 11	<hr/> 14	<hr/> 25

INFANT MORTALITY RATES:

Total infant deaths per 1,000 total live births 21.64
*(21.1)

Legitimate infant deaths per 1,000 legitimate live births 20.7

Illegitimate infant deaths per 1,000 illegitimate live births 20.83

Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) 13.85
*(14.2)

Early neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births) 8.65

Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births) 44.8
*(29.3)

Maternal Mortality (including abortion)

Deaths 1
Rate per 1,000 total live and still births .84

DEATHS:

	<i>M.</i>	<i>F.</i>	<i>Total</i>
	403	307	710
DEATH RATE per 1,000 population			13.94
			*(12.2)

*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	7	1	8
2	Other forms of Tuberculosis	—	—	—
3	Syphilitic Diseases	—	—	—
4	Diphtheria	—	—	—
5	Whooping Cough	—	—	—
6	Meningococcal Infections	—	—	—
7	Acute Poliomyelitis	—	—	—
8	Measles	—	—	—
9	Other Infective and Parasitic Diseases	—	1	1
10	Malignant Neoplasm, Stomach	17	4	21
11	Malignant Neoplasm, Lungs, Bronchus	31	6	37
12	Malignant Neoplasm, Breast	—	12	12
13	Malignant Neoplasm, Uterus	—	4	4
14	Other Malignant and Lymphatic Neoplasms	32	23	55
15	Leukaemia	3	—	3
16	Diabetes	1	3	4
17	Vascular Lesions of Nervous System	42	46	88
18	Coronary Disease, Angina	86	47	133
19	Hypertension with Heart Disease	11	8	19
20	Other Heart Diseases	39	46	85
21	Other Circulatory Disease	10	26	36
22	Influenza	1	2	3
23	Pneumonia	28	12	40
24	Bronchitis	42	11	53
25	Other Diseases of Respiratory System....	4	—	4
26	Ulcer of Stomach and Duodenum	6	1	7
27	Gastritis, Enteritis and Diarrhoea	1	4	5
28	Nephritis and Nephrosis	1	1	2
29	Hyperplasia of Prostate	2	—	2
30	Pregnancy, Childbirth, Abortion	—	1	1
31	Congenital Malformations	5	6	11
32	Other defined and ill-defined diseases....	15	29	44
33	Motor Vehicle Accidents	8	5	13
34	All other Accidents	6	4	10
35	Suicide	5	3	8
36	Homicide and Operations of War	—	1	1
		403	307	710

DEATHS

There were 710 deaths during the year giving a death rate of 13.94 compared with the national rate of 12.2.

The five commonest causes of death were as follows:

Coronary Disease, Angina	133
Vascular Lesion of the Nervous System	88
Other Heart Diseases	85
Bronchitis	53
Malignant Neoplasms, Lungs and Bronchus	37

The number of deaths attributable to heart disease again increased and these together with deaths due to all forms of cancer accounted for over half the total deaths. Twenty three deaths, slightly less than in 1962, were due to motor vehicle or other accidents. There were eight suicides. One maternal death was investigated and a report submitted to the Ministry of Health.

BIRTH RATE

Notifications were received for 1,059 legitimate live births and 96 illegitimate live births both being an increase on the 1962 figures for the Borough.

INFANT MORTALITY AND STILLBIRTHS

There were 25 infant deaths under one year giving an Infant Mortality Rate of 21.64 compared with 27.92 for the previous year. The stillbirth rate of 23.66 was also down on the previous year but still well above the national average with a rate of 17.2.

PREMATURE INFANTS

During the year there were 92 premature live births and 14 premature stillbirths. Of the live births 75 were born and nursed entirely at home and five born at home were later transferred to hospital. 84 of the 92 satisfactorily survived the first 28 days.

INFECTIOUS DISEASE

The following table shows the incidence of infectious disease notified during 1963:

				<i>Numbers Notified</i>		<i>Admitted to Hospital</i>
				<i>M.</i>	<i>F.</i>	
Scarlet Fever	....	....	....	8	6	1
Whooping Cough	....	....	....	14	17	2
Measles	....	....	....	372	389	7
Pneumonia	....	....	....	6	5	—
Dysentery	....	....	....	3	2	2
Puerperal Pyrexia	....	....	....	—	1	1
Poliomyelitis	....	....	....	—	1	1
Food Poisoning	....	....	....	5	6	4
Encephalitis (Acute)	....	....	....	1	1	2
Meningitis	....	....	....	1	3	4

The usual biennial increase in measles occurred during the year. One case of poliomyelitis was notified in a school child aged 5 years. Precautionary measures were taken with regard to contacts including the administration of oral vaccine to members of the patient's family. Fortunately no other cases occurred and the child, who was admitted to Moxley Hospital, had no residual paralysis.

TUBERCULOSIS

The number of notifications of tuberculosis received in the last five years was as follows:

				<i>Pulmonary</i>	<i>Non- Pulmonary</i>	<i>Total</i>
1963	....	....	....	39	4	43
1962	....	....	....	35	5	40
1961	....	....	....	46	4	50
1960	....	....	....	38	4	42
1959	....	....	....	45	1	46

The following table gives further details of the new notifications:

NEW CASES NOTIFIED

<i>Age Groups</i>	0—	1—	5—	15—	45—	65—	<i>Total (all ages)</i>
Pulmonary:							
Males	—	2	5	12	9	3	31
Females	—	—	2	5	1	—	8
Non-Pulmonary:							
Males	—	—	—	1	—	—	1
Females	—	—	—	—	2	1	3

In 1963 there were in addition to the 43 new cases, a further 10 notifications of tuberculosis occurring in patients diagnosed as having the disease in another area who then moved into the Borough to live. There were eight outward transfers.

Of the new notifications, five were of tuberculosis occurring in Asian immigrants as were three of the 10 inward transferred notifications. Most of the Asians are not integrated into the society in which they live but they form small separate communities with little contact other than at work. They also live in houses in multi-occupation. Both these factors would favour the spread of the disease within their own community. Contact tracing is complicated by language difficulties and because many of them are employed on shift work it is also difficult to arrange an interview without frequent visiting. A compulsory chest X-ray at the country of origin or at the port of entry so that early diagnosis and treatment can be arranged would seem to be a worthwhile preventive measure.

The number of persons on the register on the 31st December is given for the last 5 years:

	<i>Pulmonary</i>	<i>Non-Pulmonary</i>	<i>Total</i>
1963	430	38	468
1962	440	34	474
1961	488	63	551
1960	515	60	575
1959	535	56	591

The following is an analysis of deaths due to tuberculosis:

<i>Age Groups</i>	0—	1—	5—	15—	45—	65—	<i>Total (all ages)</i>
Pulmonary:							
Males	—	—	—	1	4	2	7
Females	—	—	—	1	—	—	1
Non-Pulmonary:							
Males	—	—	—	—	—	—	—
Females	—	—	—	—	—	—	—

In addition six patients on the register died from other causes.

Eleven patients were given free milk.

The Radiography Unit centred at Dudley was closed in March and the staff transferred to Wolverhampton. The same clinical facilities were, however, still available at Priory Road and the clinic was open for X-rays after mid-day on Thursdays.

No report on tuberculosis would be complete without an acknowledgment of the ready help and co-operation of Dr. A. W. B. Macdonald, to whom I am most grateful for all the assistance he has given to the Department throughout the year.

PUBLIC HEALTH LABORATORY

As always the Director and his staff have continued to give their advice and co-operation whenever needed.

FOOD POISONING

There were no outbreaks of food poisoning which were brought to the notice of the Department but eleven individual cases were notified and investigated to prevent the spread of infection. There were no deaths.

VENEREAL DISEASE

The number of cases occurring during the last three years was as follows:

	1963	1962	1961
Syphilis	11	11	12
Gonorrhoea	18	22	28
Non-Venereal and undiagnosed conditions	111	96	110

These figures are provided by Dr. Mayou, Venereologist at the Treatment Centre, Guest Hospital.

As will be seen the figures do not indicate any increase in this problem in Dudley. It is of course, the Hospital Management Committee's responsibility to arrange treatment but the Local Health Authority health visitors do, when requested, follow up defaulting female patients. Similar work concerning male patients is done by the Hospital Management Committee staff. The special clinic is held at the Guest Hospital, Tipton Road, Dudley, and is open at the following times:

Monday to Friday:	9-0 a.m.—12-30 p.m. 3-30 p.m.— 6-30 p.m.
Saturday:	9-0 a.m.—12 noon.
Sunday:	10-0 a.m.—11-0 a.m.

Information about venereal disease is not always easy to present to the general public. From time to time notices are posted in public lavatories but these are soon defaced or destroyed. A few years ago we provided, at some expense, plastic notices which were very difficult to deface. Only a few weeks elapsed, however, before they were levered from the walls and destroyed. The position now is that at frequent intervals new notices are displayed on the walls of public lavatories giving details of the place and times of the special clinic.

NATIONAL HEALTH SERVICE ACT, 1946.

CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL CLINICS

Four clinics staffed by midwives only were held weekly, and to avoid unnecessary waiting expectant mothers were seen by appointment. After booking, arrangements were made for a home visit to be carried out by the midwife. The patients was then seen once a month for the first 28 weeks, every fortnight until the 36th week and after that weekly until the baby was born. When necessary examinations were carried out more frequently than this. Attendances at the clinics were as follows:

Number of expectant mothers	534
Total attendances	2,229
Number of clinic sessions	201

During the year vitamins were made available for the first time at the clinics and 1,732 bottles of orange juice, 650 packets of vitamin A & D and a very small quantity of cod liver oil were sold.

In Circular 2/63 the Ministry of Health again drew attention to the standard co-operation record cards for maternity patients. The introduction of such a card on a national basis was recommended by the Cranbrook Committee and although its adoption was left for local decision the Minister expressed the hope that in due course it would be used generally. This matter was discussed at a meeting of the Local Medical Committee when it was decided that the card should be made available to all general practitioners. The main purpose of the card is to ensure that each member of the obstetric team is fully aware of the attention given to the patient by other members of the team. It is not intended to be a complete record of the patient's clinical history or a substitute for the doctor's, midwife's or hospital's records. Supplies of the card are available from the Health and Welfare Department and through the Local Executive Council Office. Most of the doctors used the card and the only difficulty which arose in this attempt to improve the service by an exchange of information was when the patient herself was unhelpful and left the card at home.

RELAXATION CLASSES

There was a general review of the programme carried out at these classes and as a result a new syllabus of lectures and demonstrations was introduced. The midwives and health visitors share the responsibility for the work and the expectant mothers get to know both nurses on whom she has to rely during her pregnancy and afterwards when she has the responsibility of caring for a baby. The following are the figures of attendances at the clinics:

Number of attendances.....	930
Number of mothers attending:	
(a) Hospital booked	83
(b) Domiciliary booked	111
Total	194

BLOOD TEST CLINICS

Special sessions were held on alternate weeks at the Central and Dudley Wood Clinics when blood specimens were taken for testing. A total of 454 mothers attended and a further 76 were recalled for repeat examination of blood. Other patients not seen at the clinic were referred to the Dudley Guest Hospital by general practitioners.

Reports on haemoglobin estimation showed the following results:

<i>Hb</i>	<i>No. of Mothers</i>
Less than 65%	6
65—69%	14
70—84%	279
85% and over	125

Copies of all reports were sent to general practitioners so that they were fully informed of the results of all the investigations carried out.

X-RAYS

Appointments were made for 179 expectant mothers to attend the Chest Clinic for X-ray but 50 failed to keep their appointments. No patient was diagnosed as having tuberculosis.

MATERNITY OUTFITS

These packs are issued to all mothers having a home confinement and during the year 388 were distributed. A smaller pack is given when the mother and baby are discharged home after delivery in hospital.

CARE OF UNMARRIED MOTHERS

The Worcestershire Diocesan Association for Moral Welfare Work makes arrangements for the care of unmarried mothers. The Local Health Authority makes an annual grant and in addition helps with the maintenance of unmarried expectant mothers from the borough. During 1963 the Authority was responsible for the maintenance of nine unmarried expectant mothers in Mother and Baby Homes. Of these, seven were single women, one was divorced and one was separated from her husband.

INFANT WELFARE CLINICS

449 infant welfare sessions were held during the year and the total number of children up to the age of 5 years attending was 2,398. Attendances made by children showing the year of birth are set out below:

	<i>Total Attendances</i>
Born in 1963	7,956
Born in 1962	6,754
Born in 1958-61	2,881
	<hr/> 17,591 <hr/>

Work was completed at the Brewster Street School premises and the infant welfare clinic transferred there from Netherton Art Centre in January. The Brewster Street premises are much more suitable for clinic purposes and in the latter part of the year it became necessary to start a second weekly session to cope with the numbers attending. This now means that all five clinics have two infant welfare sessions weekly, one of which is normally attended by a medical officer and the other by a health visitor only.

WELFARE FOODS

Because of the continued decrease in the sale of orange juice, cod liver oil and National Dried Milk, which first commenced when prices were increased by the Ministry of Health in 1962, the hours of distribution of foods from the Centre at the Old Police Buildings were again reduced. These foods are, however, also available at all the five clinics during infant welfare sessions.

FAMILY PLANNING CLINIC

This valuable work continued to expand with an increasing number of people availing themselves of the service afforded. It is probable that in the coming year it will be necessary for the Family Planning Association to hold a second session in another part of the town. Permission for them to use the Central Clinic was given last year although it was not subsequently found possible for the Association to go ahead at that time with the planned expansion of their activities. The Local Authority make a grant towards the Association's work in addition to providing premises free of charge.

DENTAL CARE

Two new measures were introduced during the year to encourage expectant and nursing mothers and children under five to receive dental treatment. An evening session was held at the Central Clinic when expectant mothers were invited to attend, and a letter was sent to the parents of three year old children inviting them to bring their children to the clinic for dental examination or advice. 502 such invitations were sent out and 142 children attended.

The following table shows the work done during 1963:

	<i>Expectant and Nursing Mothers</i>	<i>Children under 5 years</i>
Numbers provided with dental care:		
(i) Examined	199	270
(ii) No. of persons who commenced treatment during the year....	187	163
(iii) No. of courses of treatment completed during the year....	84	103

*Expectant and Children
Nursing Mothers under 5 years*

Forms of dental treatment provided:

(i) Extractions	....	....	226	182
(ii) Fillings	....	....	117	135
(iii) Scalings and gum treatment			42	—
(iv) Silver Nitrate Treatment	....		6	77
(v) Dentures provided	....		42	—
No. of administrations of Nitrous-oxide for extractions	....	....	34	51
No. of dental X-rays	....	....	7	—

OPHTHALMIC CLINIC

*Children
under 5 years*

Errors of Refraction (including squint)	....	....	79
External and Other	....	....	19
		Total	98
Spectacles prescribed	....	....	21

ORTHOPAEDIC CLINIC

Massage:

Number treated	....	....	....	....	84
Total treatments	....	....	....	....	343

Orthopaedic:

Seen by Surgeon	....	....	....	....	161
New Cases	....	....	....	....	44
Total Attendances	....	....	....	....	200

U.V.L. CLINIC

Children treated	....	....	....	....	5
Total Attendances	....	....	....	....	15

EAR, NOSE AND THROAT CLINIC

Number seen by E.N.T. Consultant	....	....	10
Referred for operative treatment	....	....	10

MIDWIFERY

During the year ten midwives notified their intention to practice, all of them being employed by the Local Authority as there are no maternity homes or hospital maternity units in the Borough. One midwife attended a refresher course in London and another attended the Parentcraft and Relaxation Course at Preston.

The establishment of nine midwives was only one short at the end of the year and in this respect Dudley was most fortunate. For the first time a full-time midwife was appointed to undertake maternity nursings only. This was found to be a very satisfactory arrangement as she was able to nurse the increasing number of mothers discharged early from hospital and also to relieve a midwife who had been on duty during the night from some of her routine work. A more satisfactory rota of off-duty was established which was welcomed by the staff.

Miss Snelling, Education Officer of the Central Midwives' Board, visited the Department in May and carried out an inspection of the work and teaching of pupil midwives. She expressed her satisfaction with the arrangements and the standard of work being done. There are five teaching midwives and during the year eleven pupil midwives received their Part II District Midwifery Training. All were successful in qualifying.

There were 1,150 confinements in 1963 compared with 1,120 the previous year and of these 367 took place at home. Although this was again a reduction in the number of mothers delivered by the domiciliary midwives their work has not lessened correspondingly, as mothers are now being discharged from hospital earlier than before.

The following table gives a summary of all hospital discharges notified to the Department before the tenth day.

	1962	1963
24 hours after delivery	7	12
2 days after delivery	43	33
3 days after delivery	25	33
4 days after delivery	24	29
5 days after delivery	5	17
6 days after delivery	8	47
7 days after delivery	21	123
8 days after delivery	93	193
9 days after delivery	125	54
10 days after delivery	18	8
	<hr/> 369	<hr/> 549

A number of mothers who have their babies in hospital are admitted for social reasons, the selection being made by a member of the staff of the Hospital Management Committee on a written application made by the mother. Only in cases of difficulty are any reports on the home conditions submitted by the Supervisor of Midwives.

Seventeen women were transferred to hospital during labour, the majority being primiparae. They were transferred for the following reasons:

Delay in the first stage of labour	7
Breech Presentation	3
Threatened Abortion	1
Prematurity	1
Post-Maturity	1
Ante-partum Haemorrhage	2
Other Causes	2

ANALGESICS AND DRUGS

The Minnit Gas and Air Machines are gradually being withdrawn from use and replaced by Trilene Inhalers of which we now have seven.

Syntometrine was introduced and the midwives use this under the direction of the general practitioner. All the midwives were thoroughly instructed in its use according to the Rules of the Central Midwives' Board.

MEDICAL AID

During the course of their work midwives submitted medical aids in respect of mothers and babies and the following table gives a summary of the work done.

(a) In Pregnancy:		(c) Puerperium:	
Antepartum		Retained placenta	1
Haemorrhage	15	Mastitis	5
Malpresentation	24	Puerperal Pyrexia	3
Hypertension	40	Thrombosis of Leg	2
Breech Presentation	23	Abortion	4
Multiple Pregnancy	1	Others (colds, etc.)	12
Gonococcal Infection	5	(d) For Infants:	
Toxaemia	8	Ophthalmia	
Post-maturity	21	Neonatorum	48
Poor social conditions	10	Premature	
Other conditions	19	Birth/Debility	4
(b) During Labour:		Convulsions	1
Difficult and prolonged labour	34	Congenital	
Foetal distress	12	Malformations	6
Postpartum		Jaundice	3
Haemorrhage	9	Umbilical Infection	1
Perineal lacerations	79	Inflamed Breasts	1
Premature labour	1	Skin eruptions	3
Other	1	Unsatisfactory conditions	27
		Other Causes	3

EMERGENCY CALLS

There were no occasions on which it was necessary for the general practitioner or the midwife to call the "Flying Squad."

HEALTH VISITING

The establishment of health visitors remained unchanged but unfortunately because of a previous vacancy and a further one caused by a resignation, the number of health visitors actually employed was only 12 for the greater part of the year. The posts were frequently advertised, but there were no suitable applicants and it is apparent that with further resignations due to retirements in the near future the only way to maintain the health visiting strength is to recruit suitably qualified and experienced nurses who are willing to undertake their health visiting training at Birmingham.

Three members of the staff were nominated Group Adviser, one to be responsible for co-ordinating health education activities, one to attend the Paediatric Clinic to establish an even closer co-operation with the Guest Hospital, and the third to be the recognised deputy in the absence of the Superintendent Health Visitor.

At the kind invitation of the Medical Officer of Health of Birmingham eleven health visitors attended the two-day Course in Health Education. One health visitor attended the Summer School at Cambridge and one the Autumn School at Leicester. In addition, Miss Bennett attended the biennial Refresher Course for Superintendent Health Visitors.

The important work of early detection of deafness in children is undertaken by health visitors, six of whom have received special training at Manchester University and the Institute of Laryngology and Otology, London to enable them to do this work. The parents of children aged 7 months are invited to have this test carried out. No deafness was detected in an infant at that age.

In addition health visitors undertake the routine screening of babies for phenylketonuria. On the advice of the Ministry of Health two tests were introduced, one to be carried out about the 10th—14th day of life, and one later, preferably between the 4th and 6th week. 1,082 children were tested and no-one was found to have this rare error of metabolism.

The health visitors work from one central and four peripheral clinics. The premises at the Art Centre in Netherton have always been unsatisfactory and on returning to the modernised building at Brewster Street it is felt that the amount of work carried out at the clinic will increase.

Visits made by health visitors during the year to children and tuberculous households are shown below:

	<i>Cases</i>	<i>Visits</i>
Children born in 1963	1,193	4,671
Children born in 1962	1,183	5,014
Children born in 1958-61	2,455	7,500
Tuberculous households	346	624

Student Health Visitors from the Course at Birmingham have attended the Department on visits of observation and nurses from the Guest Hospital, Dudley have continued to attend to obtain some insight into the work of the domiciliary nursing services.

NURSING SERVICE

At the end of the year there were seven full-time and two part-time nurses engaged on general nursing duties which was an increase of one in the establishment. There were some difficult periods during the year for with the award of an additional week's annual leave, the unfortunate prolonged illness of one of the members of the staff and staff changes, the burden of the district nurses work was increased greatly.

Nurse Parres attended the West Midland District Nurse Training Course and obtained the National Certificate in District Nursing. We then had five fully trained district nurses on the staff.

MARIE CURIE DAY AND NIGHT SERVICE

This service was introduced in September. Although only one auxiliary nurse was appointed, the service met a real need and helped to relieve pressure on the home nursing staff. The Marie Curie Memorial Foundation accepts entire financial responsibility for the cost of this service, the Local Health Authority merely acting as its agent in administering the scheme which is designed to deal only with cancer patients. Ten patients were attended.

BATH ATTENDANT SERVICE

Members of the St. John Ambulance Association continued to assist in the bathing of elderly people in the Netherton area, and I would again like to record our appreciation of this valuable service. Towards the end of the year steps were being taken to employ a part-time bath attendant to relieve the home nurses of some of this work which can be undertaken by less highly trained staff.

LAUNDRY SERVICE

Final arrangements for the introduction of this service for incontinent patients were made with a view to its introduction early in the new year.

Although the majority of cases attended were elderly patients there were indications during the year that some acutely ill surgical and medical cases were being discharged from hospital to the care of the domiciliary service. There were seven mothers and babies nursed at home by district nurses for such conditions as post-operative caesarean section, puerperal pyrexia and miscarriages. Children under 5 years of age accounted for a total of 254 visits. Patients with tuberculosis was the one exception where both cases and visits were reduced. There were 713 visits compared with 951 for the previous year, and the number of patients visited was 12, the lowest recorded since 1956. The number of old people nursed at home showed a slight increase. There were 382 as compared with 327 in 1962. These elderly patients make more demands upon the nurses as they require more help with washing, changing and greater attention to pressure areas.

Disposable equipment is gradually being introduced into the service. Although it is expensive it saves a considerable amount of time for the district nurses and it eliminates some of the rather primitive techniques associated with district practice. The use of disposable syringes and pre-sterile dressings has proved invaluable.

The following table gives details of the work done.

					1963	1962
Medical Cases	....	....	....	....	15,670	13,983
Surgical Cases	....	....	....	....	2,035	1,837
Tuberculous Cases	....	....	....	....	713	951
Maternity Cases	....	....	....	....	45	50
Others	....	....	....	....	—	—
Total					18,463	16,821

VACCINATION AND IMMUNISATION

There were no dramatic developments in this field during the year. Ministry of Health Circular 10/63 gave details of the recommendations of a new Joint Committee on Vaccination and Immunisation which had been appointed by the Central and Scottish Health Services' Councils. These recommendations related particularly to poliomyelitis vaccination and the action taken on them is referred to in the School Health Section of this Report.

In October a further communication was addressed by the Ministry of Health to all Local Health Authorities emphasising the need for comprehensive and effective programmes of vaccination and immunisation. The Ministry pointed out that in all areas the danger was ever present and that however good the arrangements made by the Local Health Authority the low incidence of serious infectious disease could breed complacency and indifference among parents. Authorities were, therefore, asked to review the position with the aim of raising the rate of vaccination and immunisation.

Towards the end of the year, following discussion with the Dudley Executive Council, arrangements were made to have inserted in the new medical card issued to every child under 5 a small folded card—"Active Immunisation Against Infectious Disease." This card set out the vaccination and immunisation schedule which should be followed giving details of the protection and the age at which this should be administered. In addition it was pointed out that this protection was available either through the family doctor or at the infant welfare clinic. The primary purpose of this card was to give parents a programme of immunisation and it was hoped that it would result in a larger proportion of parents seeking protection for their children.

It is difficult to see what other steps can be taken. Every effort continues to be made by Medical Officers, Health Visitors and School Nurses to increase the number of children immunised. Leaflets, circulars to parents, press advertisements and personal approach are all used and it is made as easy as possible for the procedures to be carried out at clinics and at school, but despite this the position in Dudley is still not satisfactory.

AMBULANCE SERVICE

The Chief Fire Officer is responsible for the day to day organisation of this service.

To meet the increasing demand for ambulance transport the establishment was reviewed and at the end of the year there were employed 24 men, that is an additional three driver attendants. For the first time shift leaders were appointed to take over certain supervisory duties. The two women employed were primarily concerned with sitting case car patients.

On appointment all recruits attend a week's course of basic inservice training and arrangements are also made for them to receive a course of first aid lectures. The question of forming a Regional Training School was considered and towards the end of the year a school was established at Birmingham. Ambulance men will take a revisionary five day course of training every two years in first aid, operation techniques and civil defence procedures, and four members of the service were nominated to train during the next year.

The ambulance fleet consists of nine vehicles, five being of a dual purpose type for sitting case or stretcher patients.

It will be seen from the following table that the mileage and number of patients carried have increased considerably over the years.

		<i>Ambulances</i>		<i>Sitting Case Cars</i>	
		<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>
1963	.....	4,081	26,826	19,497	88,458
1962	.....	3,421	21,254	17,562	83,522
1961	.....	2,936	18,975	17,586	76,502
1960	.....	3,906	23,360	15,119	71,407
1959	.....	4,174	24,550	13,319	65,781

A transport officer is not employed at the Guest Hospital and so to assist the hospital staff an experienced member of the ambulance service was seconded for a period to co-ordinate the work.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The services which the Authority provided include the provision of extra nourishment and nursing equipment, arrangements for recuperative holidays, chiropody treatment, rehabilitation of problem families, health education and the after-care of patients discharged from hospital. The Ministry of Health have particularly asked that health education and chiropody services be specially mentioned and I will, therefore, refer to these first.

HEALTH EDUCATION

In Circular 6/62 from the Ministry of Health the Council was asked to use all its channels of health education to bring home to the public the dangers to health of smoking. It was not possible to conduct a campaign during that year but in January, 1963 arrangements were made for the Central Council for Health Education's mobile education unit to visit the town for two days when visits to a secondary modern school for boys, the Junior Technical College, Dudley Grammar School for Boys, the Sir Gilbert Claughton Technical/Grammar School and also to the Teachers' Training College were made. A few days prior to the visit of the Mobile Unit circular letters were sent to all general medical practitioners and dental surgeons in the Borough asking them for their support in the campaign, and supplying them with posters and leaflets for use in their surgeries. Bookmarks, and posters were distributed to all the Libraries and an intensive poster and leaflet campaign conducted in the four purpose-built infant welfare clinics. Posters were also displayed in other Local Authority premises and on public notice boards. Selected posters and leaflets were distributed through Youth Clubs. The Mobile Unit's visit and the anti-smoking campaign generally were given extensive press coverage and meetings were held with representatives of the local newspapers all of whom gave the fullest co-operation. A few weeks after the campaign an offer of the services of a Medical Officer who would give talks and arrange discussion was made to all head teachers of secondary schools. Two such programmes were arranged at the High School for Girls, the talk being illustrated by the film entitled "Smoking and You" produced by the Ministry of Health. These efforts were followed later in the year by the display of posters in the schools and by distributing to the parents of all children in infant and junior schools a letter again drawing to their attention the dangers of smoking. It is difficult to determine the value of a campaign of this kind but until other and better methods can be devised to encourage the general public to change their attitude to smoking it is felt that the present efforts should be continued despite the fact that they seem to have little effect.

At the kind invitation of the Medical Officer of Health of Birmingham most of the health visiting staff attended a two-day course for health education which had been arranged by Birmingham Health Department in co-operation with the Central Council for Health Education.

One of the health visitors was nominated as Group Adviser and was made responsible for co-ordinating the health education work in the Borough. As this work was in addition to her other duties it was not possible for her to do more than plan and arrange a co-ordinated programme of poster and leaflet displays at the various clinics. The subject for health education was changed monthly. A few talks were given to parent/teacher associations, church organisations and other voluntary bodies in the evening. In addition talks and discussions were given at infant welfare and ante-natal clinics, relaxation classes and occasionally at schools. A new film strip projector was purchased and film strips used to illustrate the talks given.

Health education in relation to the incidence of venereal disease is limited at the moment to the provision of posters in public lavatories, youth clubs and in a small number of factories. The usual difficulty is experienced in public lavatories as whatever posters are provided they are defaced or destroyed in a very short time. Several years ago a plastic type notice was provided at some expense but although it was impossible to deface them they were levered from the walls and destroyed within a very few months.

Without additional staff who would devote more time to this work and a greater share of the budget it will not be possible to increase the present limited work in the field of health education.

CHIROPODY

This service which is run on a day to day basis through the Old Peoples' Welfare Association is restricted to the ambulant aged and to residents in the Local Authority's Old Peoples' Homes. It is not possible to extend the service at present because the demands in these groups has not yet been fully met. The part-time chiropodist who had been employed by the Authority for two-and-a-half years left in March and could not be replaced immediately so that no service at all was provided between then and September. In that month, however, Miss J. Fraser was appointed on a sessional basis to undertake six sessions per week at the clinic in the Old Police Buildings. Provision was made in Estimates for an increase in the service for the following year to the equivalent of 10 sessions per week. The service although limited is an excellent one and where old people are unable to travel to the clinic for treatment ambulance transport is provided for them.

AFTER-CARE OF PATIENTS DISCHARGED FROM HOSPITAL

In March Ministry of Health Circular 3/63 was received which emphasised the importance of arrangements for after-care of patients discharged from hospital and described how Local Authorities could help to ensure that these arrangements were effectively made. Later in the year a meeting was held at which representatives from the Hospital Management Committee, General Practitioners and Local Health Authorities attended to discuss this matter especially in relationship to the elderly and infirm. It was decided:

1. That all elderly people entering hospital who lived by themselves or with an aged relative should be notified to the Health Department.
2. That the Hospital Social Worker would notify the Health Department at least 48 hours before discharge in those cases where community services would be required.

In an Authority of this size it was not felt necessary to nominate an officer to be responsible for mobilising the community services especially as arrangements already in existence worked very smoothly.

RECUPERATIVE HOLIDAYS

On the recommendation of general practitioners arrangements were made for 13 patients to have a recuperative holiday of whom seven were women.

CHILD NEGLECT AND BREAK-UP OF FAMILIES

The Co-ordinating Sub-Committee continued to meet monthly and representatives from Health, Children's, Housing and Education Departments as well as from the National Assistance Board, N.S.P.C.C., Probation Officers and W.V.S. attended. While some excellent work is done to assist and rehabilitate problem families there is no doubt that there are too many agencies involved and better results would be obtained if more intensive and specialised work was done in this field than is at present possible. Attempts were made during the year to recruit to the staff of the Children's Department a case worker who would be responsible for work in this type of household. At the end of the year it had not been possible to make an appointment because no suitable applications were received.

DOMESTIC HELP

Each year this service expands and the extent of this expansion can best be illustrated by the following statistics.

	1959	1960	1961	1962	1963
No. of cases assisted during the year	150	220	287	315	355
Equivalent number of whole- time staff employed at end of year	22	25	26	29	32

Although it had been hoped to allow for an increase of two home helps in the service during the year the expansion subsequently found to be possible was limited to one by the need to keep the expenditure within the limits laid down. On a number of occasions the greatest difficulty was experienced in maintaining an adequate service for cases in which the provision of home help was necessary. Although no-one was actually refused assistance the amount of help which it was possible to give was frequently very much less than that desirable.

During the year several crash cleaning operations were carried out when badly neglected homes were rendered habitable by home helps specially selected for this type of work.

The number of people given assistance during the year was 355. The following table gives further details:

Aged 65 or over	298
Chronic sick and tuberculous cases	30
Mentally disordered	2
Maternity	19
Others	6

At the end of the year the whole-time equivalent of 32 home helps was made up of 66 part-time staff under a Domestic Help Supervisor.

HOUSING ON MEDICAL GROUNDS

The present points scheme allows for the recommendation of medical points in certain severe and chronic illness which are considered to be adversely affected by poor housing conditions.

A total of 288 certificates and letters were received in support of housing on medical grounds, and the number of cases in which medical points were recommended was 41.

The source of the correspondence is detailed in the following table:

Memoranda from: Housing Manager	....	....	....	129
Health Visitors	....	....	....	73
General Practitioners	....	....	....	52
Housing Applicants	....	....	....	29
Others	....	....	....	5

When an application is received it is given the most careful consideration and where necessary further details are obtained on the housing and social conditions by Public Health Inspectors, Health Visitors or Welfare Officers.

The valuable assistance and co-operation afforded by the Housing Tenancy Sub-Committee in case of serious and chronic illness and disability where rehousing could be expected to make a substantial contribution to their welfare must once again be recorded.

MEDICAL EXAMINATIONS

204 candidates for admission to the Superannuation Scheme were examined of whom 18 were rejected.

CLINIC SERVICES

Infant Welfare sessions were held each week as follows:—

Central Clinic, Hall Street, Dudley, on Tuesday and Friday afternoons.

Netherton Clinic, Brewster Street, Netherton, on Tuesday and Friday afternoons.

Holly Hall Clinic, Stourbridge Road, on Monday and Thursday afternoons.

Priory Clinic, Cedar Road, Dudley on Tuesday and Thursday afternoons.

Dudley Wood Clinic, on Monday and Friday afternoons.

Ante-natal Clinics were 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 Ailments Clinics were held as follows:—

Central Clinic: 9-0—9-45 a.m. daily (Medical Officer in attendance Monday and Friday only).

Priory Clinic: 9-0—9-45 a.m. Mondays, Wednesdays and Fridays. (Nurse only in attendance).

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 were held at Central, Priory, Holly Hall and Dudley Wood Clinics.

Child Guidance Clinic on Monday morning.

Obstetric Clinic once monthly on Monday.

CARE OF THE MENTALLY DISORDERED

MENTAL ILLNESS

The following Table gives details of admissions to mental hospitals in 1963:

<i>Admissions</i>	<i>Male</i>			<i>Female</i>		
	<i>In-formal</i>	<i>Com-pulsory</i>	<i>Total</i>	<i>In-formal</i>	<i>Com-pulsory</i>	<i>Total</i>
First admissions....	15	35	50	40	16	56
Re-admissions	52	6	58	43	9	52
Total	67	41	108	83	25	108

After the admission of patients to hospital their status is reviewed so that some who were admitted compulsorily became informal patients and others who entered the hospital informally had to be detained compulsorily. The following Table gives the status of patients in hospital at the end of the year, together with comparative figures from 1960:

<i>Year</i>	<i>Male</i>			<i>Female</i>			<i>Grand Total</i>
	<i>Informal</i>	<i>Com-pulsory</i>	<i>Total</i>	<i>Informal</i>	<i>Com-pulsory</i>	<i>Total</i>	
1960	50	11	61	72	5	77	138
1961	62	6	68	78	6	84	152
1962	88	5	93	87	1	88	181
1963	84	24	108	82	26	108	216

In the Table given below the discharges from mental hospitals for the same period are shown:

<i>Year</i>	<i>Male</i>			<i>Female</i>			<i>Grand Total</i>
	<i>Dis-charges</i>	<i>Deaths</i>	<i>Total</i>	<i>Dis-charges</i>	<i>Deaths</i>	<i>Total</i>	
1960	57	2	59	70	7	77	136
1961	66	7	73	69	5	74	147
1962	86	3	89	94	5	99	188
1963	92	3	95	97	4	101	196

The introduction of new forms of treatment, particularly new drugs which have come into general use in recent years, has spectacularly shortened the duration of most acute forms of mental disorders and with it the average duration of a patients' stay in hospital, so now the picture is one of high admission rates and rapid

turnover. It has been forecast by the Ministry of Health that in some fifteen years the number of beds for mentally disordered patients in England and Wales would drop by half and thereafter decrease. Be this as it may, it is certain that many people who would formerly have spent long periods in a mental hospital will now after a short period of in-patient treatment, be discharged and continue their treatment while they live at home. They will there need help to deal with the many problems of living and relationships that beset the mentally ill and their families.

The total number of patients referred to the Local Health Authority from general practitioners, local education committees and other sources during the year was as follows:

<i>Mentally ill</i>	<i>Psycho-pathic</i>	<i>Sub-normal</i>	<i>Severely subnormal</i>	<i>Total</i>
209	—	36	12	257

This total of 257 compares with 249 in 1962.

In addition to the after-care services which are provided directly, help was given to those patients referred in the psychiatric out-patients' clinic held weekly in the Borough. A mental welfare officer attended this clinic regularly and was an integral part of its functioning inasmuch as the social and mental welfare problems arising were referred to him by the psychiatrist.

The services of the mental hospital and the Department are closely linked. Case conferences are held weekly at the hospital which officers of the Department attend and difficult cases are discussed in detail by the psychiatrist, hospital staff and the mental welfare officer who will be responsible for after-care services.

A Psychiatric Social Club has now been running for two years and I think it could be said that it is firmly established. Dr. M. J. Davies of Barnsley Hall Hospital often attends the meetings and very generously gives of her time and advice. The club is run by one of the mental welfare officers and meets weekly. It is primarily intended for discharged patients to help them bridge the gap between their being in hospital and returning fully to the community. Membership, therefore, is continually changing for members are encouraged to leave as soon as the usefulness of the club, for them, has come to an end; although it is always understood that they are free to return at any time they feel any need.

The Council meet the rent of the premises used by the club but otherwise it is entirely self-supporting and it is completely autonomous in the sense that it is run directly by a committee of members in all its spheres of activity. The welfare officer who attends the club is there only to participate and help in its functioning. It has been found that a permanent membership of 25 to 30 is the best number to handle and members represent a complete cross section

of the community. The necessity to restrict membership might lead us to consider the provision of either another section of the club to meet on another night, or, perhaps, a psychiatric social club with a slightly different emphasis from the existing one might be called for. This would perhaps include a high proportion of sub-normal people to help them in the period between their leaving special schools and taking up employment, also for those of a more mature age who are finding social adjustment difficult.

SUB-NORMALITY

658 routine visits were made to the homes of sub-normal and severely sub-normal persons during the year. Of these, 168 were visits made by the Supervisor of the Training Centre. For the first time for a number of years there was a short waiting list for patients requiring admission to hospital and this has arisen in part because of the number of referrals for treatment being made by the courts. 3 or 4 cases referred during the year have had to wait for up to a period of six weeks because the hospitals were unable to take them. The staff of the Department have received considerable help from the Medical Directors of the hospitals for the sub-normal in whose catchment area we are and I am most grateful for this.

For the first time in 12 years there was a full complement of staff at the Training Centre and it is all the more pleasing to record that they were all qualified either by long experience or by holding the Diploma of the National Association for Mental Health or the appropriate London City and Guilds Certificate.

The numbers on the roll increased to 68 over the year but this meant overcrowding and as there was insufficient staff to cope with this number no further admissions were made until the number was reduced to 60.

The socialisation scheme which was put into practice some 8 years ago is now working very well. This started by encouraging the boys to do odd jobs for neighbours such as gardening and helping with the heavier household jobs. This progressed to making visits to exhibitions and going on shopping expeditions. Boys and girls were encouraged to spend their own money, to order a meal in a restaurant and to use such public services as the telephone to report back to the centre and give outlines of their activities. Progress was marked, for the children no longer congregated around their teacher when on outings but rushed off to explore for themselves and to communicate with others thus gaining confidence when they are young. Their confidence grows with them and they overcome the over-protection and overdependence which can be a real stumbling block. 2 boys and a girl have gone out to work from the centre during the year and all 3 have remained in the jobs obtained for them. Through the good offices of Dr. Stanley 6 of the intermediate group were able to visit Monyhull Hospital for the day and to take part in the normal daily activities and thereby familiarise themselves with life in a hospital setting.

There were several visitors to the centre during the year, among them being six student health visitors, a child care officer, a student social and mental welfare officer and one student from the National Association for Mental Health Adult Training Course.

An open day and sports was held during the summer with His Worship The Mayor (Councillor W. H. W. Poulton) and the Mayoress attending. The harvest festival was held at St. John's Parish Church and was conducted by the vicar, the Rev. H. Bate. This was a combined service with parents and friends. The Voluntary Committee provided two outings during the year; one to Wickstead Park and the other to Symonds Yat.

The Christmas party was once again held at the Stewponney Hotel, Stourton, and was attended by the Mayor and Mayoress, together with parents and members of the voluntary Committee.

DUDLEY VOLUNTARY ASSOCIATION FOR MENTAL WELFARE

This Association was primarily concerned in all its meetings this year with the proposed Holiday Home for which money has now been raised. It is proposed in the first instance that the Home will be used by sub-normal children with their parents but it is hoped eventually to provide staff so that children will be able to go on their own thus leaving their parents free to have a complete rest and holiday.

CARE OF THE AGED

RESIDENTIAL ACCOMMODATION

The opening of Lawnwood House in 1962 meant that it was no longer necessary to use beds in a former public assistance institution and that the waiting-list was virtually eliminated. However, another problem causing concern was the staffing of the four small homes since it was virtually impossible to recruit resident general-assistants. Instead it was necessary to employ 3 non-resident part-time staff working 75 hours a week to run one of the small Homes for 10 residents and this increased the running cost per resident week by about 15/-. On the other hand it was possible to improve the Matron's accommodation by providing her with a bedroom and a living room instead of a bed-sitter only.

The standard charge was increased from £6 9s. 6d. to £6 16s. 6d. on 1st July but residents were only required to contribute according to their means towards the cost of their maintenance. Thus at the end of the year 87 residents were paying the statutory minimum charge of £2 14s. 0d. per week which left them 13/6d. pocket money to spend as they liked, 14 residents were paying a proportion of the standard charge and 17 were paying the full cost.

Admissions and discharges during 1963 are shown in the following Table:

<i>Home</i>	<i>No. of Residents 1st January, 1963</i>	<i>Ad- missions</i>	<i>Dis- charges</i>	<i>Deaths</i>	<i>No. of Residents 31st December, 1963</i>
Lawnwood House	32	48	31	7	42
Albert House	21	3	4	—	20
The Woodlands	22	10	8	4	20
Primrose House	11	4	6	1	8
Rose Cottage	9	10	9	1	9
Lupin House	9	3	2	—	10
Roseland House	10	7	7	1	9
Deaf Association, Malvern	2	—	—	—	2
Church Army, Woking	1	—	—	—	1
R.N.I.D., Felixstowe	1	—	—	—	1
Cheshire, Penn	1	—	—	—	1
The Poplars	2	—	—	2	—
Totals	121	85	67	16	123

There were 85 admissions compared with 106 in the previous year but 40 of these were re-admissions from hospital or temporary admissions. Of the 45 long-term admissions 36 were 75 years of age or more and 26 were female. An analysis of the factors precipitating admission disclosed that increasing physical and mental frailty accounted for 58% of the total, domestic friction 16% and unsuitable accommodation 13%.

It is significant that only 18 of the old people had been receiving home-help, meals on wheels or home nursing service and that none of them had been living in "sheltered housing," that is a group of flatlets or bungalows supervised by a warden.

It is the policy of the Department to admit old people to a Home for a short period to enable those who are looking after them at home to take a holiday. During the year 18 people were admitted temporarily.

On several occasions it has been found that when a daughter knows that periodic relief of this kind is available she has felt able to continue looking after an elderly parent for much longer than she might otherwise have done.

There were 67 discharges during the year as against 73 the year before but of these 24 were either second-discharges to hospital or temporary residents being discharged to their own homes. Of the 43 permanent discharges 35 were admitted to hospital and this reflects the very considerable assistance given to the Department by Burton Road and Barnsley Hall Hospitals in the case of those residents needing special nursing care and medical treatment.

Eight residents eventually decided to return to their own home or to go and live with relatives. To give up one's home is a serious step not to be lightly undertaken, and when old people express misgivings on this subject a preliminary visit is arranged for them to see for themselves the type of accommodation that is offered. In any case they are advised not to dispose of their house and furniture until they are completely settled in their new surroundings.

The 16 deaths during the year included the last two Dudley residents in "the Poplars," Wolverhampton, and compares with 20 deaths in 1962.

COMMUNITY CARE

In the Spring of 1963 the Ministry of Health published the ten-year plan for the development of local health and welfare services and with the greater emphasis laid on community care the domiciliary services, whether they were home-help, chiropody, home-nursing or welfare visiting had an ever increasing part to play in helping old people to remain in their own homes for as long as possible.

However, these statutory services needed to be supplemented by adequate voluntary services and Dudley is most fortunate in having both an active Old People's Welfare Association and an energetic Women's Voluntary Service.

The Old People's Welfare Association acts as the co-ordinating body for the 12 old people's Clubs in the Borough and taking into account the Brook Club which was opened in September the total membership was estimated to be 1,000. Being a club member gives a sense of purpose to the old people and provides companionship and enjoyment for many who would otherwise be lonely and bored. However, if clubs are going to cater for the frail and infirm and socially isolated whose need for companionship is greatest, the problem of providing transport will have to be tackled. During the year the "visiting service" was reviewed and voluntary Street Visitors and Area Organisers were appointed. A large proportion of the visitors were recruited from the more active members of the Darby and Joan Clubs. In the case of those old people whose activities were restricted the visiting often developed into a personal service such as shopping, carrying out decorations and repairs, changing library books, providing transport to church, filling in forms and writing letters, carrying coal and reading aloud.

The Association arranged a week's holiday for about 500 elderly persons at Weymouth in May and at Weston-Super-Mare in September as well as providing escorts for those who couldn't manage on their own. In April the Annual Rally was held in the

Town Hall and during October a Festival of Song with choirs from the various clubs was organised with great success. As a climax to the year's activities 480 Christmas parcels were distributed to house-bound and deserving old people within the Borough.

The Welfare Committee assisted the Association by providing office accommodation, telephone and clerical assistance as well as the use of the Town Hall for the Annual Rally and a grant of £40 towards general expenses.

The Women's Voluntary Service delivered 7,783 hot mid-day meals during the year to aged and handicapped persons in the Borough and although about 90 people were receiving 2 meals each week there was still a waiting-list of 14 at the 31st December. The meals were prepared in Lawnwood House Old People's Home and cost 2/1d. each to produce. The recipients pay 9d., the balance being met by the Local Authority. In March an estate car was bought for the Women's Voluntary Service by voluntary organisations in Dudley and the Corporation accepted responsibility for the motor tax, service, maintenance and garaging. Later in the year the Home Office supplied a new 10 cwt van to replace an older vehicle.

This service is perhaps one of the best examples in the Borough of co-operation between statutory and voluntary organisations with the local authority providing finance and technical advice and the Women's Voluntary Service administering the scheme and providing the voluntary workers.

CARE OF THE HANDICAPPED

BLIND AND PARTIALLY SIGHTED

Welfare services for the blind and partially sighted have been provided as in former years by the Wolverhampton, Dudley and District Institution for the Blind who act as agent for the Council.

The number of blind and partially sighted persons in the Borough at 31st December, grouped according to age, were as follows:

<i>Age in Years</i>	<i>Blind</i>			<i>Partially Sighted</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0—15	2	1	3	—	—	—
16—20	—	—	—	1	—	1
21—39	8	3	11	—	—	—
40—59	11	3	14	3	2	5
60—64	3	8	11	—	—	—
65—69	—	6	6	—	—	—
70—79	15	11	26	—	—	—
80—89	11	23	34	—	2	2
90 and over	1	2	3	—	—	—
Total	51	57	108	4	4	8

During the year 19 new names were added to the Blind Register.

In January the Institute transferred from premises in Waterloo Road, Wolverhampton, which they had occupied for 37 years, to their new headquarters and workshops at Wolverhampton Road East, Sedgley. These premises are situated in the centre of the Institute's administrative area and include nine large workshops, a concert hall, a Braille library, a handicraft and social room and a recreation ground.

It has become increasingly difficult for the hand-made products of the blind to compete in the open market with the many mass produced alternatives and consequently the Institute have given careful study during the year to the far reaching changes recommended in the Report of the Working Party on Workshops for the Blind. A panel of prominent local industrialists was formed to advise and assist in the establishment of sheltered workshops at Sedgley for severely disabled sighted persons and it is hoped that eventually many blind workers will be able to transfer from their traditional handicrafts to the modern mechanised processes of the new workshops.

During the year the National Joint Council for Local Authorities' Services (Manual Workers) made several pay awards which meant that with effect from September, 1963, male blind workers received a minimum wage rate of £11 0s. 6d. per week and females £8 5s. 5d.

At the end of the year 8 blind persons from the Borough were employed in the workshops as follows:

3 brush-makers, 2 basket-makers, 1 engineer, 1 chair-seater and 1 canteen attendant.

The Institute has continued to assist a piano tuner and a haberdasher under the Home Workers' Scheme whereby it provides tools and equipment, clerical assistance, as well as securing orders for their work.

In addition 6 blind persons were engaged in open industry as a company director, a shorthand-typist, a telephonist, a machine tool operator, a carpenter and a piano tuner.

In October the Ministry of Labour assumed direct responsibility for placing blind persons in employment and appointed a Blind Persons' Resettlement Officer to provide the service formerly carried out by the Placement Officer of the Royal National Institute for the Blind.

A large proportion of the blind are not available for employment either due to age or because they suffer from disabilities in addition to blindness. However, a comprehensive service is available to them and includes regular visitation by the Home Teacher and instruction in Braille, Moon and handicrafts where appropriate, a holiday scheme and a social centre which meets on one evening each month.

The Institute arranged a series of outings during the summer months and a number of special entertainments in the winter time which included the Christmas Dinner and Concert in the Dudley Arms Hotel and a visit to the pantomime at the Grand Theatre, Wolverhampton. Christmas food parcels were distributed among the very elderly whose infirmity prevented their joining in group activities.

All the blind in the Borough have a wireless set, the majority of which have been provided through the British Wireless for the Blind Fund, 12 have talking book machines provided by the Nuffield Talking Book Library and 2 have guide dogs from the Guide Dogs' Association.

The Ministry of Health in Circular 4/63 which was issued in March recommended that a different type of welfare service should be provided for the partially sighted who were not likely to go blind. It was suggested that their needs were best met by encouraging them to use what sight they had and to lead as active a life as possible in the general sighted community. It was thought that this could best be achieved by dissociating the service for this group from blind welfare and providing it under the scheme for the general classes of the handicapped whilst those who were nearly blind or likely to go blind should continue to benefit from the full range of

services provided under the blind welfare scheme. This new principle was to be applied to all people when they were first ascertained as partially sighted. Those already on the Register were given a choice since the older people were happier if they continued to be visited by home teachers and to participate in services designed for the blind with which they were already familiar.

DEAF AND HARD OF HEARING

The Council continued to make provision for the welfare of the deaf and hard of hearing through the agency of the Worcestershire & Herefordshire Association for Work Amongst the Deaf.

The number of deaf and hard of hearing persons in the Borough at 31st December, was as follows:

<i>Age in Years</i>	<i>Deaf without speech</i>			<i>Deaf with speech</i>			<i>Hard of hearing</i>			<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	
0—15	1	—	1	6	2	8	7	6	13	22
16—64	24	14	38	4	2	6	3	15	18	62
65 and over	1	3	4	—	—	—	—	—	—	4
Total	26	17	43	10	4	14	10	21	31	88

The Institute for the Deaf, 52, Himley Road, has been the centre for the fortnightly church services and the Saturday night socials. The Missioner has provided a skilled interpretation service; instruction in lip-reading and the manual alphabet as well as classes in speech training. He has also given advice on personal and spiritual problems and helped in obtaining and keeping employment.

Towards the end of the year a trainee welfare officer was appointed and since he had already qualified as an Audiologist-Technician he will be of considerable help in developing services for the hard of hearing in the Borough as well as giving instruction in the adjustment and fitting of hearing aids.

PHYSICALLY HANDICAPPED

The Table below shows that there were 269 persons registered with the Local Authority as substantially and permanently handicapped at the end of 1963:

	<i>Under 16 years</i>	<i>16—64 years</i>	<i>65 and over</i>	<i>Total</i>
Male	2	84	51	137
Female	—	89	43	132
Total	2	173	94	269

The Department, acting in conjunction with the Dudley Voluntary Association for the Handicapped, provides a comprehensive service for the physically handicapped people of the Borough. Some 40 people attend the Handicraft Centre each week and there are a further 14 homebound handicapped persons who require instruction at home. The Dudley Voluntary Association for the Handicapped run a social club, outings, a visiting service, a hairdressing service and have organised a fund for the provision and maintenance of television sets for the housebound.

The Welfare Committee again organised a holiday scheme for the physically handicapped during the year when a party of some 90 people with escorts and staff spent a week at the Derbyshire Miner's Holiday Centre at Skegness. During the course of the year the Department helped the physically handicapped by the provision of special or remedial aids in order to help living conditions. These ranged from small gadgets to facilitate the turning on of taps and preparation of meals, to the loan of a hydraulic patient lifter to a handicapped person who is completely paralysed. In addition to this, various adaptations were undertaken. These comprised the fitting of hand-rails in lavatories, double or single hand-rails on staircases and rails on garden steps, alterations to bathrooms to allow easy access with a wheelchair and the preparatory work necessary for erecting garages for invalid tricycles.

Seven severely disabled drivers made use of the Car Badge scheme which enabled police and car park attendants to identify the motor cars of handicapped persons and thereby minimize the driver's difficulty in finding a suitable parking place.

In 1962, Dudley and Wolverhampton County Boroughs and Staffordshire County Council, in conjunction with the Workshops' Management Committee of the Wolverhampton, Dudley and Districts Institute for the Blind, submitted proposals to the Ministry of Labour relating to the trades to be practised in the new sighted disabled section of the workshops at Sedgley. These proposals were rejected and the Ministry recommended that a panel of local industrialists be appointed to consider the setting up of a suitably

mechanised section replacing the traditional approach to work for the disabled and generally adopting the recommendations contained in the Report of the Working Party on Workshops for the Blind. The first meeting of the panel was held in April, 1963 and included eight Midland industrialists, representatives from the three Local Authorities concerned and a member from the Management Council of the Institute for the Blind. In November Dudley Council approved their report which made recommendations about the financial, staffing and administrative arrangements which would be necessary to establish a sheltered workshops for severely disabled persons with sight.

OTHER SERVICES

PROTECTION OF PROPERTY

Under Section 48 of the National Assistance Act, 1948, Local Authorities are required to protect the house, furniture and effects of a person admitted to an Old People's Home or to Hospital where it appears there is a risk of loss or damage to the property and that no other suitable arrangements can be made by a relative or friend. There were five such cases to deal with during the year. With the assistance of the Police, the house and furniture of a patient in a Mental Hospital were safeguarded for a period of three months and in three other cases property was safeguarded for shorter periods until arrangements could be made with solicitors of next of kin to take over responsibility. In the final case a house full of furniture was taken into store at Cleveland Street.

TEMPORARY ACCOMMODATION

There are no special premises designated for use as temporary accommodation in the Borough but when the need arises the Housing Committee can provide dwellings which for various reasons become void and available for re-letting week by week. During the year a number of applications were made for temporary accommodation but the Social and Mental Welfare Officers were able in each case to find private accommodation for these homeless families.

BURIALS

The Authority is required under Section 50 of the National Assistance Act, 1948, to make arrangements for the burial or cremation of the body of any person who has died within the Borough where it appears that no other suitable arrangements have been made for disposal of the body. During the year two such burials were arranged.

COUNCIL OF SOCIAL SERVICE

In October a meeting of representatives from voluntary organisations was held in the Council House at the invitation of the Mayor and it was decided to establish a Council of Social Service in the

Borough. The functions of this Council would be to examine the social needs of the community as a whole, to bring organisations together in a spirit of co-operation, to provide a means of consultation and also joint action where this was desired and to promote a better understanding and partnership between the Local Authority and voluntary bodies.

CONCLUSION

The Department received active co-operation from a large number of private individuals and organisations all of whom cannot be mentioned in this Annual Report but it would be incomplete without an expression of thanks to the following: Dudley Teachers' Training College, Rotary Club, Round Table, Inner Wheel, Licenced Victuallers, St. John Ambulance Brigade, Red Cross, Towns Women's Guild, Toc. H, local Medical Practitioners, National Assistance Board and the Ministry of Pensions and National Insurance.

ANNUAL REPORT OF PRINCIPAL SCHOOL MEDICAL OFFICER

SCHOOL ACCOMMODATION AND ATTENDANCE

Education is provided in 24 primary schools, 9 secondary modern schools and 3 grammar schools (one for boys, one for girls and 1 mixed school). In addition there is a day school for educationally subnormal children and 2 nursery schools. Average numbers on roll and attendance at the end of the year are as follows:

	<i>Average No. on Roll</i>	<i>Average No. in Attendance</i>	
INFANTS' SCHOOLS:			
Dudley Wood	145	134	
Halesowen Road	111	98	
Holly Hall	161	142	
Kate's Hill	127	110	
Priory	202	189	
St. James's C.E.	129	105	
St. John's C.E.	91	80	
Wren's Nest	187	159	
Yew Tree Hills	116	101	
INFANTS' AND JUNIOR SCHOOLS:			
Blowers Green	196	185	
Northfield Road	198	183	
Park	236	216	
Sledmere	341	320	
Sycamore Green	251	227	
St. Edmund's C.E.	237	217	
St. Joseph's R.C.	280	248	
St. Thomas's C.E.	96	91	
JUNIOR SCHOOLS:			
Bowling Green	456	422	
Jessons C.E.	153	141	
Kate's Hill	228	215	
Netherton C.E.	236	220	
Priory	377	352	
St. John's C.E.	143	130	
Woodside	282	267	
Wren's Nest	341	312	
Sutton Special E.S.N. (Mixed) School	119	107	
Total	5439	4971	<i>% of Average Attendance:</i> 91.4

	<i>Average No. on Roll</i>	<i>Average No. in Attendance</i>	
SECONDARY MODERN:			
Bishop Milner R.C.	543	480	
Blue Coat	279	251	
Hillcrest	487	438	
Holly Hall	301	268	
Park Boys	426	379	
Park Girls	433	373	
Rosland	268	239	
Saltwells	267	250	
Wolverhampton Street	263	230	
Total	3267	2908	<i>% of Average Attendance: 89</i>

GRAMMAR SCHOOLS:

Dudley Grammar School....	531	507	
Dudley High School	515	483	
Sir Gilbert Cloughton Grammar/Technical	490	458	
Total	1536	1448	<i>% of Average Attendance: 94.3</i>

NURSERY SCHOOLS:

Netherton Park Nursery....	40	35	
Priory Nursery	106	93	
Total	146	128	<i>% of Average Attendance: 87.7</i>

ARRANGEMENTS MADE FOR PERIODIC MEDICAL INSPECTION

As in previous years children attending schools in the Borough were medically examined:

1. During the first year at school
2. Between the ages of 9 and 10
3. Between the ages of 14 and 15

Children absent at the time of the inspection were given another appointment soon after they returned to school.

PERIODIC MEDICAL INSPECTIONS

The following table shows the number of children examined by years of birth and the number of individual pupils found to require treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding Dental Diseases and Infestation with Vermin)		
		Satisfactory		Un-satisfactory		For Defective Vision (excluding Squint)	For any other Conditions	Total Individual Pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1959 and later	159	156	98.1	3	1.9	1	13	14
1958	351	347	98.9	4	1.1	10	11	21
1957	519	514	99.04	5	.96	16	24	40
1956	68	67	98.5	1	1.5	1	4	5
1955	28	28	100.0	—	—	2	3	5
1954	16	16	100.0	—	—	—	—	—
1953	526	517	98.3	9	1.7	32	28	60
1952	390	384	98.5	6	1.5	33	16	49
1951	139	135	97.1	4	2.9	9	7	16
1950	34	34	100.0	—	—	1	2	3
1949	3	3	100.0	—	—	—	—	—
1948 and earlier....	1117	1102	98.7	15	1.3	75	22	97
Totals	3350	3303	98.6	47	1.4	180	130	310

The total number of children examined was 3,350 compared with 3,321 in 1962. Of these 47 (1.4%) were considered to be of unsatisfactory general condition. These pupils were kept under strict observation and every appropriate form of social and medical care was made available.

PRESENCE OF PARENTS AT PERIODIC MEDICAL INSPECTIONS

Age Group Inspected	No. of Pupils Inspected	Percentage of Parents Present
Entrants	949	97.3
Leavers	1117	11.2
Other Periodics	1284	71.0

The value of these examinations is greatly enhanced if the parents can be present. Whilst their attendance at the initial examination at the Infants' School is extremely good, as the figures indicate above, the attendance of parents in the leaver groups continues to be poor. As this is possibly the last comprehensive routine medical inspection that many will receive, it is surprising that so few parents take the opportunity to be present for this important medical examination.

DEFECTS FOUND BY PERIODIC MEDICAL INSPECTIONS DURING THE YEAR

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		T	O	T	O	T	O	T	O
4	Skin	2	14	6	27	2	7	10	48
5	Eyes—								
	(a) Vision	28	43	75	100	77	93	180	236
	(b) Squint	4	6	—	—	4	11	8	17
	(c) Other	—	1	1	3	—	2	1	6
6	Ears—								
	(a) Hearing	2	7	—	4	7	22	9	33
	(b) Otitis Media	1	9	1	6	1	17	3	32
	(c) Other	—	5	3	2	2	5	5	12
7	Nose and Throat	7	40	1	16	13	23	21	79
8	Speech	1	10	—	6	—	8	1	24
9	Lymphatic Glands	—	31	—	6	—	11	—	48
10	Heart	2	10	—	9	—	8	2	27
11	Lungs	12	35	—	6	1	10	13	51
12	Development—								
	(a) Hernia	1	12	1	—	1	16	2	28
	(b) Other	1	54	2	16	4	15	7	85
13	Orthopaedic—								
	(a) Posture	2	3	1	9	5	19	8	31
	(b) Feet	1	7	—	15	10	30	11	52
	(c) Other	2	19	1	22	7	32	10	73
14	Nervous System—								
	(a) Epilepsy	—	—	—	3	—	3	—	6
	(b) Other	—	4	—	1	—	1	—	6
15	Psychological—								
	(a) Development	1	19	—	11	—	9	—	39
	(b) Stability	—	10	—	9	1	20	1	39
16	Abdomen	—	2	—	2	—	6	—	10
17	Other	1	4	4	9	14	9	19	22

T.=Defect requiring Treatment

O.=Defect requiring Observation

It is not possible to draw any general conclusions from these figures as the definition “requiring treatment” and “requiring observation” varies with different school medical officers. Those under observation include many defects which may be corrected spontaneously, never require treatment and are kept under observation as a precautionary measure.

OTHER INSPECTIONS

Number of Special Inspections	545
Number of Re-Inspections	1907
	—
	2452
	—

SUMMARY OF DEFECTS FOUND AT THE FOREGOING INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin	85	5
5	Eyes—		
	(a) Vision	44	114
	(b) Squint	1	3
	(c) Other	6	5
6	Ears—		
	(a) Hearing	9	10
	(b) Otitis Media	—	8
	(c) Other	—	3
7	Nose and Throat	4	25
8	Speech	5	10
9	Lymphatic Glands	—	20
10	Heart	—	25
11	Lungs	5	21
12	Development—		
	(a) Hernia	—	4
	(b) Other	1	40
13	Orthopaedic—		
	(a) Posture	3	3
	(b) Feet	3	18
	(c) Other	2	12
14	Nervous System—		
	(a) Epilepsy	—	8
	(b) Other	—	3
15	Psychological—		
	(a) Development	3	16
	(b) Stability	1	7
16	Abdomen	—	1
17	Other	236	88

A total of 2,452 children were seen at these special inspections, 545 of these at the various clinics at the request of parents, general practitioners, head teachers, school nurses or education welfare officers. The majority of children calling for this continued supervision were those with defects of vision, ear, nose, throat and lungs. Parents were advised and their children referred to their general practitioner or the appropriate specialist after discussion with the general practitioner. The remaining 1,907 pupils were seen at re-

inspections in all schools in the Borough. These children were noted at previous periodic medical inspections to be in need of further observation, treatment, or advice. These inspections are found to be of particular value in bringing to light children who, owing to one cause or another, have failed to attend either the specialist clinic or their general practitioner.

MINOR AILMENT CLINICS

1963 was the first full year during which the reduction in the number of doctor's minor ailment and school clinics were operative. Throughout this year the Central Clinic was open for treatments between 9 and 10 a.m. each day, with a doctor in attendance on Mondays and Fridays only. A second minor ailment clinic was held at Priory Clinic with a nurse in attendance on Mondays, Wednesdays and Fridays at the same time. These facilities have apparently proved quite adequate.

There was no recurrence of the verruca outbreak noted in 1962 and apart from one or two isolated cases the position remained satisfactory throughout 1963.

During 1963 a total of 1,753 pupils were treated at minor ailment clinics.

SCHOOL ABSENCES

The following figures give details of medical examinations carried out at the request of the Chief Education Officer. In each case special appointments at Clinic or home visits were made:

Absences justified	20
Found fit for school when examined	35
Recommended for a term at Malvern Open Air School....	9
Referred to Child Guidance Clinic	2
Psychological problem, parent advised	1
Assistance with bus fares recommended (congenital heart defect)	1
Fitness for physical training	2
Home tuition recommended	1
Provision of special transport to and from school	5
School dinners recommended	2
Admitted to Prestwood Sanatorium	1
Examined on admission from outside area	1
Total	80

WORK OF THE SCHOOL NURSES

The majority of the nurses doing school work are also health visitors and, since they know the child's background before he enters school, they are well qualified to direct and lead the child and also to advise the teacher on matters relating to his physical and mental welfare. Their work has been carried out with efficiency and discretion and has continued to contribute to the very satisfactory state of health of the school child in the Borough. The following is a summary of the work done.

SCHOOL VISITS:

Routine Inspections (with Medical Officer)	429
Cleanliness Surveys	275
Other reasons (including Vision Inspections, Diphtheria Immunisation, B.C.G. Vaccination and miscel- laneous sessions)	337

HOME VISITS:

Cases of uncleanness	66
Other Reasons	520

IN ATTENDANCE AT CLINICAL SESSIONS 1,148

VACCINATION AND IMMUNISATION**B.C.G. VACCINATION OF SCHOOL CHILDREN:**

In accordance with Ministry of Health Circular 22/53, all children in their second and subsequent year at a secondary school were offered B.C.G. vaccination. For the first time students attending the Teachers' Training College were offered Heaf Testing and where necessary vaccination or chest X-ray.

The following figures relate to the work undertaken during the year:

SCHOOL CHILDREN:

Number offered skin test	1,429
Number of consents received	1,150
Number skin tested (first time)	1,098
Number re-tested (absentees and doubtfuls)....	140
	1,238
Number with positive reaction	189
Of this number 173 showed no abnormality on X-ray, 11 showed results which did not require referral to Chest Clinic and 5 were referred to Chest Clinic for further X-ray and observation.	
Number with negative reaction	983
All of these were B.C.G. vaccinated.	

**STUDENTS ATTENDING ESTABLISHMENTS OF
FURTHER EDUCATION:**

Number offered skin test	73
Number of consents received	73
Number skin tested	68
Number with positive reaction	43
Of this number 41 showed no abnormality on X-ray, one was referred to the Chest Clinic and one did not require further observation.	
Number with negative reaction	25
All of these were B.C.G. vaccinated.	

DIPHTHERIA

As I mentioned in last year's report an intensive effort was made in the latter half of 1962 to increase the percentage of school children adequately protected against diphtheria. This had quite encouraging results during 1963. 2,198 children at infant schools received reinforcing injections and 326 who had not previously been immunised were given a primary course of injections.

POLIOMYELITIS

In July the Ministry of Health informed us that a Joint Committee on Vaccination and Immunisation had advised a renewed effort to raise the number of persons, especially children, vaccinated against poliomyelitis. It was recommended that children under school age who had had two doses of Salk vaccine and one of oral vaccine should at the first opportunity and not later than school entry be offered a further dose of oral vaccine. It was also suggested that all immunised children should be offered a reinforcing dose of vaccine on attending school. As a result of this information parents of all children in the former group were sent a letter inviting them to attend a clinic or, if they preferred, asking them to visit their own doctors to obtain the protection which was also offered to all school entrants.

DISEASES OF THE SKIN

Two Pakistani children came to Dudley early in the year with their parents and were admitted to Dudley schools in February. The children, their father, mother and father's brother were all found to be infested with scabies and were treated at Central Clinic.

In December, 1963 a small outbreak of skin eruptions was reported at Sycamore Green School. It was investigated by a medical officer in co-operation with the Medical Director of the Public Health Laboratory, Stafford. The causative organism was found to be *Pseudomonias pyocyaneus*. The head teacher was advised how to deal with the matter and no further trouble was reported.

	<i>Number of Cases known to have been treated</i>
Ringworm—	
(a) Scalp	—
(b) Body	—
Scabies	2
Impetigo	32
Other Skin Diseases	220
Total	254

INFECTIOUS DISEASE

The number of pupils notified was rather higher than for the previous two years as the table below shows, but no deaths were recorded from infectious disease.

DISEASE	1963	1962	1961
Scarlet Fever	8	6	4
Whooping Cough	11	—	1
Poliomyelitis	1	—	—
Measles	323	1	193
Dysentery	2	—	1
Meningitis	1	—	—
Acute Encephalitis (Post Infective)....	2	—	—
Food Poisoning	1	—	1

The increase in measles notifications is the usual biennial epidemic. Chicken pox also contributed to school absence but this disease is not notifiable. The case of poliomyelitis involved a school girl of 6 years with a typical history. She first became ill on the 3rd October when her mother thought she had a cold and she was kept home from school in the afternoon. On the following day she was better and went to school but on the 5th her temperature again rose and she stayed at home. Two days later she felt better again and it was thought that she could go to school but on the way there she tripped on three occasions and her mother brought her back home and the doctor was called. On the 9th she was found to be limping and arrangements were made for her to see an Orthopaedic Surgeon. This she did on the 11th when a diagnosis of paralytic poliomyelitis was made and she was admitted to Moxley Hospital. There was no residual paralysis. All the members of the family were given Oral vaccine as well as the children of close contacts.

TUBERCULOSIS

If an open case of tuberculosis (sputum positive) occurs in a school where children and staff have been in close contact the following procedure is carried out:

1. All children are tuberculin tested
2. Children showing a positive result are X-rayed
3. All staff are tuberculin tested and X-rayed

In November an active case of pulmonary tuberculosis was notified in a girl attending a secondary modern school and also in a boy attending an infants' school. A total of 58 members of the teaching staff and pupils were X-rayed but no further case was reported from either school. All school contacts of the children were tuberculin tested and those showing positive reactions were X-rayed. All members of the teaching staff were offered appointments to attend the Chest Clinic and there was a hundred per cent response. In addition five other school children were notified and a further name was added to the tuberculosis register as a transfer from another area.

SPECIALISTS' CLINICS

The service continues to be indebted to the Regional Hospital Board and local Hospital Management Committee for providing consultant services on our own premises. This offers advantages to both patients and parents. It is also a great help and time-saver to consultants to have medical records available. The up-to-date facilities and accommodation provided in the new Central Clinic continue to prove their worth to both patients and staff.

OPHTHALMIC CLINIC

Routine medical inspections at schools revealed 189 children requiring treatment for eye conditions (180 for errors of refraction and 9 for squint and other conditions) and 259 were noted for future observation.

Dr. L. H. G. Moore continued his special ophthalmic clinics. A total of 129 sessions were carried out during the year, when 329 children were examined for the first time and 849 children, previously examined, were reviewed. Spectacles were provided for 709 children.

	<i>Number of Cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	8
Errors of refraction (including squint)	1,081
Total	1,089
Number of Children for whom spectacles were prescribed	709

During the year testing for colour-blindness using the Ishihara charts was commenced at periodic medical inspections in the 10—11 and school leaving age groups. Three pupils (two boys and one girl) were found to be colour-blind and referred to Dr. L. H. G. Moore, Consultant Ophthalmologist. As all three were of school-leaving age the Youth Employment Officer was informed. The best time to carry out this test is in the last year at Junior School but had the examination been restricted to this age group only, all the children leaving school within the next four years would have done so without having been tested. When the children in the Senior Schools have all been examined the test will be restricted to the 10—11 year age group.

OPHTHALMIC INSPECTIONS BY SCHOOL NURSES:

These inspections are continuing to prove their value in detecting defects of vision which may develop between the three routine medical inspections and also in ensuring treatment for those children who, for a variety of reasons, fail to attend for periodic review by the eye specialist. The following table gives a summary of the work done:

Number of children inspected	....	....	....	1,155
Number found to have visual defect	....	....	....	200

Of this number (200):

Number referred to Eye Clinic	....	....	116
Number already given appointments	....	....	9
Noted for observation	....	....	61
Seen previously and discharged	....	....	2
Left district, made own arrangements or did not attend	....	....	12
			<hr/> 200

ORTHOPTIC CLINIC

Throughout the year the visiting orthoptist continued to carry out six sessions monthly at the Central Clinic and the following are details of the work done—nearly all figures show an increase as compared with last year:

New Cases	92
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Old Cases:

For treatment	133
For occlusion	69
For tests and observation	15
For periodic check-up	....	....	....	....	11
Miscellaneous Visits	....	....	....	....	5
					<hr/> 230
Total Attendances	....	....	....	....	322

Discharges:

Cured by Orthoptic treatment	....	....	....	34
Cured by orthoptic and operative treatment	....	....	....	8
Attendance discontinued before completion of treatment	3
Transferred to Hospital for operative treatment	9

Failed to attend	24
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ORTHOPAEDIC CLINIC

During 1963 Mr. J. A. O'Gara, F.R.C.S., continued his fortnightly visits, the Orthopaedic Clinic remaining under the direction of the Dudley, Stourbridge and District Hospital Group. The number of treatments given, 336, was rather less than in the preceding year. The 185 children noted at routine medical inspections as having orthopaedic defects included 29 who required treatment and they are included in the total of 336 referred to above. The remaining 156 were kept under observation.

PHYSIOTHERAPY CLINIC

This clinic has remained under the direction of the Dudley, Stourbridge and District Hospital Group, with a trained physiotherapist holding sessions each working day. As in previous years, postural defects, pes planus and genu valgum of varying degree of severity have accounted for the great majority of cases. Once again the number of cases referred for breathing exercises showed a decrease but, with the improvement in equipment and accommodation it has again been possible to make more progress with children attending for treatment over long periods.

EAR, NOSE AND THROAT CLINIC

This remained under the direction of Mr. W. K. Hamilton, F.R.C.S., Ear, Nose and Throat Consultant. The number of children receiving operative treatment for the removal of tonsils and adenoids showed an appreciable decrease—131 as against 236 in the previous year. In addition two children received operative treatment for diseases of the ear and four for other nose and throat conditions, while four children received other forms of treatment. In this connection it is pleasing to note that the waiting time at the Dudley Guest Hospital for tonsillectomy is now only approximately two weeks as compared with eight to twelve months three years ago.

During the year at medical inspections 51 children were noted as requiring treatment and 202 were kept under observation.

TREATMENT:

	<i>Number of Cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	2
(b) for adenoids and chronic tonsillitis	131
(c) for other nose and throat conditions	4
Received other forms of treatment	4
Total	141

Total number of pupils known to have been provided with hearing aids:

(a) In 1963	3
(b) In previous years	41

PURE-TONE AUDIOMETER TESTING FOR SUSPECTED DEAFNESS

Mrs. Crellin, of the Worcestershire and Herefordshire Association for the Deaf, continued to carry out routine testing of all six year old children. During the year 1,385 children of this age were tested by pure-tone audiometer. 145 children who failed this test

were referred for further audiometric testing and clinical examination by the Senior Assistant Medical Officer, Dr. M. Kerrigan, and a further 27 were referred by medical officers from examinations at school or clinic.

Details of audiometry carried out at Central Clinic are as follows:

First attendances	101	} 170
Re-examinations	....	....	....	....	69
Failed to attend	....	....	....	....	71

Parents do not seem to realise that even a slight deafness is a big handicap to a child attending school and that in most cases the deafness can be remedied. Despite numerous appointments and visits from the school nurse 71 children, most of whom lived in the Priory area of the town, failed to attend.

Of the 170 seen at Central Clinic, two were referred by Dr. Kerrigan to the Birmingham Audiological Clinic for more extensive tests and one of these was subsequently seen by Mr. Hamilton, the aural surgeon, who recommended that this child be fitted with a hearing aid. Fifteen other cases were referred to Mr. Hamilton and in two of these cases also hearing aids were prescribed. Mrs. Crellin also took regular weekly classes in lip-reading and special classes to train children in the use of their hearing aids.

Teachers are encouraged to bring forward children of other age groups who show speech defect, backwardness, emotional disturbances or other features which conceivably might be caused by partial hearing loss.

CHILD GUIDANCE CLINIC

Dr. D. T. Maclay, Consultant Child Psychiatrist, continued his weekly session at the Central Clinic, where the improved facilities for treatment and play therapy were found to be increasingly useful. Miss Meyerhof, the Educational Psychologist, also continued to attend this clinic for one session weekly and gave valuable assistance in screening educationally subnormal children for referral to the Senior Assistant Medical Officer. The sources of referral were as follows:

School Medical Officer	....	....	....	....	....	9
General Practitioner	....	....	....	....	....	25
Probation Officer	....	....	....	....	....	3
Children's Officer	....	....	....	....	....	2
Head Teacher	....	....	....	....	....	1
Health Visitor	....	....	....	....	....	1

The following figures show the work carried out during the year:

NEW PATIENTS:

Soiling	3
Bedwetting	4
Behaviour Disorder	8
Anxiety	9
Stealing	4
Backwardness	7
School phobia	4
Maladjusted	1
Stammer	1
	<hr/> 41 <hr/>

REMAND HOME

During the year 65 children admitted to the new Remand Home at Saltwells House, which was opened towards the end of 1962, were referred to Dr. Maclay by the Courts. Figures of the work carried out in this respect are as follows and they are in addition to the figures quoted above:

NEW CASES:

Stealing	42
Breaking and entering	9
School refusal	3
Indecent assault	2
Assault....	3
Truanting	3
Sexual incident	1
Breach of Probation	1
Receiving	1
	<hr/> 65 <hr/>

Total number of interviews :

(a) Psychiatrist	359
(b) Psychologist	83

REPORT OF THE CHIEF DENTAL OFFICER

The Chief Dental Officer (Mrs. J. P. McEwan) reports—

DENTAL STAFF

The average number of dentists employed during the year was approximately 2.7, ending in December with 3.2. The authorised establishment is 3.5 dentists. Mr. Waddams, who qualified in December, 1962, commenced duties in January, 1963, as the only full-time dental officer. During the year arrangements were made for him to work two evening sessions at the Central Clinic for the benefit of mothers and senior school children. All the other dental officers were employed on a part-time basis. Mr. Brickett who has been in the Department for two years worked one session per week and Mr. Oliver worked at Dudley Wood Clinic for three sessions per week until mid June. The three other dental officers were newly qualified. It will be seen, therefore, that the staffing position of the dental service is not satisfactory.

DENTAL HEALTH EDUCATION

Again several thousand booklets and pamphlets were distributed free to children at school inspections, and posters given to Head Teachers. In some of the schools arrangements were made for members of the staff who normally teach hygiene to show the Unilever films "*Let's Keep Our Teeth*," "*A Tooth in Time*" and "*Where There's a Will*."

Slices of raw carrot were supplied to children after school meals and the school tuckshops were restricted to the sale of savouries and nuts rather than biscuits. The standard of oral hygiene is still improving.

DENTAL INSPECTION AND TREATMENT

The number of pupils inspected by the dental officers increased as did the number of actual treatments carried out. The number of permanent teeth filled was considerably less than in previous years because at the annual school dental inspections fewer cavities were found in the mouth of each child for whom treatment had been accepted. Also with each change in staff the flow of work is temporarily disrupted since each new recruit to the service takes the time of the Chief Dental Officer in learning how the School Dental Service is run.

The following table gives a summary of the work done.

1. Number of Pupils inspected by the Authority's Dental Officers:	
(a) At Periodic Inspections	9,243
(b) At Specials	761
Total (1)	10,004
2. Number found to require treatment	6,443
3. Number offered treatment	5,224
4. Number actually treated	2,961
5. Number of attendances made by pupils for treatment, excluding those recorded at heading 11(a) below	6,128
6. Half-days devoted to:	
Periodic (School) Inspection.....	84
Treatment	1,052
Total (6)	1,186
7. Fillings:	
Permanent Teeth	4,149
Temporary Teeth	1,061
Total (7)	5,210
8. Number of teeth filled:	
Permanent Teeth	3,865
Temporary Teeth	1,014
Total (8)	4,879
9. Extractions:	
Permanent Teeth	1,117
Temporary Teeth	2,107
Total (9)	3,224
10. Administration of general anaesthetics for extraction	1,089
11. Orthodontics:	
(a) Number of attendances made by pupils for orthodontic treatment	334
(b) Half days devoted to orthodontic treatment	30
(c) Cases commenced during the year	67
(d) Cases brought forward from the previous year	8
(e) Cases completed during the year	19
(f) Cases discontinued during the year	6
(g) Number of pupils treated by means of appliances	28
(h) Number of removable appliances fitted	40
(i) Number of fixed appliances fitted	1
(j) Cases referred to and treated by Hospital Orthodontists	6
12. Number of pupils fitted with artificial dentures	20
13. Other Operations:	
(a) Crowns	6
(b) Inlays	2
(c) Other Treatment	431
Total (13)	439

HANDICAPPED PUPILS

One of the most important functions of the School Health Service is the early ascertainment of the handicapped pupil. The work of assessing the needs of these children is one of the most interesting parts of a school medical officer's duties. Accurate assessment of any child's handicap frequently calls for repeated examination with specialist's advice available where necessary.

Where educational subnormality is concerned ascertainment and recommendations as to disposal can only be carried out by medical officers with special training required by the Ministry of Education. Their experience and training enable them to offer advice to the parents not only on how to overcome the problems involved but also on the child's capabilities. Similar guidance is available to families where children show emotional disturbances or behaviour disorders. The majority of these cases are referred to the Child Guidance Clinic.

The care and consideration shown for the handicapped child throughout his school life is also made available to him when he attains school-leaving age. By special examination prior to leaving school arrangements are made where necessary for these children to receive care or guidance through the direction of the Health and Welfare Department and the Youth Employment Service.

Handicapped children are seen on every visit to the school by the medical officer and at clinics. In this way certainty of supervision is maintained throughout the child's school life.

CHILDREN UNSUITABLE FOR EDUCATION AT SCHOOL

A few of these children are so severely subnormal that school attendance is never considered but the majority enter an infants' school for a trial period and are kept under observation. Only when it is apparent to parent, teacher and examining medical officer that the child is unsuitable for education at school is exclusion recommended.

During the year two girls (one aged 4 and one aged 5) were referred to the Local Health Authority as being unsuitable for education at school. One of these (the child aged 4) never attended school.

- (a) **Blind Pupils**—"that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight."

Children found to be blind are admitted to a special residential school. Throughout the year two children were attending the following schools:

Henshaw's Residential School for the Blind, Manchester	1
Condoover Residential School for the Blind, Kettering	1

One child, aged 3 years, who was ascertained blind (retro-lental fibroplasia) in the previous year was still awaiting a vacancy in the Sunshine Homes for Blind Babies. During the year he was seen on several occasions by the Visitor from the Homes and arrangements were made for the child's admission during 1964 for a period of assessment.

- (b) **Partially Sighted Pupils**—"that is to say, pupils who by reason of defective vision, cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight."

No child was ascertained during the year for admission to a special school for the partially sighted.

- (c) **Deaf Pupils**—"that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language."

Throughout the year eight children were attending the following schools:

North Staffordshire Residential School, Stoke on Trent	2
Longwill Day School for the Deaf, Birmingham	3
Royal School for Deaf, Birmingham	3
No child was newly ascertained during the year.	

- (d) **Partially Deaf Pupils**—"that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils."

Throughout the year five children were attending the following schools:

Needwood Residential School, Staffordshire	1
North Staffordshire Residential School, Stoke-on-Trent	1
Hamilton Lodge, Brighton	1
Longwill Day School for the Deaf, Birmingham	2

During the year three children were referred from routine hearing tests for consultant opinion and were subsequently recommended to have hearing aids. They were able to remain in ordinary schools and were given special tuition in the use of the aid and in lip-reading.

- (e) **Educationally Sub-normal Pupils**—"that is to say, pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools."

At the end of the year eight children were attending the following residential schools. In addition two children were ascertained and recommended admission to residential school but were still awaiting admission at the end of the year:

Besford Court, Worcester	2
St. Francis' Residential School, Birmingham	2
Thingwall Residential School, Liverpool	1
Crowthorn Residential School, Bolton	3

Two boys left residential school during the year on attaining the age of 16 years and were found suitable employment. One of these boys was referred to the Local Authority for voluntary care and guidance.

Miss Meyerhof, Educational Psychologist, has continued the screening of children referred by teachers on account of backwardness. Severe cases were referred for further testing by Dr. M. Kerrigan, Senior Assistant School Medical Officer.

92 examinations were carried out by the approved medical officers during the year. The majority of these examinations were held at the Central and peripheral clinics but some were carried out in schools and, in special cases, home visits were made. Of these, 32 were ascertained as educationally subnormal pupils and the following recommendations made:

To remain at ordinary school	2
To attend Day Special School	28
To attend Special Residential School	2
	<hr/> 32

In the case of 35 children it was recommended that they should receive care or guidance after leaving school.

25 children received other examinations which resulted in the following recommendations:

Unsuitable for education in ordinary school, for admission to Junior Training Centre	2
Re-ascertained, to remain in ordinary school	5
Re-ascertained, to remain in Day School for Educationally Subnormal Pupils	1
Preliminary examinations, and referred for ascertainment under Section 34 of the Education Act, 1944	4
Deferred, for re-ascertainment under Section 34 of the Education Act, 1944	13
	<hr/> 25

As at the end of the year there were 223 ascertained educationally subnormal pupils in the Borough. Of these 119 were attending the day special school for educationally subnormal pupils in the Borough and 104 were receiving special educational treatment in ordinary schools.

- (f) **Epileptic Pupils**—"that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils."

No cases were ascertained as requiring special educational treatment during the year.

- (g) **Maladjusted Pupils**—"that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment."

Throughout the year five children were attending the following schools:

St. Hilliard's Residential School, Mickleton Manor, Gloucestershire	1
St. George's Residential School, Gloucestershire	1
The Edward Rudolph Residential School, London, S.E.22	1
Pittsburgh House Residential School, Longton, Stoke-on-Trent	1
Merrifield Psychotic Unit, Tone Vale, Taunton	1

- (h) **Physically Handicapped Pupils**—"that is to say, pupils not suffering from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools."

Children who are physically handicapped are ascertained at an early age and if it is considered that their disability makes it advisable that they should not attend an ordinary school they are admitted to a school for physically handicapped children. If there is any doubt a trial period at an ordinary school is arranged.

At the end of the year two children were attending Bethesda Hospital School, Cheadle, Cheshire, one child having been transferred from the Children's Convalescent Home and School, West Kirby, at parents' request so that he could obtain specialist therapy.

Three children with physical disabilities also attended ordinary school and were transported to and from there by car. The reasons for providing special transport were as follows:

Severe deformity of knee following road accident	1
Paralysis (post-poliomyelitis)	2

One child with osteogenesis imperfecta received home tuition throughout the year for approximately three hours per week.

- (i) **Pupils suffering from Speech Defects**—"that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment."

No pupils were ascertained in this category but there are many who have speech defects and were given treatment by a full-time speech therapist at the schools and at the various clinics.

Figures of the work done in the Speech Therapy Clinic for the year are as follows:

No. of attendances for treatment	....	....	....	1,650
No. of attendances for interview....	....	....	....	73
No. of attendances for review	....	....	....	154
Total attendances	....	....	....	<u>1,877</u>
No. of new referrals during the year	....	....	....	71

REASONS FOR REFERRAL

Dyslalia	....	....	....	....	....	54
Alalia	....	....	....	....	....	1
Stammer	....	....	....	....	....	7
Others	....	....	....	....	....	9
						<u>71</u>

SOURCES OF REFERRAL

Head Teachers	....	....	....	....	....	52
School Medical Officers	....	....	....	....	....	7
Educational Psychologist	....	....	....	....	....	1
Others	....	....	....	....	....	11
						<u>71</u>

No. discharged during the year:

Cured	....	....	....	....	....	48
Maximum Improvement	....	....	....	....	....	20
Total discharges....	....	....	....	....	....	<u>68</u>

No. of cases on waiting list at end of year

No. of sessions

144

438

Miss Davidson comments on her work—

"1963 has been an eventful year in the Speech Clinics. I have received many visits from student health visitors, midwives, and child care officers, all of whom were interested in the workings of the Speech Therapy Service. I am glad to have been given the opportunity to demonstrate and to explain speech therapy and pathology to them as it has increased understanding between professions which are not always in contact.

During the year I have made follow-up visits to many schools at the request of Head Teachers and, as before, was always warmly welcomed.

I attended a Day Course at Derbyshire Royal Infirmary the subject of which was research into "Speech and Social Background" and another at Birmingham where the Motor and Sensory Aspects of Dyslalia were discussed.

Towards the end of the year the question of the appointment of an additional temporary part-time speech therapist was being considered because of the number of pupils on the waiting list and it is hoped that an appointment will be made early next year."

- (j) **Delicate Pupils**—"that is to say, pupils not falling under any other category who, by reason of impaired physical condition, need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools."

West Malvern Open Air School provides accommodation for 14 delicate pupils each term. The Worcestershire County Council Education Committee is the local education authority responsible for this school. Admissions are on a three-month basis but recommendations for a further term in some cases are made to the Authorities at the end of the term by the responsible medical officer at Malvern Open Air School.

Admissions during the year were as follows:

Subnormal nutrition and debility	....	....	....	30
Bronchitis and asthma	....	....	....	6
Recurrent chest infections	....	....	....	6
				<hr/> 42

During the Autumn term one of the boys was admitted to Worcester Royal Infirmary, osteomyelitis being diagnosed. He was later discharged to the care of his parents and kept under observation.

In addition one child attended the Children's Convalescent Home and School, Cheshire, throughout the year and another child, who had been at Corley Open Air Residential School, Coventry, on account of chronic bilateral bronchiectasis since January, 1959, was discharged during the year and attended for a short time at an ordinary school. During this period she was again taken ill and was admitted to a sanatorium for observation with a view to possible surgery.

CONDITIONS REQUIRING HOSPITAL TREATMENT OR INVESTIGATION

Rheumatic Conditions	....	....	....	....	....	4
Chest Conditions	....	....	....	....	....	21
Ear, Nose and Throat Conditions	....	....	....	....	....	135
Ophthalmic Conditions	....	....	....	....	....	19
Orthopaedic Conditions	....	....	....	....	....	15
Skin Conditions	....	....	....	....	....	4
Surgical Treatment	....	....	....	....	....	44
Investigations (General)	....	....	....	....	....	77
Accidents and Casualties	....	....	....	....	....	37

I am grateful for the co-operation of hospitals in sending details of all admissions and discharges of school children. This encourages greater liaison between the General Practitioner and the Health and Welfare Department, assists in the maintenance of complete school medical records and facilitates the visiting of children upon discharge from hospital where necessary.

TUITION IN HOSPITAL

37 Dudley children between the ages of 5 and 15 received some form of educational tuition in the Guest Hospital and various hospitals in other parts of the country in accordance with Section 56 of the Education Act, 1944. A teacher is employed by this Authority to visit the Dudley Guest Hospital for two hours on Mondays, Tuesdays, Thursdays and Fridays of each week.

EMPLOYMENT OF SCHOOL CHILDREN

1,117 children were examined as school leavers and Forms Y.9 or Y.10 were completed when necessary and sent to the Youth Employment Officer indicating the types of work for which the examining medical officer considered any child to be unsuited.

It was considered necessary to exclude 48 children from one or more of the following categories of work:

No. of Children excluded	1. Heavy manual work	2. Sedentary work	3. Indoor work	4. Prolonged standing, etc.	5. Exposure to bad weather	6. Wide changes in temperature	7. Work in damp atmosphere	8. Work in dusty atmosphere	9. Much stooping	10. Work near moving machinery or moving vehicles	11. Work at heights	12. Normally acute vision	13. Normal colour vision	14. Normal use of hands	15. Handling or preparation of food	16. Work requiring freedom from damp hands or skin defects	17. Normal hearing
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48 TOTAL CHILDREN

In addition children were also examined in accordance with the Bye-Laws made under the Children and Young Persons' Act, 1933, as amended by the Education Act, 1944, to undertake employment outside school hours. The number examined during the year was 82 and all the children were found to be medically fit to carry out the following occupations:

Errand Boy.....	.....	.....	.....	.....	.....	.....	4
Postal Delivery .....	.....	.....	.....	.....	.....	.....	1
Newspaper Delivery .....	.....	.....	.....	.....	.....	.....	50
Shop Assistants .....	.....	.....	.....	.....	.....	.....	26
Bread and Milk Delivery .....	.....	.....	.....	.....	.....	.....	1
							<hr/> 82 <hr/>

ASTLEY BURF CAMP

As in previous years 60 pupils went to this Camp each week from Monday to Friday throughout the Summer months, boys and girls alternating weekly. They were accompanied by teachers and their classes held in the open air.

The Camp, which is under the control of the Education Committee, is situated in open country not far from the River Severn near Stourport.

All children are medically examined at school or clinic before going to the Camp School.

The curriculum allows the children attending the camp school to take full advantage of the surrounding countryside and they are taken on visits to places of local interest. Special recreational activities are arranged in the evening by the Teachers in charge of the parties.

ROTARY BOYS' HOUSE, WESTON-SUPER-MARE

We are once again indebted to the Dudley Rotary Club for providing a free fortnight's holiday for 17 boys at Weston-Super-Mare.

The boys eligible are convalescent or debilitated children or those whose parents would not be able to provide them with a recuperative holiday by the sea. The increasing difficulty experienced over the last year or two in finding boys coming within this category has made it very apparent that the reasons for selecting these children are now more social than medical, and this reflects favourably on the health of school children in Dudley.

DEATHS OF SCHOOL CHILDREN

Six deaths occurred in children attending schools maintained by the Dudley Education Authority. The following are brief details:

Case 1. A girl aged 14 years.

Cause of death:

1. Chronic urinary infection.

Case 2. A boy aged 5 years.

Cause of death:

Killed in street accident (knocked down by a motor lorry).

1. (a) Shock.
- (b) Fracture of Skull.

Case 3. A girl aged 5 years.

Cause of death:

1. (a) Cardiac Failure.
- (b) Pulmonary haemorrhage.
- (c) Operation for Fallot's Tetralogy.

Case 4. A girl aged 15 years.

Cause of death:

1. (a) Heart Failure.
- (b) Acute Asthma.

Case 5. A boy aged 11 years.

Cause of death:

1. (a) Multiple injuries. Accidental death caused when deceased collided with a motor lorry while riding a pedal cycle.

Case 6. A boy aged 13 years.

Cause of death:

1. Cranio-pharyngioma. (Died in Children's Hospital, Birmingham). This child was well known to the School Health Service from early childhood.

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING FOR TEACHERS

During the year 34 candidates were examined for admission to Training College and a medical report completed in each case and forwarded with Form 4 RTC to the appropriate college authority. Each candidate agreed to X-ray examination and it was possible to pass all as fit for admission to a course of training.

Entrants to the teaching profession completing an approved course of training continue to be examined by the college doctor but in other cases the medical examination is arranged by the Principal School Medical Officer of the appointing Authority. These examinations require the completion and forwarding of Form 28RQ together with a medical report to the Ministry of Education and an X-ray examination is compulsory. During the year 16 medical reports were completed and no candidate was unsuccessful in passing the medical and X-ray examinations.

In one candidate examined for admission to a Teachers' Training College there was a history of tuberculosis, but in the opinion of the Chest Physician he was free from the risk of conveying infection, and was fit to carry out the duties of a teacher. In addition approval for his employment was obtained from the Ministry of Education.

**ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH
INSPECTOR AND CLEANSING SUPERINTENDENT FOR
THE YEAR ENDED 31st DECEMBER, 1963**

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

Mr. Mayor, Ladies and Gentlemen,

One of the most satisfying occurrences of the year was the filling of two inspectorial vacancies which had existed far too long. If this had not been done there would be several gaps in the report especially so because of the extra strain which meat inspection has caused.

It is also good to be able to look at the programme for dealing with unfit houses and see the possibility, in the not too distant future, of being able to report its completion. Coincidental with this possibility is the necessity of pushing ahead with housing repair and housing improvement. Although attempts have been made to interest owners of dwellinghouses in Improvement Grants very little success has resulted.

The programme for smoke control areas is, so far, up to date. The department is always ready and willing to advise and help in any way. Much time is, in fact, put in in advising people who appear to have difficulties.

Food inspections both of premises and foodstuffs are required in greater numbers. This is an aspect of the work which increases steadily. Large establishments with mechanised food handling equipment require time and concentration. The investigation of adverse reports on food become quite involved and the specialist finds his knowledge tested to the full.

Finally, may I offer my thanks to the members of the Council and particularly the Chairman and members of Health Committee. Mr. Bowman deserves my thanks, and these are no less due to every member of the staff.

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

This year saw the introduction of the new regulations for meat inspection. There has been 100% inspection of all animals slaughtered for food in Dudley for many many years, and therefore one of the aims of the regulations was already common practice.

The new regulations aim at more than 100% meat inspection. They introduce a statutory system of meat inspection which is rigid and time absorbing. There was hope that the regulations would regulate hours of slaughtering, but this hope was not fulfilled. Inspections, therefore, must fit in with hours of slaughtering and especially so in view of the need to be present at the time of slaughter. The regulations place a personal responsibility upon the Inspector because he must, at the end of his inspection, place upon the carcase his personal stamp to indicate that he is satisfied the meat is sound and free from disease.

The effect of the new regulations is reflected in the number of visits. Although the number of animals slaughtered approximates to that of last year, the number of visits to slaughterhouses has increased from 750 to 1,221, a considerable increase both in numbers and in the time involved.

The number of miscellaneous tins or packets of food inspected and condemned is very much greater than before. This is not to suggest that less care is taken either in food packaging or in storage and stock turnover in shops. It is difficult to give a reason for the increase. There is no doubt that much more food is pre-packed than before, and this could be one of the reasons, but I would not suggest it is the only reason.

Sufficient to say at this stage that a careful watch is being kept, and the results are obvious.

Whilst much of the report dealing with food and food premises is in the form of statistics, I feel I must make the comment that these statistics are an index of the care and supervision which is constantly being exercised for the protection of the general public. Some of the items may seem confusing, for instance, visits are paid to food preparing premises subject to registration and to other food premises. It would be more simple, and perhaps more effective if all food premises were subject to registration, but with the law as it now stands only a few of the food premises are required to register. It is no doubt just as confusing to the traders and in fact it is quite customary to find established businesses requiring registration and, therefore, technically committing an offence.

Slightly more food samples were taken this year, and again the choice of samples was carefully considered. A glance at the table of unsatisfactory samples reveals the same sort of situation about which I have commented before. Most of the offences were in connection with incorrect labelling which might be described as mis-description.

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</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	1,462	136	9	9,814	13,011
Number inspected	1,462	136	9	9,814	13,011
All diseases except Tuberculosis and Cysticerci—					
Whole carcasses condemned	1	Nil	Nil	6	21
Carcasses of which some part or organ was condemned	162	49	Nil	492	2,576
% of the number inspected affected with disease other than tuberculosis and cysticerci	11.1	35.9	Nil	19.9	19.7
Tuberculosis only—					
Whole carcasses condemned	Nil	Nil	Nil	Nil	1
Carcasses of which some part or organ was condemned	1	Nil	Nil	Nil	227
% of the number inspected affected with tuberculosis .....	.065	Nil	Nil	Nil	1.79
Cysticercosis —					
Carcasses of which some part or organ was condemned	8	Nil	Nil	Nil	Nil
Carcasses submitted to treatment by refrigeration	8	Nil	Nil	Nil	Nil
Generalised and totally condemned	Nil	Nil	Nil	Nil	Nil

MEAT CONDEMNED

	<i>Cows</i>	<i>Cattle</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Livers	24	120	—	396	716	1,256
Lungs	8	18	—	112	2,020	2,158
Heads	—	8	—	—	216	224
Kidneys	—	—	—	—	32	32
Hearts	—	2	—	1	95	98
Hocks	—	—	—	—	7	7
Spleens	—	—	—	1	2	3
Collars	—	—	—	—	3	3
Udders	8	—	—	—	—	8
Stomachs and Intestines	—	—	—	—	13	13
Legs	—	—	—	1	5	6
Feet	—	—	—	—	10	10
Skirts	—	1	—	—	1	2
Part Carcasses	—	—	—	4	17	21
Omentum	—	1	—	2	—	3
Frys	—	—	—	—	135	135
Carcasses	—	1	—	7	21	29

DISEASES

	<i>Cattle lbs.</i>	<i>Cows lbs.</i>	<i>Pigs lbs.</i>	<i>Sheep lbs.</i>	<i>Total lbs.</i>
Distomatosis	526	143	—	—	849
Echinococcus	78	36	—	40	154
Abscess	480	58	645	—	1,183
C. Bovis	149	—	—	—	149
Telangiectasis	60	108	—	—	168
Pleurisy	48	18	245	21	332
Cirrhosis	55	25	36	16	132
Pneumonia	1	—	1,660	65	1,726
Tuberculosis	3	—	2,110	—	2,113
Actinomycosis	25	—	—	—	25
Bruising	620	—	169	15	804
Peritonitis	30	—	170	1	201
Mastitis	—	64	—	—	64
B. Necrosis	—	15	—	—	15
Milk Spot	—	—	785	—	785
Pleurisy and Pericarditis	—	—	80	—	80
Hydronephrosis	—	—	27	—	27
Pleurisy Pericarditis and Peritonitis	—	—	1,052	—	1,052
Fractures	—	—	27	—	27
Congestion	—	—	140	—	140
Acute Septic Pleurisy	—	—	405	35	440
Septicaemia	—	—	68	—	68
Fever	—	—	690	—	690
Arthritis	—	—	20	—	20
Abnormal Odour	—	—	76	—	76
Pyæmia	—	—	126	—	126
Nephritis	—	—	2	—	2
Fatty Change	—	—	16	—	16
Oedema	—	—	51	8	59
Parasites	—	—	—	230	230
Emaciation	—	—	—	105	105
Septic Pneumonia	—	—	250	—	250
Pericarditis	—	—	75	—	75

Total weight of meat condemned:

5 tons, 1 cwt, 8 lbs.

Visits to slaughterhouses—1,221.

INSPECTION OF OTHER FOODS

During the year the District Inspectors have made 185 visits to food premises for the purpose of food inspection, other than meat inspection.

	<i>Total</i>		<i>Total</i>
Apples (lbs.)	7	Margarine (lbs.)	24
Apples (tins)	4	Marmalade (jars)	2
Apple Dumplings (tins)	2	Minerals (tins)	13
Baby Food (tins)	2	Meat (tins)	536
Bacon (lbs.)	26	Meat (lbs.)	98
Bacon Fry, Irish (tins)	2	Mincedmeat (jar)	1
Baked Beans (tins)	112	Mint Sauce (jar)	1
Beetroot (jars)	7	Miscellaneous (tins)	28
Bisto (pkts.)	2	Mixed Spice (drum)	1
Breadcrumbs (pkts.)	4	Mustard (drums)	2
Broth (tins)	16	Nutmeg (drum)	1
Butter (lbs.)	96	Pancake Mix (pkt.)	1
Cake (frozen)	1	Peanut Butter (jar)	1
Cake Mix (pkts.)	15	Pickles (jars)	12
Cereals (pkts.)	14	Pie Filling (tins)	6
Cheese (lbs.)	213	Pig Carcase	1
Cheese spread (jars)	26	Pepper (drums)	6
Chicken Portions	27	Raisins (pkts.)	2
Chicken (tins)	6	Ravioli (tin)	1
Chutney (jars)	3	Ready Dinners (tins)	14
Coffee (tins)	4	Rice (pkts.)	2
Cornish Pasties	10	Rice (tins)	109
Cream (tins)	47	Sago (tins)	17
Crisps (pkts.)	7	Sauce (bottles)	3
Croquettes Mix (pkts.)	88	Sausage (tins)	17
Curry (tins)	4	Sausage (lbs.)	146
Custard Powder (tins)	2	Shandy (tins)	8
Dates (pkt.)	1	Soup (tins)	155
Dog Food (tin)	1	Soup (pkts.)	16
Drinking Chocolate (tins)	9	Steak & Kidney Pies	16
Evaporated Milk (tins)	452	Stew & Hotpots (tins)	36
Fish (tins)	228	Stuffing (pkts.)	7
Fish Paste (jars)	15	Sugar (lbs.)	26
Frozen Fish (pkts.)	2	Sultanas (pkts.)	15
Fruit Juice (tins)	64	Surplus Fat (lbs.)	28
Fruit (tins)	1,970	Sweets (lbs.)	33
Glace Cherries (pkts.)	1	Sweets (pkts.)	11
Ham (lbs.)	39	Syrup (tins)	3
Ham (tins)	82	Tea (lb.)	1
Hamburgers (pkts.)	4	Tomatoes (tins)	678
Hamburgers (tins)	2	Trifle Packs	1
Ham and Veal Cutlets	8	Turkey	1
Honey (jars)	3	Vegetables, Dried (pkts.)	3
Horseradish (jars)	3	Vegetables, Frozen (pkts.)	5
Jam (jars)	19	Vegetables (tins)	380
Jellies (pkts.)	3	Vinegar (bottles)	547
Lard (lbs.)	2	Yams (lbs.)	300
Lemon Curd (jars)	4	Yams	350

DISPOSAL OF CONDEMNED FOOD

Meat offal and tinned foods 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

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

General Food Shops	124
Food Preparing premises subject to registration	33
Canteens	16
Restaurants	65
Fried Fish Premises	21
Butchers	72
Licensed Premises	32
Bakehouses	56
Food Vehicles and Stalls	61
Other Food Preparing Premises	3

As a result of these visits 19 premises which were found to be not of the standard required by the Food Hygiene General Regulations, 1955, were brought up to that standard.

PREMISES REGISTERED UNDER SECTION 16 OF THE FOOD & DRUGS ACT, 1955

Premises registered for the preparation or manufacture of sausage	3
Premises registered for the preparation or manufacture of potted, pickled or preserved food	17*
Premises registered for the preparation or manufacture of sausages and potted, pickled or preserved food	5

* This figure includes 5 domestic premises registered under Section 16 of the Food and Drugs Act, 1955 for the preparation of onions.

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

Premises registered for the manufacture of ice cream	3
Premises registered for the sale and storage of ice cream	233

During the year 117 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) REGULATIONS, 1960

Whilst four dairies remain on the register they are so registered only by reason of the fact that milk is stored prior to distribution to customers.

Three visits were made to dairies during 1963.

Licences in force under the Milk (Special Designations) Regulations, 1960 were as follows:

	<i>Processors' Licences</i>	<i>Dealers' Licences</i>	<i>Supplementary Licences</i>
T.T. Pasteurised	—	10	—
Pasteurised	—	4	—
Sterilised	—	148	—

At the end of 1963 there were 155 milk distributors registered with the Local Authority.

The number of dairies registered under the Milk and Dairies Regulations at the end of 1963 was 4.

BACTERIOLOGICAL EXAMINATION OF MILK

<i>Designation</i>	<i>Total Number of samples taken</i>	<i>Methylene Blue Tests</i>		<i>Phosphatase Tests</i>		<i>Turbidity Tests</i>	
		<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
T.T. Pasteurised	28	28	—	28	—	—	—
T.T. Pasteurised (Channel Isles)	9	9	—	9	—	—	—
Pasteurised	16	16	—	16	—	—	—
Pasteurised (Channel Isles)	8	8	—	8	—	—	—
Sterilised	9	—	—	—	—	9	—
Raw Tuberculin Tested	3	3	—	3	—	—	—
Totals	73	64	—	64	—	9	—

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

Continuous efforts are made to ensure compliance with the above regulations. The requirements apply both to the premises in which food is stored, prepared and sold, etc., and to the personnel employed in the food trade.

One is almost tempted to say that it is mainly a matter of common sense, but this would be to oversimplify the matter.

No one likes to be told that their premises are dirty or that they are guilty of habits which are objectionable, and yet it is still far too common to find food premises lacking regular cleaning routines and to find food handlers whose behaviour shows an ignorance of the basic principles of food hygiene.

During a recent visit to a food factory the Manager said he prided himself upon the high standard of hygiene in his premises. The Inspector then asked the Manager to accompany him on a tour of inspection. Wash-basins were provided for hand-washing, but there was no provision of soap or nail brushes—so much for the Manager's high standard.

Very few establishments employ people whose sole task is that of cleaning both premises and equipment. Awareness of strict personal hygiene is also not keenly followed.

Although much is done in connection with food hygiene, there is still much more to be done, and only a full complement of staff will make this possible.

SAMPLING FOR CHEMICAL ANALYSIS

During the year 3 formal and 176 informal samples were taken and adverse reports were made on 33. Details of action taken are given below:—

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Casserole Steak	Contained 65% meat. Low in meat content.	In the absence of a suitable standard it was not found possible to take satisfactory action.
Casserole Meat.	Contained 68% meat. Low in meat content.	
Casserole Meat	Contained 60% meat. Low in meat content.	
Fruit Salad in Syrup.	Unsatisfactory label. Ingredients listed out of order.	Label amended.
Milk.	Contained mould growth.	Matter referred to Dairy.
Cod Roe.	Unsatisfactory label. Vitamins present. Quantity should be declared.	Importers agreed to amend label.
Mustard and Cress.	Claim "so rich in protein and iron" not justified. Contained 2.9% protein and 1.6 milligrams of iron per 100 gm.	Label amended.
Biskose.	Unsatisfactory label. Term sodium glucide does not indicate true nature of ingredient.	Label amended.
Slimming Tablets.	No indication of laxative nature.	Manufacturers agreed to incorporate words "with a very mild laxative action" in new label.
Pork and Beef Luncheon Meat.	Contaminated with carbonaceous matter and rusty particles.	Warning given to Manufacturer.
Yoghourt.	Unsatisfactory label. Pre-packed compound food, but not labelled with ingredients.	Manufacturers agreed to amend label on carton caps.
Corned Beef.	Contained 15% ferrous particles derived from printing on tin.	Warning given to Manufacturer.
Ice Cream Lollie.	Unsatisfactory label. Fruit juice not specified.	Label amended.
Ice Cream Lollie.	Unsatisfactory label. Fruit juice not specified and contained no ice cream.	Wrong wrapper used. Warning given to packer.
Starpop.	Unsatisfactory label. Fruit juice not specified.	Manufacturers agreed to amend labels.

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Choc-o-split.	Unsatisfactory label. Fruit juice not specified. Reference to chocolate in ingredients not justified.	Manufacturers agreed to amend labels.
Pop-Ice.	Unsatisfactory label. Fruit juice not specified.	
Double Delight.	Unsatisfactory label. Fruit juice not specified.	Manufacturers agreed to amend label.
Fruitti-split.	Unsatisfactory label. Fruit juice not specified.	Manufacturers agreed to amend label.
Fruity Flavoured Lollie.	Unsatisfactory label. Fruit juice not specified.	Label amended.
Daily Twin Fruitti.	Unsatisfactory label. Fruit juice not specified.	Label amended.
Lager Beer.	Contained 0.4 parts per million arsenic.	Formal sample satisfactory.
Shandy.	Contained 1.1% proof spirit. Low in alcohol for a product described as "Shandy."	Manufacturer agreed to increase strength to 1.5% proof spirit.
Food Colours. (Green, Yellow, Pink).	Unsatisfactory—Compound food. Ingredients not declared.	Labels amended.
Cognac.	Contained 15 parts per million lead and 14 parts per million zinc.	Formal sample satisfactory.
Alcoholic Peppermint Cordial.	Contained 8.7% proof spirit instead of not less than 10% declared.	Manufacturers expressed regrets. No further action taken.
Cambridge Sausage Seasoning.	Contained 1.5% sulphur dioxide preservative not declared as required.	Labels amended satisfactorily.
Strong Seasoning.	Contained colour red 2G without declaration.	
Sausage Seasoning with preservative and fixa.	Contained colour red 2G without declaration.	
Sterilised Seasoning with preservative	Contained colour red 2G without declaration	
Trionimic Tablets.	Contains a P1 poison. No name and address of retailer on containers.	Referred to British Pharmaceutical Society.
Capriton Tablets.	Contains a P1 poison. Name and address of retailer not legible.	
Unibloom Seasoning	Contained colour red 2G without declaration.	Label amended satisfactorily.

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>
Alcoholic Peppermint			Ground Nutmeg	1	—
Cordial	1	—	Hovis Flour	—	1
Ale	5	—	Ice Cream	8	—
Angelica	1	—	Ice Cream Lollies	3	—
Aspirin	2	—	Ice Cream Mix	1	—
Beef Hamburgers	1	—	Ice Lollies	9	—
Beef Sausage	2	—	Infants' Powders	1	—
Beef Sausage Meat	1	—	Instant Coffee	1	—
Beer	9	—	Jam	4	—
Biotta Lacto Carrot	1	—	Lager	3	—
Biskose Sugar Com- pound	1	—	Lemco	1	—
Blackcurrant and Rose- hip Pastilles	1	—	Liver	1	—
Bronchial Emulsion	1	—	Margarine	1	—
Butter	3	—	Milk	9	—
Cabbage	1	—	Milk Shake Syrup	2	—
Cake Covering Milk			Minerals	13	—
Chocolate Flavour	1	—	Mixed Spice	1	—
Capriton Tablets	1	—	Mustard and Cress	1	—
Carrots	1	—	Puriton Tablets	1	—
Casserole Steak	4	—	Pork & Beef Luncheon Meat	1	—
Cheese	2	—	Pork Sausage	8	—
Chocolate Polka Dots	1	—	Potatoes	2	—
Cognac	—	2	Radio-Malt	1	—
Corned Beef	1	—	Raisins	1	—
Cornish Pasties	2	—	Raw Sugar Chocolate	1	—
Cream	5	—	Salads, Frying and Baking Oil	1	—
Cream Cakes	1	—	Sausage Rolls	1	—
Dequadin Lozenges	1	—	Sausage Seasoning	8	—
Digestive Syrup	1	—	Shandy	3	—
Elliotts Mixture	1	—	Slimming Tablets	1	—
Extract of Beef	1	—	Soothing Syrup	1	—
Extract of Malt with Cod Liver Oil	1	—	Steak & Kidney Patties	1	—
Fish Paste	1	—	Steak Burgers	1	—
Flavouring	2	—	Steaklets	1	—
Food Colour	5	—	Sweets	1	—
Fruit & Wine Preserva- tion Solution Tablets	1	—	Sweet Stout	1	—
Fruit Salad	4	—	Tea	2	—
Grape Juice	1	—	Tinned Cod Roe	1	—
Ground Almonds	1	—	Tomato Juice Cocktail	1	—
Ground Ginger	1	—	Trionimic Tablets	1	—
			Vegetarian Mincemeat	1	—
			Yoghourt	5	—

ICE CREAM AND ICED LOLLIPOPS

During 1963 a total of 72 samples of ice cream were submitted for bacteriological examination. The results are set out in the table below.

ICE CREAM

Analysis of Results of Provisional Grading Tests

<i>Where produced</i>	<i>No. of samples taken</i>	<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
In Dudley	36	31	5	—	—
Outside Dudley	36	31	5	—	—
Totals	72	62	10	—	—

These results were highly satisfactory. Four Grade 2 results were from one manufacturer and subsequent samples were all Grade 1.

Table showing analysis of results of Bacteriological Examination of Ice Lollipops

<i>Where produced</i>	<i>No. of samples taken</i>	<i>Colony count per ml. of lollie after 48 hrs. at 37°C</i>				<i>Provisional Grading</i>				<i>B.Coli type 1 in lollie</i>	
		<i>Nil</i>	<i>0-10</i>	<i>10-50</i>	<i>50-100</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Absent</i>	<i>Present</i>
In Dudley	9	5	1	1	2	3	—	—	—	7	—
Outside Dudley.....	23	14	2	4	3	4	1	—	—	10	1
Totals	32	19	8	5	5	7	1	—	—	17	1

Although these results were satisfactory one cannot help but feel concerned about the trends in the sale of ice cream. Last year attention was drawn to the increase in the sales of soft ice cream and the type of vehicle now being used for this product.

Temperature tests have been made of the ice cream mix in the tanks of the ice cream machines. Some of the tests showed temperatures in excess of 45°F. and occasionally in excess of 50°F. The later freezers have no thermometers fixed and therefore the operator does not know the temperature of his "mix." Even in the types with thermometers the temperature shown is that of the refrigerant and not of the "mix."

Generally, the control over the ageing of the mix for soft ice cream is unsatisfactory. From the factory to the soft ice cream vehicle many fluctuations in temperature may take place. There is

also a tendency for operators to remove containers from the storage cabinets for a short time and the container is then kept in the vehicle at possibly a high temperature.

Soft ice cream sales have become big business and a soft ice cream vehicle is no doubt quite costly. Danger to health can also be quite costly, and I am of the opinion that these vehicles need improvement.

ICE LOLLIES

In one case only was a report submitted showing the presence of B. Coli. Follow-up samples were quite satisfactory and therefore, apart from the one isolated bad result the sampling of ice lollies was satisfactory.

COMPLAINTS RE UNFIT OR CONTAMINATED FOOD

There was a considerable reduction in the number of complaints made as compared with 1962. In each case, however, careful investigations were carried out and I am glad to be able to report that the manufacturers were very co-operative. It was not necessary to institute legal proceedings.

Details of investigations made were as follows:

The meat in a tin of corned beef was found to be contaminated by a blue chemical which, in the opinion of the Analyst, was not serious. The manufacturers on investigation stated that the discolouration was due to a blue printing nib from the lithographing machine. The tin plate, on passing through the machine, has been coloured on both sides and this had given rise to the contamination. The manufacturers expressed their regret for this very rare occurrence.

The internal surface of another tin of corned beef was found by the purchaser to be seriously corroded. The corrosion was caused by a split on one of the tracks of the key strip. It was considered by the manufacturers that the damage had been caused after the tin left their control, but the manufacturers wrote to the purchaser and apologised for the condition of the tin. I did not consider that formal action was necessary in this case.

A cream cake purchased from a shop in the Borough, but manufactured outside, was found to contain a wood splinter about half an inch long. It was considered that the use of wooden trays was the cause. The manufacturers stated that plastic trays had been tried, but had been rejected because of distortion and that metal trays caused damage to the slide rails in rack fittings in vehicles. The firm concerned renewed wooden trays at regular intervals. After careful consideration by a Health Sub-Committee it was decided that a letter of warning be issued.

A tinned steak and kidney pie was found to contain a metal disc. In spite of a full investigation by the canners, the origin of the disc was not discovered.

A fly was found to be embedded in a scone baked at a Dudley bakery. The premises concerned are of a very high standard, and no further action was taken.

IMITATION CREAM

Generally bacteriological counts were low, but *B. Coli.* were present in a few instances, in quantity (240 per ml., 96 per ml.).

In one instance *B. Coli.* showed on one occasion after cooling although up to the homogeniser stage the results had been negative for *Coli.* Investigation showed that in order to secure even spread of the cream over the cooler surfaces a brush was used which was afterwards left with bristles immersed in the trough at the base of the cooler. This may have been responsible as brushes are difficult things to wash and sterilise.

HOUSING

The responsibilities of a local authority in respect of housing are both extensive and varied. Not only do Local Authorities deal with the building of houses, but there are also the important, albeit less glamorous, responsibilities of overcrowding, slum clearance, general repairs, improvements and the control of houses in multi-occupation.

These are somewhat formidable tasks and they receive less publicity than many other local authority responsibilities.

SLUM CLEARANCE

First let me say that this term is very much of a misnomer. I would prefer to say the clearance of unfit houses because in the majority of cases the tenants are exceptionally clean and deserve much better accommodation.

During the post war years no less than 2,933 houses have been condemned under the various sections of the Housing Act. At the time of writing only 213 of these houses remain occupied. A few of these were condemned a considerable time ago, but the occupiers have so far refused to move. It is my opinion that these people ought to move so that the houses can be demolished and the areas tidied up or redeveloped.

During the year the number of houses dealt with for condemnation were as follows:

Individual unfit houses	....	....	....	....	52
Houses in clearance areas	....	....	....	....	161
					<hr/>
					213
					<hr/>

GENERAL REPAIRS

There are quite a number of houses where disrepair is extensive but, at the moment, not so extensive that the properties should be condemned. Pressure of work on staff has not permitted any intensive action with such property. There is also the difficulty of adequate building labour to carry out such repairs. However, the clearance of unfit houses is within reasonable reach of completion, and it should be possible, provided there is no loss of staff, to turn attention to the pressing need of repairs. Failure to do this will obviously eventually swell the number of houses to be demolished.

HOUSING—GENERAL

The number of unfit houses inspected during the year was 242, and 498 reinspections were made. 108 inspections were carried out to determine whether fumigation service was necessary. In addition, 82 visits were made to families seeking rehousing on medical grounds. 24 complaints of dangerous conditions were received during the year.

144 visits were made to houses following requests for searches in connection with proposed house buying. Considerable care was taken to ensure that whilst a prospective purchaser should be given all possible information, the vendor should not be unduly prejudiced. It is becoming more apparent that the number of demolition orders to be made in future years will largely depend on the amount of maintenance carried out in the intervening period.

179 visits were made to houses in mortgage to the Corporation and it is pleasing to report that the standard of repair and redecoration maintained by owner-occupiers buying houses with the assistance of the local authority was very high. In very few instances was it necessary to carry out a detailed inspection.

197 visits of a miscellaneous nature were made.

RENT ACT, 1956

No. of applications for certificates of disrepair	....	3
No. of notices of intention to issue a certificate served	....	3
Certificates of Disrepair issued	....	Nil
Certificates of Disrepair cancelled	....	Nil

REHOUSING

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

Available lettings during 1963

	<i>New</i>		<i>Re-lets</i>
Flats	48	Houses — post-war	43
Houses	72	pre-war	66
		Flats— post-war	46
		pre-war	5
		Bungalows— post-war	13
		pre-war	1
		Pre-fabs— post-war	3
	120		177
Total	297		

Mutual exchanges are not included.

The total number of visits made for housing purposes during the year was 1,959.

Table 1 Housing Progress from 1st July, 1945 to 31st December, 1963

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	Total
Demolition Orders made	—	15	20	34	110	57	10	41	118	43	52	36	100	55	19	27	58	36	50	881
Closing Orders made	—	—	—	1	1	3	—	3	—	4	5	2	8	11	3	3	8	5	2	59
Houses confirmed in Clearance Areas ..	—	—	63	102	—	—	—	—	429	—	—	111	599	41	21	160	376	96	—	1993
Houses demolished—Section 17	18	34	19	34	30	88	57	57	46	71	35	42	120	93	34	18	56	57	45	954
Houses demolished—Clearance Areas ..	—	90	11	104	44	35	22	6	3	102	86	105	101	87	210	259	298	217	115	1895
Rehousing—Section 17	3	17	18	52	57	88	37	34	68	60	74	69	122	43	51	24	60	40	36	953
Rehousing—Slum clearance Areas ..	—	8	39	112	15	3	2	2	41	184	139	119	197	313	110	99	318	95	147	1943

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	1961	1962	1963
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	60	40	36
Families rehoused from Clearance Areas ..	—	8	39	112	15	3	2	2	41	184	139	119	197	313	110	99	318	95	147
Total	3	25	57	164	72	91	39	36	109	244	213	188	319	356	161	123	378	135	183
Total available lettings	39	204	195	520	444	272	353	445	389	462	380	464	419	476	332	362	501	267	297
% 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	77.0	50.5	61.6

N.B.—In addition, a further 6 families were rehoused during 1963 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

During the year under review sixty-seven applications for grant were made and the usual procedure of joint consultation with the Borough Engineer's Department was followed. In all cases applicants are given as much guidance as possible both as to procedure and as to the most advantageous method of conversion, and although the latter point may infringe somewhat upon the sphere of the architect employed, it has been found in practice that the advice is gratefully received. At the same time it is pointed out that details should be discussed with the architect concerned so that the final layout of fittings makes the best use of available space. The requisite standard of fitness is applied, and where specifications of repair are issued compliance therewith is supervised by the Public Health Inspector for this is his field, and one where a trained approach is essential. The preservation of properties is equally as important as the more glamorous counterpart of improvement, and whilst the applicant may be somewhat dismayed to receive, as a condition of obtaining a grant, a schedule of repairs to be executed at his own expense, I am of the opinion that the condition of satisfactory repair is rightly imposed.

The number of grants actually approved by Committee in 1963 was fifty-five, of which figure fifteen were for Discretionary Grants. Reference was made in my last report of a survey of a selected area of the Borough to comply with the Minister's wishes contained in Circular Number 42/1962. Whilst the results of this survey were not spectacular there was sufficient achievement to suggest that a personal approach to property owners is by far the best method of advertisement. Unfortunately, the twin deficiency of available time and staff are the limiting factors, but it is apparent much useful work can be accomplished in this field before any question of compulsion is considered as an alternative. The Department is justifiably proud of a block of five conversions carried out as a result of this survey, costing a total of approximately £3,000; they have become the show piece conversions of the Borough.

SANITARY ADMINISTRATION

PARTICULARS OF INSPECTIONS

Routine work continued under the Public Health Act, 1936, and during the year 307 inspections and 538 re-inspections were made.

The number of preliminary notices served was 128, and the number complied with was 82. Statutory notices numbered 56 and 83 notices were complied with.

The following were some of the more important defects remedied:

Chimneys	....	....	....	....	....	7
Eavesgutters	....	....	....	....	....	21
House Roofs	....	....	....	....	....	46
Floors	....	....	....	....	....	4
Firegrates	....	....	....	....	....	2
Staircases	....	....	....	....	....	5
Outbuildings	....	....	....	....	....	7
Plasterwork	....	....	....	....	....	17
Windows—Woodwork	....	....	....	....	....	6
Sashcords	....	....	....	....	....	6
Closets	....	....	....	....	....	26
Drainage Systems	....	....	....	....	....	29
Walls	....	....	....	....	....	6
Doors	....	....	....	....	....	5

HOUSES IN MULTI-OCCUPATION

The use of houses in this way is partly the lack of sufficient housing accommodation and partly the way of life of certain types of people.

Previously these houses were known as houses-let-in-lodgings, and were usually controlled by Byelaws. They were occupied by impecunious people who moved about from place to place at fairly frequent intervals.

This type of family still exists and are found in the houses in multi-occupation. Added to them are now families who cannot find separate accommodation and also people from Commonwealth countries and from Ireland.

During the year 125 such houses were inspected, involving 336 visits. In 38 instances Management Orders were made, and by the end of the year 15 of these premises had fully complied with the requirements of these Orders. A degree of overcrowding was found in 34 instances and in each case a notice requiring the abatement of overcrowding was served.

In many of these houses there is a lack of necessary amenities, such as washing accommodation, cooking accommodation and an adequacy of sanitary accommodation. When these places are inspected letters are sent requiring adequate provision to be made. In the majority of instances the effect of such a letter is the service of notices to quit upon certain of the occupiers and the nett result is the movement of these people to another house in multi-occupation when the cycle of action by the Department starts again.

The owner of a house in multi-occupation was prosecuted under Section 90 of the Housing Act, 1957, for overcrowding the house and a fine of £20 was imposed by the Magistrates.

DOMESTIC WATER SUPPLY

No. of premises (excluding Council Houses having a private water supply (estimated)	9,200
No. of Council Houses	9,959
No. of premises having common water supplies (estimated)....	400

WATER SUPPLY

The principal sources of supply for Dudley are Kinver and Cookley pumping stations in the Stour Valley and Prestwood, Ashwood and Hinksford pumping stations situated in the Smestow Valley. Water is obtained from wells and boreholes in the Bunter sandstone and the deepest borehole is over 700 feet deep.

The stations at Kinver, Prestwood and Cookley pump direct through 18" and 24" diameter mains to two service reservoirs at Shavers End, Dudley. Water from Ashwood and Hinksford is pumped through 20" and 15" diameter mains to the Springsmire service reservoir at Dudley, whence a portion is repumped to the Shavers End reservoirs. On occasions the water from Ashwood and Hinksford may be augmented by supplies from Churchill, Hagley and Hayley Green pumping stations.

A further principal supply is obtained from surface gathering grounds situated north of Lichfield. This water is filtered and sterilised before being pumped to Wood Green where it is repumped to the Shavers End reservoirs. It may be of interest that the supply system from Lichfield to Walsall, Wednesbury and Shavers End was the first works carried out by the South Staffordshire Waterworks Company approximately 100 years ago.

Due to the undulating nature of the ground within the County Borough there are three levels of water supply other than Shavers End reservoirs. These other levels are Cawney Hill reservoir, Springsmire Reservoir and Sedgley Beacon tanks. Cawney Hill reservoir and Sedgley Beacon tanks are supplied from repumping stations at Coneycgre and Shavers End respectively.

The supply of water to Dudley was first provided for by an Act of Parliament dated 1834 and again in 1852, and the South Staffordshire Waterworks Company took over the supply of water to the Borough under an Act dated 4th August, 1953.

The Company is, at present engaged in constructing a new source of supply at Hampton Loade on the banks of the River Severn, south of Bridgnorth, and it is hoped that supplies will be available from this source early in 1966 in the area of the Black Country. It is estimated that the execution of these works will ensure a plentiful supply of water in the Company's statutory area of supply until approximately 1980.

A householder complained that drinking water had an "iodine" taste, and that this taste was more pronounced early in the morning, and when the water was heated. The Analyst reporting on a sample of the water stated that organically it was of a high degree of purity,

and that iron was present in only an insignificant amount. He further stated that the faint "iodine" taste which was not discernible by some observers was probably associated with minute traces of chlorphenote. Tea made with the sample was not abnormal. A follow-up sample was satisfactory.

Complaint was made in another case that drinking water had an unpleasant taste and that aluminium kettles had been blackened. The Analyst reported that the water was of satisfactory quality, but that it was a high bicarbonate potentially slightly corrosive water with normal South Staffordshire characteristics. It contained traces of copper and iron which caused the taste. He felt that the water would be likely to have some slight action upon new copper pipes, but that this would diminish in time. These findings were confirmed by the South Staffordshire Waterworks Company who reported on an identical complaint from another part of the Borough.

Two samples were submitted following complaint from the Manager of a large multiple store in the town. The Analyst's report was entirely satisfactory.

SEWERAGE AND SEWAGE DISPOSAL

There were no changes in 1963. Drainage areas are therefore: The Central Area which drains to Swindon about 6 miles out of the Borough where it is treated by broad 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 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.

Visits to sewer overflow points confirmed that overflows on Upper Stour Valley Main Sewerage Board sewers still operate during rain. The overflow at the Coppice Lane/Saltwells Road boundary occasionally operates at peak periods during dry weather.

The duplicate sewer from the junction of Pedmore Road and Level Street extending to the Cradley Heath works is completed, but not yet connected as the new storm tanks at the works are not yet completed. When this is accomplished the Coppice Lane/Saltwells Road overflow which operates more frequently than the others will be eliminated, and it is anticipated that the duplicate sewer at Pedmore Road will be operating in 1964.

I understand that a further duplicate sewer from Windmill End to the Cradley Heath works following the course of the Mouse Sweet Brook which was reported as being in an advanced planning stage has not yet been constructed. This, on completion, will eliminate all other offending overflow points.

The number of cesspools in the borough is 56. There are also 76 pail closets.

FACTORIES ACTS, 1961

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 o</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	6	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	217	1	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	60	—	—	—
Total	283	1	1	—

2—Cases in which DEFECTS were found:

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

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

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

PART VIII OF THE ACT

Outwork

(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecu- tions for failure to supply lists (4)	No. of instances of work in unwhole- some premises (5)	Notices served (6)	Prose- cutions (7)
Wearing apparel { Making, etc.,	4	—	—	—	—	—
{ Cleaning and	—	—	—	—	—	—
{ Washing	—	—	—	—	—	—
Household linen	—	—	—	—	—	—
Lace, lace curtains and nets	—	—	—	—	—	—
Curtains and furniture hangings	—	—	—	—	—	—
Furniture and upholstery	—	—	—	—	—	—
Electro-plate	—	—	—	—	—	—
File making	—	—	—	—	—	—
Brass and brass articles	—	—	—	—	—	—
Fur pulling	—	—	—	—	—	—
Iron and steel cables and chains	1	—	—	—	—	—
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 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Paper bags	—	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	1	—	—	—	—	—
Brush making	—	—	—	—	—	—
Pea picking	—	—	—	—	—	—
Feather sorting	—	—	—	—	—	—
Carding, etc., of buttons, etc.	61	—	—	—	—	—
Stuffed toys	—	—	—	—	—	—
Basket making	—	—	—	—	—	—
Chocolates and sweetmeats	—	—	—	—	—	—
Cosaques, Christmas stockings, etc.	—	—	—	—	—	—
Textile weaving	—	—	—	—	—	—
Lampshades	—	—	—	—	—	—
TOTAL	67	—	—	—	—	—

INFECTIOUS DISEASE

445 visits were made as compared with 594 in 1962. The majority of these visits were to gastro-enteritis and some dysentery cases.

RODENT CONTROL

The following is a table of work carried out under this heading during the year.

	Type of Property				Agri-cultural
	Non-Agricultural				
	1 Local Authority	2 Dwelling houses (incl. Council houses)	3 All other including business premises	4 Total of Cols. 1, 2 and 3	
No. of properties in Local Authority's district	40	18686	3847	22573	2
Total number of properties inspected as a result of notifications	38	308	87	433	—
Number of such properties found to be infested by—					
Common rat					
Major	2	1	19	22	—
Minor	20	211	40	271	—
House mouse					
Major	2	6	4	12	—
Minor	13	52	24	89	—
Total number of properties inspected in the course of survey under the Act	33	70	16	119	—
Number of such properties found to be infested by—					
Common rat					
Major	7	1	2	10	—
Minor	22	50	5	77	—
House mouse					
Major	—	1	2	3	—
Minor	—	2	—	2	—
Total number of properties otherwise inspected (e.g. when visited primarily for some other purpose)	—	—	—	—	—
Number of such properties found to be infested by—					
Common rat					
Major	—	—	—	—	—
Minor	—	—	—	—	—
House mouse					
Major	—	—	—	—	—
Minor	—	—	—	—	—
Number of infested properties (in Sections 11, 111 and IV) treated by the Local Authority	66	324	96	486	—

116 drainage tests were carried out in connection with rat complaints.

INDUSTRIAL POLLUTION

The problem of industrial air pollution is no longer a major one in the borough. 82 observations were made, but it was only necessary to visit 15 premises for offences of a minor nature.

By far the largest amount of atmospheric pollution experienced in Dudley emanates from the Round Oak Steel Works in Brierley Hill. The processes causing this pollution come under the control of the Alkali Inspectorate. The amount of air pollution is very great and the time has surely come when active steps should be taken to secure an improvement.

SMOKE CONTROL AREAS

The Old Park Farm Smoke Control Order involving 1,138 premises became operative on 1st October. The Broadway Order involving 929 premises was confirmed on 25th October.

During the year 1,805 premises were surveyed and 795 visits were made to premises in confirmed and operative Orders. 274 visits were made to householders seeking advice on the burning of smokeless fuels. It was necessary to serve 41 notices on householders found to be burning coal.

CARAVANS

It was necessary to make 137 visits to caravan dwellers during the year and in 87 cases the caravanners had to be compelled to move. Generally, there was no improvement in standards of site cleanliness by these people and the cost to the Corporation in money and wasted man hours has been considerable. If vigorous action had, however, not been taken throughout the year, there is no doubt that sites in the Borough would have been permanently occupied and householders in the vicinity of the sites would have been subjected to far greater nuisance than has been the case. It was possible during the year to prevent access to several sites, but there are still considerable areas of land which could be used.

I should like to express my appreciation of the help which was at all times willingly rendered by the Police. Without their assistance there is no doubt that members of my staff would have been assaulted on more than one occasion.

NOISE ABATEMENT ACT

50 complaints were investigated during the year, but in no case was a notice justified.

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 15.

PHARMACY AND POISONS ACT, 1933

One application for entry on the poisons list was made.

FERTILISERS AND FEEDING STUFFS ACT, 1926

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

PUBLIC SWIMMING BATHS

Four samples of swimming bath water were taken and submitted for bacteriological examination during the year. All were satisfactory.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

No samples were taken under this Act during the year.

PET ANIMALS ACT, 1951

Six premises are licensed under this enactment.

