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County Borough of Dudley

HEALTH AND WELFARE  
SERVICES

1964



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COUNTY BOROUGH OF DUDLEY

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# ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

PRINCIPAL SCHOOL MEDICAL OFFICER

CHIEF WELFARE OFFICER

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



## Constitution of Committees as at 31st December, 1964

### HEALTH COMMITTEE

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

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

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

(Members of the Council)

Dr. J. H. Haldane	)	
Mr. S. Rowley	)	Appointed by Dudley Executive
Mrs. D. Chambers	)	Council
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 E. Morris
The Deputy Mayor	Councillor J. G. Rowley
Alderman Dr. F. G. Lewis	Councillor Mrs. R. E. Wakeman
Alderman G. B. Norton	Councillor S. Walker
Councillor J. Marsh	

(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 J. G. Parker
The Deputy Mayor	Councillor J. W. R. Roe
Alderman T. E. Bennett	Councillor J. G. Rowley
Alderman J. H. Molyneux	Councillor Mrs. B. M. Trigg
Alderman J. C. Price	Councillor Mrs. R. E. Wakeman
Councillor Mrs. B. M. Baker	Councillor F. J. Williams
Councillor G. Beech	

(Members of the Council)

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

(Co-opted Members)

## SCHOOL MANAGEMENT & MEDICAL SUB-COMMITTEE

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

The Mayor	Councillor Mrs. B. M. Baker
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 J. G. Parker	Councillor F. J. Williams

(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., M.B., B.Ch., B.A.O., D.P.H.

*Assistant Medical Officers of Health :*

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

(Resigned 31st May, 1964).

A. J. Wood, M.B., B.S. (Resigned 31st January, 1964).

J. Vella, M.D., B.Sc., Ph.C., D.L.O., D.P.H.

(Commenced 13th July, 1964).

\*J. W. Waldron, M.B., Ch.B., D.C.H.

(Commenced 13th April, 1964).

\*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.,

(Resigned 31st October, 1964).

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

\*P. K. G. Fradgley, L.D.S., R.C.S.

\*W. R. Turner, L.D.S., R.C.S.

\*J. Charlton, L.D.S., R.C.S. (Resigned 16th October, 1964).

\*M. Duce, B.D.S. (Commenced 5th November, 1964).

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

(Commenced 7th December, 1964).



*Chief Public Health Inspector and Cleansing Superintendent :*

†W. Parker, M.R.S.H., M.A.P.H.I., M. Inst. P.C., 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.

*Inspector in Charge of Housing :*

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

*Inspectors in Charge of Food Preparing Premises :*

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

(Resigned 28th February, 1964).

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

(From 1st March, 1964).

*Assistant Cleansing Superintendent :*

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

*District Public Health Inspectors :*

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

(Until 28th February, 1964).

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

†N. Briggs, M.A.P.H.I., Cert. S.I.B.

(Resigned 27th September, 1964).

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

(Resigned 30th November, 1964).

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

†R. Drew, M.A.P.H.I., M.R.S.H., Dip. P.H.I.E.B.

(Qualified 8th July, 1964).

*Additional Public Health Inspector :*

†Miss J. Trevis, M.A.P.H.I., Dip. P.H.I.E.B.

(Qualified 8th July, 1964).

*Pupil Public Health Inspectors :*

H. E. Evans, (Commenced 21st September, 1964).

S. J. Green, (Commenced 28th September, 1964).

*Non-Medical Supervisor of Midwives, and Superintendent Home Nurse :*

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. M. Gwinnell, S.R.N., S.C.M., (Part 1), H.V.s Cert.  
 Mrs. M. H. Hinchcliffe, S.R.N., S.C.M., (Part 1), H.V.s Cert.  
 Miss N. Homer, S.R.N., S.C.M., H.V.s Cert.  
 (Resigned 12th July, 1964).  
 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 1), H.V.s Cert.

*Student Health Visitors/School Nurses :*

- Miss S. B. Tighe, S.R.N., S.C.M. (Commenced 1st July, 1964).  
 Miss B. E. Perry, S.R.N., S.C.M.  
 (Commenced 7th September, 1964).

*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 D. M. Hancox, S.R.N., S.C.M.  
 Miss E. Killington, S.C.M.  
 (Commenced 7th April, 1964; Resigned 16th August, 1964).  
 Mrs. M. Plant, S.E.N., S.C.M.  
 Mrs. V. Stokes, S.R.N., S.C.M., (Resigned 31st March, 1964).  
 Mrs. K. M. Walsh, S.C.M.

*Tuberculosis Visitor :*

- Mrs. H. Whitehouse (Commenced 11th May, 1964; Resigned 31st December, 1964).

*District Nurses :*

- Mrs. H. Darby, S.R.N. (Resigned 30th September, 1964).  
 Mrs. J. G. Handy, S.E.N.  
 Mrs. M. J. Leatherbarrow, S.R.N.  
 Mrs. E. M. Nash, S.R.N. (Resigned 30th April, 1964).  
 Mrs. V. Parres, S.R.N.  
 Mrs. M. Setchfield, S.R.N.  
 Mrs. E. Woodhouse, S.E.N.  
 Mrs. D. A. Smith, S.E.N. (Commenced 17th February, 1964).  
 Mrs. Y. Evans, S.R.N. (Commenced 1st June, 1964).  
 °Mrs. M. Mountford, S.R.N.  
 (Commenced 26th October, 1964).  
 °Mrs. W. Pagett, S.R.N. (Commenced 29th June, 1964 —  
 transferred to full-time staff from 1st October, 1964).

- °Mrs. M. Skupien, S.E.N.
- °Mrs. L. M. Ward, S.R.N. (Commenced 27th April, 1964).
- °Mrs. G. E. Everton (Bathing Attendant).

*Speech Therapists :*

- Miss A. F. Davidson.
- °Mrs. G. M. Stuffins (Commenced 19th February, 1964).

*Orthoptist :*

- °Mrs. A. M. Duggan.

*Chiropodists :*

- °Miss J. Fraser.
- °R. Bailey (Commenced 1st October, 1964).

*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.
- °Mrs. I. Strathearn.

*Deputy Chief Welfare Officer :*

I. A. Connor, B.Sc. (Econ.).

*Senior Social and Mental Welfare Officer :*

J. Berry.

*Social and Mental Welfare Officers :*

- Miss M. Phillips, R.M.N.
- J. Houghton.
- E. Bitson.
- E. J. Walker, S.R.N., S.R.M.N.
- Mrs. P. Vincent, C.S.W. (Commenced 13th July, 1964).



*General Health :*

K. Rawlings, Senior Clerk.  
 Miss I. Richards, Senior Female Clerk.  
 G. H. Darby.  
 Mrs. O. Atha (Resigned 8th March, 1964).  
 Mrs. D. Jones (Commenced 9th March, 1964).  
 Miss J. Darby.

*Welfare :*

Mrs. M. McCartney.  
 A. Mason.  
 Mrs. B. Sanders (Resigned 31st December, 1964).  
 Miss A. E. Hardcastle.  
 Mrs. E. R. Cave.  
 °Mrs. D. Collins.  
 Miss E. Whitehouse (Commenced 14th December, 1964).

*School Health :*

Mr. R. Woolley, Administrative Assistant.  
 Miss M. Mayer.  
 Mrs. O. Baker.  
 Miss M. Bowen.  
 Mrs. A. Gwilliam (Resigned 31st October, 1964).  
 Miss G. Hackett.  
 Miss M. Robinson.  
 Miss M. Walker (Commenced 9th November, 1964).

*Sanitary :*

Mrs. M. Bennett.  
 Mrs. B. Evans (Resigned 31st August, 1964).  
 Miss J. Forrest (Resigned 31st August, 1964).  
 Miss D. Fellows (Commenced 14th September, 1964).  
 Miss M. Price (Commenced 1st September, 1964).  
 G. W. Thomas.  
 R. Brown (Resigned 31st October, 1964).  
 D. C. Jones (Commenced 9th November, 1964).

*Welfare Food Clerks :*

°Mrs. G. Grew.  
 °Mrs. I. Lewis.  
 °Mrs. I. Pritchard (Resigned 12th June, 1964).  
 °Miss M. Richards (Commenced 11th June, 1964).

° Part-time

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

The Mayor, Alderman 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 1964.

A Department with a small number of professional staff cannot work well when there are many changes among senior staff. Unfortunately in 1964 we lost the services of two medical officers and a dental officer. Dr. Wood resigned in January after being in the Department only 11 months as he was offered a post in the Health Department at Bristol which would enable him to take further training for a career in Local Health Services. Dr. McNulty returned to hospital work in May with a view to gaining experience in Mental Health. The vacancies were filled by Dr. Waldron who came from the Health Department of a neighbouring Authority, and Dr. Vella who had been employed in Her Majesty's Overseas Civil Service since 1954. Mr. Waddams who had been in the Department for nearly two years resigned to take up a similar appointment with Cornwall County Council.

Health visitors are highly trained members of the Health Department and it is uneconomic to the Authority as well as being unsatisfactory for them to be asked to carry out work which can equally well be done by someone less experienced. Arrangements were made, therefore, to review the field of work of health visitors so that they would only be engaged in duties for which they had been trained. Minor ailment clinics were discontinued throughout the Borough with the exception of Central Clinic and here the work was undertaken by a State Registered Nurse. Health visitors no longer attend ante-natal clinics but now give more time to health education in the mothercraft classes and at schools. As a further measure to improve the service a register of children who were likely to develop mental or physical handicaps was started so that by selective visiting their needs would be more adequately met.

Mrs. Vincent returned to the Department after attending a two year Young-husband Course in Birmingham leading to the Certificate in Social Work. She was the first qualified officer to return to the Department but arrangements were being made to second a trainee welfare officer on to the same Course. Eventually it is hoped that all the Social and Mental Welfare Officers in the Department will be fully trained.

In July, Dr. Stanley, Medical Superintendent of Monyhull Hospital started a clinic in Dudley for the severely subnormal attending the Junior and Adult Training Centre as well as other subnormal persons who, though not attending the Centre, were

known to the Mental Welfare Officers. In the past children had been referred to him only when they were already in difficulties but under the new arrangements children with their parents were seen regularly and advised. In this way it is hoped that parents will have fewer difficulties to face at home and that they will benefit by the support given to them by an experienced staff.

A most important improvement in the services for the physically handicapped was the opening of the Sighted Disabled Workshops at Sedgley in August. These workshops are shared by Staffordshire, Wolverhampton and Dudley and are the outcome of long negotiations between the three Authorities and the Ministry of Labour. Their purpose is to provide work for those who are so physically handicapped that they are unlikely to be employed in open industry and also to give training to those who are likely to benefit by learning new skills so that they can eventually be fully employed outside sheltered workshops. During the year 19 disabled persons from Dudley were considered for admission but it was found that of this number nine only were acceptable. In addition to the workshops in Sedgley there is a Handicraft Centre in the Borough which caters for the needs of more severely handicapped adults. This Centre was opened for an extra day in the week so that instruction was given on four days while on the fifth day the Occupational Therapist/Handicraft Instructor visited people who are house-bound.

No major changes were introduced in the School Health Service during the year although the question of selective medical examination for pupils attending Junior Schools was again considered. For such an arrangement to be a success it was felt that in addition to being experienced in this work the Medical Officers should also have been employed in the Department for at least a few terms to give them the opportunity of getting to know the teaching staff well. Unfortunately in recent years there have been too many medical staff changes and despite repeated advertising of vacancies some under-staffing also. The present arrangements for the periodic medical inspection of children therefore continued.

I am grateful to the Council and all the Committees which I attend for their continued support and encouragement, the

General Practitioners of the Borough for the co-operation which they give so readily and to the staff of the Department for their loyalty during a 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,  
Worcs.

Telephone No.: Dudley 55433.



## VITAL STATISTICS

Population—Registrar General's estimate, 1964	...	63,890
Rateable Value (at 1st April, 1965)	... ..	£2,783,031
Estimated Product of 1d. Rate (1964/65)	... ..	£11,000

## LIVE BIRTHS:

	M.	F.	Total
Legitimate	541	535	1076
Illegitimate	41	36	77
	<hr/>	<hr/>	<hr/>
	582	571	1153
	<hr/>	<hr/>	<hr/>
Rate per 1,000 population			17.8
			°(18.4)
Illegitimate Live Births per cent of total live births			6.6

## STILLBIRTHS:

	M.	F.	Total
Legitimate	17	10	27
Illegitimate	1	1	2
	<hr/>	<hr/>	<hr/>
	18	11	29
	<hr/>	<hr/>	<hr/>
Rate per 1,000 total live and still births			24.5
			°(16.3)

## TOTAL LIVE AND STILL BIRTHS:

M.	F.	Total
600	582	1182

## INFANT DEATHS (Deaths under 1 year):

	M.	F.	Total
Legitimate	13	8	21
Illegitimate	—	—	—
	<hr/>	<hr/>	<hr/>
	13	8	21
	<hr/>	<hr/>	<hr/>

## INFANT MORTALITY RATES:

Total infant deaths per 1,000 total live births	18.2
	°(20.0)
Legitimate infant deaths per 1,000 legitimate live births	19.5
Illegitimate infant deaths per 1,000 illegitimate live births	—
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	10.4
	°(13.8)
Early neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	8.6
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	32.9
	°(28.2)
Maternal Mortality (including abortion)	
Deaths	—
Rate per 1,000 total live and still births	—

## DEATHS:

M.	F.	Total
386	301	687

## DEATH RATE per 1,000 population

13.54  
°(11.3)

\*The National Rates are shown in brackets.

## DEATHS FROM ALL CAUSES

Table I

	<i>Cause of Death</i>	M.	F.	Total
1	Tuberculosis of Respiratory System ...	1	1	2
2	Other forms of Tuberculosis ...	—	—	—
3	Syphilitic Diseases ...	1	—	1
4	Diphtheria ...	—	—	—
5	Whooping Cough ...	—	—	—
6	Meningococcal Infections ...	—	—	—
7	Acute Poliomyelitis ...	—	—	—
8	Measles ...	1	—	1
9	Other Infective and Parasitic Diseases	—	—	—
10	Malignant Neoplasm, Stomach ...	13	5	18
11	Malignant Neoplasm, Lungs, Bronchus	30	—	30
12	Malignant Neoplasm, Breast ...	—	17	17
13	Malignant Neoplasm, Uterus ...	—	5	5
14	Other Malignant and Lymphatic Neoplasms ...	39	28	67
15	Leukaemia ...	3	3	6
16	Diabetes ...	1	6	7
17	Vascular Lesions of Nervous System ...	40	47	87
18	Coronary Disease, Angina ...	88	54	142
19	Hypertension with Heart Disease ...	10	8	18
20	Other Heart Diseases ...	19	39	58
21	Other Circulatory Disease ...	18	13	31
22	Influenza ...	—	1	1
23	Pneumonia ...	14	10	24
24	Bronchitis ...	41	22	63
25	Other Diseases ...	3	1	4
26	Ulcer of Stomach and Duodenum ...	3	3	6
27	Gastritis, Enteritis and Diarrhoea ...	1	2	3
28	Nephritis and Nephrosis ...	3	2	5
29	Hyperplasia of Prostate ...	1	—	1
30	Pregnancy, Childbirth, Abortion ...	—	—	—
31	Congenital Malformations ...	2	1	3
32	Other defined and ill-defined diseases ...	22	22	44
33	Motor Vehicle Accidents ...	14	—	14
34	All other Accidents ...	13	9	22
35	Suicide ...	5	2	7
36	Homicide and Operations of War ...	—	—	—
		<hr/> 386	<hr/> 301	<hr/> 687

**DEATHS**

There were 687 deaths during the year giving a death rate of 13.54 compared with the national rate of 11.3.

The five most common causes of death were as follows:

Coronary Disease, Angina	...	...	...	142
Vascular Lesion of the Nervous System	...			87
Other Heart Diseases	...	...	...	58
Bronchitis	...	...	...	63
Malignant Neoplasms, Lungs and Bronchus	...			30

Fourteen deaths were due to motor vehicle and 22 to other accidents, There were seven suicides.

**BIRTH RATE**

There were 1,076 legitimate live births and 77 illegitimate live births. This was an increase of 17 legitimate and a decrease of 19 illegitimate births compared with 1963.

**INFANT MORTALITY AND STILLBIRTHS**

There were 21 infant deaths under one year giving an Infant Mortality Rate of 18.2 compared with 21.6 for the previous year, and 20.0 for the country generally. The stillbirth rate of 24.5 was slightly higher than for the previous year and well above the national rate of 16.3.

**PREMATURE INFANTS**

During the year there were 111 premature live births and 17 premature stillbirths. Of the live births 15 were born and nursed entirely at home and 10 born at home were later transferred to hospital. Eight of the 111 died within 28 days, seven of them within 24 hours of birth.

One of the midwives continued to be responsible for the care of premature babies until they attained 6 lbs. in weight. The total number of visits made by her during the year was 522.

## INFECTIOUS DISEASE

The following table shows the incidence of infectious disease notified during 1964:

	<i>Numbers Notified</i>		<i>Admitted to Hospital</i>
	<i>M.</i>	<i>F.</i>	
Scarlet Fever ... ..	9	3	—
Whooping Cough ... ..	16	18	11
Measles ... ..	58	42	3
Pneumonia ... ..	4	4	3
Dysentery ... ..	1	3	—
Puerperal Pyrexia ... ..	—	1	1
Food Poisoning ... ..	1	5	3
Meningitis ... ..	1	—	1
Erysipelas ... ..	2	1	—

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

No patient was notified as having poliomyelitis.

### 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>
1964 ... ..	35	4	39
1963 ... ..	39	4	43
1962 ... ..	35	5	40
1961 ... ..	46	4	50
1960 ... ..	38	4	42

The following table gives details of new notifications:

#### NEW CASES NOTIFIED

<i>Age Groups</i>	0—	1—	5—	15—	45—	65—	<i>Total (all ages)</i>
<b>Pulmonary:</b>							
Males .. ..	—	1	2	17	6	3	29
Females .. ..	—	—	—	4	1	1	6
<b>Non-Pulmonary:</b>							
Males .. ..	—	—	2	—	—	—	2
Females .. ..	—	—	1	—	—	1	2

In 1964 there were in addition to the 39 new cases, a further eight notifications of tuberculosis occurring in patients diagnosed as having the disease in another area who then moved into the Borough to live. There were 15 outward transfers.

Of the new notifications, 12 were of tuberculosis occurring in Asian immigrants as were four of the eight inward transferred notifications.

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

				<i>Pulmonary</i>	<i>Non-Pulmonary</i>	<i>Total</i>
1964	...	...	...	382	41	423
1963	...	...	...	430	38	468
1962	...	...	...	440	34	474
1961	...	...	...	488	63	551
1960	...	...	...	515	60	575

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

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

Eight patients were given free milk.

Until May all the tuberculosis visiting and contact tracing was undertaken by the health visitors as a part of their normal duties. In May, however, Mrs. Whitehouse, S.R.N., was appointed to a newly designated post of Tuberculosis Visitor. The Tuberculosis Visitor is now responsible for visiting all cases of tuberculosis and works in very close co-operation with the Chest Physician's staff. Intensive follow-up and tracing of contacts is now undertaken, including contacts at home, at the place of work, and at school. When necessary, arrangements are made with the Mass Miniature Radiography Unit for contacts of a particular case to be X-rayed.

## VENEREAL DISEASE

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

	1964	1963	1962	1961
Syphilis ... ..	5	11	11	12
Gonorrhoea ... ..	27	18	22	28
Non-Venereal and undiagnosed condition ... ..	86	111	96	110

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

It is pleasing to report that the figures again indicate that there is no appreciable increase in the number of Dudley residents attending the Centre. It is, of course, possible that some patients who live in Dudley attend other Centres for treatment but information on this point is not available.

The Hospital Management Committee are responsible for making facilities available for treatment but the Local Health Authority's health visiting staff are from time to time asked to follow up defaulting females. Follow up of male defaulters was undertaken by hospital staff.

Although the Ministry of Health have stressed the need for publicity on venereal disease it is not an easy subject for health education. At intervals posters were displayed in public lavatories but these were defaced or destroyed very quickly. Other posters have been placed in canteens, factory toilets and Youth Clubs.

The Treatment Centre is at the Guest Hospital, Tipton Road, Dudley, which is open at the following times:

Monday	9.0 a.m.— 6.30 p.m.
Tuesday	9.0 a.m.—12.30 p.m., and 4.0 p.m.—6.30 p.m.
Wednesday	9.0 a.m.—12.30 p.m., and 4.0 p.m.—6.30 p.m.
Thursday	9.0 a.m.— 5.00 p.m.
Friday	9.0 a.m.—12.30 p.m., and 4.0 p.m.—6.30 p.m.
Saturday	9.0 a.m.—12.30 p.m.

## NATIONAL HEALTH SERVICE ACT, 1946

### CARE OF MOTHERS AND YOUNG CHILDREN

#### ANTE-NATAL CLINICS

Four clinics staffed by midwives only were held weekly and mothers attended by appointment. This system is working very well and usually about 14 mothers attend for ante-natal care at each session. This allows the midwife to give her undivided attention to the mother and there is no need for rushing the service as the clinic is not over booked. After booking, arrangements are made for a home visit to be carried out by the midwife. The patient is then seen once a month for the first 28 weeks, every fortnight until the 36th week and after that weekly until the baby is born.

Attendances at the clinics were as follows:

Number of expectant mothers	...	...	...	...	526
Total attendances	...	...	...	...	2,420
Number of clinic sessions	...	...	...	...	203

Vitamins were sold at all the clinics and 1737 bottles of orange juice and 549 packets of Vitamins A and D were distributed. All expectant mothers are given a co-operation card but their use has not been entirely satisfactory as the mother often fails to present the card when she is seen by her general practitioner or when she attends the clinic.

#### RELAXATION CLASSES

The number of mothers attending for mothercraft and relaxation classes continued to increase. Midwives and health visitors share responsibility for the work. The following are the figures of attendance at the clinics:

	1964	1963
Number of attendances	1011	930
Number of mothers attending:		
(a) Hospital booked	98	83
(b) Domiciliary booked	125	111
Total	223	194

#### BLOOD TEST CLINICS

These clinics are now held weekly at the Central Clinic. The number of invitations sent out was 309 for routine tests, and

54 for repeat tests. Seven invitations were sent to husbands of expectant mothers in the Rh. negative group. Of the mothers attending, the haemoglobin estimations were as follows:

<i>Hb</i>	<i>No. of Mothers</i>
Less than 65% ... ..	1
65—69% ... ..	Nil
70—84% ... ..	130
85% and over ... ..	161

Repeat tests were taken for the following reasons:

Rh. Incompatibility ... ..	39
Low Haemoglobin Count ... ..	5
Wasserman reaction and gonococcal fixation tests ...	10

A number of general practitioners have recently started to take blood for haemoglobin estimation after delivery but this is at present not being done through the clinic.

#### X-RAYS

Appointments were made for 196 expectant mothers to attend the Chest Clinic for X-ray but 50 failed to attend. No patient was diagnosed as having tuberculosis.

#### MATERNITY PACKS

In addition to the standard maternity pack issued to mothers confined at home, a small pack is now issued to mothers delivered in hospital and discharged home early. During the year 290 full packs were distributed and 143 of the smaller packs.

In view of the difficulties experienced by some midwives when called to an emergency by the Ambulance Service, a maternity pack was placed in each ambulance. This has proved to be a very satisfactory arrangement.

#### 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 1964 the Authority was responsible for the maintenance of five expectant mothers in Mother and Baby Homes at a cost of £130.

#### INFANT WELFARE CLINICS

496 infant welfare sessions were held during the year and the total number of children up to the age of 5 years attending was 2,637. Attendances made by children showing the year of birth are set out below:—

	<i>Total Attendances</i>
Born in 1964	7,899
Born in 1963	7,154
Born in 1959-62	3,467
	<hr/>
	18,520
	<hr/>



All five clinics in the Borough now have two infant welfare sessions weekly. In two clinics both these sessions are attended by a medical officer but in the remaining clinics one session only is attended by a medical officer and the other by a health visitor.

#### WELFARE FOODS

Welfare foods were sold at all the infant welfare clinics and in addition they were sold at the Centre in the Old Police Buildings on Friday and Saturday mornings.

#### FAMILY PLANNING CLINIC

This valuable work continued to expand with an increasing number of people availing themselves of the service afforded. Clinics were held every Thursday evening and the first and third Mondays of each month. In addition to providing these premises free of charge the Local Authority also make a grant towards the Association's work.

#### DENTAL CARE

The arrangements described last year which were introduced for the first time were continued and expectant and nursing mothers and children under 5 years of age received dental treatment.

The following table gives a summary of the work done during 1964.

	<i>Expectant and Nursing Mothers</i>	<i>Children under 5 years</i>
Numbers provided with dental care:		
(i) Examined	265	285
(ii) Number of persons who commenced treatment during the year	215	130
(iii) Number of courses of treatment completed during the year	150	152

## Forms of dental treatment provided:

(i) Extractions	399	189
(ii) Fillings	298	105
(iii) Scalings and gum treatment	75	—
(iv) Silver Nitrate Treatment	6	25
(v) Dentures provided	51	—
Number of dental X-rays	10	—
Total number of sessions —	111	

## OPHTHALMIC CLINIC

	<i>Children under 5 years</i>
Errors of Refraction (including Squint)	82
External and other	19
	<hr/>
Total	101
	<hr/>
Spectacles prescribed	24

## ORTHOPAEDIC CLINIC

## Massage:

Number treated	...	...	...	...	100
Total treatments	...	...	...	...	387

## Orthopaedic:

Seen by Surgeon	...	...	...	...	135
New Cases	...	...	...	...	42
Total Attendances	...	...	...	...	225

## U.V.L. CLINIC

Children treated	...	...	...	...	4
Total Attendances	...	...	...	...	16

## EAR, NOSE AND THROAT CLINIC

Number seen by E.N.T. Consultant	...	...	...	...	18
Referred for operative treatment	...	...	...	...	7

### MIDWIFERY

During the year nine midwives employed by the Local Authority notified their intention to practice. At the end of the year there were seven practising midwives of whom five were teaching midwives. Two members of the staff attended Refresher Courses approved by the Central Midwives Board and a third midwife attended a Course on Parentcraft Group Teaching and Relaxation. Thirteen pupil midwives completed the second part of their training on the district and all were successful in qualifying. Four of these pupils came from Hereford and nine from Lordswood Maternity Hospital, Birmingham.

The following table shows the number of children born to Dudley residents during the last five years.

Year	At Home	In Hospital	Total
1964	291	844	1135
1963	367	783	1150
1962	455	665	1120
1961	516	542	1058
1960	462	520	982

From this table it will be seen that although the total number of infants has increased the number of babies born at home has decreased. This is due to the increasing number of admissions to the Rosemary Ednam Maternity Hospital which is a general practitioner maternity unit just outside the Borough boundary. It must not, however, be thought that the work of the domiciliary midwives has decreased correspondingly as an increasing number of mothers were discharged early from hospital and were under the care of the midwife until the tenth day.

The following table gives a summary of hospital discharges brought to the notice of the Department which occurred before the tenth day.

	1964	1963	1962
24 hours after delivery	22	12	7
2 days after delivery	25	33	43
3 days after delivery	20	33	25
4 days after delivery	31	29	24
5 days after delivery	66	17	5
6 days after delivery	140	47	8
7 days after delivery	250	123	21
8 days after delivery	45	193	93
9 days after delivery	20	54	125
10 days after delivery	15	8	18
	<hr/> 634	<hr/> 549	<hr/> 369

The appointment of a full-time midwife reported last year to undertake maternity nursings only was a successful innovation. If the number of home confinements are further reduced with a corresponding increase of mothers discharged early from hospital it may well be that a second appointment of this kind will be necessary.

In December, 1963, a letter on the organisation of maternity services was received from the Ministry of Health. The note drew attention to the continuing rise in the number of births and the strain which this was likely to put on the maternity services during the year and emphasised that the solution to the problem could only be found locally. It was further recommended that this matter should be considered by Maternity Liaison Committees. As there was no such Committee in this area the Senior Administrative Medical Officer of the Regional Hospital Board was asked to arrange a meeting of representatives of the three branches of the service to review the local situation. The first meeting was held in January, 1964, and other meetings were held after this. Amongst the matters discussed was the need for the provision of a Consultant Obstetric Unit in the group and also the shortage of general practitioner maternity beds. It was also decided that when applications for admission to a maternity unit on social grounds were received that these should be referred to the Medical Officer of Health for investigation.

29 women were transferred to hospital during labour for the following reasons:

Delay in first stage of labour	...	...	...	...	16
Premature labour	...	...	...	...	8
Malpresentation	...	...	...	...	4
Prolapsed Cord	...	...	...	...	1

Of the group admitted for difficult and prolonged first stage labour five were delivered by Caesarean Section and nine with the aid of forceps. These are the patients with whom the midwife spends many hours of her time during the first stage of labour but is unable to include them in her case load. In addition to the mothers who were delivered at home by the midwives, a further 37 had received all or part of their ante-natal care by the Local Health Authority's staff. For various reasons they were later admitted to hospital as the following table shows:

Ante-Partum Haemorrhage	...	...	...	...	10
Toxaemia of Pregnancy	...	...	...	...	7
Multiple Pregnancies	...	...	...	...	6
Rhesus Incompatibility	...	...	...	...	5
Malpresentation	...	...	...	...	5
Post-maturity (Induction)	...	...	...	...	4
Glycosuria/Diabetes of Pregnancy	...	...	...	...	2

#### ANALGESICS AND DRUGS

146 mothers used the Trilene Inhalers and a further five received gas and air. As previously reported the gas and air machines are being gradually withdrawn and replaced by Trilene Inhalers.

Pethilorfan was given to 163 mothers and ergometrine or symptomtrine was given routinely after delivery.

**MEDICAL AIDS**

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

(a) In Pregnancy:	(c) Puerperium:
Ante-partum	Thrombosis of leg ... 9
Haemorrhage 10	Emotional Upset ... 2
Essential Hypertension 28	Puerperal Pyrexia ... 11
Multiple Pregnancy ... 2	Mastitis ... 5
Toxaemia ... 12	Other post-natal
Urinary conditions ... 1	conditions (flu, etc.) 16
Varicose Ulcers ... 1	
Pseudocyesis ... 1	
Anaemia ... 5	(d) For Infants:
Post-Maturity ... 10	Ophthalmia
Glycosuria ... 5	Neonatorum 24
Malpresentation ... 20	Premature birth
Social conditions ... 4	and debility 4
Other ante-natal	
conditions 14	
	Deformity/
(b) During Labour:	malformations 5
Premature labour ... 11	Jaundice ... 3
Foetal distress ... 8	Umbilical bleeding ... 1
Retained Placenta ... 3	Skin eruptions ... 7
Difficult/Prolonged	Asphyxia ... 3
labour 27	Other causes (unsatis-
Perineal lacerations ... 45	factory conditions,
Miscarriage ... 2	difficult feeding,
Emergency calls	vomiting) ... 22
(not booked) 1	

**EMERGENCY CALLS**

There are two emergency units which serve the Borough, one being in Wolverhampton and the other at Birmingham, and during the year four calls were made on the service for the following reasons:

Post-partum haemorrhage	...	...	...	...	1
Retained placenta	...	...	...	...	1
Pre-eclampsia	...	...	...	...	1
Eclampsia	...	...	...	...	1

In addition to this 'Flying Squad' Service the domiciliary midwives received and dealt with five emergency calls via the ambulance station. Beds had been reserved in hospital for four of these mothers and the fifth had neither booked a midwife nor a general practitioner.

## HEALTH VISITING

The health visitor establishment was changed during the year when a Tuberculosis Visitor was appointed to supervise patients with this disease who were being treated at home. It had been hoped that this new post would be held by a health visitor but as no applications were received a former member of the district nursing service was appointed to fill the vacancy. It was felt that a better service would result following the appointment of a specialist visitor who would be able to give all her time to the many needs of the tuberculous and this has proved to be the case. Liaison with the staff at the Chest Clinic became better than ever and it was also possible to arrange a more comprehensive follow up of contacts. In addition to being relieved of this work the health visitors were able to refer a limited number of their more time consuming problem families to a newly appointed Family Case Worker. This appointment was agreed to by Council as the number of difficult families in the Borough is large, and it was felt that better results could be obtained by the appointment of a case worker with a limited case load who would be able to give more time to helping the families in their difficulties. Over the years the position had not been satisfactory because problem families were visited by health visitors, social and mental welfare officers, child care officers, and staff of the Housing and Education Departments each looking at the problem from their own aspect, and there was no-one who was responsible for the welfare of the whole family. It was felt that the appointment should be a joint one with the Children's Department as the families who needed intensive case work usually had a large number of children.

The three members of staff nominated Group Advisors in 1963 began to develop the services for which they were made responsible. The health education programme of the Department has extended considerably as a result of the enthusiasm of one of the advisors, while the Department now works more closely with the Paediatrician at the Dudley Guest Hospital because of the efforts of the health visitor attending there weekly.

Eight health visitors attended a two day course in Wolverhampton on "Progress in Health Education", and a further eight attended a Symposium on Subnormality at St. Margaret's Hospital, Great Barr. Two health visitors attended a two weeks refresher course at Keele University. During the year a weekly case conference was commenced under the supervision of Dr. Maclay, who is in charge of the Child Guidance Clinic. Two student health visitors started on a Health Visitor's Course in October.

The routine screening of babies for phenylketonuria continued and two tests were carried out, one between the 10th and 14th day of life, and the second between the 4th and 6th week. 1,113 children were tested but no-one was found to have this rare error of metabolism.

In addition children of about seven months were routinely tested by the health visitors to see if they suffered from any degree of deafness. In one case deafness was detected in a child of this age.

The health visitors work from one Central Clinic and four peripheral clinics. Last year the work at Netherton Clinic increased after moving to better premises and early in the year an extra health visitor's clinic was started at this Centre.

A start was made in reducing the amount of work done by health visitors which could easily be carried out by less highly trained members of staff. All minor ailment clinic sessions have now been discontinued throughout the Borough except at Central Clinic, and here the nursing work is undertaken by a State Registered Nurse. Health visitors no longer attend ante-natal clinics.

The attachment of health visitors to a suitable general practitioner was discussed at the Health Committee and approved by the Council, although not without some opposition. Following this the matter was taken up with the Local Medical Committee. Towards the end of the year it was agreed that a health visitor should be attached to a general practise on a part-time basis. Arrangements were made for this to be done although the attachment did not take place during the year under review.

As a further measure to improve the service, arrangements were made to introduce a scheme to supervise children most likely to develop physical or mental handicaps.

Visits made by health visitors during the year to children under five years of age were as follows:—

	<i>Cases</i>	<i>Visits</i>
Children born in 1964 ... ..	1,059	4,673
Children born in 1963 ... ..	1,307	5,693
Children born in 1959-62 ... ..	2,702	7,922

Student health visitors from the course at Birmingham attended the department on visits of observation and nurses from the Guest Hospital, Dudley, continued to attend to obtain some insight into the work of the domiciliary nursing service. In addition three trainee social workers were attached to the department for short periods to enable them to obtain experience of the work of a combined Health and Welfare Service.

## NURSING SERVICE

At the end of the year there were eight full-time and three part-time nurses engaged on general nursing duties in the home. Since 1962 the establishment has increased by the full-time equivalent of three nurses but despite this the population served by each nurse still remains higher than that suggested by the Ministry. The employment of more part-time married nurses has been a great advantage as the hours of duty can be arranged to meet the needs of the service and so relieve pressure on the full-time nurses at particularly busy periods.

Mrs. Darby attended the West Midland District Nurse Training Course at Walsall and was successful in obtaining the National Certificate in District Nursing. There are now three fully trained nurses on the staff.

### MARIE CURIE DAY AND NIGHT NURSING SERVICE

The Marie Curie Memorial Foundation for the welfare of those suffering from cancer was established in July, 1948, as an independent organisation. The Day and Night Nursing Service which was introduced in Dudley in September, 1963, to assist in the care of patients already being nursed in their own homes continued throughout the year. The purpose is to assist relatives of patients to obtain adequate rest periods from the responsibility of nursing in addition to caring for those who are living at home. At the end of the year two nurses were employed on a part-time basis. The number of patients who received care was 14 and the number of visits paid was 178.

### BATH ATTENDANT SERVICE

At the beginning of the year there was a shortage of staff in the district nursing service and so to relieve the nurses of the more routine tasks it was decided to appoint a bath attendant on a part-time basis. In this way the nursing staff were released for more skilled nursing. The number of patients visited during the year was 41 and a total number of 957 baths was carried out. Members of the St. John Ambulance Association continued to assist in the bathing of elderly people in the Netherton area.

### LAUNDRY SERVICE

A laundry service was introduced in February to meet the needs of incontinent patients under the care of the district nurses. The nursing of a sick person at home can be a very big strain on the family. This may be so even if the period is short but the difficulties increase if the illness is prolonged. It is felt that when necessary relatives should be given as much support as possible as by their efforts patients are often kept out of hospital and remain at home where most of them wish to be. The incontinent patient is a particularly severe problem for the relatives and also for members of the nursing service who visit at



the request of the general practitioner. From time to time the district nurses are called into homes where there is practically no bed linen at all. Both voluntary bodies and the National Assistance Board are most helpful in providing linen but while arrangements are being made the patient is without linen for some days, and it was felt that a small stock of bed sheets and pillow cases should be available for their use on loan. Draw sheets, pillow cases, single and double bed sheets and disposable bags for soiled linen were, therefore, provided at a cost of £225. The Hospital Management Committee kindly agreed to allow soiled linen to be laundered at Burton Road Hospital at an estimated cost of £3.10s.0d. a week. The district nurses take clean linen to the patients at the time of their nursing visit and a twice weekly collection of dirty linen was arranged. The initial cost and the running costs of the service for the remainder of the financial year were generously met by the Trustees of the Badley Nursing Trust. Without this valuable aid it is unlikely that the scheme would have been introduced.

The number of patients who received the laundry service during the year was 26, during which time 258 items were laundered. At the end of the year 8 patients were receiving a regular service.

In addition to the laundry service there was increasing demand for the provision of incontinent pads especially for patients discharged early from hospital. There have also been a few requests from relatives and general practitioners for these pads but the laundry service is providing for the need of most patients who come to the notice of the Department.

#### EQUIPMENT

More disposable and pre-sterilised equipment is being introduced for use by district nurses which saves a considerable amount of their time and although expensive the nurse is able to use her time and skill to greater advantage. One special item of equipment which was purchased was an alternating pressure point unit, more commonly known as a "ripple bed". This has been of great value to the patients who are confined to bed for long periods as it makes them more comfortable and prevents the development of pressure sores.

The following table gives further details of the work.

	1964	1963	1962
Medical Cases ... ..	14,637	15,670	13,983
Surgical Cases ... ..	2,664	2,035	1,837
Tuberculous Cases ... ..	932	713	951
Maternity Cases ... ..	32	45	50
Others ... ..	—	—	—
<b>Total ... ..</b>	<b>18,265</b>	<b>18,463</b>	<b>16,821</b>

## VACCINATION AND IMMUNISATION

### VACCINATION AGAINST SMALLPOX

The number of persons vaccinated against smallpox during the year was 278 of which 201 were children under school age and nine school children. On the advice of the Ministry of Health primary vaccination against smallpox was offered during the second year of life whereas before it has previously been carried out when the child was about three months old. In the circular giving this advice the Ministry also recommended that re-vaccination during school life should be encouraged. Local Authorities were asked to keep records of primary vaccinations and of one re-vaccination of every child who had not reached his or her 16th birthday.

It will be recalled that in 1962 there was an outbreak of smallpox in the West Midlands which resulted in such a great demand for vaccination that lymph was in short supply for some time. It is a pity that memories are so short and that only fear will persuade parents to agree to have their children vaccinated. The number of vaccinations carried out on children under 16 years of age for the last five years is shown in the following table.

	1964	1963	1962	1961	1960
Pre-school children ...	195	57	895	496	349
School children ...	5	12	1383	3	12

### WHOOPIING COUGH, DIPHTHERIA AND TETANUS

During the year 717 children were immunised against whooping cough, diphtheria and tetanus and a further 496 received booster doses. This protection is usually given at the third, fourth and fifth months with a reinforcing dose at 18 months and again prior to school entry. A further 49 received full protection against tetanus, and 45 completed a course of immunisation against diphtheria and tetanus.

### POLIOMYELITIS

807 children, most of whom were under twelve months of age, completed a course of vaccination against poliomyelitis. A further 1,012 received a reinforcing dose. 75% of the children under the age of 16 are fully protected against poliomyelitis.

Ministry of Health circular 20/64 was received towards the end of the year, in which it was recommended that vaccination and immunisation records should be kept for children under the age of 16 only. National statistics were being restricted to this age group.

A further circular on B.C.G. vaccination against tuberculosis was received in December and this consolidated and brought up to date much of what had been said in previous correspondence from the Ministry. The present arrangements are on the basis of vaccination of contacts of tuberculosis and the vaccination of children of 13 years of age. Children between the ages of 10 and 13 were not offered vaccination although this is at the discretion of local authorities. Students at the Teachers' Training College were also offered B.C.G. vaccination but most of them had been skin tested while still at school.

## AMBULANCE SERVICE

The Chief Fire Officer is responsible for the day to day organisation of this service. The establishment of ambulance personnel is 24 men, four of whom are shift leaders, and two women whose work is mainly in connection with sitting case patients.

Two ambulance drivers and one shift leader resigned during the year and two ambulance drivers only were recruited to fill the vacancies, leaving one post unfilled. The Shift Leader's resignation followed his appointment as Liaison Officer at the Dudley Guest Hospital. This is a joint appointment with Staffordshire County Council and the Hospital Management Committee.

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. During the year three ambulance men attended a five day course in first aid, operational techniques and civil defence procedures at the Regional Training School at Birmingham.

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

The following table shows the mileage and number of patients carried during the past five years.

			<i>Ambulances</i>		<i>Sitting Case Cars</i>	
			<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>
1964	...	...	4,143	25,511	20,871	95,124
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

During the year 138 ambulance patients involving 925 miles and 1,898 sitting cases involving 4,302 miles were conveyed on behalf of adjoining authorities. For this service a charge was made.

One of difficulties of the ambulance service in Dudley is that there is no large general hospital in the town so that patients have to be taken to Birmingham, Wolverhampton, Stourbridge or Bromsgrove for treatment. As traffic difficulties increase the ambulances are away for longer periods from the station and although last year three driver attendants were added to the establishment and demands on the service are such that this may well have to be increased and another vehicle added to the fleet.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The Department's services under Section 28 of the National Health Service Act include chiropody treatment, rehabilitation of problem families, provision of extra nourishment, recuperative holidays, health education and the after-care of patients discharged from hospital. The Ministry of Health have again asked that health education and chiropody services be particularly mentioned.

### HEALTH EDUCATION

A comprehensive report was produced by the Joint Committee of the Central and Scottish Health Services Council during the year and this was received under cover of Ministry of Health Circular 6/64.

Health education is becoming an increasingly important part of the work of the Health Department and efforts to improve the work done in this direction are constantly being made. The health visitor who was nominated as group advisor for health education continued to be responsible for co-ordinating poster and leaflet displays and attended a one day study course organised by the Central Council for Health Education in November. Talks were given to Parent/Teacher Associations and to other voluntary bodies by the Department's staff during the evenings. Discussions and demonstrations were also given at Infant Welfare and Ante-natal Clinics and increasingly at relaxation classes for expectant mothers.

Further film strips were added to the Department's library and a miniature film strip projector was purchased to supplement the other projectors already in use.

The various posters and leaflets published by the Central Council for Health Education and the Ministry of Health in connection with smoking were distributed and displayed.

The health education aspect of venereal disease is dealt with in another part of this report.

When the attention of the Health Committee was drawn to the report on health education mentioned in the first paragraph of this section I expressed the opinion that health education could only be undertaken in a limited way because of the shortage of suitable medical and nursing staff. It is hoped that when the Borough is extended that a full-time officer will be appointed to undertake this work.

## CHIROPODY

We were fortunate in obtaining the services of a second chiropodist who commenced duty in October. This means that we now have the equivalent of one full-time chiropodist working at the Chiropody Clinic at the Old Police Buildings. This service continued to be run on a day to day basis by the Old People's Welfare Association and is restricted to the ambulant aged. Patients who were unable to travel to the clinic for treatment by public transport were provided with ambulance transport. The Welfare Committee employ a part-time chiropodist to carry out treatment at the Old People's Homes.

The number of attendances at the clinic was 1,952 and the number of treatments given at Old People's Homes was 61.

## RECUPERATIVE HOLIDAYS

As a result of recommendations received from general practitioners eleven patients were sent on recuperative holidays during the year.

## REHABILITATION OF PROBLEM 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. A Case Worker with previous experience of dealing with problem families was jointly appointed with the Children's Department. She was given a limited case load and it was hoped that she would be able to do intensive work with the more difficult families leaving the health visitors more time to concentrate on less time consuming family problems.

## CONGENITAL ABNORMALITIES OBSERVABLE AT BIRTH

In accordance with Ministry of Health instruction a procedure was instituted at the beginning of the year whereby midwives notified me of any congenital abnormality which was observed at the time of the birth. Details of such cases were returned to the Registrar General each month and during the year 14 were notified.

### DOMESTIC HELP

The steady increase in the demand for this service was maintained during the past year. Figures for the last six years are given below.

	1959	1960	1961	1962	1963	1964
No. of cases assisted during the year ...	150	220	287	315	355	392
Equivalent number of whole-time staff employed at end of year ...	22	25	26	29	32	33

Once again the expansion of the service was limited by financial circumstances and while assistance was not refused in any case where help was justified the amount of help given was often less than was desirable. The number of expectant and nursing mothers requesting this service dropped in comparison with previous years although many more mothers who have their babies in hospital are now discharged home within the first few days and would qualify for home help assistance. This low demand must be due to the fact that most of Dudley's population have relatives living in the town who are able to help at such times. During the year the Council agreed that free home help assistance could be provided in certain cases of toxæmia of pregnancy but only one such case received assistance during the year.

Doctors and hospitals have called upon the service for short term and post-operative care rather more than in previous years but in spite of this the majority of people assisted were the chronically sick or elderly. In these cases help once established continues indefinitely.

### 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 318 certificates and letters were received in support of housing on medical grounds, and the number of cases in which medical points were recommended was 49.

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

Memoranda from:	Housing Manager	...	...	119
	Health Visitors	...	...	39
	General Practitioners	...	...	102
	Housing Applicants	...	...	34
	Others	...	...	24

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

261 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, Holly Hall, on Monday and Thursday afternoons.

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

Dudley Wood Clinic, Dudley Wood Road, Dudley Wood, 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). (This clinic was discontinued in October 1964).

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.

## WELFARE SERVICES

In the five years ending in 1963 current national expenditure on the Local Authority Welfare Services rose by 50 per cent and capital expenditure quadrupled. These services, administered under the National Assistance Act, are perhaps less well known to the public than other social services but their rapid growth in recent years signifies their importance. Nevertheless it is true to say that the Welfare Services of the Local Authorities must develop still further for they are far from having reached their full potential.

With this growth must be measured their effectiveness, and as they continue to expand ideas concerning them must be revised from time to time. With this in mind two limited surveys were made during the year to examine the special circumstances of elderly people whose names were on the waiting list for admission to an Old People's Home and to gain information about the physical and mental condition of those residents already in a Home.

Most of the needs which the Welfare Services are designed to meet arise among three broad groups of people; the mentally disordered, the elderly, and the handicapped.

## CARE OF THE MENTALLY DISORDERED

In the Hospital Plan for England and Wales the Minister of Health stated that because of the success of new methods of treatment combined with changed social attitudes the number of hospital beds for mental illness would be reduced by as much as 50 per cent over the next few years. However, in 1964 it began to emerge very clearly that many more people were receiving psychiatric treatment than had ever been envisaged. Certainly the figures with regard to mental illness in Dudley have continued to rise with the years and 1964 has proved to be no exception. With the emphasis on community care one would expect this increase but the services provided by the mental hospital serving the area have not diminished either indeed, they are busier than ever, and the same is true of the out-patient clinics run from the hospital.

The following table gives details of admissions to mental hospitals in 1964. Figures refer to the status of patients at the time of admission.

<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	36	34	70	56	15	71
Re-admissions	43	9	52	61	8	69
Total	79	43	122	117	23	140



Further evidence of the increasing amount of work is given in the table shown below which lists admissions to mental hospitals from 1960.

In all cases the figures in this table refer to the status of patients either at the time of discharge or at the end of the year. This change of status takes place after admission either by patients who entered the hospital informally having to be compulsorily detained, or alternatively, having entered the hospital compulsorily, remain on as informal patients.

Year	Male			Female			Grand Total
	Informal	Com-pulsory	Total	Informal	Com-pulsory	Total	
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
1964	90	32	122	113	27	140	262

In the table given below the discharges from mental hospitals for the same period are shown.

Year	Male			Female			Grand Total
	Dis-charges	Deaths	Total	Dis-charges	Deaths	Total	
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
1964	109	7	116	126	10	136	252

That Local Authority involvement in mental health is growing dramatically is obvious even although national figures are only available from 1961 to 1963.

The number of people helped by Local Authority Mental Health Services in 1961 was 122,000 but in 1963 the figure rose to 141,000. This ever increasing case load, which is reflected in the figures for Dudley shown in the tables above, indicates that we have much to learn about the needs of the mentally ill in the community as the more the service grows the greater the demands made upon it.

The total number of referrals to the Department under the Mental Health Act during the year was as follows:—

<i>Source</i>	<i>Mentally ill</i>	<i>Psycho-pathic</i>	<i>Sub-normal</i>	<i>Severely Sub-normal</i>	<i>Total</i>
General Practitioners ..	47	1	—	—	48
Hospital. On discharge from in-patient treatment .. ..	180	—	—	—	180
Hospital. After or during out-patient or day treatment ..	11	—	—	—	11
Local Education Authorities	—	—	15	2	17
Police and Courts .. ..	12	—	—	—	12
Other Sources .. ..	35	—	—	1	36
Total .. ..	285	1	15	3	304

This total of 304 compares with 257 in 1963 and it is certain that we can expect an increasing number of referrals each year.

The Department is taking every opportunity to develop its community care services for the mentally ill. During the year a Day Centre was started at Barnsley Hall Hospital. A part of the hospital has been set out with a common room, kitchen and amenities room, and here, in-patients who are almost ready to be discharged and several selected out-patients, meet every week in a completely informal atmosphere. Before meeting the patients, a small group of physicians, psychiatrists and welfare officers discuss any social or medical difficulty that may arise after discharge from hospital. They then mingle freely and informally with the patients and this has proved to be a most helpful meeting. It does sometimes happen that a mental welfare officer meets his patient for the first time when he has to admit him compulsorily to hospital. It is, of course, most unfortunate that the two should meet in such circumstances. In the Day Centre, however, they can get to know each other and establish a relationship which can be carried on after the patient's discharge. In this way much of the patient's anxiety about his future can be allayed and indeed many of his problems solved before he is discharged. Usually the welfare officer sees some eight Dudley patients at the Day Centre each week two of whom are being seen for the first time so that there is a completely new group of patients seen every three to four weeks. Thus the beginnings of community care are now catered for at three points, at the Day Centre, at the out-patient clinic held twice weekly at the Guest Hospital, and at the Psychiatric Social Club.

For the first time a welfare officer was added to the team working at the child guidance clinic.

## SPECIAL PROBLEMS — THE ELDERLY MENTALLY ILL

A special cause for concern in the sphere of mental illness is that of the elderly patient. This question has to be considered from two viewpoints, namely, the elderly mentally ill in the community and those in hospital. Many hospital beds are occupied by elderly patients, some of whom have been in there for many years, and while they cannot be discharged to lead a normal life in the community, they should not remain in hospital as they receive little or no medical attention. With special care they might well fit into the normal life and circumstances of an Old People's Home. Careful consideration was given to this question during the year and after consultation with the hospital authorities it was established that there were four elderly Dudley residents in Barnsley Hall Hospital who might be considered suitable for an Old People's Home, one in Powick Hospital, Worcester and one in Stallington Hall Hospital, Stoke on Trent. It was decided, therefore, to make a start with the patient from Powick Hospital. This lady had been there for over twenty years and placing her was going to present problems; however, she was admitted to one of our Homes and after some initial difficulties settled down fairly well. She had to be re-admitted to hospital but this was only for a short term stay of some three weeks and on her return settled down quite happily. It is intended that as suitable vacancies arise the other Dudley patients in hospital will be brought back into the community.

The number of elderly mentally ill patients brought to the notice of the Department was rather alarming. Of the 262 admissions to hospital referred to in the first table 29 were people aged seventy and over. Of these 11 had to be admitted compulsorily. In other words of the 66 patients admitted compulsorily to mental hospitals in 1964, 17 per cent were aged 70 and over.

The following table gives more information about the admissions to mental hospitals of people over seventy.

<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	6	4	10	10	5	15
Re-admissions	1	1	2	1	1	2
Total	7	5	12	11	6	17

It must be emphasised that people of this age going into a mental hospital do so because it is the only course open to them and every attempt is made to keep them at home.

## SUB-NORMALITY

During the year arrangements were made for Dr. Stanley and Dr. Bainton of Monyhull Hospital for the Sub-normal to visit the Central Clinic monthly for the purpose of examining and assessing sub-normal children. The first clinic was held in July and from then up to December they saw twenty-three sub-normal children who had been referred by psychiatrists, general practitioners and the Health Department.

During the year the officers of the Department and the Supervisor of the Training Centre made 496 routine visits to the homes of the sub-normal and the severely sub-normal. Fifteen sub-normal and two severely sub-normal children were referred to the Local Health Authority in the year by the Education Authority. In addition a child who had just moved into the district with her family was brought to the attention of the Department.

There were a number of staff changes at the Training Centre, including one member of staff who was seconded to take a teaching course in Sheffield. The numbers, both for adult and junior groups, remained at sixty which is the maximum number that can be admitted.

There were some troubles with attendances at the Centre during the year particularly with regard to the older girls but these were caused by domestic difficulties and bad weather and in the main were not of very long duration.

The older girls joined a women's class which was held monthly at Dixon's Green Methodist Church. Both the Rev. P. Hutchings and the Rev. H. Bates took a keen interest in the Training Centre and gave valuable help.

Another successful venture during the year was the formation of a social club for the older boys. Parents and friends were encouraged to join and it is hoped eventually that the older girls will join too.

As usual a number of visitors attended the Centre during the year and these included student health visitors, student nurses and students from the Training College and the High School. In addition, a student from the National Association for Mental Health training course in Birmingham came for four weeks' practical training.

Introducing the pupils of the Training Centre into social activities with a view to integrating them as far as possible into the community, plays a big part in the activities of the Centre. Thus the Open Day and Sports is an important event and was a great success. The pupils have also been on outings to Kinver, Sutton Park and Drayton Manor Park as well as attending the harvest festival at St. John's Church and their own Christmas Party at the Station Hotel.

Considerable help has been given to the Training Centre during the year by the Voluntary Association, its Committee and the many friends of the Centre.

## CARE OF THE AGED

## RESIDENTIAL ACCOMMODATION

There were no significant changes in the provision of places in the Old People's Homes during the year. The possibility of boundary changes made planning very difficult and proposed extensions in several fields were left in abeyance because of this. Nevertheless the Old People's Homes have continued to be busy as can be seen from the following table which shows the number of admissions and discharges during the year.

<i>Home</i>	<i>No. of Residents 1st January, 1964</i>	<i>Ad- missions</i>	<i>Dis- charges</i>	<i>Deaths</i>	<i>No. of Residents 31st December, 1964</i>
Lawnwood House ..	41	28	20	8	41
Albert House ..	21	8	5	2	22
The Woodlands ..	20	4	1	—	23
Primrose House ..	9	8	7	—	10
Rose Cottage ..	9	11	11	—	9
Lupin House ..	10	5	7	—	8
Roseland House ..	9	5	4	—	10
Deaf Association Malvern .. ..	2	—	—	—	2
Church Army, Woking .. ..	1	—	—	—	1
R.N.I.D., Felixstowe	1	—	—	—	1
Cheshire Home, Penn .. ..	1	—	—	—	1
Fen Place, Sussex ..	—	1	—	—	1
Totals ..	124	70	55	10	129

The full cost to the Borough per resident in Homes which are directly maintained is now estimated at £7.14.0d. per week and accordingly those residents who could afford to pay this sum were asked to do so. Of the residents in the Homes at the end of the year, however, only sixteen were paying this charge; twenty were paying varying amounts between the maximum and minimum charges and eighty-seven were paying the minimum.

The opportunity was taken this year to look closely into the circumstances of those old people who asked to enter an Old People's Home and to consider the condition, physical and mental, of the people already in the Homes. The intention in this was to see what preventive measures could be taken to keep people in their own homes, how much support they would require to achieve this, whether special housing with some supervision might be the answer to their problems rather than an Old People's Home, and finally, what particular requirements of our residents would have to be met when planning Homes for the future. The first enquiry concerned a sample of forty-five recent admissions to the Homes. The group comprised nineteen men and twenty-six women and at the time of admission they fell into the age groups:—

65 to 69	70 to 74	75 to 79	80 to 84	85 to 89	90 plus	Total
4	5	15	13	8	—	45

The civil status of those concerned was as follows:—

Married	Widow/Widower	Single	Separated	Divorced	Total
10	29	6	—	—	45

Of the group, forty-one had been admitted to a Home in the normal way after being some time on the waiting list and four had been admitted in emergency following upon some crisis.

The principal factors which prompted their seeking admission to an Old People's Home were:—

- (a) physical deterioration
- (b) mental deterioration
- (c) unsuitable accommodation
- (d) loneliness
- (e) domestic friction

There were, of course, cases where an admixture of these factors affected the admission but the principal causes were attributed as follows:—

Cause	Living alone	With relatives	In lodgings	Hospital	Homeless	Total
Physical deterioration	10	3	1	6	—	20
Mental deterioration	3	—	—	3	—	6
Unsuitable accommodation	3	2	1	—	—	6
Loneliness .. .. .	6	—	—	—	—	6
Domestic friction .. .. .	—	3	4	—	—	7

Of the group, six had been receiving meals-on-wheels, eleven Home Help and one the services of the district nurse. None had come from sheltered housing of any kind. Seventeen of the forty-five were suitable for ground floor accommodation only.

The survey carried out with regard to the circumstances of people who had been in our Old People's Homes for some time was more complicated because there were many more factors to consider and also because the Homes tend to have a different function from each other. For example, Lawnwood House will usually take the more infirm old person and the four small Homes cater principally for those who need least attention. The two medium-sized Homes, Albert House and The Woodlands, fall between these two categories. The survey dealt with the number of residents actually in the Homes on 1st August. The number concerned was 122 and their average age was 79.6 years. The age groups of these 122 residents was as follows:—

<i>Under 65</i>	<i>65 to 69</i>	<i>70 to 74</i>	<i>75 to 79</i>	<i>80 to 84</i>	<i>85 to 89</i>	<i>90 and over</i>
4	8	16	25	34	25	10

The length of stay of the residents varied, as detailed below:—

<i>Less than 6 months</i>	<i>1 year</i>	<i>2 years</i>	<i>3 years</i>	<i>4 years</i>	<i>Less than 5 years</i>	<i>5 years and over</i>
17	21	22	22	7	8	25

The survey was principally concerned with the physical and mental condition of the residents with a view to determining the type of Home that might be required in the future or, indeed, whether the health of the residents was such that perhaps they did not need to be in a Home at all in the sense that they might have carried on quite happily in the community had they had some company, support or supervision. It was decided, therefore, to look into the question of the residents' mobility, orientation, co-operation, habits, frequency and kind of visitors, medical attention, interests, and incontinence.

As was expected, the survey showed that there was more infirmity in Lawnwood House than in any other of the Homes but one or two rather surprising factors emerged. For instance, the problem of incontinence can be quite serious in an Old People's Home and at the time the survey was taken this proved to be lower than had been expected. The overall percentage for the Homes was as follows:—

*Doubly Incontinent*  
1.6%

*Incontinent of Urine only*  
4.9%

It is rather distressing to have to record that many of the old people in the Homes have no visitors at all and that many more are visited only infrequently. It was discovered that at Lawnwood House 16 per cent of the residents never had a visitor at all. At the four small Homes 24 per cent were in a similar position and at The Woodlands and Albert House 11 per cent never had a visitor either from a friend or a relative. Accepting the fact that in the extremities of age it is quite possible to be left without relatives it seems appalling that at the end of one's life there should be no-one to call upon for friendship and visits. Efforts are being made to form committees of friends for each of the Homes so that this situation does not continue and that all the residents will have at least friends to visit them.

From these two surveys it became apparent that there was a need for some sheltered housing in the Borough as there were many who would be able to manage in the community without going into an Old People's Home if they could have adequate supervision and help such as that possible in a warden housing scheme.

Quite apart from the visits of relatives and friends it must be recorded that the Homes had one particular noteworthy official visitor during the year in the person of Mr. V. Nesterov, the First Secretary to the Soviet Embassy in London.

#### **DUDLEY OLD PEOPLE'S WELFARE ASSOCIATION**

This Association has gone from strength to strength and now does a tremendous amount of work for the old people of the Borough in conjunction with the Department. It is estimated that there are some 6,500 people in the Borough over the age of sixty-five and of these some two thousand are known to us either through their connection with the Old People's Welfare Association or with the Department. All concerned with social work have the problem of loneliness among the elderly particularly in mind and a major attempt was made by the Voluntary Association this year to co-ordinate visiting services to make sure that as many people as possible were reached. It is pleasant to record that much of this visiting is done by old people themselves who are fit enough to be members of the various old people's clubs and to take on the task of visiting those who are less fortunate than themselves. Again in conjunction with the Local Authority the Association has organised the chiropody service for old people most effectively. Some 250 patients have benefited from treatment this year.

With the help of its member organisations the Dudley Council of Social Service carried out a survey on the needy during the year to ensure that charitable gifts, such as Christmas parcels, were not duplicated and that as many people as possible would benefit from these gifts. The Old People's Welfare Association is particularly to the forefront at Christmas time for it supplies parcels of food and groceries which are greatly appreciated. This year 530 parcels were distributed. The old people's clubs are also organised by this Association and it is an indication of the



scope of its work that 1,200 elderly people attended the Annual Rally in the Town Hall in April. Another notable effort is the annual holiday held for old people at reduced charges. This year some 500 members took advantage of the Association's work in this matter and went to Weymouth for a holiday.

## CARE OF THE HANDICAPPED

### BLIND AND PARTIALLY SIGHTED

This Authority does not give direct services to the blind and partially sighted but has appointed as its agent the Wolverhampton, Dudley and District Institute for the Blind. The number of blind and partially sighted persons in the Borough at 31st December, grouped according to age, was as follows:—

Age in years	Blind			Partially Sighted		
	Male	Female	Total	Male	Female	Total
0 to 15 ..	2	—	2	—	—	—
16 to 20 ..	—	1	1	1	—	1
21 to 39 ..	6	3	9	—	—	—
40 to 59 ..	9	4	13	2	1	3
60 to 64 ..	5	8	13	1	2	3
65 to 69 ..	—	8	8	1	—	1
70 to 79 ..	13	10	23	1	—	1
80 to 89 ..	12	28	40	—	2	2
90 and over ..	3	3	6	—	—	—
Total ..	50	65	115	6	5	11

During the year the names of 16 more blind people and two partially sighted persons were added to the register. Of the 50 blind males on the register one is a child and one is of school age and is attending a school for the blind. Of the adults, six are employed at the Blind Workshops as basket makers and brush makers, one is working under the Homeworkers Scheme as a piano tuner and two are working in open industry, one as a capstan lathe operator and one as maintenance carpenter. Of the others, one is a company director, nine are incapable of work because they have other disabilities in addition to their blindness and 28 are not employed because they are over retirement age. Of the 65 blind females on the register, two are employed in the Blind Workshops, one is working as a sales representative, another as a guide to her husband who is a homemaker and one more is working in open industry as a machinist. Five are housewives, six are incapable of work and 49 are not employed because they are over retirement age.

The search continues for new work in the blind workshops to replace some of the traditional crafts done there as some of these have become outmoded and expensive. The Committee met regularly to discuss the problem and its report is awaited.

For those blind people who are not available for work because of their age or because they suffer from some disability in addition to their blindness, the usual services have continued to be provided. These include visits by the home teacher and instruction in handicrafts and braille where appropriate. There is a holiday scheme for the blind and a social centre where meetings are held monthly.

#### DEAF AND HARD OF HEARING

The Council deals with its duties towards the deaf and the hard of hearing by appointing the Worcestershire and Herefordshire Association for Work Amongst the Deaf to act as its Agent. The number of deaf and hard of hearing persons registered in the Borough at 31st December was as follows:—

	<i>Children under 16</i>		<i>Persons aged 16 to 64</i>		<i>Persons aged 65 and over</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Deaf persons with speech ..	4	2	4	3	—	2
Deaf persons without speech	1	—	26	14	1	3
Hard of hearing .. ..	7	7	4	15	6	7
Total .. .. .	12	9	34	32	7	12

The Missioner has continued to carry out his services for the deaf from the Institute for the Deaf at 52, Himley Road. Apart from his visiting and normal case work there has been a fortnightly church service and a social evening each Saturday night.

During the year the Missioner has had the services of a trainee welfare officer and while this assistant has had to spend some time away at college, his work among the deaf while he has been working in Dudley has been much appreciated. He has been able to work among some of the old people in the Homes and since he is a qualified audiologist technician his advice and help among the hard of hearing has been particularly valuable.

#### PERMANENTLY PHYSICALLY HANDICAPPED

The figures with regard to those who are substantially and permanently handicapped as at 31st December are as follows:—

	<i>Under 16 years</i>	<i>16 to 64 years</i>	<i>65 and over</i>	<i>Total</i>
Male .. ..	—	98	55	153
Female .. ..	—	90	43	133
Total .. ..	—	188	98	286

This year shows an increase of 17 over the figures at the end of 1963.

A most important event for the physically handicapped was the opening of the Sighted Disabled Workshops at Sedgley in August. These Workshops are shared by Staffordshire, Wolverhampton and Dudley and are the outcome of long negotiations between the three Authorities and the Ministry of Labour. The purpose of the Workshop is to provide training, skills and work for those who are so physically handicapped that they are unlikely to obtain work in open employment. The three Authorities concerned have determined a ratio for entry and during the year some 19 disabled persons from Dudley were considered for admission. It was found that nine only were acceptable and of these two commenced training in December.

It is far too early to forecast the future of the workshops, particularly with regard to output and sales, but on the basis of figures which appear to be reasonable, Dudley's proportion of the net expenditure for these workshops will be £1,490. If, however, the target sales figure is reached our liability in the first year will be reduced to £395.

It was also decided this year to open the Handicraft Centre for one extra day and that this day should be spent in the training of younger people, preferably those under 30. The stream of work for the physically handicapped flows first of all from handicraft centres to sheltered workshops, sheltered employment in open industry and ultimately open employment. Not all physically handicapped persons follow this pattern to its natural conclusion and indeed, some never get beyond the handicraft centre because of their disabilities.

The classification of the physically handicapped in the Borough at the end of the year is as follows. It should be explained that in the table, the code letters A, B, C, D and E have the following meanings:—

- A. Handicapped persons (other than children) who though possibly needing training for some new occupation are capable of work under ordinary industrial conditions.
- B. Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions but who are mobile and capable of work in sheltered workshops.
- C. Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions but who are insufficiently mobile for work in sheltered workshops but who are capable of work at home.
- D. Handicapped persons (other than children) who are incapable of or not available for work.

- E. Handicapped persons who are children under the age of sixteen years and whose needs are likely to be met under other enactments but for whom the Local Authority have a general responsibility under Section 29 of the Disabled Persons (Employment) Act, 1944.

<i>Disability</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>Total</i>
Amputations .. .. .	6	1	1	4	—	12
Arthritis and Rheumatism .. ..	2	6	11	28	—	47
Congenital Malformations & Deformities	6	—	4	7	4	21
Diseases of the Digestive and Genito-Urinary Systems; of the Heart or Circulatory System, or the Respiratory System (other than Tuberculosis) and of the skin .. .. .	23	9	14	25	—	71
Injuries of the Head, Face, Neck, Thorax, Abdomen, Pelvis or Trunk. Injuries or Diseases (other than Tuberculosis) of the upper and lower limbs and of the spine ..	20	4	8	15	2	49
Organic Nervous Diseases—Epilepsy, Disseminated Sclerosis, Poliomyelitis, Hemiplegia, Sciatica, etc. .. .. .	11	6	15	21	—	53
Neuroses, Psychoses and other Nervous and Mental Disorders not included in Organic Nervous Diseases .. ..	4	3	4	10	—	21
Tuberculosis (Respiratory) .. ..	6	1	4	—	—	11
Tuberculosis (Non-respiratory) .. ..	1	1	—	2	—	4
Disease and Injuries not specified above	1	—	—	2	—	3
Totals .. .. .	80	31	61	114	6	292

#### REMEDIAL AIDS AND ADAPTATIONS

The Department has an obligation to help the physically handicapped by the provision of special aids and adaptations to help in their living conditions.

The people concerned are required to pay a proportion of the cost if their means allow but if not, or if they are on national assistance, the work is done free. A wide range of work has been done in this field this year from providing special kitchen gadgets to enable a one armed person to prepare vegetables, to erecting a compound for a blind person's dog. Adaptations to property have included the levelling of paths to permit the passage of invalid cars, providing concrete bases for garages and the widening of doorways to allow the passage of wheel chairs. The total amount spent in the year on this work was £274.

## OTHER SERVICES

### PROTECTION OF PROPERTY

The Local Authority is quite often the custodian of other people's property and this can happen in a variety of ways. In the first place it has a statutory duty under Section 48 of the National Assistance Act to protect the house, furniture, business 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.

In addition to this the Local Authority is often asked to look after the valuables and property either held by a resident in an Old People's Home or left by them after death. Obviously the custody of other people's property can be a very involved business and entails dealing with Crown solicitors, the Court of Protection and Receivers. Apart from the affairs of the residents in Old People's Homes there were six cases of protection of property during the year which involved either short term care or much more complicated processes where the property had to be held and guarded until relatives could be found and receivers appointed. The police give the most valuable assistance in these cases and I would like to record the thanks of the Department for their very active co-operation.

### TEMPORARY ACCOMMODATION

There are no special premises for use as temporary accommodation in the Borough and sometimes the Housing Committee can provide dwellings which have become void and can be re-let week by week when the need arises. The officers of the Department have managed to find private accommodation for homeless families but at times the whole of their energies are devoted to this. There was, for example, one day during the year when three families including 12 children were evicted from one house. On such occasions all other routine work has to be stopped while attempts are made to find alternative accommodation.

### BURIALS

The County Borough has a duty under Section 50 of the National Assistance Act 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 the disposal of the body. During the year one such burial was arranged.

### MEALS-ON-WHEELS SERVICE

The Women's Voluntary Services, in co-operation with the Department, supplied 8,671 meals in the year under the meals-on-wheels service. This represents an addition of 888 meals over the previous year. It was found possible during the year to extend the service and supply meals from Monday to Friday inclusively. The meals are supplied from Lawnwood House and from the canteen at Messrs. Ewarts at Burnt Tree.

By the end of the year the average number of people getting two meals a week was 50 and the number getting three meals was also 50. The demands on the service are such that proposals will have to be considered soon to strengthen and extend it for the ladies of the Women's Voluntary Service who give so freely and so generously of their time are already overworked.

#### ANNUAL HOLIDAY FOR THE PHYSICALLY HANDICAPPED

Each year the Council arranges a holiday at a minimum charge of 30s. for the physically handicapped and this was held again this year at the Derbyshire Miners' Centre at Skegness. Over 90 people were able to take advantage of this scheme and although the weather was poor in the first part of the week they all enjoyed the holiday thoroughly.

The Department received active co-operation from a large number of private individuals and organisations during the year. They cannot all be mentioned individually in the Report but it would be incomplete without expressing thanks to the following :-

Dudley Teachers' Training College; Dudley Voluntary Association for the Handicapped; Rotary Club; Round Table; Inner Wheel; Licensed Victuallers; St. John Ambulance Brigade; Red Cross Society; Townswomen's Guild; Toc H; local Medical Practitioners; the very many private individuals who help with transport for the physically handicapped; the National Assistance Board; Ministry of Pensions and National Insurance; Dudley Council of Social Service; the Women's Voluntary Services and the Dudley Old People's Welfare Association.

## 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 in attendance at the end of the year were as follows:—

	<i>Average No. on Roll</i>	<i>Average No. in Attendance</i>
<b>INFANTS' SCHOOL:</b>		
Dudley Wood ... ..	140	123
Holly Hall ... ..	161	145
Kate's Hill ... ..	139	125
Priory ... ..	204	187
Saltwells ... ..	99	86
St. James' C.E. ... ..	139	112
Wren's Nest ... ..	179	160
Yew Tree Hill ... ..	139	123
<b>INFANTS' AND JUNIOR SCHOOLS:</b>		
Blowers Green ... ..	196	185
Northfield Road ... ..	185	174
Park ... ..	274	256
Sledmere ... ..	327	308
St. Edmund's C.E. ... ..	247	219
St. John's C.E. ... ..	235	210
St. Joseph's R.C. ... ..	289	259
St. Thomas's C.E. ... ..	98	90
Sycamore Green ... ..	247	232
<b>JUNIOR SCHOOLS:</b>		
Bowling Green ... ..	431	409
Jesson's C.E. ... ..	156	143
Kate's Hill ... ..	206	198
Netherton C.E. ... ..	208	195
Priory ... ..	374	352
Woodside ... ..	285	268
Wren's Nest ... ..	321	300
Sutton Special E.S.N. (Mixed) School ... ..	117	104
<b>Total ... ..</b>	<b>5396</b>	<b>4963</b>
		<i>% of Average Attendance:</i>
		<b>92</b>

	<i>Average No. on Roll</i>	<i>Average No. in Attendance</i>	
<b>SECONDARY MODERN:</b>			
Bishop Milner R.C. ...	564	498	
Blue Coat ... ..	290	270	
Hillcrest ... ..	472	438	
Holly Hall ... ..	321	293	
Park Boys ... ..	420	387	
Park Girls ... ..	429	384	
Rosland ... ..	239	220	
Saltwells ... ..	272	255	
Wolverhampton Street ...	260	227	
<hr/>			
Total ... ..	3267	2972	<i>% of Average Attendance: 91</i>
<hr/>			

**GRAMMAR SCHOOLS:**

Dudley Grammar School ...	521	501	
Dudley High School ...	508	485	
Sir Gilbert Cloughton Grammar/Technical	472	439	
<hr/>			
Total ... ..	1501	1425	<i>% of Average Attendance: 94.9</i>
<hr/>			

**NURSERY SCHOOLS:**

Netherton Park Nursery ...	40	35	
Priory Nursery ... ..	106	92	
<hr/>			
Total ... ..	146	127	<i>% of Average Attendance: 86.5</i>
<hr/>			

**ARRANGEMENTS FOR PERIODIC MEDICAL INSPECTIONS**

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 disease 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	Unsatisfactory	For Defective Vision (excluding Squint)	For any other Condition	Total Individual Pupils
1960 and later ..	162	160	2	—	14	14
1959 ..	335	332	3	6	24	30
1958 ..	400	396	4	15	38	53
1957 ..	216	213	3	5	8	13
1956 ..	38	38	—	—	4	4
1955 ..	20	20	—	1	1	2
1954 ..	524	520	4	30	27	57
1953 ..	304	301	3	27	27	51
1952 ..	165	161	4	7	1	8
1951 ..	42	42	—	2	1	3
1950 ..	59	59	—	12	34	46
1949 and earlier ..	1437	1401	36	61	20	81
Totals ..	3702	3643	59	166	199	362

The total number of children examined increased by 352 to 3702. Of these 59 (1.6%) were considered to be of unsatisfactory general condition compared with 47 for the previous year. These pupils were seen frequently and in addition to advice given to the parents concerning their medical and social care arrangements were made with the family doctor for them to receive any treatment thought to be necessary.

### PRESENCE OF PARENTS AT PERIODIC MEDICAL INSPECTIONS

Age Group Inspected	No. of Pupils Inspected	Percentage of Parents Present
Entrants .. .. .	1047	97.7
Leavers .. .. .	1448	2.4
Other Periodics .. .. .	1207	61.1

The attendance of parents at the initial examination at the Infants' School was good as the figures above indicate. The parents seemed to appreciate the opportunity of discussing not only matters concerning the health of their children but also social and family matters with the examining medical officer. Co-operation in completing the questions sent to all parents prior to the routine medical inspection, requesting information of any past medical history of their child, was very good. The information received proved time saving at the routine medical inspection

in school. Despite the fact that many parents are at work and pupils at the age of 15 prefer to be unaccompanied it is surprising that so few parents take the opportunity to be present for this important medical inspection which may be the last comprehensive medical examination that many will have.

Year	Age	Number of Pupils	Number of Parents Present	Number of Pupils Accompanied	Number of Pupils Not Accompanied	Number of Pupils with Medical Problems
1950	11	100	15	10	90	5
1951	12	110	20	12	98	8
1952	13	120	25	15	105	10
1953	14	130	30	20	110	12
1954	15	140	35	25	115	15
1955	16	150	40	30	120	18
1956	17	160	45	35	125	20
1957	18	170	50	40	130	22
1958	19	180	55	45	135	25
1959	20	190	60	50	140	28
1960	21	200	65	55	145	30
1961	22	210	70	60	150	32
1962	23	220	75	65	155	35
1963	24	230	80	70	160	38
1964	25	240	85	75	165	40
1965	26	250	90	80	170	42
1966	27	260	95	85	175	45
1967	28	270	100	90	180	48
1968	29	280	105	95	185	50
1969	30	290	110	100	190	52
1970	31	300	115	105	195	55
1971	32	310	120	110	200	58
1972	33	320	125	115	205	60
1973	34	330	130	120	210	62
1974	35	340	135	125	215	65
1975	36	350	140	130	220	68
1976	37	360	145	135	225	70
1977	38	370	150	140	230	72
1978	39	380	155	145	235	75
1979	40	390	160	150	240	78
1980	41	400	165	155	245	80
1981	42	410	170	160	250	82
1982	43	420	175	165	255	85
1983	44	430	180	170	260	88
1984	45	440	185	175	265	90
1985	46	450	190	180	270	92
1986	47	460	195	185	275	95
1987	48	470	200	190	280	98
1988	49	480	205	195	285	100
1989	50	490	210	200	290	102
1990	51	500	215	205	295	105
1991	52	510	220	210	300	108
1992	53	520	225	215	305	110
1993	54	530	230	220	310	112
1994	55	540	235	225	315	115
1995	56	550	240	230	320	118
1996	57	560	245	235	325	120
1997	58	570	250	240	330	122
1998	59	580	255	245	335	125
1999	60	590	260	250	340	128
2000	61	600	265	255	345	130
2001	62	610	270	260	350	132
2002	63	620	275	265	355	135
2003	64	630	280	270	360	138
2004	65	640	285	275	365	140
2005	66	650	290	280	370	142
2006	67	660	295	285	375	145
2007	68	670	300	290	380	148
2008	69	680	305	295	385	150
2009	70	690	310	300	390	152
2010	71	700	315	305	395	155
2011	72	710	320	310	400	158
2012	73	720	325	315	405	160
2013	74	730	330	320	410	162
2014	75	740	335	325	415	165
2015	76	750	340	330	420	168
2016	77	760	345	335	425	170
2017	78	770	350	340	430	172
2018	79	780	355	345	435	175
2019	80	790	360	350	440	178
2020	81	800	365	355	445	180
2021	82	810	370	360	450	182
2022	83	820	375	365	455	185
2023	84	830	380	370	460	188
2024	85	840	385	375	465	190
2025	86	850	390	380	470	192
2026	87	860	395	385	475	195
2027	88	870	400	390	480	198
2028	89	880	405	395	485	200
2029	90	890	410	400	490	202
2030	91	900	415	405	495	205
2031	92	910	420	410	500	208
2032	93	920	425	415	505	210
2033	94	930	430	420	510	212
2034	95	940	435	425	515	215
2035	96	950	440	430	520	218
2036	97	960	445	435	525	220
2037	98	970	450	440	530	222
2038	99	980	455	445	535	225
2039	100	990	460	450	540	228
2040	101	1000	465	455	545	230

It is not possible to draw any general conclusions from these figures as the children required treatment and hospitalization, years with different school medical officers. These entries also include many others which may be regarded as a preliminary measure.

**DEFECTS FOUND BY PERIODIC MEDICAL INSPECTIONS DURING THE YEAR**

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin .. .. .	108	7
5	Eyes:		
	(a) Vision .. .. .	85	149
	(b) Squint .. .. .	2	4
	(c) Other .. .. .	5	2
6	Ears:		
	(a) Hearing .. .. .	15	20
	(b) Otitis Media .. .. .	17	15
	(c) Other .. .. .	6	5
7	Nose and Throat .. .. .	24	37
8	Speech .. .. .	3	2
9	Lymphatic Glands .. .. .	1	5
10	Heart .. .. .	2	12
11	Lungs .. .. .	11	28
12	Development:		
	(a) Hernia .. .. .	—	3
	(b) Other .. .. .	9	14
13	Orthopaedic:		
	(a) Posture .. .. .	11	7
	(b) Feet .. .. .	13	13
	(c) Other .. .. .	17	5
14	Nervous System:		
	(a) Epilepsy .. .. .	3	5
	(b) Other .. .. .	2	2
15	Psychological:		
	(a) Development .. .. .	4	3
	(b) Stability .. .. .	2	4
16	Abdomen .. .. .	1	2
17	Other .. .. .	179	24

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

		1964	1963
Number of Special Inspections ...	...	1304	545
Number of Re-Inspections ...	...	1082	1907
		<u>2386</u>	<u>2452</u>

## SUMMARY OF DEFECTS FOUND AT THE FOREGOING INSPECTIONS

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		T	O	T	O	T	O	T	O
4	Skin .. ..	5	10	4	8	8	12	17	30
5	Eyes:								
	(a) Vision .. ..	26	42	70	57	70	85	166	84
	(b) Squint .. ..	3	18	2	20	5	16	10	54
	(c) Other .. ..	—	2	1	1	5	4	6	7
6	Ears:								
	(a) Hearing .. ..	2	11	3	8	1	19	6	38
	(b) Otitis Media ..	7	29	1	4	9	11	17	44
	(c) Other .. ..	—	—	—	3	—	4	—	7
7	Nose and Throat ..	13	68	14	11	13	52	40	131
8	Speech .. ..	5	11	—	1	1	9	6	21
9	Lymphatic Glands ..	1	47	1	2	3	19	5	68
10	Heart .. ..	3	18	—	7	—	14	3	39
11	Lungs .. ..	15	44	1	3	3	23	19	70
12	Development:								
	(a) Hernia .. ..	—	3	—	2	—	2	—	7
	(b) Other .. ..	4	35	—	4	7	21	11	60
13	Orthopaedic:								
	(a) Posture .. ..	3	21	1	8	7	17	11	46
	(b) Feet .. ..	17	17	1	9	3	17	21	43
	(c) Other .. ..	6	28	5	7	4	25	15	60
14	Nervous System:								
	(a) Epilepsy .. ..	1	1	—	—	—	2	2	3
	(b) Other .. ..	—	22	—	—	—	8	—	30
15	Psychological:								
	(a) Development ..	—	6	—	8	2	15	2	29
	(b) Stability .. ..	1	11	—	2	—	14	1	27
16	Abdomen .. ..	2	4	—	1	1	5	3	10
17	Other .. ..	3	5	1	3	2	9	6	17

T — Defect requiring treatment.

O — Defect requiring Observation

A total of 2386 children were seen at these special inspections, 1304 of these at the various clinics at the requests 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 skin, 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 1082 pupils were seen at re-inspections in all schools in the Borough. These children were noted at previous 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 CLINIC

Minor ailment and school clinics continued throughout the year at the Central Clinic which was open for treatment between 9 and 10 a.m. each day, with a doctor in attendance on Monday and Fridays only. It was decided to discontinue the second minor ailment clinics at Priory Clinic in the autumn. Up to that time a nurse was in attendance on Mondays, Wednesdays and Fridays for an hour in the morning.

During 1964 a total of 409 pupils were treated at Minor Ailment Clinics compared with 1753 in the previous year.

### SCHOOL ABSENSES

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

Unfit for school	...	...	...	...	10
Fit for school	...	...	...	...	39
					—
			Total	...	49
					—

### RECOMMENDATIONS:

<i>Unfit for School:</i> General Practitioners contacted and cases kept under review					10
<i>Fit for school:</i>					
To attend ordinary school	...	...	...	...	20
To attend school with provision of transport	...	...	...	...	6
For Malvern Open Air School	...	...	...	...	3
Referred to Child Guidance Clinic	...	...	...	...	1
Transferred to another school	...	...	...	...	1
To have school dinners	...	...	...	...	1
To remain in lower age class	...	...	...	...	1
Treatment supervised	...	...	...	...	2
To have preferential seating in class	...	...	...	...	2
Physical activities to be limited	...	...	...	...	2
					—
					39
					—
					49
					—

### 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 mother and teacher on matters relating to physical and mental welfare.

### SCHOOL VISITS:

Routine Inspections (with Medical Officer)	...	...	...	...	339
Cleanliness Surveys	...	...	...	...	237
Other reasons (including Vision Inspections, Diphtheria Immunisation, B.C.G. Vaccination and miscellaneous sessions)	...	...	...	...	344

**HOME VISITS:**

Cases of uncleanness ... ..	54
Other reasons ... ..	305

**IN ATTENDANCE AT CLINICAL SESSIONS**

... ..	887
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**VACCINATION AND IMMUNISATION****B.C.G. VACCINATION OF SCHOOL CHILDREN**

Ministry of Health Circular 19/64 received in December consolidated and brought up to date all the information and recommendations on vaccination against tuberculosis.

The present arrangement, as well as providing for the vaccination of contacts of cases of tuberculosis, includes the vaccination of children of 13 years and over. In addition children between 10 and 13 may be offered vaccination at the discretion of the Local Authority as well as pupils over 14 years of age, and students at Universities, Teachers' Training Colleges, Technical Colleges, or other Establishments of Further Education.

In accordance with Ministry policy all children in their second and subsequent year at a secondary school were offered B.C.G. vaccination and students attending the Teachers' Training College were offered Heaf test and where necessary vaccination or chest X-ray. The figures below indicate the work undertaken during the year.

**SCHOOL CHILDREN**

Number offered skin test ... ..	1364
Number of consents received ... ..	1149
Number of skin tested (first time) ... ..	963
Number re-tested (absentees and doubtfuls) 160	
	— 1123
Number with positive reaction ... ..	237

Of this number 224 showed no abnormality on X-ray, 5 showed results which did not require referral to Chest Clinic and 8 were referred to Chest Clinic for further X-ray and observation.

Number with negative reaction ... ..	736
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All of these were B.C.G. vaccinated.

**STUDENTS ATTENDING ESTABLISHMENTS OF FURTHER EDUCATION:**

Number offered skin test ... ..	20
Number of consents received ... ..	20
Number skin tested ... ..	19
Number with positive reaction ... ..	13
None of this number showed any abnormality on X-ray.	
Number with negative reaction ... ..	6
All of these were B.C.G. vaccinated.	

### SMALLPOX VACCINATION

In Circular 11/64 the Ministry of Health drew attention to the Report of the Committee on Vaccination and Immunisation in which it was recommended that re-vaccination against smallpox during school life should be encouraged. As the whole question of vaccination and immunisation procedures in the Department were being reviewed no change was made in the existing arrangements during the year.

### DIPHTHERIA

Routine work in connection with immunisation and re-immunisation continued throughout the year. The numbers involved were, however, comparatively low. This was due largely to the intensive efforts made during 1963 to bring up to date the state of protection of the majority of the school population.

During the year 147 reinforcing doses were given to school children and 192 children who had not previously been protected were given initial immunisation when they entered school.

### POLIOMYELITIS

Every effort was made to persuade parents to agree to their children receiving a reinforcing dose of oral vaccine when they first entered school. During the year some 1,117 reinforcing doses were given and in addition 128 children who had not previously been vaccinated received protection.

### DISEASES OF THE SKIN

Two families were referred to the Central Clinic as being in need of treatment for scabies. The first family included a boy and girl of school age as well as the parents and two boys over school age. The other family consisted of mother, father, and two children. The mother, having refused personal treatment by the nurse at the clinic, was given a quantity of solution with instructions to carry out the treatment at home. She failed to do this and, in consequence, the family was re-infected and they had to attend the clinic a second time for treatment. On this occasion the mother allowed the nurse to treat her.

At the beginning of the year there was a recurrence of the outbreak of skin eruption at the Sycamore Green School, although the number of pupils affected was smaller. This was again investigated but no swabs were taken of the lesions on this occasion as the picture was clinically as before and it was assumed that the causative organism was *Pseudomonas pyocyaneas*. Some of the mats used for physical education were changed and no further outbreak was reported.

						<i>Number of Cases known to have been treated</i>
Ringworm:						
(a) Scalp	..	..	..	..	..	—
(b) Body	..	..	..	..	..	—
Scabies	..	..	..	..	..	4
Impetigo	..	..	..	..	..	8
Other Skin Diseases	..	..	..	..	..	131
						143

### INFECTIOUS DISEASE

The number of cases notified in school children is shown in the table below:—

#### DISEASE

	1964	1963	1962	1961
Scarlet Fever ... ..	12	8	6	4
Whooping Cough ... ..	34	11	—	1
Measles ... ..	97	323	1	193
Dysentery ... ..	3	2	—	1
Meningitis ... ..	1	1	—	—
Food Poisoning ... ..	4	1	—	1
Pneumonia ... ..	2	—	—	—

There were no cases of either poliomyelitis or diphtheria, and no deaths were recorded as a result of infectious disease.

#### TUBERCULOSIS

All school entrants were offered a tuberculin test and of the 1,134 who started school during the year 865 were Heaf tested. Of these 52 were found to be positive but 10 only of this group were unknown to the Chest Clinic. They and the other members of their families were X-rayed, when it was found that two required to be kept under observation by the Chest Physician.

In February, a boy attending Rosland Secondary Modern School was notified as having active pulmonary tuberculosis. In addition to investigating all the home contacts, the pupils at the school he attended were offered Heaf test. The positive re-actors were given an X-ray, which was also offered to all the teaching staff. No-one was found to be suffering from tuberculosis. A second pupil was notified as having tuberculosis but it was not thought necessary to carry out a full investigation at the school he attended and all the home contacts were referred to the Chest Clinic.



### 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 182 children requiring treatment for eye conditions (166 for errors of refraction and 16 for squint and other conditions) and 245 were noted for future observation.

Dr. L. H. G. Moore continued his special ophthalmic clinics. A total of 118 sessions were carried out during the year, when 281 children were examined for the first time and 866 children, previously examined, were reviewed. Spectacles were provided for 636 children.

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint .. .. .	12
Errors of refraction including squint .. .. .	1135
	1147
Number of children for whom spectacles were prescribed .. .. .	636

During the year testing for colour-blindness, using the Ishihara charts, which was commenced in 1963, continued in the 10-11 age group and school leaving age group. As outlined in my report for the year ended 31st December, 1963, the testing of children in the senior schools will be continued for the next three years, to ensure that all will have a colour-blindness test before leaving school, and thereafter this test will be restricted to the 10-11 age group.

During the year under review the test yielded the following results:—

	<i>Ten/Eleven age group</i>	<i>School leaving age group</i>
Children found colour-blind	10 (all boys)	4 (all boys)

In all cases where the examining medical officer considered it advisable, these children were referred to Dr. L. H. G. Moore, Consultant Ophthalmologist, and the Youth Employment Officer was informed concerning all children of school leaving age.

#### OPHTHALMIC INSPECTIONS BY SCHOOL NURSES:

These inspections are continuing to prove their value in detecting defects of vision which may develop in the years 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 ... ..	1612
Number found to have visual defect ... ..	220

Of this number (220):

Number referred to Eye Clinic ... ..	90
Number already given appointments ... ..	37
Noted for observation ... ..	72
Seen previously and discharged ... ..	2
Left district, made own arrangements or did not attend ... ..	19
	220

#### 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.

New Cases ... ..	79
------------------	----

Old Cases:

For treatment ... ..	103
For occlusion ... ..	61
For tests and observation ... ..	20
For periodic check-up ... ..	7
Miscellaneous Visits ... ..	23
	214

Total Attendances ... ..	293
--------------------------	-----

Discharges:

Cured by Orthoptic treatment ... ..	25
Cured by Orthoptic and operative treatment ... ..	10
Attendance discontinued before completion of treatment ... ..	1
Transferred to hospital for operative treatment ... ..	7
Failed to attend ... ..	27

**ORTHOPAEDIC CLINIC**

During 1964 Mr. J. A. O'Gara, F.R.C.S., continued his fortnightly visits, the Orthopaedic Clinic remaining under the direction of the Dudley and Stourbridge District Hospital Group. Mr. O'Gara reports that no new cases of paralysis following poliomyelitis had been seen for some time but new cases of cerebral palsy continued to appear each year.

The number of treatments given, 394, was rather more than in preceding years. The 196 children noted at routine medical inspections as having orthopaedic defects included 47 who required treatment and they are included in the total of 394 referred to above. The remaining 149 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. The number of cases referred for breathing exercises was more than doubled compared with the previous year and it has again been possible to make 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 a slight increase 149 as against 131 in the previous year. In addition one child 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 there is no waiting period for tonsillectomy at the Guest Hospital.

During the year at medical inspections 125 children were noted as requiring treatment and 297 were kept under observation. These figures showed a quite appreciable increase compared with 1963.

**TREATMENT:**

	<i>Number of Cases known to have been dealt with</i>
Received operative treatment:	
(a) for diseases of the ear .. .. .	1
(b) for adenoids and chronic tonsillitis ..	149
(c) for other nose and throat conditions ..	4
Received other forms of treatment .. ..	4
Total .. ..	158

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

(a) In 1964	...	...	...	...	...	...	3
(b) In previous years	...	...	...	...	...	...	44

#### PURE TONE AUDIOMETER TESTING FOR SUSPECTED DEAFNESS

Mrs. Crellin of the Worcestershire and Herefordshire Association for the Deaf, continued to test the hearing of children of 6 years of age. The number of children of this age tested was 794 as against 1,385 tested in the previous year. This was due to the absence of Mrs. Crellin for periods during 1964. Of the 794 children tested by pure-tone audiometer, 145 were referred for further audiometer testing and clinical examination by the Senior Assistant Medical Officer, Dr. M. Kerrigan, and a further 12 were also referred by Medical Officers at school or clinic.

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

First attendances	...	...	...	...	40	)
Re-examinations	...	...	...	...	177	) 255
Failed to attend	...	...	...	...	38	)

In 1963, 71 parents failed to bring their children for audiometer testing and although in the year under review the number had fallen to 38, this figure is still too high. Even a minor degree of deafness which can pass unnoticed at home or at school can be a severe handicap to a pupil and it is unfortunate that not all parents realise this.

Of the 217 seen at Central Clinic one was referred by Dr. Kerrigan to the Birmingham Audiological Clinic for more extensive tests and this child was subsequently seen by Mr. Hamilton, the Aural Surgeon, who recommended that he be fitted with a hearing aid. Seventeen other cases were referred to Mr. Hamilton and in two of these cases also hearing aids were prescribed.

Mrs. Crellin continued with 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 defects, 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 and reports as follows:—

“During the year under review we have been encouraged by the referrals for consultation and sometimes treatment by school doctors, family doctors and others. The appointment of Mrs. Vincent as a part-time Social Welfare Worker was most welcome. I wish to express my thanks to Mrs. McHugh and the Health Visitors who have given so great a help in the past. Another fortunate circumstance has been the short term appointment of Senior Registrar of Psychiatry to work with us in the clinic, credit for which is entirely due to Professor W. H. Trethowen. We are grateful to the Magistrates who have allowed both of our Senior Registrars to see something of the working of the Juvenile Court. We have now completed more than a year of seeing boys referred for psychiatric opinion from the new Remand Home at Saltwells. It is often difficult to be sure of the validity of one's recommendations concerning children from other towns, whose parents it has not been possible to see but so helpful are the reports received from Probation Officers that there is some ground for believing that the psychiatric opinions we have been able to give have been of value.”

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 School Medical Officer. The sources of referral were as follows:—

School Medical Officer ... ..	5
General Practitioner ... ..	17
Probation Officer ... ..	5
Head Teacher ... ..	5
Health Visitor ... ..	1
Juvenile Court ... ..	1
Hospital Consultant ... ..	3
	<hr/>
	37

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

**NEW PATIENTS:**

Bedwetting ... ..	3
Behaviour Disorder ... ..	8
Anxiety ... ..	10
Stealing ... ..	4
Backwardness ... ..	3
School phobia ... ..	4
Maladjusted ... ..	3
Asthma ... ..	2
	<hr/>
	37

**REMAND HOME**

During the year 58 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	...	...	...	...	...	...	39
Breaking and entering	...	...	...	...	...	...	6
Truancing	...	...	...	...	...	...	7
Sexual incident	...	...	...	...	...	...	3
Breach of Probation	...	...	...	...	...	...	1
Threatening behaviour	...	...	...	...	...	...	1
Inadequacy	...	...	...	...	...	...	1
							58

**TOTAL NUMBER OF INTERVIEWS:**

(a) Psychiatrist	...	...	...	...	...	...	250
(b) Psychologist	...	...	...	...	...	...	95

**UNUSUAL ILLNESS IN A SENIOR SCHOOL**

In June, four girls returning to a Girls' Secondary Modern School from Astley Burf Camp felt unwell while travelling by coach. Their symptoms included nausea, headache, a feeling of faintness and an unpleasant sensation in the ears not amounting to pain. These symptoms lasted for about 20 minutes during which time the girls were very upset, the crying and agitation being out of all proportion to the severity of the illness. On arriving at the school their symptoms were so marked that the Head Teacher arranged for them to be seen at the Casualty Department at the Dudley Guest Hospital, but nothing abnormal was found by the Casualty Officer there.

Until the 17th July, which was the end of term, over 80 girls were excluded for the same condition although the severity varied. In a few cases there was a recurrence of the symptoms sometimes after a lapse of a few days. Throat swabs and samples of faeces were sent to the Public Health Laboratory but no organisms were found, and although originally it was thought that the condition was due to a virus infection no virus was isolated.

In the latter half of September another call was made by the Headmistress of the same school because a number of girls had again become ill. On this occasion the complaint was of headache, pains in the legs and a general feeling of malaise. After a short period in the fresh air the pupils recovered and they were sent home. It was at first thought that this second outbreak was similar to the one reported above but as more cases came to light it was realised that all the children affected were members of the same class who occupied a room situated in an annexe apart from the main school building. Examination of the annexe revealed an ill-fitting door to the heating system and through this door carbon monoxide fumes from the furnace were escaping. Further inspection of the heating apparatus revealed that the furnace itself was choked and that the exit of the main flue was also blocked. After the defects were remedied no further cases of illness among the pupils were reported.

## REPORT OF THE CHIEF DENTAL OFFICER

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

### DENTAL STAFF

The establishment of dental officers is 3.5. The average number of dentist employed during the year 1964 was approximately 2.8 ending in December with 2.5.

Mr. Waddams, the only full-time dental officer, left at the end of October to take up a similar appointment in Cornwall.

Mr. Charlton, who worked three sessions per week at Dudley Wood Clinic, was appointed Area Dental Officer for Oldbury. He had been qualified 18 months.

This left us with a serious shortage in November but fortunately Miss Caswell, who had previously worked for a short time with us in 1963, came back to the district from Leicestershire and now works six sessions per week. With Mr. Waddams leaving, the evening sessions for mothers and senior children had to be abandoned.

### DENTAL HEALTH EDUCATION

Again several thousand booklets and pamphlets were distributed free to children at school inspections and posters given to Head Teachers who were also informed of films available from the Oral Hygiene Service. A film strip and teaching notes were also lent out to one senior school.

Where inspection accommodation was suitable each class had a five minute talk based on the Oral Hygiene Poster, '4 Rules for Good Teeth', for the infant and junior schools and 'Your Teeth and How They Decay' poster for secondary modern girls' school.

During the year, the poster boards at all clinics were devoted for two separate months to Dental Health Education. Show cases were also borrowed from the General Dental Council to be on display in the waiting rooms of all clinics during these periods.

Slices of raw carrot were supplied to each child after school meals. School tuck shops have been restricted to the sale of savoury biscuits and nuts rather than sweet biscuits since 1960.

The standard of oral hygiene has improved tremendously over the years. However, oral hygiene without the right dietary habits will never eliminate dental caries.

The fluoride content of the water supply when last examined in four reservoirs varied from 0.8 parts per million to 0.15 parts per million.

### DENTAL INSPECTION AND TREATMENT

8,917 children were inspected at school and 875 at the clinic. The number of pupils inspected by the Dental Officers was 212 less than last year and the number found to require treatment was 645 less than in 1963. A larger percentage accepted treatment resulting in over 1,000 more permanent teeth being filled than in the previous year.

Permanent teeth filled ...	...	...	...	...	4908
Permanent teeth extracted ...	...	...	...	...	1311

Temporary teeth filled ... .. 887

Temporary teeth extracted ... .. 2284

Ten pupils were fitted with dentures. 19 crowns were filled.

During the year 41 orthodontic cases were completed and six were referred to hospital.

At the end of December, Mr. Potter, Chief Dental Officer from the Ministry of Education and Science, paid us a two day visit and gave the School Dental Service in Dudley a most encouraging report.

The following table gives a summary of the work done.

(a) Dental and Orthodontic work:		
1. Number of pupils inspected by the Authority's Dental Officers:		
i. At Periodic Inspections .. .. .	8,917	
ii. As Specials .. .. .	875	
Total (1) ..	9,792	
2. Number found to require treatment .. .. .		5,798
3. Numbered offered treatment .. .. .		4,974
4. Number actually treated .. .. .		3,610
(b) Dental work (other than Orthodontics):		
1. Number of attendances made by pupils for treatment <i>excluding</i> those recorded at (c) 1 below .. .. .		7,004
2. Half days devoted to: Periodic (School) Inspections ..		89
Treatment .. .. .	1,127	
Total (2) ..	1,216	
3. Fillings: Permanent Teeth .. .. .		5,340
Temporary Teeth .. .. .	929	
Total (3) ..	6,269	
4. Number of teeth filled: Permanent Teeth .. .. .		4,908
Temporary Teeth .. .. .	887	
Total (4) ..	5,795	
5. Extractions: Permanent Teeth .. .. .		1,311
Temporary Teeth .. .. .	2,284	
Total (5) ..	3,595	
6. Number of general anaesthetics given for extractions ..		923
7. Number of half days devoted to the administration of local anaesthetics by:		
(a) Dentists .. .. .	4	
(b) Medical Practitioners .. .. .	73	
8. Number of pupils supplied with artificial teeth .. .. .		10
9. Other operations: i. Crowns .. .. .		19
ii. Inlays .. .. .	1	
iii. Other Treatment .. .. .	424	
Total (9) ..	444	
(c) Orthodontics:		
1. Number of attendances made by pupils for orthodontic treatment .. .. .		274
2. Half days devoted to orthodontic treatment .. .. .		27
3. Cases commenced during the year .. .. .		39
4. Cases brought forward from the previous year .. .. .		44
5. Cases completed during the year .. .. .		41
6. Cases discontinued during the year .. .. .		16
7. Number of pupils treated by means of appliances .. .. .		30
8. Number of removable appliances fitted .. .. .		36
9. Number of fixed appliances fitted .. .. .		—
10. Cases referred to and treated by Hospital Orthodontics ..		6



## HANDICAPPED PUPILS

The work of assessing the needs of handicapped pupils is the most interesting and important function of a school medical officer's duties. Accurate assessment of any child's handicap calls for repeated examination with specialists' advice where necessary.

Where educational subnormality is concerned ascertainment and recommendations can only be carried out by medical officers with the 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 how to help the child to develop latent capabilities. Similar guidance is available to families where children show emotional disturbances or behaviour disorders. The majority of these children 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 for the handicapped child to receive care or guidance through the direction of the Health and Welfare Department and the Youth Employment Service if this is thought necessary.

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

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

At the beginning of the year there were two pupils attending special residential schools for the blind — one child at Henshaw's Residential School for the Blind and the other at Conover Residential School for the Blind. During the year the pupil at the former school attained school-leaving age and was referred to the Local Health Authority for voluntary care and guidance after leaving school.

One child aged 4 years with multiple handicaps who was ascertained blind (retro-lental fibro-plasia) in 1962 was admitted in September, 1964, to the Sunshine House, East Grinstead, for a period of three weeks for assessment. He was discharged on 17th October, 1964, and is still awaiting a vacancy for permanent care.

(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."

One child was ascertained during the year as being partially blind and she was admitted to the George Auden School for Partially Sighted Children at Birmingham.

- (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 the Deaf, Birmingham ... ..	3

This was the same number as in 1963, no new ascertainment having been made 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."

Of the five children attending special schools for the physically handicapped in 1963, one left and was referred to the Local Health Authority for care and guidance after leaving school, and another was ascertained and placed in Longwill School, Bell Hill, Northfield, Birmingham. Five children were attending the following schools at the end of the year under review:—

North Staffordshire Residential School, Stoke on Trent	1
Hamilton Lodge, Brighton ... ..	1
Longwill School, Bell Hill, Northfield, Birmingham ...	3

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:—

Beacon School, Lichfield ... ..	1
St. Francis School, Birmingham ... ..	1
Besford Court, Worcester ... ..	1
Thingwall School, Liverpool ... ..	1
Crowthorn, Edgworth, Near Bolton ... ..	4

During the year one pupil attained school leaving age and left Besford Court and was referred to the Local Health Authority for voluntary care and guidance. One pupil, who presented a behaviour problem, was withdrawn from residential school and was later seen by the consultant psychiatrist, who recommended hospital treatment. Another pupil, after having been placed in a Remand Home, was sent to an Approved School. Two additional pupils were ascertained as Educationally Subnormal and recommended for residential special schools. In one other case a child previously at a residential school for delicate pupils was ascertained Educationally Subnormal also and transferred from the Children's Convalescent Home and School, West Kirby, to Beacon School, Lichfield, after a trial period at an ordinary school while resident at home.

Miss Meyerhof, Educational Psychologist, continued the screening of children referred by teachers on account of backwardness. Pupils who were severely retarded were referred for further testing by Dr. M. Kerrigan, Senior Assistant Medical Officer.

91 examinations were carried out by the approved medical officer during the year. The majority of these examinations were held at the clinics but some were carried out in schools and, in special cases, home visits were made. Of these 42 were ascertained as educationally subnormal and the following recommendations were made:—

To remain at ordinary school ... ..	2
To attend Day Special School ... ..	38
To attend Special Residential School ... ..	1
To attend Special Residential School (E.S.N. and Maladjusted) ... ..	1
	<hr/>
	42

In the case of 15 children it was recommended that they should receive care or guidance after leaving school.

34 children received other examinations which resulted in the following recommendations:—

Re-ascertainment Examinations (Children in ordinary schools). No special recommendation after leaving school ... ..	2
Unsuitable for education in ordinary school, for admission to Junior Training Centre ... ..	2
Re-ascertained, to remain in Day School for Educationally Subnormal pupils ... ..	13
Deferred, for re-ascertainment under Section 34 of the Education Act, 1944 ... ..	11
To remain in ordinary school ... ..	4
For admission to residential school for maladjusted ... ..	2

As at the end of the year there were 239 ascertained Educationally Subnormal pupils in the Borough. Of these 118 were attending the day special school for Educationally Subnormal pupils, 113 were receiving special educational treatment in ordinary schools and eight were attending Residential Special Schools. Two children were awaiting a vacancy in a Residential school for Educationally Subnormal pupils who are also mal-adjusted.

- (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 pupil was 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."

As at the end of the year eight children were attending the following schools:—

St. Hilliard's Residential School, Mickleton Manor, Gloucestershire	...	...	...	...	...	1
River House, Henley, Warwickshire	...	...	...	...	...	1
Pittsburgh House, Longton, Stoke on Trent	...	...	...	...	...	1
St. Thomas More's East Allington, Nr. Totnes, Devon	...	...	...	...	...	1
Shenstone Lodge, Lichfield	...	...	...	...	...	1
Pottersbury Lodge, Towcester, Northants	...	...	...	...	...	1
Uplands, Hereford	...	...	...	...	...	1
St. George's, Stonehouse, Gloucestershire	...	...	...	...	...	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.

Throughout the year two children were attending Bethesda Hospital School, Cheadle, Cheshire. One child who was attending the Children's Convalescent Home and School, West Kirby was transferred to Beacon House School, Lichfield after a trial period at an ordinary school while resident at home. This child is also referred to in paragraph (e)—(Educationally Subnormal Pupils).

Six 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:—

Paralysis following poliomyelitis	...	...	...	2
Multiple disabilities (transport on permanent basis)	...	...	...	1
Foot, ankle or leg in plaster following accidents	...	...	...	3

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

- (1) *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 were many who had speech defects and were given treatment at the schools and at the various clinics by the speech therapist.

Details of the work done in the Speech Therapy Clinic for the year were as follows:—

Number of attendances for treatment	...	...	...	1986
Number of attendances for interview	...	...	...	128
Number of attendances for review	...	...	...	198
Total attendances	...	...	...	<hr/> 2312 <hr/>
Number of new referrals during the year	...	...	...	177

#### REASONS FOR REFERRAL

Dyslalia	...	...	...	...	...	133
Alalia	...	...	...	...	...	3
Stammer	...	...	...	...	...	32
Others	...	...	...	...	...	9
						<hr/> 177 <hr/>

#### SOURCES OF REFERRAL

Head Teachers	...	...	...	...	...	152
School Medical Officers	...	...	...	...	...	15
Educational Psychologist	...	...	...	...	...	—
Others	...	...	...	...	...	10
						<hr/> 177 <hr/>

Number discharged during the year:							
Cured ... ..	...	...	...	...	...	...	75
Maximum Improvement ... ..	...	...	...	...	...	...	25
							100
Total discharges ... ..							100
Number of cases on waiting list at end of year ...							144

Miss Davidson comments on her work—

“1964 has been another busy and eventful year. The major event being an appointment of an additional part-time Speech Therapist, and Mrs. Stuffins began work here in February. This has meant a wider and more realistic coverage of the Borough, and this provision is more satisfactory. The appointment was made in an effort to reduce the very long waiting list built up during the two year period when there was no speech therapist on the staff. The size of the problem in the Borough is shown by the figures given above from which it will be seen that more children were referred to the speech therapist during the year for treatment than were discharged and that there was still 146 pupils on the list awaiting treatment.

Three day visits have been made, by local girls, to the Speech Clinics, two of these are now in training and the third will begin training in 1965.

Following Committee approval I attended three day-courses. The first, in Leicester, was ‘Symposium on Stammering’, presented by a neurologist, a psychiatrist, and a speech therapist. The differences of approach were valuable in showing wider basis of treatment for these generally difficult cases. The meeting held in Lincoln was on ‘Hearing Difficulties’, and was remarkable for the amount of information, given in so short a time so lucidly. The last meeting of the year was held in Warwick and discussion was upon ‘Diagnosis of Speech Disorders’. The contribution at this last meeting centred around lectures and discussion on some original work which made us take a fresh view on treatment and ourselves.

- (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 now provides accommodation for only 10 delicate pupils each term, as compared with 14 per term in previous years. 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	...	...	...	20
Bronchitis, Asthma and post pneumonia	...	...	...	3
Re-current chest and upper respiratory infection				5
Re-current common cold	...	...	...	1
Bilateral hydronephrosis	...	...	...	1
				30

One child who had been at the Children's Convalescent Home and School, Cheshire, was discharged home at Easter, 1964. His background, however, was that of a problem family in very poor circumstances and by the beginning of June the child's condition had deteriorated so seriously that he was later admitted to the Beacon School, Lichfield.

#### CHILDREN UNSUITABLE FOR EDUCATION IN SCHOOL

A few 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 one girl who had been at the Day School for Educationally Subnormal pupils for some years was ascertained as unsuitable for education in school and transfer to the Junior Training Centre was recommended. A boy aged five years who was so severely retarded that he had never attended school was also ascertained.

#### CONDITIONS REQUIRING HOSPITAL TREATMENT OR INVESTIGATION

	1964	1963
Rheumatic conditions	2	4
Chest conditions	15	21
Ear, Nose and Throat conditions	132	135
Ophthalmic conditions	14	19
Orthopædic conditions	12	15
Skin conditions	2	4
Surgical treatment	48	44
Investigations (General)	104	77
Accidents and Casualties	29	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.

### INFESTATION WITH VERMIN

Each term hygiene inspections are carried out in schools by the nurses. If a child is found to be verminous or infested with nits a letter is sent to the parents informing them of the condition together with cleansing instructions. If for any reason the cleansing regime cannot be carried out at home arrangements are made for this to be done at one of the clinics but in most cases when the child is re-examined the school nurse finds no evidence of infestation. If, however, infestation is still present a cleansing notice is issued to the parent giving an appointment at the school clinic, in which case the child will be compulsorily cleansed. Those children heavily infested and excluded from school are re-admitted as soon as their condition is found to be satisfactory.

During 1964 outbreaks of infestation were reported in two schools affecting 67 pupils. A cleansing programme was carried out immediately and home visits made in every case. In the homes of known persistent offenders a cleansing programme was introduced for the whole family. A further inspection of the children concerned was carried out at the clinic when it was reported that all the children were clean.

25,451 inspections were carried out during the year and arrangements made to ensure that the 637 pupils found to be infested were cleansed.

The following table shows the number of children found to be infested over the past three years from which it will be seen that despite continuing efforts the position is still far from satisfactory.

1964	...	...	637
1963	...	...	539
1962	...	...	747

### TUITION IN HOSPITAL

47 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

1,448 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 69 children from one or more of the following categories of work:—



	<i>Number of Children excluded</i>	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 preparing food	16. Work requiring freedom from damp hands or skin defects	17. Normal hearing	
	3																		
	4					+	+	+	+		+								
	1	+																	
	14												+						
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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 106 and all the children were found to be medically fit to carry out the following occupations:—

Shop Assistants	...	...	...	...	...	49
Errands	...	...	...	...	...	7
Goods Delivery (Bread, Milk and General)	...	...	...	...	...	4
News Delivery	...	...	...	...	...	33
Bakery Assistant	...	...	...	...	...	1
General Helps	...	...	...	...	...	2
Warehouse Assistant	...	...	...	...	...	1
Car Cleaning	...	...	...	...	...	6
Cashier	...	...	...	...	...	1
Christmas Variety Show at Dudley Hippodrome	...	...	...	...	...	2
						106

#### 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 were 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.

Where necessary 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 Dudley Rotary Club for providing a free fortnight's holiday for 19 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 the school children in Dudley.

### DEATHS OF SCHOOL CHILDREN

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

Case 1. A boy aged 12 years.

Cause of death: Strangulation.

Verdict at Inquest: Misadventure.

Case 2. A girl aged 5 years.

Cause of death: 1. Cystic Fibrositis. 2. Pneumonia.

Died in Corbett Hospital.

Case 3. A boy aged 5 years.

Cause of death: Result of injuries received in road accident.

Case 4. A girl aged 13 years.

Cause of death: Hodgkins Disease.

### SURVEYS

During the year we co-operated with the Department of Social Medicine, Oxford University in their Survey of Childhood Cancers. The parents of one child who had died from Leukaemia were interviewed.

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

During the year 35 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 17 medical reports were completed and all candidates were successful in passing the medical and X-ray examinations.

**ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH  
INSPECTOR AND CLEANSING SUPERINTENDENT  
FOR THE YEAR ENDED 31st DECEMBER, 1964**

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

Mr. Mayor, Ladies and Gentlemen,

It is something of a shock to find that this is the twentieth annual report which I have made to your Committee. I have been almost tempted to make a review of progress during this period, but have resisted. It is probably enough to review what has been done during a period of one year.

The department lost one of its most outstanding staff members in the person of Mr. F. L. Jones, who joined the department after leaving the Grammar School. He had a period of service in the Army during the war, and returned to eventually take up the specialist post of Inspector in charge of Food Premises, etc. He left to take up an appointment on the Coseley Urban District Council's staff, where I am sure he will be a tremendous asset.

Two pupil inspectors were appointed, and one of them is taking the degree course at Birmingham.

There are three vacancies for inspectors and although repeated advertisements have been placed in the technical journals there have been no suitable applications. The establishment for the department is for four district inspectors and two assistant inspectors. At the present time the number in office is three district inspectors and no assistant inspectors. There is, therefore, on this basis, a 50 per cent shortage, and this makes it extremely difficult to deal with the responsibilities of the department.

Attention is paid to all aspects of the work, and every possible endeavour is made to ensure that something is done in each of the many directions. It is disappointing, but inevitable, that the rate of progress is not as good as one would wish. On the other hand it is good to report reasonable progress and to be able to say that some attention has been given to all aspects of the department's responsibilities.

Particularly I am pleased to be able to draw your attention to the fact that over 3,000 families have, during the post-war period, been moved from unfit houses. These groups of houses which were blots upon the fair face of Dudley are fast disappearing, and the time is not too far distant when it will be possible to write "completed" to a page of achievement which has been of major proportions.

As this completion comes nearer other challenges are thrown down—the improvement of houses to reasonable amenity standards—the repair of houses to prevent other slum areas, and the great challenge of houses used in multi-occupation.

There is the ever increasing demand for better food hygiene involving the improvement of premises and food handling techniques. There are also the changes in food packaging, labelling, and the sophistication of food sales.

Improved standards of living call for improved environment, and this creates a demand for quietness instead of the increasing cacophony from industrial premises. It also calls for improvements in working conditions in shops and offices.

Altogether there are many varied challenges to be met and this report is an account of a year's work attempting to meet some of them. It is a report which is now so much history, but I hope it will also lead to better history in the making.

My thanks are due to all members of Committee for their help, forbearance and understanding. They are also due to all members of the staff, to Mr. Bowman especially, and to all the Officials who have always been so helpful.

I am,

Ladies and Gentlemen,

Yours obediently,

W. PARKER

*Chief Public Health Inspector  
and Cleansing Superintendent*

## INSPECTION OF FOOD, SAMPLING OF AND SUPERVISION OF FOOD PREMISES

The number of animals killed for food in the private slaughter-houses had decreased slightly. Due to the intermittent hours for slaughtering, it has meant that, in spite of this reduction, the number of visits for inspection purposes has stayed at roughly the same level.

The incidence of tuberculosis found among animals killed is appreciably lower. During 1963 1.79% of animals killed were found to be affected with this disease, whereas during this year the figure has only been 0.54%.

Cysticercosis is also lower, but this does not lessen the need for carefully inspecting animals for this possible condition.

Visits in connection with the inspection and condemnation of foods other than meat increased over those of last year.

It is also worth noting the increase in the number of individual complaints from purchasers alleging either the unfitness of food or the presence of "foreign bodies". Every complaint is carefully investigated and, in the majority of cases, the time and effort expended is thoroughly worth while.

The need for vigilance in connection with all aspects of food hygiene seems as necessary as ever. Routine cleaning tends to be looked upon as an unnecessary chore, but one cannot stress too often the importance of regular and adequate cleansing and sterilisation of food equipment. The increasing use of machines in the preparation and handling of food brings its own responsibilities which must not be ignored. The pre-packing of foodstuffs also brings its own responsibilities. These may be the responsibilities of taking adequate care to ensure proper cooling of food before packing, or sufficient attention to claims made on the packaging. Presentation of foodstuffs to boost sales receives great attention from the aspect of attraction, but equal attention should be given to the food itself, both as regards quality, hygiene and composition.

More attention should also be given to educating food sellers about shelf life of commodities.

Frozen foods are a commonplace to-day, but here again there are retailers who have frozen food cabinets but have not received any instruction in the use of these things. Foods are packed in and are moved around like a lucky dip tub. No attempt is made to turn stock over in a proper manner. There is a danger of power being switched off with food thawing out and being re-frozen without any possible knowledge that it has happened.

Although much time is spent in inspection of food and food premises, there is always much left undone. Continued effort is required and continued vigilance is the key to success.

## 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 .. .. .	1,382	27	—	9,556	10,256
Number inspected .. .. .	1,382	27	—	9,556	10,256
<b>All diseases except Tuberculosis and Cysticerci:</b>					
Whole carcasses condemned ..	—	—	—	5	13
Carcasses of which some part or organ was condemned .. .. .	140	10	—	481	2,126
% of the number inspected affected with disease other than tuberculosis and cysticerci .. .. .	9.8	2.7	—	19.8	19.6
<b>Tuberculosis only:</b>					
Whole carcasses condemned ..	—	—	—	—	1
Carcasses of which some part or organ was condemned .. .. .	—	—	—	—	212
% of the number inspected affected with Tuberculosis .. .. .	—	—	—	—	.54
<b>Cysticercosis:</b>					
Carcasses of which some part or organ was condemned .. .. .	1	—	—	—	—
Carcasses submitted to treatment by refrigeration .. .. .	1	—	—	—	—
Generalised & totally condemned	—	—	—	—	—

## MEAT CONDEMNED

	<i>Cows</i>	<i>Cattle</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Livers .. .. .	11	89	—	237	421	758
Lungs .. .. .	1	31	—	190	1,324	2,546
Heads .. .. .	—	4	—	—	218	222
Kidneys .. .. .	—	—	—	—	7	7
Hearts .. .. .	—	2	—	—	75	77
Hocks .. .. .	—	—	—	—	9	9
Spleens .. .. .	—	1	—	—	2	3
Collars .. .. .	—	—	—	—	7	7
Udders .. .. .	3	—	—	—	1	4
Stomachs and Intestines	—	1	—	3	20	24
Legs .. .. .	—	—	—	—	3	3
Feet .. .. .	—	—	—	—	8	8
Skirts .. .. .	—	—	—	—	—	—
Part Carcasses .. .. .	—	1	—	—	3	4
Omentum .. .. .	—	—	—	—	—	—
Frys .. .. .	—	—	—	14	181	195
Carcasses .. .. .	—	—	—	—	—	—

## DISEASES

	<i>Cattle lbs.</i>	<i>Cows lbs.</i>	<i>Pigs lbs.</i>	<i>Sheep lbs.</i>	<i>Total lbs.</i>
Distomatosis .. ..	332	31	—	—	363
Echinococcus .. ..	26	—	—	17	43
Abscess .. ..	508	34	298	15	855
C. Bovis .. ..	25	—	—	—	25
Telangiectasis .. ..	34	32	—	—	66
Pleurisy .. ..	110	9	746	19	884
Cirrhosis .. ..	2	—	16	2	20
Pneumonia .. ..	2	—	997	51	1,050
Tuberculosis .. ..	—	—	2,225	—	2,225
Actinomycosis .. ..	8	—	—	—	8
Bruising .. ..	106	—	180	20	306
Peritonitis .. ..	28	—	209	7	244
Mastitis .. ..	—	10	—	—	10
B. Necrosis .. ..	—	6	—	—	6
Milk Spots .. ..	—	—	805	—	805
Pleurisy and Pericarditis .. ..	—	—	61	—	61
Hydronephrosis .. ..	—	—	52	—	52
Pleurisy, Pericarditis and Peritonitis .. ..	—	—	1,013	—	1,013
Fractures .. ..	—	—	18	10	28
Congestion .. ..	—	—	128	—	128
Acute Septic Pleurisy .. ..	—	—	320	18	338
Septicaemia .. ..	—	—	71	—	71
Fever .. ..	—	—	500	—	500
Arthritis .. ..	—	—	18	—	18
Abnormal Odour .. ..	—	—	40	—	40
Pyaemia .. ..	—	—	120	—	120
Nephritis .. ..	—	—	4	—	4
Fatty Change .. ..	—	—	20	—	20
Oedema .. ..	—	—	60	9	69
Parasites .. ..	—	—	—	245	245
Emaciation .. ..	—	—	—	120	120
Septic Pneumonia .. ..	—	—	180	—	180
Pericarditis .. ..	—	—	68	—	68

Total weight of meat condemned:—

4 tons 9 cwts. 17 lbs.

Visits to slaughterhouses — 1212.



## INSPECTION OF OTHER FOODS

During the year the district inspectors have made 214 visits to food premises for the purpose of food inspection, other than meat inspection.

	<i>Total</i>		<i>Total</i>
Almonds (ozs.) ...	76	Jellies (pkts.) ...	3
Apple Dumplings (tins)	8	Jiff Lemon (fl. ozs.) ...	2
Baby Food (tins) ...	110	Lemon Curd (jars) ...	2
Bacon (lbs.) ...	45	Lemon Curd (tins) ...	39
Baked Beans (tins) ...	227	Lime and Lager (tins) ...	2
Beef Suet (pkts.) ...	28	Macaroni (tins) ...	8
Beetroot (jars) ...	12	Macaroni Cheese (tins)	8
Biscuits (lbs.) ...	32	Margarine (lbs.) ...	3
Biscuits (pkts.) ...	25	Marmalade (jars) ...	11
Bisto (pkts.) ...	2	Marmalade (tin) ...	1
Bovril (jar) ...	1	Meat (lbs.) ...	71
Bread crumbs (pkt.) ...	1	Meat (tins) ...	697
Bread Mix (pkt.) ...	1	Meat Pies ...	105
Butter (lbs.) ...	67	Milk Powder (lbs.) ...	56
Buttered Beans (tins) ...	19	Mint Sauce (jars) ...	4
Cake Mix (pkts.) ...	23	Mixed Fruit (pkt.) ...	1
Cereals (pkts.) ...	34	Mustard (tin) ...	1
Cheese (lbs.) ...	21	Mustard (tubes) ...	4
Cheese (cartons) ...	6	Nutmegs ...	2
Cheese slices (pkts.) ...	31	Onions (tins) ...	18
Cheese spreads ...	61	Orange Squash (bottles)	7
Chicken (tins) ...	18	Pastry Mix (pkts.) ...	3
Chickens, frozen ...	16	Pepper (drums) ...	14
Chicken croquettes ...	73	Pickles (jars) ...	22
Chicken & Ham pies ...	24	Pie Filling (tins) ...	14
Cocktail cherries (bottle)	1	Pig Carcase ...	1
Coffee (tins) ...	3	Pig's Head ...	1
Coffee (jar) ...	1	Puddings ...	24
Cooking Oil (bottles) ...	2	Ravioli (tin) ...	1
Cream (tins) ...	63	Rice (tins) ...	172
Crisps (pkts.) ...	21	Sago (tins) ...	58
Curry (tins) ...	21	Salt (lbs.) ...	2
Curry Powder (pkt.) ...	1	Salt (pkt.) ...	1
Custard Powder (tins) ...	2	Sauce (bottles) ...	3
Drinking Chocolate (tin)	1	Sausage (lbs.) ...	124
Eggs ...	222	Sausage (tin) ...	1
Evaporated Milk (tins)...	483	Shandy (tins) ...	6
Fat (lbs.) ...	49	Shrimps (tins) ...	2
Fish (tins) ...	362	Soup (tins) ...	417
Fish Cakes ...	19	Soup (pkt.) ...	1
Fish Paste (jars) ...	3	Spaghetti (tins) ...	21
Flour (lbs.) ...	4	Steak & Kidney Pies ...	49
Frozen Fish (pkts.) ...	2	Stew & Hot Pots (tins)...	120
Fruit (tins) ...	2238	Stuffing (pkts.) ...	2
Fruit juice (tins) ...	33	Sugar (lbs.) ...	28
Ham (lbs.) ...	33	Syrup (tins) ...	2
Ham (tins) ...	107	Tapioca (tins) ...	8

Hamburgers (pkts.) ...	3	Tea (lbs.) ...	2
Ham & Chicken roll (tin)	1	Tea Bags (ozs.) ...	2
Ham & Tongues (lbs.) ...	19	Vegetables (tins) ...	632
Haslet Brazils (pkts.) ...	7	Vegetables, frozen (pkts.)	2
Honey (jars) ...	10	Vinegar (bottles) ...	4
Jam (jars) ...	32	Yoghourt (cartons) ...	2
Jam (tins) ...	10		

#### 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 ...	244
Food preparing premises subject to registration ...	26
Canteens ...	79
Restaurants ...	127
Fried Fish premises ...	65
Butchers ...	46
Licensed premises ...	16
Licensed premises with catering facilities ...	18
Bakehouses ...	67
Food vehicles and stalls ...	39
Other food preparing premises ...	19

As a result of these visits 41 premises which were found not to be of the standard required by the Food Hygiene Regulations, 1955, were brought up to that standard.

#### PREMISES REGISTERED UNDER SECTION 16 OF THE FOOD AND DRUGS ACT, 1955:

Premises registered for the preparation or manufacture of sausage ...	3
Premises registered for the preparation or manufacture of potted, pickled or preserved food ...	19*
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.

195 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	192

During the year 127 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.

No visits were made to dairies during 1964.

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

	<i>Processors'</i> <i>Licences</i>	<i>Dealers'</i> <i>Licences</i>	<i>Supplementary</i> <i>Licences</i>
T.T. Pasteurised ...	4	14	—
Pasteurised ...	4	8	—
Sterilised ...	4	158	—

At the end of 1964 there were 164 milk distributors registered with the Local Authority.

The number of dairies registered under the Milk and Dairies Regulations at the end of 1964 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	45	45	—	45	—	—	—
T.T. Pasteurised (Channel Isles)	15	15	—	15	—	—	—
Pasteurised ..	12	12	—	12	—	—	—
Pasteurised (Channel Isles)	22	22	—	22	—	—	—
Sterilised ..	51	—	—	—	—	51	—
Raw Tuberculin Tested ..	—	—	—	—	—	—	—
Totals ..	145	94	—	94	—	51	—

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

A series of regular short visits to selected catering establishments was instituted to make management and employees aware of the need to maintain at all times a high standard of cleanliness. In some instances this method was satisfactory; merely talking to those concerned, with a quick re-visit later having the desired effect—mainly the standard obtained being much higher than is legally controlled. In a few cases the frequency of visiting brought forth only excuses, necessitating the need for a detailed inspection and a written notification of work requiring attention.

In one case it was found necessary to institute legal proceedings on thirty seven contraventions of the above Regulations, and a fine of £260 and £15 costs was imposed. It is unfortunate in these cases that the advice and help that is given is not accepted as it is only as a last resource that legal action is taken.

Milk	Label not in accordance with Food Milk Regulations	Label amended.
Crushed Potatoes	Contained 10 ppm sulphur dioxide	No further samples taken
Old Bacon	Print not retained --- not see para 23, Contol 30, 2	Supplier withdrawn.
Bread	Contained over 100 ppm	Milk investigated, no further action taken.
Dairy Ice Cream	Contained 4.5% fat other than milk fat	Further samples could not be obtained.
Food Colour	No list of ingredients as required by Labelling of Food Colour	Matter referred to Manufacturer

## SAMPLING FOR CHEMICAL ANALYSIS

During the year 2 formal and 112 informal samples were taken and adverse reports were made on 12. Details of action taken are given below.

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Alcoholic Peppermint Cordial.	Proof Spirit slightly low—9%.	Analysts report received too late for action to be taken.
Alcoholic Aniseed Cordial.	Declaration — “not less than 10% proof spirit. Contained 9.6% proof spirit.	Manufacturer’s explanation accepted.
Melbroton.	Deficient of vitamin C. Declared 57 mg/fl. oz. Found 32 mg/fl. oz. Unsatisfactory form of labelling.	Supplies withdrawn.
Protein Tablets.	Incorrect list of protein foods.	Supplies withdrawn.
Chipped Potatoes.	Contained 160 ppm sulphur dioxide.	Formal sample satisfactory.
Flour.	Contained small piece of dried egg albumen.	Matter referred to Manufacturer. No further action taken.
Non-fat Skimmed Milk.	Label not in accordance with Dried Milk Regulations.	Label amended.
Chipped Potatoes.	Contained 110 ppm sulphur dioxide.	No further samples taken. Old potatoes out of season.
Old English Mead.	Proof spirit claimed — not less than 23°. Content 20.5°.	Supplies withdrawn.
Bread.	Contained one moth larva.	Matter investigated. No further action taken.
Dairy Ice Cream.	Contained 4.6% fat other than milk fat.	Formal sample could not be obtained.
Food Colour.	No list of ingredients as required by Labelling of Food Order.	Matter referred to Manufacturer.

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 Cordials ..	1	1	Minced Beef .. ..	2	—
Apples .. .. .	2	—	Minced Steak .. ..	4	—
Beef Sausage .. ..	1	—	Mousse .. .. .	1	—
Blackcurrant Health Drink .. .. .	1	—	Nates "Five" .. ..	1	—
Bronchamic Tissue Salt	1	—	Non-Brewed Condiment	1	—
Cake Decoration ..	1	—	Non-Fat Milk .. ..	1	—
Chipped Potatoes ..	2	1	Nutramin "K" .. ..	1	—
Chocolate Liqueurs ..	5	—	Orange Squash .. ..	1	—
Cottage and Ham Pie ..	1	—	Pears .. .. .	2	—
Cottage Pie .. ..	1	—	Péte .. .. .	2	—
Cream .. .. .	1	—	Pickled Beetroot ..	1	—
Creamed Almonds ..	1	—	Pickled Onions .. ..	1	—
Cut Mixed Peel .. ..	1	—	Pickled Red Cabbage ..	1	—
Diabetic Ginger Bis- cuits .. .. .	1	—	Pork Pies .. .. .	7	—
Diabetic Lemon Squash	1	—	Pork Sausage .. ..	7	—
Doughnuts .. .. .	2	—	Prepared Mustard ..	1	—
Fish Cakes .. .. .	2	—	Protein Tablets .. ..	1	—
Fish Paste .. .. .	2	—	Pure Lemon Juice .. ..	1	—
Food Colouring .. ..	4	—	Raisins .. .. .	1	—
Food Supplement .. ..	2	—	Raspberry and Rose Hip Syrup .. .. .	1	—
Grapes .. .. .	1	—	Reducing Formula .. ..	1	—
Herbal Tonic Food .. ..	1	—	Sausage Seasoning .. ..	1	—
Ice Cream .. .. .	2	—	Shelled Brazils .. ..	1	—
Ice Cream Powder .. ..	1	—	Spreads .. .. .	2	—
Jam .. .. .	1	—	Steak and Kidney Pies	6	—
Lemon .. .. .	1	—	Sugar Free Beverage Drink .. .. .	1	—
Liver Paté with Truffles	1	—	Sultanas .. .. .	1	—
Malted Kelp Tablets ..	1	—	Sweets .. .. .	4	—
Marzipan .. .. .	2	—	Tea Loaves .. .. .	2	—
Mead .. .. .	1	—	Tomatoes .. .. .	1	—
Meat Pastie .. .. .	1	—	Vitamin and Mineral Tablets .. .. .	2	—
Milk .. .. .	3	—	Vitamin Sweets .. ..	1	—
Milk Shake Syrup .. ..	1	—	Yoghourt .. .. .	1	—

## ICE CREAM AND ICED LOLLIPOPS

During 1964 a total of 67 samples of ice cream and 35 samples of iced lollipops were submitted for bacteriological examination. The results are set out in the tables 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 .. ..	31	28	2	1	—
Outside Dudley ..	36	30	6	—	—
Totals .. ..	67	58	6	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	28	10	11	1	—	6	—	—	—	28	—
Outside Dudley	17	6	2	4	2	3	—	—	—	17	—
Totals ..	45	16	13	5	2	9	—	—	—	45	—

Regular spot checks on vehicles and soft ice cream machines were made in order to ascertain the standard of cleanliness. The Soft ice cream machines were dismantled, after the cleansing routine had been carried out, and on several occasions revealed a complete laxity in supervision by the management during the height of the summer trade period. In a number of instances visible signs of ice cream were found adhering to parts of the machine. It seems always to be the case that when the volume of work increases as happens during the summer trade in ice cream, the individual is apt, without supervision, to be careless with hygiene. Indeed, one salesman rather than collect a brush from the store to cleanse the narrow bore tube, used a rolled up piece of paper in his attempt to remove old deposits.

Due to the long hours worked by salesmen in mobile ice cream vehicles it is found occasionally that unsold ice cream is left in the vehicle refrigerator overnight. As this refrigerator only works when the generator is running the temperature is apt to rise before the motor is started the next day. Regular checks of the temperature of the ice cream were made and in one instance the rising temperature warranted confiscation of all the ice cream in the vehicle.

The only unsatisfactory result, a grade 3 ice cream produced in Dudley, was taken from an ice cream sales vehicle. Samples taken before and after the sample in question were graded 1, and indicated probable failure to take care that serving utensils were kept cleansed and sterile at all times.

23 of the samples taken were from soft ice cream serving units on vehicles. 20 were provisionally graded 1 and three graded 2.

### COMPLAINTS REGARDING UNFIT OR CONTAMINATED FOOD

During the year 43 visits were made to premises in connection with 33 complaints received in this category, only in one instance was it found necessary to institute legal proceedings, and this was for the sale of unfit food. A fine of £5 and 5 guineas costs was imposed.

The number of complaints has increased over the previous year. One hopes that this is due to the awareness of the public rather than the carelessness of the manufacturers. Some of the complaints could not be substantiated and a few were due to the lack of knowledge of the commodity, as is instanced by a customer selecting a wrapped Camembert cheese from a store and in the opinion of the buyer unfit because the smell and colour were not consistent with the usual cheese bought.

During the summer months several complaints of mould in food were received, invariably the product was wrapped and had shown mould growth in a very short time after packing. The cause of such mould is the inadequate cooling of the product before packing. During the summer time the delay which must occur for cooling to take place before wrapping should be prolonged and there may be a tendency for the production line not to take this factor into account. Such complaints from the public, support the inspectors approach to the management on these points, and emphasise the need for complete surveillance of their staff during all aspects of production.

A tin of garden peas was presented to the office with a dead caterpillar obviously packed with the contents. The Packers reported that harvesting is done by machinery which is equipped with sieves designed to remove all extraneous matter. After thrashing, the peas are transported to the factory in trays and submitted to a cleansing process which entails passing through rod washers and flotation tanks before being pumped into storage tanks within the factory. From these storage tanks further cleansing operations take place as the peas are automatically fed



through riffled flumes to the blanching process equipment and from there they are visually inspected on belts. One can agree with the management when they say that very extensive precautions are taken to prevent such instances arising.

A carton of margarine at one of the school kitchens was found to be affected by mould. The makers had the contents analysed and the laboratory report suggested that the wetting of the carton was probably due to water and nothing harmful was involved. It was not found possible to ascertain where contamination had occurred.

A number of complaints concerning dirty bottles of milk were received, invariably due to mis-use by previous users. It is a great pity that the war time regulation which made this an offence has been repealed. In the United States it is still an offence to return to the dairy a bottle which has not been cleansed. The dairy must, however, accept the responsibility for bottling in clean containers and to that end have inspectors. Equipment will not detect contaminated bottles and, as always, the final inspection is left to the human element.

A complaint of a tin of fresh strawberries, the contents of which did not appear to have any sized strawberries within, but was composed of thin pulp only, was submitted to the Fruit and Vegetable Canning and Quick Freezing Research Association. Their report stated that the strawberries had been disintegrated by moulds which had produced spores with a high resistance to heat. Surviving ascospores of these moulds are able to germinate and grow into a small amount of mycelium, even under the conditions of low oxygen tension. In a closed can this mycelium is seldom visible to the naked eye, but it produces enzymes that soften or macerate the fruit. This condition is rare and is harmless. The severity of the heating process that would be necessary to apply to canned food to eliminate any chances of survival of these moulds would often overcook the fruit. Therefore, the risk of an occasional spoiled can has, at the present time, to be accepted. So what at first appeared to be a can of fruit of sub-standard quality deliberately sold to the prejudice of the purchaser was merely due to uncontrollable natural causes.

A steak and kidney pie was found to contain a piece of hemp. Although the firm could not offer an explanation it is often the case that sieving arrangements adopted at the bakeries are not inspected regularly and that build up of string and hemp is such that small pieces are drawn in with the flour. Examination of sieving arrangements at bakeries are regularly made by inspectors, but undoubtedly management must see that employees attend to those details regularly.

## IMITATION CREAM

A considerable amount of time has been spent in both sampling and supervising the production and use of imitation cream. Sampling has shown low colony counts, but the presence of B.Coli in a number of samples has been most disconcerting. In one bakery swabs were taken from churns and utensils in order to ascertain where contamination arose. This co-operation with the Public Health Laboratory Service enabled one to determine that sterilisation routines were at certain times inadequate. It was noted that the length of time in which churns were subject to steam sterilisation was controlled by the whim of the operator. A "timer" was installed to which the operator was able to refer. Further swabs taken were entirely satisfactory.

The table below shows the results of samples of imitation cream taken from various bakeries and shops.

No. of samples	No. of colonies per 1 ml. of cream after 48 hrs. at 37°C.				No. of B.Coli type 1 per ml. of cream			
	Nil	1-50	50-1000	1000+	Nil	1-50	50-100	100+
38	4	5	22	7	30	5	—	3

Referring to the table above, one accepts as satisfactory the results which show a small number of colonies per ml., but results which show B.Coli type 1 per ml., must be considered unsatisfactory.

This regular taking of samples has resulted in an improvement in the handling of imitation cream and has had a good effect on management and employees who often await anxiously the results from the Laboratory.

It is hoped that the interest thus shown is not only reflected the way they handle imitation cream but also in the way other food stuffs are handled.

## HOUSING

The most serious shortage of our present day society is an adequate supply of houses of a good standard. We enjoy good social services, good educational facilities, good food and good clothes. The shortage of an adequate supply of houses, coupled with the problem of houses of inadequate standard is reflected in the growing use of certain houses in multi-occupation with the attendant lack of amenities, general low standard of housing, and overcrowding. There is also the continued occupation of unfit houses. Many of these are houses without an internal water supply; with shared sanitary accommodation and suffering from the ills of dampness, dilapidation, disrepair and congestion.

This is not to say that progress has not been made, but with almost twenty years of post-war effort it is disappointing that, at least, the programme of clearing the slums is not yet finished. Nevertheless, achievement has been very substantial.

### Slum Clearance—

During this year there was further progress in the representation of clearance areas and with demolition or closing orders for individual unfit houses. As a consequence a further 252 houses became the subject of either demolition or closing orders.

The total number of available lettings during the year was 469, and 214 of these were made available to families occupying condemned houses. This is somewhat below the agreed allocation and less than last year's allocation. During the post-war period the total number of families rehoused from condemned houses is now 3,220.

### Houses in multi-occupation—

A small table has been inserted in the report to give some idea of what the position is in respect of houses where members of more than one family are housed. There is no system of registration and it is proving difficult to compile a comprehensive list of such houses. It is also difficult to obtain factual information about occupants, due to both language difficulty and lack of co-operation. Overcrowding is increasing due to the number of children being born to the families occupying these houses. The time must come when the many families occupying rooms in houses in multi-occupation are regarded as families in need of reasonable housing accommodation. In the meantime the enforcement of the regulations is time absorbing, difficult, and not very effective. There is a great need of education required amongst many of the families.

### Improvement of houses—

There are a considerable number of houses of a type which can give reasonable living accommodation for many, many years. These houses lack certain standard amenities such as hot water—a bath—food storage, and an inside W.C. Grants are available for the improvement of these houses, but the response from owners is very disappointing. Figures are given in the report, and a short look at these will show that only two rented houses have been the subject of application for improvement. The average amount of grant payable for improvements during the year amounted to only £105 per house. Only twelve houses were improved, therefore the total money paid out was quite small.

### Repair of houses—

Whilst minor repairs have been carried out to many houses as a result of the service of notices, there remains much to be done to prevent continued deterioration to many houses. Perhaps with the approaching completion of slum clearance it may be possible to turn attention to the major repair of houses. This is an essential part in the programme of housing. The capital value tied up in houses which are repairable is high and should be safeguarded.

**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 1964**

	<i>New</i>	<i>Re-lets</i>
Flats	110	Houses: post-war... 65
Houses	110	pre-war ... 105
Bungalows	1	Flats: post-war... 51
		pre-war ... 9
		Bungalows: post-war... 7
		pre-war ... 2
		Pre-fabs: post-war... 9
	<hr/> 221 <hr/>	<hr/> 248 <hr/>
<b>Total</b>	...	469

Mutual exchanges are not included.

The total number of visits made for housing purposes during the year was 2239.

**Table I** Housing Progress from 1st. July, 1945 to 31st. December, 1964

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	Total
Demolition Orders made .. .. .	—	15	20	34	110	57	10	41	118	43	52	36	100	55	19	27	58	36	50	37	918
Closing Orders made .. .. .	—	—	—	1	1	3	—	3	—	4	5	2	8	11	3	3	8	5	2	6	65
Houses confirmed in Clearance Area ..	—	—	63	102	—	—	—	—	429	—	—	111	599	41	21	160	376	96	—	239	2237
Houses demolished—Section 17 .. ..	18	34	19	34	30	88	57	57	46	71	35	42	120	93	34	18	56	57	45	55	1009
Houses demolished—Clearance Areas ..	—	90	11	104	44	35	22	6	3	102	86	105	101	87	210	259	298	217	115	128	2023
Rehousing—Section 17 .. .. .	3	17	18	52	57	88	37	34	68	60	74	69	122	43	51	24	60	40	36	65	1018
Rehousing—Slum Clearance Areas ..	—	8	39	112	15	3	2	2	41	184	139	119	197	313	110	99	318	95	147	149	2092

**Table II** The following table shows the number of lettings to families from unfit houses compared with 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	1964
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	56
Families rehoused from Clearance Areas .. .. .	—	8	39	112	15	3	2	2	41	184	139	119	197	313	110	99	318	95	147	156
Total .. .. .	3	25	57	164	72	91	39	36	109	244	213	188	319	356	161	123	378	135	183	214
Total available lettings .. .. .	39	204	195	520	444	272	358	445	389	462	380	464	419	476	332	362	501	267	297	469
% 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	46.5

**N.B.**—In addition a further 6 families were rehoused during 1964 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 properties.

## IMPROVEMENT GRANTS

### STANDARD GRANTS

1. Number of applications—				
(a) Owner-occupiers ...	17	Approved ...	...	17
(b) Tenanted houses ...	2	Approved ...	...	2
2. Number of dwellings improved—				
(a) Owner-occupiers ...	20			
(b) Tenanted ...	4			
3. Amount paid in grants ...			£2512	6 11
4. Average grant per house ...				£105
5. Amenities provided—				
(a) Fixed bath ...				15
(b) Wash hand basin ...				19
(c) Hot water supply (to any fittings) ...				24
(d) Water closet—				
1. Within the dwelling ...				20
2. Accessible from the dwelling ...				Nil
(e) Foodstore ...				4

### DISCRETIONARY GRANTS

1. Number of applications approved ...	16
2. Number of applications refused ...	Nil
3. Amount paid in grants ...	£2716
4. Number of dwellings improved—	
Owner-occupied ...	12
Tenanted ...	Nil

## SANITARY ADMINISTRATION

### PARTICULARS OF INSPECTIONS

Routine work continued under the Public Health Act, 1936, and during the year 369 inspections and 447 re-inspections were made.

The number of preliminary notices served was 65, and the number complied with was 41. Statutory notices numbered 13 and 16 notices were complied with.

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

Chimneys ...	6
House roofs ...	10
Eavesgutters and rainwater pipes ...	6
Floors ...	6
Staircases ...	3
Plasterwork ...	9
Windows—sashcords ...	2
Closets ...	24
Drainage systems ...	16
Walls ...	3

**HOUSES IN MULTIPLE OCCUPATION**

1. Total number of houses in multiple occupation ...	150
2. Number of houses in multiple occupation estimated to need attention under Housing Act, 1961 ...	100
3. Number of notices served to make good neglect of proper standards of management (Section 14) ...	1
4. Number of notices served to require additional services of facilities (Section 15) ... ..	5
5. Number of prosecutions since passing of Housing Act, 1961:—	
Overcrowding ... ..	2

**DOMESTIC WATER SUPPLY**

Number of premises (excluding Council Houses having a private water supply) (estimated) ... ..	9411
Number of Council Houses ... ..	10357
Number of premises having common water supplies (estimated) ... ..	300

**WATER SUPPLY**

The supply to the County Borough of Dudley is derived from seven pumping stations situated outside the Authority's boundaries. Chlorination is practised in all cases.

During 1964, 668 samples of the chlorinated water were examined, 662 of which were free from coliform bacteria.

Samples of the raw water are not obtainable at two of the stations, but of the 375 examined at the others, 368 were free from all forms of coliform bacteria.

310 samples of a supply of surface origins were also examined before treatment, and these gave an average coliform bacteria content of 15 per 100 ml.

Samples were examined within the County Borough from:—

Cawney Hill Reservoirs Nos. 1 and 2

Shavers End Reservoirs Nos. 1 and 2

Shavers End repumping station

Waterman's house, Dudley

Waterman's house, Netherton

61 out of 64 samples from the reservoirs were free from coliform bacteria, as were 15 samples from Shavers End Repumping Station and 12 from each of the Watermen's houses.

The average chemical results of the tap samples from Dudley and Netherton for 1964 were:—

	Dudley	Netherton
pH	6.9	7.1
	expressed in parts per million	
Alkalinity (CaCO <sub>3</sub> )	102	112
Chlorides (Cl)	42.4	43.1
Amoniacal Nitrogen (N)	Trace	Trace
Albuminoid Nitrogen (N)	Trace	Trace
Oxidised Nitrogen (N)	5.4	6.3
Oxygen absorbed (3 hrs at 27°C)	.12	.12
Temporary Hardness	97	107
Permanent Hardness	90	100
Total Hardness	187	207
Iron (Fe)	.02	.02
Manganese (Mn)	Nil	Nil
Lead (Pb)	.02	Nil

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

### SEWERAGE AND SEWAGE DISPOSAL

There has been no major change during the year, and it is pleasing to report that there have been no complaints arising from sewer surcharge.

The number of cesspools in the borough is 59. There are also 76 pail closets.

### INFECTIOUS DISEASE

110 visits were made during the year.



**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>	<i>Number on Register</i>	<i>Number o</i>		
		<i>In-spections</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	7	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	266	—	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ..	60	—	—	—
Total ..	333	—	—	—

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>	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i>
	<i>Found</i>	<i>Remedied</i>	<i>Referred To H.M. Inspector</i>	<i>By H.M. Inspector</i>	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1) ..	2	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.8) .. ..	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Ineffective drainage of floors (S.6) .. .. .	—	—	—	—	—
Sanitary Conveniences (S.7) (a) Insufficient .. .. .	—	—	—	—	—
(b) Unsuitable or defective ..	15	—	—	7	—
(c) Not separate for sexes ..	—	—	—	1	—
Other offences against the Act (not including offences relating to Out-work) ..	—	—	—	—	—
Total ..	15	—	—	8	—

## 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 prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel {	Making, etc.,	6	—	—	—	—
	Cleaning and Washing ..	—	—	—	—	—
Household linen ..	—	—	—	—	—	—
Lace, lace curtains and nets .. .. .	—	—	—	—	—	—
Curtains and furniture hangings .. ..	—	—	—	—	—	—
Furniture and upholstery .. ..	—	—	—	—	—	—
Electro-plate .. ..	—	—	—	—	—	—
File making .. ..	—	—	—	—	—	—
Brass and brass articles	—	—	—	—	—	—
Fur pulling .. ..	—	—	—	—	—	—
Iron and steel cables and chains .. ..	—	—	—	—	—	—
Iron and steel anchors and grapnels .. ..	—	—	—	—	—	—
Cart gear .. ..	—	—	—	—	—	—
Locks, latches and keys	—	—	—	—	—	—
Umbrellas, etc. ..	—	—	—	—	—	—
Artificial flowers ..	—	—	—	—	—	—
Nets, other than wire nets .. .. .	—	—	—	—	—	—
Tents .. .. .	—	—	—	—	—	—
Sacks .. .. .	—	—	—	—	—	—
Racquet and tennis balls .. .. .	—	—	—	—	—	—

## PART VIII OF THE ACT (Continued)

## 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 .. ..	81	—	—	—	—	—
Brush making .. ..	—	—	—	—	—	—
Pea picking .. ..	—	—	—	—	—	—
Feather sorting .. ..	—	—	—	—	—	—
Carding, etc., of buttons, etc. .. ..	—	—	—	—	—	—
Stuffed toys .. ..	—	—	—	—	—	—
Basket making .. ..	—	—	—	—	—	—
Chocolates and sweetmeats .. ..	—	—	—	—	—	—
Cosaques, Christmas stockings, etc. .. ..	—	—	—	—	—	—
Textile weaving .. ..	—	—	—	—	—	—
Lampshades .. ..	—	—	—	—	—	—
TOTAL .. ..	87	—	—	—	—	—

## RODENT CONTROL

As a consequence of a considerable increase in the number of complaints of rat infestation in the borough during 1964 the Committee decided to resume sewer treatments and agreed to

the work being undertaken by a private firm. The treatment was carried out during the Autumn and there was a considerable reduction in complaints thereafter.

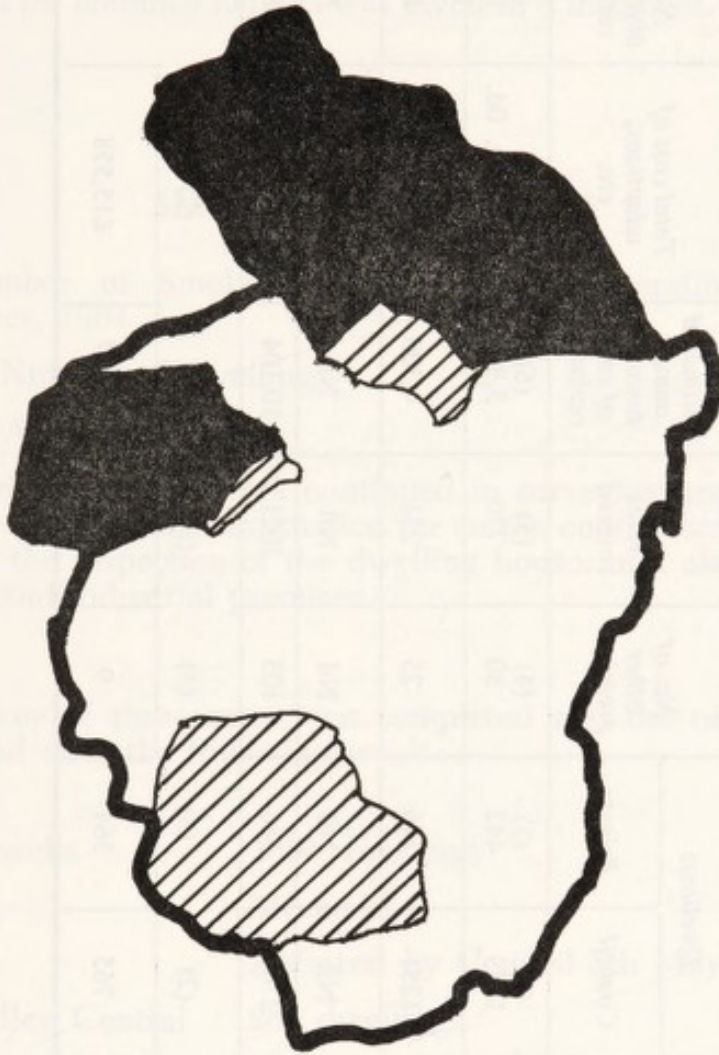
It is hoped that two treatments will be carried out by the same firm in 1965.

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

	<i>Type of Property</i>				<i>Agri-cultural</i>
	<i>Non-Agricultural</i>				
	<i>1</i> <i>Local Authority</i>	<i>2</i> <i>Dwelling houses (incl. Council houses)</i>	<i>3</i> <i>All others including business premises</i>	<i>4</i> <i>Total of Cols. 1, 2 and 3</i>	
No. of properties in Local Authority's district .. .. .	44	18586	3854	22484	2
Total number of properties inspected as a result of notifications .. .. .	33	287	85	405	—
Number of such properties found to be infested by:					
Common rat					
Major	2	1	12	15	—
Minor	24	215	49	288	—
House mouse					
Major	—	—	—	—	—
Minor	7	54	23	84	—
Total number of properties inspected in the course of survey under the Act ..	10	26	4	40	—
Number of such properties found to be infested by:					
Common rat					
Major	—	—	—	—	—
Minor	10	24	4	38	—
House mouse					
Major	—	—	—	—	—
Minor	—	2	—	2	—
Total number of properties otherwise inspected ( <i>e.g.</i> 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 II, III and IV) treated by Local Authority ..	43	296	88	427	—

COUNTY BOROUGH OF DUDLEY

SMOKE CONTROL AREAS



CONFIRMED AREAS



AREAS SURVEYED—  
DECISION DEFERRED

Stage reached in Smoke Control procedure	Total No. of Orders	Dwellings		No. of other premises	Acres covered	Estimated annual tonnage of coal replaced	Total cost of adaptions, etc.	No. of objections received	No. of Public Enquiries held
		Council	Private						
(a)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Orders in operation .. ..	3	1479	442	80	770	5,804	£30,156 2s. 0d.	Nil	Nil
Orders confirmed but not in operation .. ..	1	1281	146	25	251	4,300	£40,754 15s. 0d.	Nil	Nil
Orders submitted to Ministry for confirmation .. ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Totals .. ..	4	2760	588	105	1021	10,104	£70,910 17s. 0d.	Nil	Nil
(b)	(1)	(2)	(3)	(4)	(5)	(6)	(7)		
Smoke Control Areas in course of active preparation .. ..	1	765	364	9	123	3,387	£15,558		

## INDUSTRIAL POLLUTION

Steady progress was made during the year in the reduction of smoke from industrial chimneys.

8 notifications of boiler installations were received, and approval for chimney heights was given in 8 instances.

## SMOKE CONTROL AREAS

Number of Smoke Control Areas in operation at 31st December, 1964 ... 6.

(a) Number of dwellings ... .. 5863

(b) Acreage covered ... .. 1274

During the year work continued in surveying areas for the purpose of collecting information for smoke control orders. This involves the inspection of the dwelling houses and also all commercial and industrial premises.

Survey of three areas was completed and the orders were submitted with the following result:—

Saltwells	1394 dwellings
	515 acres
	Deferred by Council 5th May, 1964.
Dudley Central	286 dwellings
	126 acres
	Deferred by Council 1st December, 1964.
Springsmire	168 dwellings
	39.6 acres
	Deferred by Council 1st December, 1964.

The Broadway Order became operative on the 1st October, 1964. This comprised 916 dwellings and covered an area of 122 acres. Works of adaptation to fireplaces were completed and inspections were carried out in all cases where applications for grant were made.

A plan of the borough is given to show the extent of coverage by smoke control orders.



**OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963**

## Registration and General Inspections.

	<i>Number of premises registered during the year.</i>	<i>Number of registered premises at end of year.</i>	<i>Number of registered premises receiving a general inspection during the year.</i>
Offices ... ..	153	153	10
Retail Shops ... ..	343	343	84
Wholesale Shops, Warehouses ... ..	36	36	2
Catering establishments open to the public —			
canteens ... ..	124	124	6
Fuel storage depots ...	1	1	—
Totals ... ..	<u>657</u>	<u>657</u>	<u>102</u>

Total number of visits of all kinds by Inspectors to registered premises under the Act ... .. 102

**ANALYSIS OF CONTRAVENTIONS**

*Contraventions in respect of:—*

	<i>Found</i>
Section 4—Cleanliness ... ..	12
Section 5—Overcrowding ... ..	2
Section 6—Temperature ... ..	52
Section 7—Ventilation ... ..	6
Section 8—Lighting ... ..	2
Section 9—Sanitary conveniences ... ..	18
Section 10—Washing facilities ... ..	33
Section 11—Supply of drinking water ... ..	3
Section 12—Accommodation for clothing ... ..	7
Section 13—Sitting facilities ... ..	1
Section 15—Eating facilities ... ..	2
Section 16—Floors, passages, stairs ... ..	17
Section 17—Fencing of exposed parts of machinery ... ..	9
Section 24—First Aid—general provisions ... ..	38
Total ... ..	<u>202</u>

This is a new piece of legislation which places further responsibility upon the local authority, and thus upon the department. By the end of the year reasonable progress had been made although there was only a part of the year during which the Act and Regulations applied. Contraventions are being found in a number of cases and the attention of occupiers is drawn to these on all occasions. Indications are that work in connection with contraventions is the subject of instructions, but it is too early to make any specific statement on the progress of such work.

### CARAVANS

Vigorous action was taken by the department to remove caravans from land in the borough. This entailed no less than 215 visits, and on many of these occasions workmen were present from my own and the Borough Engineer's departments, and the police were also there.

Steps were taken in a number of instances by placing posts or by ditching to render it more difficult for access to be gained on certain areas of land.

Whilst caravans came into the borough they were never allowed to stay long on any one site. Even so, it is astonishing how untidy and filthy a site can be made in so short a time. After the vans had been moved on, a number of instances occurred where site clearance had to be undertaken.

### NOISE ABATEMENT ACT

5 complaints were investigated during the year, but in no case was a notice justified. A total of 36 visits was made.

If these figures were left without any explanation it could be assumed that this paragraph meant very little. Whilst it is true that the service of notice was not justified, very much careful investigation was necessary. In all cases where complaint is made the source of the noise is established and noise level meter readings are taken. The readings are taken during the day time, but in most cases are also taken during night time.

Complaints are usually about noise from industrial premises, and the noise may result from bad maintenance of plant or from bad practices on the part of the employees. Usually the staff are well received and managements are prepared to give every co-operation.

### **SLAUGHTER OF ANIMALS ACT**

The number of licensed slaughtermen at the end of the year was 14.

### **PHARMACY AND POISONS ACT, 1933**

One application for entry on the poisons list was made.

### **FERTILISERS AND FEEDING STUFFS ACT, 1926**

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

### **PUBLIC SWIMMING BATHS**

6 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**

3 samples were taken under this Act during the year. All conformed to requirements.

### **PET ANIMALS ACT, 1951**

6 premises are licensed under this enactment.



