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County Borough of Dudley

HEALTH AND WELFARE
SERVICES

1967



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COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

PRINCIPAL SCHOOL MEDICAL OFFICER

DIRECTOR OF WELFARE SERVICES

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

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Constitution of Committees for the year 1967/68**HEALTH COMMITTEE**Councillor Dr. K. C. Rogers (*Chairman*)Councillor Dr. C. R. Kenchington (*Vice-Chairman*)

The Mayor	Councillor B. A. Meredith
The Deputy Mayor	Councillor Miss M. E. Moss
Alderman J. C. Price	Councillor C. G. Murray
Councillor R. J. Allcock	Councillor C. G. Parkes
Councillor G. W. Beswick	Councillor J. W. R. Roe
Councillor J. D. Davies	Councillor J. D. Skelding
Councillor S. Fairfold	Councillor H. O. Smith

(Members of the Council)

Dr. R. J. H. Guy) Appointed by Dudley Executive Council
Dr. F. G. Lewis	
Mr. T. E. Bennett	

Mrs. D. Crump	Appointed by Local Hospital Management Committee
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Mrs. A. M. Hughes	Mrs. E. Welch
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(Co-opted Members)

WELFARE COMMITTEEAlderman J. L. Billingham (*Chairman*)Alderman Mrs. M. Pargeter (*Vice-Chairman*)

The Mayor	Councillor F. Hadden
The Deputy Mayor	Councillor Mrs. O. M. Holland
Alderman J. P. Fithern	Councillor Mrs. G. Homer
Alderman H. N. Hayden	Councillor B. A. Meredith
Alderman Mrs. L. Hingley	Councillor C. G. Murray
Councillor Mrs. B. M. Baker	Councillor G. E. Sneyd
Councillor K. W. J. Bradley	Councillor Mrs. B. E. Vanes

Councillor R. J. Griffiths	
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(Members of the Council)

Mrs. A. Hughes	Mrs. J. T. Wilson
Mrs. L. R. Jones	Miss Ashton
Mrs. E. Moore	Miss Holder

(Co-opted Members)

EDUCATION COMMITTEE

Alderman J. T. Wilson (*Chairman*)

Alderman E. Morris (*Vice-Chairman*)

The Mayor	Councillor W. T. Harris
The Deputy Mayor	Councillor D. Harty
Alderman H. N. Hayden	Councillor Mrs. G. Homer
Alderman J. Jones	Councillor R. G. Lees
Councillor Mrs. C. Adams	Councillor A. R. Pearson
Councillor W. R. Goode	Councillor J. G. Rowley
Councillor F. Hadden	Councillor F. G. S. White

(Members of the Council)

Rev. A. Fisher	Mr. A. Horridge
Rev. M. McManus	Mr. R. G. Hough
Rev. R. C. Stevens	

(Co-opted Members)

EDUCATIONAL SPECIAL SERVICES SUB-COMMITTEE

Alderman J. Jones (*Chairman*)

Alderman J. T. Wilson (*Vice-Chairman*)

The Mayor	Councillor Mrs. C. Adams
The Deputy Mayor	Councillor F. G. S. White
Alderman H. N. Hayden	Councillor Mrs. G. Homer
Alderman E. Morris	Councillor R. G. Lees

(Members of the Council)

Rev. M. McManus	Mr. A. Horridge
-----------------	-----------------

(Co-opted Members)

STAFF*Medical and Dental Staff:*

Medical Officer of Health, Principal School Medical Officer
and Director of Welfare Services

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

Deputy Medical Officer of Health, Deputy Principal School
Medical Officer and Deputy Director of Welfare Services

J. A. McKINNON, M.D., M.B., Ch.B., D.P.H.

Senior Assistant Medical Officers

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

J. W. WALDRON, M.B., Ch.B., D.C.H.

P. PSAILA SAVONA, M.D.

Assistant Medical Officers

D. E. GEORGE, M.B., Ch.B.

*M. PASSI, M.B., B.S., D.P.H.

*J. R. B. GIBSON, L.R.C.P., L.R.C.S., L.R.F.P.S.

*B. W. CLARKE, M.B., Ch.B.

1 Vacancy†

Consultants (by arrangement with the Regional Hospital Board)

G. O. CLARKE, F.R.C.S.

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

D. T. MACLAY, M.D., D.P.M.

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

J. A. COX, M.B., B.S., D.O.

J. A. O'GARRA, M.Ch., Orthop., F.R.C.S.

J. A. NAGLE, M.B., B.Ch., B.A.O., D.P.H.

Chief Dental Officer

MRS. J. P. McEWAN, L.D.S., R.F.P.S.

Senior Dental Officers

MISS J. CASWELL, B.D.S., L.D.S., R.C.S.

P. M. HARRISON, B.D.S.

Dental Officers

*A. W. PARKES, M.B., Ch.B., B.D.S.,

*MISS A. TWARDY, L.D.S., R.C.S. (E)

*I. F. KNOWLES, B.Sc., B.D.S.

*P. S. HILL, B.D.S.

3½ Vacancies†

Dental Auxiliary

MISS E. FORSYTH

7 Dental Surgery Assistants

¾ Vacancy†

Nursing and Allied Staffs:

Principal Nursing Officer

MISS M. LEMANQUAIS

S.R.N., R.S.N., S.C.M., M.T.D., H.Vs Cert.

Superintendent Health Visitor

MISS A. LAMB

S.R.N., S.C.M., R.S.I., H.Vs Cert.

17 Combined Health Visitors and School Nurses (Full-time)

12 Combined Health Visitors and School Nurses (Part-time)

11 School/Clinic Nurses (Full-time)

1 Tuberculosis Health Visitor

2 Student Health Visitors

4 Vacancies†

Non-Medical Supervisor of Midwives

Vacant

20 Domiciliary Midwives (Full-time)

8 Domiciliary Midwives (Part-time)

1½ Vacancies†

Superintendent Home Nurse

MISS P. LAWTON

S.R.N. Queens Nurse

25 District Nurses (Full-time)

5 District Nurses (Part-time)

3 Bathing Attendants (Part-time)

3½ Vacancies†

Domestic Help Organiser

MISS D. CASSERE

Assistant Domestic Help Organiser

MRS. E. TAYLOR

Domestic Helps — the equivalent of 76 full-time

Chiropody Service

Chief Chiropodist

R. G. MATTHEWS

9 Chiropodists (Part-time)

Speech Therapists

*MRS. V. A. STONE

*MRS. G. M. STUFFINS

2½ Vacancies†

Orthoptist

*MRS. A. DUGGAN

Audiology Technician

MRS. S. A. CRELLIN

Chief Welfare Officer

J. BERRY

- 1 Case Work Organiser
 1 Senior Social and Mental Welfare Officer
 1 Vacancy†
 8 Social and Mental Welfare Officers
 2 Vacancies*
 2 Welfare Officers for the Blind
 1 Welfare Officer for the Deaf
 2 Trainee Welfare Officers
 2 Welfare Assistants
 1 Occupational Therapist/Handicraft Instructress
 1 Vacancy†
 1 Homes Officer

Old People's Homes — Residential Staff

“ Albert House ”

Matron: MISS I. McLENNAN
 Assistant Matron: MRS. A. LEISHMAN

“ Primrose House ”

Matron: MISS E. E. HORTON
 General Assistant: MRS. V. M. MARTIN

“ Lupin House ”

Matron: MISS E. E. HARRIS

“ Roseland House ”

Matron: MRS. G. M. MOSS

“ The Woodlands ”

Matron: MISS F. M. COLE
 Assistant Matron: MRS. M. RIVERS

“ Lawnwood House ”

Matron: MRS. M. NAYLOR
 Assistant Matron: MRS. E. CURWEN

New Bradley Hall

Matron: MISS I. WELCH
 Assistant Matron: MRS. A. McGEE

“ Dibdale ”

Matron: MRS. E. GRIFFIN
 Assistant Matron: MRS. E. EVANS

“ Rose Cottage ”

Matron: MRS. P. M. STACK

Training Centre Supervisors

DIXONS GREEN — MRS. I. M. COOPER

AUDNAM — C. M. KELCEY

17 Assistants and Instructors

Administrative and Clerical Staff:

Principal Administrative Assistant

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

Deputy Principal Administrative Assistant

N. F. COOKSON

Senior Administrative Assistants

R. WOOLLEY, A.M.R.S.H.

W. ASHWORTH, A.C.I.S.

Medical Officer of Health's Secretary

MISS I. J. E. RICHARDS

Other Administrative and Clerical Staff

29 (Full-time)

13 (Part-time)

2 Vacancies†

Chief Veterinary Officer

D. HOWIE, M.R.C.V.S., D.V.S.M.

Veterinary Officer

E. B. DAVIES, B.V.Sc., M.R.C.V.S.

6 Meat Inspectors

Chief Public Health Inspector

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.

Assistant Chief Public Health Inspector

C. H. CRAWFORD, M.A.P.H.I.

Chief Divisional Public Health Inspector

H. R. FRY, M.A.P.H.I., M.R.S.H., A.C.I.S.

3 Divisional Inspectors

6 District Inspectors

3 Housing Inspectors

3 Food Inspectors

1 Additional Inspector

1 Meat Inspector

1 Technical Assistant

6 Pupil Public Health Inspectors

Clerical Staff

Secretary/Chief Clerk

MRS. M. BENNETT

4 Shorthand Typists

5 General Clerks

* Part-time

† Whole-time equivalent

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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report on the work of the Health, Welfare and School Health Services for the year 1967.

STATISTICS

During the year there were 3,516 live births and 1,738 deaths giving a nett increase in population of 1,778. The Registrar General's estimate of population for 1967 was 177,760 compared with 176,790 for 1966. It is likely that this figure will continue to increase, not only because of the excess of births over deaths, but because also of a movement of population into the Borough especially in the developing area on the west side of the town. The infant mortality rate of 16.78 compares favourably with the national rate of 18.3 as does the perinatal mortality rate of 24.10 which is lower than the national rate of 25.4. The five most common causes of death were due to coronary disease, vascular lesions of the nervous system, malignant neoplasms other than of lungs and bronchus, other heart diseases and malignant neoplasms of the lung and bronchus. In this last group there were 99 deaths, that is almost 2 deaths each week throughout the year from a disease which is preventable. In January, the Minister of Health made a statement in the House of Commons on the subject of smoking in public places, when he said that suggestions had been made that steps should be taken to restrict smoking in cinemas, theatres, restaurants, shops and offices, but that the Government did not feel that it would be appropriate to seek powers for compulsory restrictions on smoking in such places. In a democracy it is right that people should be given as much freedom as possible to order their own lives, but in Dudley this resulted in tragedy in 99 homes.

INFECTIOUS DISEASES

There was no large scale outbreak of notifiable infectious disease during the year and no patient was notified as having poliomyelitis, typhoid or smallpox. Protection is available for a number of infectious diseases, and during the year a new appointment system was introduced for vaccination and immunisation. At the end of the year an analysis of the state of protection of children born in 1966 showed that 81% had been protected against diphtheria, 78% against whooping cough, 80% against tetanus, 78% against poliomyelitis and 53% against smallpox. This is a considerable improvement on previous years, and as the appointment system is extended it is hoped that even these percentage figures will be improved.

HEALTH CENTRES

A document of major importance on Health Centres was received from the Ministry of Health in April, 1967, in which it

was reported that there was a considerable upsurge of interest in the provision of centres by Local Authorities. A sum of £140,000 was included in the estimates for 1968 to 1970 for the building of Health Centres in the Borough, and by the end of the year discussions had been held with a number of general practitioners and dental surgeons. In addition four general practitioners were using clinic premises as surgeries, and although this arrangement lacked many of the advantages of Health Centres, it did bring general practitioners into close contact with Local Health Authority medical and nursing staff.

FAMILY PLANNING

The National Health Service (Family Planning) Act, 1967, received the Royal assent in June and conferred on Local Health Authorities a general power to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice and the supply of contraceptives and appliances. These arrangements considerably extended the powers of Local Health Authorities who previously had only been able to give advice on family planning to women who needed this advice on medical grounds where they were likely to suffer detriment to their health as a result of pregnancy. The Health Committee considered this matter in September and resolved that the Family Planning Association be asked to act as agents of the Council for the provision of family planning facilities for all persons over the age of 16. Because of financial restrictions it was not possible to put this resolution into effect, and the Family Planning Association continued to act as an independent body giving advice to women on social and medical grounds and charging for the service. The Corporation made available to the Family Planning Association two clinics free of charge for this purpose.

UNMARRIED MOTHERS

Broadfield House Mother and Baby Home which was transferred to Dudley from Staffordshire County Council on the 1st April, 1966, continued to show a nett loss of £7,000 in 1966. For this reason, and because there was no shortage of hostel accommodation for unmarried mothers in the area, the Committee decided not to accept bookings to the home after December, 1966, and so by March, 1967, there were no more residents in the home. It was recommended to the Welfare Committee that the ground floor should be used as a handicraft centre for the young handicapped to attend on a day basis. Provision was also made for the extension of the kitchen facilities for the preparation of food for luncheon clubs and the meals-on-wheels service. The first and second floors were to be converted into bed sitting rooms for midwives and district nurses, but later it was decided that better use would be made of the premises by using the upper floors as a home for the more active elderly residents living in one of the small homes.

NURSING

At the beginning of the year the joint post of Superintendent of Home Nurses and Supervisor of Midwives which had been vacant for four months remained unfilled. It was decided therefore, to promote a senior home nurse to the post of Superintendent of Home Nurses, and make a separate appointment of a Supervisor of Midwives. However, this second post remained unfilled throughout the year when the statutory duties were carried out by the Principal Nursing Officer. In February Miss Bennett, Superintendent Health Visitor with the Borough for twenty years, retired and her post was filled by promoting a senior member of the health visiting staff. Miss Bennett gave devoted service to the Borough in a quiet and unobtrusive way. She was a personality and we wish her every happiness in her retirement.

FLUORIDATION

In June 1966 the Health Committee resolved that the South Staffordshire Waterworks Company be informed that the Council were in favour of fluoridation for the public water supply. This resolution was rejected by the Council in September and the matter has not been reconsidered since that time.

The cost of the Health, Welfare and School Health Services for the financial year 1967/68 was £712,720. The Capital Building Programme planned for the period 1967 to 1971 included schemes for a Training Centre with 180 places, an Adult Training Centre with 100 places, Health Centres, a hostel for mentally handicapped and a hostel for the mentally ill. The total cost for these schemes is in the region of £350,000.

I am grateful to the Chairman and Members of the Health, Welfare and Education Committees and their Sub-Committees for their continued support, interest and encouragement.

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

Your obedient Servant,

G. M. Reynolds.

Medical Officer of Health

Dudley House,
Stone Street,
Dudley,
Worcs.

Telephone No.: Dudley 55433

VITAL STATISTICS

Population—Registrar General's estimate, 1967	...	177,760
Rateable Value (at 1st April, 1967)	... ..	£7,456,663
Estimated Product of 1d. Rate (1967/68)	£30,600

LIVE BIRTHS:

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	1763	1611	3374
Illegitimate	68	74	142
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	1831	1685	3516
Rate per 1,000 population	17.00
			*(17.2)
Illegitimate live births per cent of total live births			4.03

STILLBIRTHS:

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	24	22	46
Illegitimate	5	1	6
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	29	23	52
Rate per 1,000 total live and still births	14.5
			*(14.8)

TOTAL LIVE AND STILL BIRTHS:

	<i>M.</i>	<i>F.</i>	<i>Total</i>
	1860	1708	3568

INFANT DEATHS (Deaths under 1 year):

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	30	23	53
Illegitimate	3	3	6
	<hr style="width: 50%; margin-left: auto; margin-right: 0;"/>	<hr style="width: 50%; margin-left: auto; margin-right: 0;"/>	<hr style="width: 50%; margin-left: auto; margin-right: 0;"/>
	33	26	59

INFANT MORTALITY RATES:

Total infant deaths per 1,000 total live births	...	16.78
		*(18.3)
Legitimate infant deaths per 1,000 legitimate live births	... ..	15.70
Illegitimate infant deaths per 1,000 illegitimate live births	... ..	42.25
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	... ..	11.37
		*(12.5)
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	... ..	9.67
		*(10.8)
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	... ..	24.10
		*(25.4)
Maternal Mortality (including abortion)		
Deaths	... ..	—
Rate per 1,000 total live and stillbirths	... ..	—

DEATHS:

	<i>M.</i>	<i>F.</i>	<i>Total</i>
	900	838	1738
DEATH RATE per 1,000 population	...	...	11.82
			*(11.2)

*The National Rates are shown in brackets.

DEATHS FROM ALL CAUSES

T A B L E I

<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1. Tuberculosis of Respiratory System ...	4	2	6
2. Other forms of Tuberculosis ...	—	—	—
3. Syphilitic Diseases ...	1	—	1
4. Diphtheria ...	—	—	—
5. Whooping Cough ...	—	—	—
6. Meningococcal Infections ...	—	1	1
7. Acute Poliomyelitis ...	—	—	—
8. Measles ...	—	—	—
9. Other Infective and Parasitic Diseases ...	2	1	3
10. Malignant Neoplasm, Stomach ...	29	25	54
11. Malignant Neoplasm, Lungs, Bronchus	89	10	99
12. Malignant Neoplasm, Breast ...	—	32	32
13. Malignant Neoplasm, Uterus ...	—	6	6
14. Other Malignant and Lymphatic Neoplasms ...	94	81	175
15. Leukaemia, Aleukaemia ...	4	4	8
16. Diabetes ...	7	10	17
17. Vascular Lesions of Nervous System ...	118	164	282
18. Coronary Disease, Angina ...	184	144	328
19. Hypertension with Heart Disease ...	15	19	34
20. Other Heart Diseases ...	55	74	129
21. Other Circulatory Diseases ...	38	52	90
22. Influenza ...	1	1	2
23. Pneumonia ...	47	47	94
24. Bronchitis ...	71	24	95
25. Other Diseases of Respiratory System ...	21	7	28
26. Ulcer of Stomach and Duodenum ...	2	2	4
27. Gastritis, Enteritis and Diarrhoea ...	1	10	11
28. Nephritis and Nephrosis ...	8	3	11
29. Hyperplasia of Prostate ...	—	6	6
30. Pregnancy, Childbirth, Abortion ...	—	—	—
31. Congenital Malformations ...	5	10	15
32. Other defined and ill-defined diseases ...	58	74	132
33. Motor Vehicle Accidents ...	10	9	19
34. All other Accidents ...	22	23	45
35. Suicide ...	8	3	11
36. Homicide and Operations of War ...	—	—	—
	<u>900</u>	<u>838</u>	<u>1738</u>

DEATHS

There were 1,738 deaths during the year giving a death rate of 11.82 compared with the national rate of 11.2.

The five most common causes of death were as follows:—

Coronary Disease, Angina	...	...	...	328
Vascular Lesions of Nervous System	...	...	...	282
Malignant Neoplasm other than of Lungs and Bronchus	...	...	...	267
Other Heart Diseases	...	...	...	129
Malignant Neoplasms, Lungs and Bronchus	...	...	...	99

19 deaths were due to motor vehicle and 45 to other accidents. There were 11 suicides.

BIRTH RATE

There were 3,374 legitimate live births and 142 illegitimate live births.

INFANT MORTALITY AND STILLBIRTHS

There were 59 infant deaths under one year giving an infant mortality rate of 16.78 compared with 18.3 for the country generally. The stillbirth rate of 14.5 was slightly lower than the national rate of 14.8.

PREMATURE INFANTS

During the year there were 224 premature live births and 34 premature stillbirths. Of the live births 25 were born and nursed entirely at home or in a nursing home and 8 born at home were later transferred to hospital. 22 of the 224 died within 28 days, 11 of them within 24 hours of birth.

CONGENITAL MALFORMATIONS OBSERVABLE AT BIRTH

During the year congenital malformations were reported in 40 births, live or still. The number of malformations notified was 50, classified as follows:—

Central Nervous System	...	...	...	16
Eye, Ear	...	...	...	3
Alimentary System	...	...	...	9
Uro-Genital System	...	...	...	1
Limbs	...	...	...	13
Other Skeletal	...	...	...	1
Other Systems	...	...	...	2
Other Malformations	...	...	...	5

50

INFECTIOUS DISEASE

The following table shows the incidence of infectious disease notified during 1967.

	<i>Numbers Notified</i>		<i>Admitted to Hospital</i>
	<i>M.</i>	<i>F.</i>	
Scarlet Fever	14	14	1
Whooping Cough	12	23	10
Measles	508	441	17
Pneumonia	3	4	7
Dysentery	5	5	2
Food Poisoning	20	16	18
Meningitis	1	1	2

The number of measles notifications almost doubled compared with 1966. No patient was notified as having poliomyelitis, typhoid or smallpox.

TUBERCULOSIS

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

	<i>Pulmonary</i>	<i>Non-Pulmonary</i>	<i>Total</i>
1967	43	13	56
1966	35	6	41
1965	34	8	42
1964	35	4	39
1963	39	4	43

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>
Pulmonary:							
Males	—	—	1	13	12	2	28
Females	—	3	2	9	1	—	15
Non-Pulmonary:							
Males	—	—	—	6	2	—	8
Females	1	1	—	3	—	—	5

In 1967 there were, in addition to the 56 new cases, a further three notifications of tuberculosis occurring in patients diagnosed as having the disease in another area who then moved into the Borough to live. There were 18 outward transfers.

Of the new notifications 15 were of tuberculosis occurring in Asian immigrants as was one of the three inward transfers notified.

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>
1967	...	...	...	881	125	1006
1966	...	...	...	903	118	1021
1965	...	...	...	389	48	437
1964	...	...	...	382	41	423
1963	...	...	...	430	38	468

The following is an analysis of deaths due to tuberculosis:—

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

In addition 15 patients on the register died from other causes.

One Tuberculosis Visitor continued to be responsible for visiting all cases of tuberculosis and she worked in very close co-operation with the Chest Physician's staff. Intensive follow-up and tracing of contacts is 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 to be X-rayed.

Immigrants were offered Heaf tests and, where necessary, B.C.G. Vaccination. If not already X-rayed on entry to the country an X-ray of the chest was offered if Heaf test was refused. All immigrants were given information on the use of the National Health Service and were encouraged to register with a general practitioner. In addition all babies born to Asian families were offered B.C.G. Vaccination at the age of six weeks.

During the year 100 immigrants gave their destination as Dudley but it was not possible to trace twelve of these. In addition four immigrants were discovered who had not given Dudley as their place of residence on entering the country.

VENEREAL DISEASE

The number of new cases occurring during the last five years is as follows:—

	1967	1966	1965	1964	1963
Syphilis	6	5	2	5	11
Gonorrhoea	34	48	25	27	18
Non-Venereal and undiagnosed conditions	120	184	92	86	111

The Hospital Management Committee is 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 is undertaken by hospital staff. The Treatment Centre is at the Guest Hospital, Tipton Road, Dudley, and is under the direction of Dr. C. R. Mayou.

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL CLINICS

Ante-natal sessions were held at nine of the fifteen clinics in the Borough. These continued to be staffed by midwives except in the case of Bayer Hall, Coseley, where a Medical Officer also attends.

Attendances at the clinics were as follows:—

	1967	1966
Number of expectant mothers ...	1153	742
Total Attendances	4671	3861
Number of clinic sessions	451	323

MOTHCRAFT AND RELAXATION CLASSES

Classes were held weekly at nine clinics. Just under one third of all women confined in the Borough attended these classes and their popularity continues to increase as the following figures show.

	1967	1966
Number of attendances	4290	2981
Number of mothers attending:		
(a) Hospital booked	625	444
(b) Domiciliary booked	471	234
Total	1096	678

BLOOD TEST CLINICS

The weekly clinic previously held at "The Firs" was discontinued as more general practitioners made their own arrangements with the hospital service.

X-RAYS

94 expectant and nursing mothers attended the Chest Clinic for X-ray, but no-one was diagnosed as having tuberculosis.

MATERNITY PACKS

Maternity packs continued to be supplied to all mothers who had been booked for home confinement. Mothers delivered in hospital and discharged home early to the care of the district midwife were issued with a small pack. All ambulances continue to carry maternity packs as a routine.

CARE OF UNMARRIED MOTHERS

Worcestershire Diocesan Association for Moral and Social Services and Lichfield Diocesan Association for Moral Welfare Work continued to share the responsibility for the arrangements for the care of unmarried mothers. The Local Authority makes a financial grant to both Organisations and I would like to place on record the Authority's appreciation of the valuable work undertaken in this field.

As foreshadowed in last year's report Broadfield House Mothercraft Hostel was closed in the early part of the year and the previous policy of placing unmarried mothers in hostels outside the County Borough was re-introduced. The Local Authority helps with the maintenance of these mothers at the Homes where financial circumstances warrant such assistance.

38 Dudley cases were dealt with by Worcestershire Diocesan Association and 29 by Lichfield Diocesan Association. The ages of the mothers ranged between 14 and 44 years.

INFANT WELFARE CLINICS

There are fifteen infant welfare clinics of which nine are purpose built. Welfare foods are sold at all the clinics.

Attendances during the year were as follows:—

			<i>Total Attendances</i>
Children born in 1967	...	...	25,879
Children born in 1966	...	...	24,512
Children born in 1962-65	...	...	9,007
			59,398

This compares favourably with a total of 46,609 attendances in 1966.

1,225 infant welfare sessions were held during the year and the total number of children up to the age of five years attending was 6,788.

FAMILY PLANNING CLINIC

A Branch of the Family Planning Association was established in Dudley in 1958. In the same year the Council agreed to the Association having the free use of Holly Hall Clinic on one evening a fortnight. They also arranged for members of their medical and nursing staff to be granted leave to take specialist training at the Family Planning Association Regional Headquarters in Birmingham. The first clinic session was held early in 1959, and in 1964 facilities at Holly Hall were extended to give a further evening session in alternate weeks.

In February 1966 the Ministry asked Local Authorities to review their policy and suggested that they should give all help and encouragement to the Family Planning Association and similar Voluntary Bodies. The Council agreed in principle to give further support and shortly after this another weekly session was provided at Holly Hall. In addition the Central Clinic was used for a Family Planning session one evening a fortnight. In all cases the clinic premises were provided free of charge and in addition a small annual grant was made to the Association.

In June, the National Health Service (Family Planning) Act, 1967, received Royal Assent. This Act gave Local Authorities a general power to make arrangements for the giving of contraceptive substances and appliances. Among other things the Minister expressed the hope that in the exercise of their powers under the Act, Local Authorities would continue to make use of the services of the Family Planning Association.

The Council agreed to ask the Family Planning Association to act as Agents of the Council in providing in the County Borough family planning facilities for all persons over the age of 16 with effect from 1st April, 1968. The sum of £1,200 was originally put in Estimates. Because of the financial restrictions, however, this sum was reduced to £200 so that during the year the Family Planning Association continued as in previous years by giving a service in the Borough for which they made a charge.

At the end of the year plans were being made for the extension of this service to Ladies Walk Clinic, Sedgley.

NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948

At the end of the year there were registered by the Local Authority nine Playgroups, three Day Nurseries and one Kindergarten, which were providing 324 places. There were five new registrations during the year and in two Day Nurseries the number of children was increased. Two applications failed on planning grounds.

The National Play Groups Association held a number of Conferences in the district at which members from Dudley playgroups were well represented. These women show a keen responsibility towards the children attending the groups and there is no doubt that they provide companionship in a stimulating environment and an ideal preparation for starting school.

DENTAL CARE

The arrangements described in previous reports were continued but it is disappointing to report that less than 20% of three year olds invited to attend for dental inspection came to the clinic. The parents of those who did attend were advised on oral hygiene and given a Ministry of Health pamphlet on this subject.

Treatment was given whenever necessary. With the Department being half staffed it was impossible to extend the service.

The Dental Auxiliary gave talks at some of the Infant Welfare Clinics, and Health Visitors included oral hygiene in their advice to mothers.

The following table gives a summary of the work done during 1967:—

A. *Attendances and Treatment*

	<i>Children under 5 years</i>	<i>Expectant and Nursing Mothers</i>
Number of visits for treatment during the year:		
First Visits	303	100
Subsequent Visits	118	181
	<hr/>	<hr/>
Total Visits	421	281
	<hr/>	<hr/>

Number of Additional Courses of Treatment other than the first course commenced during year	15	9
Treatment provided during the year:		
Number of Fillings	125	152
Teeth Filled	124	148
Teeth Extracted	408	119
General Anaesthetics given	152	10
Emergency Visits by Patients	74	16
Patients X-rayed	2	4
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	4	39
Teeth otherwise conserved	17	—
Teeth root filled:		2
Inlays		—
Crowns		—
Number of Courses of Treatment completed during the year	258	53

B. *Prosthetics*

Patients supplied with Full Upper or Full Lower (First time)	4
Patients supplied with other dentures	12
Number of dentures supplied	24

C. *Anaesthetics*

General Anaesthetics administered by Dental Officers	—
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D. *Inspections*

	<i>Children 0-4 inclusive</i>	<i>Expectant and Nursing Mothers</i>
Number of patients given first inspections during year ...	403	114
Number of patients who required treatment ...	309	112
Number of patients who were offered treatment	300	112

E. *Sessions*

Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients:	
For Treatment	75
For Health Education	10

OPHTHALMIC CLINIC

Errors of Refraction (including Squint) ...	157
External and Other	24
	<hr/>
	181
	<hr/>
Spectacles prescribed	11

ORTHOPAEDIC CLINIC

Massage:

Number treated	96
Total treatments	347

Orthopaedic:

Seen by Surgeon	169
New Cases	41
Total Attendances	240

U.V.L. Clinic:

Children treated	2
Total attendances	10

EAR, NOSE AND THROAT CLINIC

Number seen by E.N.T. Consultant	9
Number referred for operative treatment	—

MIDWIFERY

At the end of 1967, 51 midwives were in practice in the Borough. Of these 27 were employed by the Council and 24 by Dudley and Stourbridge Hospital Management Committee.

In the first quarter of the year the shortage of midwives mentioned in the last report continued and I am grateful to the Hospital Management Committee and the medical and nursing staff of the General Practitioner Units at the Rosemary Ednam, Wordsley and Mary Stevens Hospitals for their co-operation in admitting during this time 53 women who had been booked for home delivery. Without their help it would have been impossible for the domiciliary midwives to have given full cover and an efficient service.

During the year the recruitment of full-time midwives improved and additional part-time midwives were employed for nursing and relief duties.

DELIVERIES CONDUCTED BY DOMICILIARY MIDWIVES

The total number of deliveries was 852. In 109 cases a doctor was present at the birth. In 234 cases a doctor visited during labour but was not present at the delivery, whilst in 509 cases midwives took full responsibility for the labour and delivery.

In addition 129 mothers booked for home delivery were admitted to hospital for the following reasons:

Foetal distress	...	...	...	...	...	13
Twins	...	...	...	...	...	2
Abnormal presentation	...	...	...	...	...	9
Delay in first stage of labour	...	...	...	...	...	28
Delay in second stage of labour	...	...	...	...	...	21
Delay in third stage of labour	...	...	...	...	...	5
Post-Partum Haemorrhage	...	...	...	...	...	3
Ante-Partum Haemorrhage	...	...	...	...	...	7
Premature labour	...	...	...	...	...	13
Miscarriage	...	...	...	...	...	4
Toxaemia	...	...	...	...	...	7
Miscellaneous	...	...	...	...	...	7

Thirteen babies were admitted to hospital.

In accordance with the Rules of the Central Midwives Board midwives summoned medical aid on 299 occasions, 241 times for the mother and 58 for the baby.

The following table shows the number of women admitted to hospital and the day of the puerperium on which they were discharged. This shows the current trend towards institutional delivery and early return home. Midwives paid 13,268 visits to these women.

24 hours after delivery	...	...	...	...	34
2 days after delivery	...	...	...	...	293
3 days after delivery	...	...	...	...	279
4 days after delivery	...	...	...	...	126

5 days after delivery	...	...	...	...	239
6 days after delivery	...	...	...	...	526
7 days after delivery	...	...	...	...	579
8 days after delivery	...	...	...	...	214
9 days after delivery	...	...	...	...	78
10 days after delivery	...	...	...	...	48
Total	...	...	...	...	2416

All women seeking admission to Maternity Units in the area of the Dudley and Stourbridge Hospital Management Committee are visited at home by a Domiciliary Midwife for a home investigation and the completion of an application form. Often repeated visits are necessary because the majority of women are in full-time employment until well advanced in pregnancy.

During the year 2,627 investigations have been carried out necessitating 3,354 visits.

OBSTETRIC FLYING SQUAD

A service is based at the Women's Hospital, Wolverhampton, and another at Birmingham Maternity Hospital.

The service was used on nine occasions as follows:—

Complications during third stage of labour	...	...	...	8
Abnormal presentation	...	...	...	1

DRUGS AND ANALGESICS

All midwives are equipped with Tecota inhalers. Trilene was administered to 466 women. 616 Pethilorfan injections were given.

Vandid and Oxygen sparklets are carried by all midwives for infant resuscitation.

Three teaching midwives were issued with Blease positive pressure resuscitators.

PUPIL MIDWIVES

There are four teaching midwives on the staff. During the year eight pupil midwives from Lordswood Maternity Hospital completed their training on districts in Dudley.

POST GRADUATE COURSES

Two midwives attended Refresher Courses in accordance with the Rules of the Central Midwives Board.

A number of midwives attended study days organised by the Royal College of Midwives, and films on topics of interest were shown in the Department.

All midwives attended a lecture of instruction in the technique of perineal infiltration given by Mr. Fisher, Consultant Obstetrician.

Three meetings of the Maternity Liaison Committee were held during the year.

HEALTH VISITING

The establishment of Health Visitors was one Superintendent Health Visitor, three Group Advisors, 28 Health Visitors, six School Clinic Nurses, two Student Health Visitors and two Tuberculosis Health Visitors.

Three health visitors resigned as their husbands obtained posts away from the area and it was found impossible to replace them although two part-time health visitors joined the staff later in the year. As recruitment in this field is difficult in most parts of the country, the only method of filling vacancies is by training students. Two students who were attending the Training Course in Birmingham returned to the Department in August.

The full complement of School Clinic Nurses was maintained for most of the year and they continued to relieve the qualified health visitors of work which did not need full health visitor training. This work is mainly in senior schools, at vaccination and immunisation sessions, at Consultant and Cervical Cytology Clinics and assisting in ante-natal and infant welfare clinics.

The shortage of health visitors is particularly noticed in the new residential areas in the west of the town where case loads are exceptionally high. In these areas not only is the number of children on each health visitor's list very high but the families make heavy demands on the health visitors for advice on emotional and psychological problems. This may be due to their moving away from supportive friends and relations living in the areas from which they have come.

No further attachments to general practitioners were made. The two schemes already in existence continued with advantage to patients, doctors and health visitors.

During the year four general practitioners commenced holding surgeries at Local Authority Clinics at Standhills Road, Kingswinford and Bull Street, Lower Gornal. This resulted in much closer collaboration between health visitors and general practitioners and it is apparent that if full Health Centre facilities were available liaison would increase still further.

The accent on health visiting is now more than ever in the field of assessment of child development and screening procedures. All babies continue to be screened for the presence of phenylketonuria, between the 10th and 14th day and between the fourth and sixth week. No positive tests were recorded. The names of children whose normal development may be in jeopardy by reasons connected with their family history or arising during pregnancy, the perinatal or post-natal periods or in whom suspicious symptoms of deviant development exist are placed on the "Observation Register". These children receive priority of visiting and are called in for regular medical examination until proved to be developing normally. There were 1,873 children on the register at the end of the year. In addition it was aimed to test the hearing of all babies at about eight months of age. Health Visitors carried out 2,094 such tests, an increase of 587 over the last year.

and as a result seven were referred for further investigation by a Medical Officer.

A two day in service training course in the technique of hearing testing in young children was given by Professor Taylor of the Department of Audiology and Education of the Deaf at Manchester University. This highly successful course was held at Ladies Walk Clinic and was attended by twelve health visitors who all gained certificates of proficiency. One health visitor attended a day release course in psychiatry arranged by Birmingham Health Department. Ten health visitors attended a Study Day organised by the Health Visitors' Association at Leicester.

Visits made by health visitors during the year are given in the following table.

	<i>Visits</i>
Children born in 1967	11,330
Children born in 1966	8,441
Children born in 1962/65	14,099
Persons aged 65 and over	1,207
Mentally Disordered Persons	113
Hospital Discharges	63
Tuberculous and other infectious disease households	132
Other Cases	530

HOME NURSING

At the end of the year the staff consisted of one Superintendent Home Nurse, 25 full-time and five part-time Home Nurses and four part-time Bathing Attendants. Recruitment was good and there was a full complement of staff for most of the year. As this is the first full year of the newly constituted Borough it is not possible to give comparative figures but it is obvious on examination of individual nurse's records that the work continues to increase. Over half of the visits paid have been to those in the over 65 age group. The provision of home helps, incontinent laundry service and the use of incontinent pads has meant that many elderly people who would otherwise have been admitted to hospital or Old People's Homes have been nursed at home.

Home nurses are relieved as far as possible of duties not requiring the skill of a fully trained nurse, and during the year the number of part-time bathing attendants was increased from three to four. Requests for this service were received mainly from general practitioners, the Home Help Organiser and Social and Mental Welfare Officers. Patients having regular bathing were kept under monthly review by the home nurses in case any further medical or social needs should arise. It has been found that not only do the bathing attendants assist to dress and bath the elderly and handicapped and help the home nurses when required but as they are often the only people regularly visiting, they perform many acts of kindness outside the terms of their official duties. The number of patients visited during the year was 130 necessitating 3,375 visits.

The home nurses work in three groups based on Brierley Hill, Central and Ladies Walk Clinics. During the year the latter group moved from Bayer Hall and they now enjoy more spacious accommodation and find themselves better situated to serve the needs of the area.

One home nurse remained attached to a large group practice to the benefit of patients and to the greater satisfaction of the nurse and general practitioners.

The number of disposable articles issued to nurses has been increased. Not only does their use save time but the guaranteed sterility increases the degree of safety to the patient.

In 1966 a circular from the Ministry of Health requested Local Health Authorities to provide incontinent pads, waterproof pants and disposable liners on the request of general practitioners to patients other than those attended by home nurses. At this time the extent of the problem of incontinence was not known. It proved to be larger than expected and during the year waterproof pants and liners were issued to 51 persons mainly physically handicapped or aged.

Number of incontinent pants issued	...	...	62
Number of incontinent liners issued	...	...	5240
Number of incontinent pads issued	...	...	5694
Rolls of liners for handicapped children	...	...	120

Home nurses visit initially to fit the pants and advise on skin care and to inform the patient from which Centre replacements could be obtained. Waste is avoided by a monthly follow-up by the home nurse to check that full use is being made of these articles.

The extensive use by home nurses of incontinent pads for their patients has meant that the laundry service has required little extension.

	1967	1966
Number of cases using laundry service ...	43	35
Number of articles laundered ...	4318	3986

MARIE CURIE NURSING SERVICE

One nurse remains on the panel and during the year she paid 90 visits to two patients for the purpose of giving pain relieving drugs and settling the patients late at night.

POST GRADUATE EDUCATION

This Authority in common with the four other County Boroughs affected by the boundary changes missed the West Midlands District Nurse Training Course which was temporarily suspended. A number of new staff were recruited during the year and there was a backlog of candidates awaiting District Training. Discussions between the Boroughs took place and it is probable that the Training Scheme will re-commence in 1968.

During the year each nurse attended two sessions at the Guest Hospital Out-patient Department where Dr. Oakley, Consultant Skin Specialist, instructed them in the care of leg ulcers. All home nurses are now conversant with his technique. Patients were seen initially at the hospital and succeeding care is given at home. This saves the patient, often elderly, having to wait for treatment at the hospital, avoids the expense of transportation by ambulance and relieves the pressure on the hospital out-patients staff.

Later in the year arrangements were made for each nurse to attend two sessions at the Physiotherapy Department at Burton Road Hospital for instruction in methods of rehabilitation of the elderly and disabled. A number of staff attended a Conference on District Nursing arranged by the Regional Hospital Board.

VISITS OF STUDENT NURSES

As in past years a number of student nurses spent a day with the home nurses. These visits were much enjoyed by the students and as a result some were recruited to the service after qualification.

The following table gives details of visits paid by home nurses during the year:

	1967	1966
Medical Cases	50,837	34,874
Surgical Cases	10,971	9,266
Tuberculosis Cases	404	944
Maternal Complications	311	236
Total	62,523	45,320

VACCINATION AND IMMUNISATION

A scheme for weekly vaccination and immunisation by appointment at clinics was introduced. This was primarily intended to apply to all children born on or after 1st January, 1967, but later it was extended to include children born in 1966 who were known to the Department. An analysis of the state of protection of these children at the end of the year showed that 81% had been protected against diphtheria, 78% against whooping cough, 80% against tetanus, 78% against poliomyelitis and 53% against smallpox. In addition it was known that in some instances vaccination and immunisation procedures carried out by family doctors had not been notified to the Department so that the figures given above are an under statement of the vaccination and immunisation state. It is hoped that the introduction of a new system of documentation whereby a copy of the doctor's record to the Executive Council is passed on to the Local Authority will enable records to be more comprehensive in future.

SMALLPOX

The number of children primarily vaccinated during the year was 2,653 of whom 155 were attending school. Re-vaccination against smallpox was also offered in school and the number of pupils protected was 3,551. On the advice of the Ministry of Health primary vaccination against smallpox was routinely offered during the second year of life.

In April the Ministry of Health brought to the attention of Local Authorities a change in the arrangements by which hospitals and general practitioners obtained supplies of smallpox vaccine. In future the Public Health Laboratory Service would not distribute supplies directly to hospitals and general practitioners, but Local Authorities would be responsible for the distribution within their own areas.

DIPHTHERIA, WHOOPING COUGH AND TETANUS

A total of 2,987 children received primary protection against diphtheria, whooping cough and tetanus and 2,301 booster doses of this triple vaccine were given during the year. This protection is usually given at the third, fourth and fifth months with a reinforcing dose at 18 months.

A further 643 children received primary protection against diphtheria and tetanus and 3,498 were given reinforcing injections; of these, 527 and 2,976 respectively were children of school age.

POLIOMYELITIS

4,098 children completed primary protection against poliomyelitis, ten of them with Salk vaccine. A further 4,810 received reinforcing doses of oral vaccine; 672 and 2,181 respectively were school children.

Details of all vaccinations and immunisations are shown in the following tables.

**VACCINATION OF PERSONS UNDER AGE 16
COMPLETED DURING 1967**

Table 1—Completed Primary Courses

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1967	1966	1965	1964	1960- 1963		
1. Quadruple DTPP ..	—	—	—	—	—	—	—
2. Triple DTP ..	1,460	1,355	91	35	45	1	2,987
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	20	43	8	5	433	134	643
5. Diphtheria ..	—	3	—	—	1	4	8
6. Pertussis ..	—	4	1	—	—	—	5
7. Tetanus ..	—	2	—	—	2	15	19
8. Salk ..	2	7	1	—	—	—	10
9. Sabin ..	1,395	1,670	163	47	680	133	4,088
SUMMARY: Immunised against:							
Diphtheria ..	1,480	1,401	99	40	479	139	3,638
Whooping Cough	1,460	1,359	92	35	45	1	2,992
Tetanus ..	1,480	1,400	99	40	480	150	3,649
Poliomyelitis ..	1,397	1,677	164	47	680	133	4,098

Table 2—Reinforcing Doses

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1967	1966	1965	1964	1960- 1963		
1. Quadruple DTPP ..	—	—	—	—	—	—	—
2. Triple DTP ..	—	642	1,304	171	180	4	2,301
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	54	134	25	2,129	1,156	3,498
5. Diphtheria ..	—	—	1	—	15	16	32
6. Pertussis ..	—	—	—	—	—	—	—
7. Tetanus ..	—	—	1	1	6	8	16
8. Salk ..	—	—	2	1	—	—	3
9. Sabin ..	—	633	1,385	212	2,259	321	4,810
SUMMARY: Immunised against:							
Diphtheria ..	—	696	1,439	196	2,324	1,176	5,831
Whooping Cough	—	642	1,304	171	180	4	2,301
Tetanus ..	—	696	1,439	197	2,315	1,168	5,815
Poliomyelitis ..	—	633	1,387	213	2,259	321	4,813

SMALLPOX VACCINATION — PERSONS UNDER AGE 16

	<i>Age at Date of Vaccination</i>							<i>Total</i>
	<i>0-3 months</i>	<i>3-6 months</i>	<i>6-9 months</i>	<i>9-12 months</i>	<i>1 year</i>	<i>2-4 years</i>	<i>5-15 years</i>	
Number Vaccinated	21	8	9	41	2,056	240	278	2,653
Number Re-Vaccinated	—	—	—	—	—	14	3,635	3,649

There were no cases of generalised vaccinia during the year.

AMBULANCE SERVICE

The Chief Fire Officer continued to be responsible for the day to day organisation of this service which is staffed by one Assistant Ambulance Officer, four Station Officers, one Ambulance Control Officer, eight Shift Leaders, 43 Ambulance Driver/Attendants and three Sitting Car Drivers.

The ambulance fleet consists of the following:—

Ambulances	...	...	...	...	10
Dual purpose vehicles	...	...	...	...	9
Tail Lift vehicle	...	...	...	...	1
Staff car	...	...	...	...	1

There are two Ambulance Stations, one at Tower Street, Dudley, and one at Stream Road, Wordsley, and both are manned throughout 24 hours of each day. In addition to inservice training under the direction of one of the Station Officers, every member of the ambulance staff now takes a first aid examination annually. One Station Officer attended a six weeks training course at Birmingham Fire and Ambulance Headquarters which is one of the Courses approved by the Ministry of Health.

Demonstrations and lectures in first aid were given to various organisations in the Borough.

The following table shows mileage and number of patients carried.

	Year of Birth		1967	1966
Ambulances:	1967	1966		
Patients carried	...	...	12,862	8,608
Mileage	...	...	91,983	61,653
Sitting Case Cars:				
Patients carried	...	...	55,942	44,816
Mileage	...	...	230,625	200,780

The above figures include, for 1967, 1,798 ambulance patients involving 10,539 miles and 3,520 sitting cases involving 27,793 miles conveyed on behalf of adjoining Authorities.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

HEALTH EDUCATION

The Superintendent Health Visitor is responsible for supervising health education in the Borough and during the year there was a small increase in the work done. Because of her other duties it is not possible for her to give adequate attention to health education and it will be necessary for a Health Education Officer to be appointed before this important work can be properly organised.

Ten secondary schools included health education by health visitors in their curriculum, the course covering two terms. During the year 240 lessons were given and film strips shown on 168 occasions. Children now expect sophisticated forms of visual aids and it is unfortunate that there are no films or a film projector in the Department.

Mothercraft and relaxation classes, at which the teaching is shared by midwives and health visitors, continued to be popular and were held weekly at nine centres. Evening sessions were held at intervals to give husbands an opportunity of seeing the film on ante-natal care and delivery, and these sessions were always well attended. Talks on various health topics were given to other groups including Parent Teachers Associations, Women's Clubs, Church Groups and Darby and Joan Clubs. Extensive use continued to be made of posters and leaflets. An attempt was made to reach Asian women by the employment at some infant welfare clinics of an interpreter and this effort met with some success. It was found that these ladies were very receptive and willing to carry out the advice given, despite difficulties of crowded living conditions.

CHIROPODY SERVICE

This service continued under the day to day administration of the Chief Chiropodist. Although the establishment provides for four full-time chiropodists it was not possible to recruit this number of full-time staff and the whole-time equivalent was made up by employing part-time sessional chiropodists. The numbers varied throughout the year but for the most part the whole-time equivalent of the full establishment was employed.

Chiropody sessions were held at the Central, Holly Hall, Brierley Hill, Kingswinford, Quarry Bank, Coseley, Sedgley and Lower Gornal Clinics.

The majority of patients who received treatment were old age pensioners but some treatment was given to school children and handicapped persons. Most of the treatment was carried out at clinics but ambulance transport was made available where it was impossible for the patients to get to the clinic by public transport. In a small number of cases where a person requiring treatment was completely housebound domiciliary visits by the chiropody staff were made. Chiropodists also paid regular visits to Old People's Homes.

Many voluntary organisations providing for the elderly still employ part-time chiropodists to treat their members. Assistance towards the cost of this work is given by the Local Authority through the Welfare Committee as part of a general financial grant.

Details of work carried out are given below:

	1967	1966
Number of attendances at clinics—		
Old People	6991	4667
School Children	1085	386
Number of Domiciliary Visits	1066	778
Number of treatments given at Old People's Homes	1030	445

RECUPERATIVE HOLIDAYS

As a result of recommendations received from general practitioners 15 patients were sent on recuperative holidays during the year.

DOMESTIC HELP

This service continued to expand and the figures below give details of the work done.

	1967	1966
Number of cases assisted during the year...	964	809
Equivalent number of whole-time staff employed at end of year	76	76

Although nine more maternity cases were assisted as compared with last year the service is still primarily concerned with providing assistance to the aged and chronic sick as the following table shows.

Chronic sick and Tuberculosis	49
Mentally disordered	6
Maternity	45
Others	46
Cases over 65 years of age on first visit	818

The home help service continued to be free to all persons aged 65 and over and for 1967 the net expenditure for this service for the financial year was £41,200.

HOUSING ON MEDICAL GROUNDS

During the year a new system of investigation of the circumstances of members of the public making application for Council housing and who claim priority on medical grounds was introduced. The applicant indicates on the housing application form whether he wishes to claim medical priority and gives brief details. The forms are then forwarded to the Health and Welfare Department and further details are sought from the family doctor. An assessment is then made with all medical and social information available. This system is working well and appears to be satisfactory to all general practitioners, Housing Department, Health and Welfare Department and applicants.

The weekly meetings of Officers from the Housing Department with Officers of the Health and Welfare Department continued during the year and were of great value.

A total of 433 cases were investigated during the year; in 67 of these additional housing points were recommended on medical grounds. In 98 cases exchange of Council accommodation on medical grounds was recommended and in 12 cases immediate priority for rehousing was recommended.

MEDICAL EXAMINATIONS

Due to shortage of medical staff early examination of candidates for admission to the superannuation scheme became increasingly difficult and it was necessary in some cases to wait up to three weeks for a medical examination. It was, therefore, decided to institute a screening procedure by the use of a medical questionnaire and candidates for admission to either the superannuation scheme or sick pay scheme now complete a Statement of Medical History. Following an assessment of this questionnaire a decision is made as to whether a full medical examination is required. X-ray examinations of the chest are carried out in every case where the candidate's employment would bring him into regular contact with children. Prior to the introduction of the medical questionnaire 445 medical examinations were carried out and three candidates were rejected. From October to the end of the year, 203 Statements of Medical History were completed by candidates and of these 11 were referred for full medical examination. All were found to be satisfactory.

REPORT OF THE CHIEF VETERINARY OFFICER

During 1967 trading conditions in the bacon trade were again bad, so much so that several smaller factories went out of business before the Government stepped in with financial aid to those still operating.

The end of the year saw the beginning of what turned out to be the worst outbreak of foot and mouth disease this century. An outbreak at Pensnett resulted in the factory being closed for killing from 20th November until 12th December when it restarted on a small scale.

The adverse trading conditions and the foot and mouth restrictions caused the annual kill to drop from the 1966 level of 210,123 to 170,522 — a fall of 39,601.

During the year two schemes to improve animal health were started nationally. The first set out to eliminate brucellosis from the cattle population and was conducted on the lines which proved so successful in clearing the country of bovine tuberculosis. This scheme will be of benefit to man who is liable to contract the disease if handling the infected animals or drinking contaminated milk. The second aimed to improve the health and husbandry of the pig population, and should stimulate the effort to control pneumonia in pigs which causes so much loss on the farm and in the factory.

Exports were again at a high level and were made to the following countries, Aden, Arabia, Belgium, Brunei, Cyprus, Hongkong, Malta, Sierra Leone, Singapore and Tripoli. The items included 19,479 sides of smoked bacon, 4,754 smoked bacon middles, 34 york hams, 4,526 cases sausage, 1,099 cases pies, 657 spencers of pork, 904 sides of pork, 14,585 boneless bellies, 40 cases sliced bacon, 6,220 pork shoulders, 26,389 defatted gammons and 184 sow sides.

At the request of progressive pig farmers who have herds free of infectious pneumonia, or who are trying to establish such herds, the veterinary staff made special examinations of 2,564 pig lungs and informed the farmers of the results.

Examinations for anthrax were carried out on 242 pigs of which 171 died in transit and 71 died in the lairage.

The weight of meat found unfit for human consumption amounted to 191 tons, 14 cwts., 1 qr., 1 lb. The following tables show the causes of condemnation.

PIGS KILLED — 170,522

PIGS

Disease	Car-cases	Heads	Lungs	Hearts	Livers	Stomachs	Spleens	Kidneys	In-testines	Other Parts	Total	% of Kill
Abscess ..	1	1,211	58	58	58	1	1	2	373	31 f/qr 81 h/qr	1,211	0-71
Actinomycosis ..	134	134	134	134	134	134	134	268	134	9 f/qr 246 h/qr	390	0-0006 0-23
Arthritis ..	1	2	1	1	1	1	1	2	1	2 f/qr 153 h/qr	154	0-09
Bruising ..	4	4	4	4	4	4	4	8	4		4	0-0023
Carcinoma ..	32	273	2,327	87	87	68	68	76	68	44 f/qr 46 h/qr	2,327	1-31
Congestion ..	38	273	583	583	583	583	583	76	68		631	0-37
Contamination ..	9	9	9	9	9	9	9	18	9		6,070	3-56
Cirrhosis ..	9	9	9	9	9	9	9	18	9		9	0-0058
Emaciation ..	9	9	9	9	9	9	9	18	9		9	0-0064
Empysema ..	2	2	2	2	2	2	2	4	2	1 f/qr	11	0-0006
Empyema ..	2	2	2	2	2	2	2	4	2		2	0-0012
Endocarditis ..	2	2	2	2	2	2	2	4	2		755	0-44
Enteritis ..	2	2	2	2	2	2	2	4	2		2	0-0012
Fat Necrosis ..	2	2	2	2	2	2	2	4	2		2	0-0012
Fatty Infiltration ..	2	2	2	2	2	2	2	4	2		181	0-11
Gangrene ..	2	2	2	2	2	2	2	4	2		2	0-0012
Hydatids ..	3	7	26	26	26	6	6	5,672	6		26	0-015
Hydronephrosis ..	3	7	3	3	3	3	3	6	3		5,672	3-33
Jaundice ..	7	7	7	7	7	7	7	14	7		3	0-0018
Lymphosarcoma ..	7	7	7	7	7	7	7	14	7		7	0-004

PIGS — continued

Disease	Car- cases	Heads	Lungs	Hearts	Livers	Stomachs	Spleens	Kidneys	In- testines	Other Parts	Total	% of Kill
Mastitis ..	1	1	1	1	1	1	1	2	1		1	0.0006
Melanoma ..	1	1	1	1	1	1	1	2	1		1	0.0006
Metaplasia ..	3	3	3	3	3	3	3	6	47		47	0.027
Metritis ..	9	9	9	9	9	9	9	18	3		3	0.0018
Nephritis ..	2	2	2	2	2	2	2	4	9		9	0.0058
Nephroblastoma ..	1	1	1	1	1	1	1	2	1		2	0.0006
Odour ..	14	14	14	14	14	14	14	28	2		2	0.0012
Oedema ..	60	60	60	60	60	60	60	120	3		3	0.0018
Pericarditis ..	338	338	338	338	338	338	338	676	14		14	4.47
Pleurisy ..	286	286	286	286	286	286	286	572	4,881		4,881	2.86
Pyæmia ..	11	11	11	11	11	11	11	22	338		338	7.78
Pyelonephritis ..	42	42	42	42	42	42	42	84	286		286	0.17
Septicæmia ..	22	22	22	22	22	22	22	44	11		11	0.0064
Swine Erysipelas ..	1	1	1	1	1	1	1	2	42		42	0.025
Swine Paratyphoid ..	1	1	1	1	1	1	1	2	68		68	0.034
Telangiectasis ..	1	1	1	1	1	1	1	2	52		52	0.0006
Toxaemia ..	18	18	18	18	18	18	18	36	1		1	0.0006
Tuberculosis ..	18	18	18	18	18	18	18	36	1		1	0.0006
Total ..	1,011	6,536	17,030	9,596	12,652	9,136	9,136	6,694	10,324	87 f/qr 526 h/qr	4,028	
% of Total Kill ..	0.53	3.83	9.87	5.49	7.89	5.36	5.36	3.87	6.55	0.301		

WELFARE SERVICES

During the year the Social and Mental Welfare Services again suffered from a shortage of staff, both in the basic and senior grades. For a number of years it has been the policy to employ trained staff only, but as it has been impossible to recruit by advertisement students have been seconded to the National Institute for Social Work Training Course at Birmingham since 1964. Three have already returned to the Department and during 1967 a further two attended the Course. Even so recruitment has not kept pace with resignations primarily because so many of the students now coming from the qualifying courses are young women who after a few years leave to get married or move away from the area because their husbands have been posted elsewhere. It would be better for the service if as a national policy fewer women were admitted for training to allow more young men to obtain the certificate. The future training programme has been increased and it is hoped to send seven trainees on Courses in the next three years.

The Department provided practical placings for five students from the Birmingham Course during the year.

CARE OF THE MENTALLY DISORDERED

During the year the anticipated increase in demand on the services provided to the Mentally Disordered has occurred, with the monthly average of clients referred to the department rising to 48 compared with the 1966 figure of 34. The total number of referrals to the department under the Mental Health Act during the year was as follows:—

<i>Referred by</i>	<i>Mentally ill</i>	<i>Psycho-pathic</i>	<i>Sub-normal</i>	<i>Severely sub-normal</i>	<i>Total</i>
(a) General Practitioners	38	—	4	—	42
(b) Hospitals, on discharge from in-patient treatment	343	—	—	—	343
(c) Hospitals, after or during out-patient or day treatment ..	22	—	1	—	23
(d) Local education authorities	—	—	69	3	72
(e) Police and courts ..	16	—	2	8	26
(f) Other sources ..	38	—	17	18	73
(g) Total	457	—	93	29	579

Despite staff shortages, the year has seen the development of a comprehensive casework service to the Mentally Disordered. This preventive and after care work has resulted in a reduction in the number of emergency calls made upon the department as contact is usually maintained with clients and families over a period of time and not just at the point of crisis. The extent of

this work is shown in quantitative terms in the table below which gives the number of Mentally Disordered clients receiving home visits from Social Workers of the department at 31st December, 1967.

HOME VISITS TO THE MENTALLY DISORDERED

<i>Home visits to the Mentally Disordered</i>						
<i>Mentally ill and Psychopathic</i>		<i>Subnormal and severely subnormal</i>				<i>Total</i>
		<i>under age 16</i>		<i>over age 16</i>		
<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
138	226	42	33	25	21	485

THE MENTALLY ILL

Day care for the Mentally Ill at Barnsley Hall Hospital, Bromsgrove, was continued for a limited number of people. As a further support to the work of the individual social worker with his client, day facilities in the community were developed during 1967. The day group run by the department at Sedgley now has a membership of 22 and attendance at any one session has an average of approximately 12. This group has proved valuable in the help it can give to the patient recently discharged from hospital and to those who are vulnerable and likely to become depressed and isolated because of their illness and social circumstances.

During the latter part of the year, a group was formed to help those people whose principal problem is that of extreme isolation and a reluctance to meet and mix with others. Because of the nature of the membership of such a group the numbers must be limited and stood at five at the close of the year. Social workers attend each week to help the clients to overcome their difficulties.

The New World Club celebrated its 5th anniversary on 27th February, 1967. Membership has increased to 40 and the club continues to provide a focus of interest and a meeting place where members benefit from the mutual support of each others company.

SUBNORMAL AND SEVERELY SUBNORMAL

The scope of the facilities provided for the Mentally Subnormal and severely Subnormal children and adults and the demand for an extension to this service as at 31st December, 1967, is seen in the table below.

	<i>Subnormal</i>				<i>Severely Subnormal</i>				<i>Total</i>
	<i>Under age 16</i>		<i>16 and over</i>		<i>Under age 16</i>		<i>16 and over</i>		
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
Attending training centres	5	1	7	9	46	28	35	38	169
Awaiting entry to training centres ..	—	—	1	—	14	11	3	3	32
Resident in other hostels	—	—	3	2	1	—	—	—	6
Awaiting residence in hostel	—	—	3	8	—	—	—	—	11
Attending day hospital	7	1	—	—	—	—	—	—	8

Although the number of children and adults attending training centres has risen to 169 against the 1966 total of 153, the number awaiting entry indicates a rise of 60% on the previous year. Similarly, the number of those needing places in a hostel for the mentally subnormal points to an area in which expansion of the service is necessary. Plans have progressed during the year for a purpose-built 180 place centre. The newly acquired property next door to Dixons Green Training Centre was brought into use at the beginning of the year. This made possible the immediate additional intake of 12 trainees. At Audnam Adult Training Centre, attempts were made to place trainees in suitable outside employment with limited success.

Arrangements for day care on three days a week at St. Margaret's Hospital, Great Barr, for a small number of severely subnormal children proved to be of value both as a relief to overburdened parents and as a stimulus to the children. As a result of the progress made in their development, two of the ten children included in the day care service have been placed at Dixons Green Training Centre. Permanent admission to St. Margaret's Hospital had reduced the waiting list by the end of the year to four children and four adults. At clinics held in Dudley and by out-patient appointments arranged at the hospital, the services of the hospital consultants were made fully available to the department.

During the year there was a considerable increase in the numbers of very young subnormal children referred. This has made possible the provision of a supportive visiting service to the parents of these children at an early stage, often two or three years before the handicapped child becomes of school age.

CARE OF THE HANDICAPPED

COMMUNITY SERVICES

<i>Home</i>	<i>No. of Residents 1st Jan. 1967</i>	<i>Ad- missions</i>	<i>Dis- charges</i>	<i>Deaths</i>	<i>No. of Residents 31st Dec., 1967</i>
New Bradley Hall ..	50	26	22	7	47
Dibdale	47	17	11	6	47
Lawnwood House ..	41	29	19	9	42
The Woodlands ..	23	14	10	4	23
Albert House ..	21	23	18	5	21
Primrose House ..	10	11	11	—	10
Rose Cottage ..	9	13	13	1	8
Lupin House ..	9	5	3	1	10
Rosland House ..	10	13	12	1	10
Kelvedon, Wednesbury ..	1	—	—	—	1
Silver Trees, Tipton	5	1	—	2	4
Ivy House, Cannock	4	—	—	—	4
Ferneigh, Stafford ..	1	—	—	1	—
The Limes, Aldridge	1	—	—	—	1
Viewlands, Wightwick	4	—	1	—	3
Summerhill Grange, Kingswinford ..	6	4	—	2	8
The Poplars, Wolverhampton ..	1	—	—	—	1
Claremont, Wolverhampton ..	1	—	—	—	1
West Midland Cheshire Home ..	1	—	—	—	1
The Embankment Fellowship, London	6	2	2	—	6
Chalfont Colony, Bucks.	1	—	—	—	1
Woodlarks Workshop, Farnham	1	—	—	—	1
Wolverhampton Old People's Welfare Committee, Wolverhampton ..	1	—	1	—	—
Royal School for the Blind, Leatherhead	1	—	—	—	1
Dawson Bethesda Home, Haydock, Lancs.	1	—	—	—	1
Methodist Home, Wolverhampton ..	1	—	—	—	1
Kingsbury, Woking	1	—	1	—	—
Malvern Deaf Home	2	—	1	—	1
Beecholme, Felixstowe ..	1	—	—	—	1
Fen Place, Sussex ..	1	—	—	—	1
Bromsgrove General Hos. (Pt. III)	—	1	—	—	1
British Polio Fellow- ship, Surrey ..	1	—	—	—	1
Total ..	263	159	125	39	258

CARE OF THE ELDERLY

COMMUNITY SERVICES

Day care in old people's homes. This continued to be provided in appropriate cases and a total of 5 elderly people took advantage of this scheme throughout the year. More people would have been able to have been helped in this way if transport could have been provided.

Meals on wheels. The Women's Royal Voluntary Service continued their good work in serving 16,458 meals to old people in their homes. This shows an increase in the year of nearly 2,000 meals.

Luncheon clubs. This scheme was widely extended during the year and 12 centres now operate. The W.R.V.S. act as hostesses to serve the meals which are supplied at a charge of 1/- a person. 9,232 meals were provided in this way to people able to get out and enables some lonely and isolated people to meet others and participate in some social activity.

1	1	1	1	1	Foreign, ...
1	1	1	1	1	The James ...
1	1	1	1	1	Viewlands, ...
1	1	1	1	1	Sumnerhill ...
1	1	1	1	1	Kingwood ...
1	1	1	1	1	The Poplar ...
1	1	1	1	1	Wolverhampton ...
1	1	1	1	1	Clarnon ...
1	1	1	1	1	Wolverhampton ...
1	1	1	1	1	West Midland ...
1	1	1	1	1	Cheshire Home ...
1	1	1	1	1	The Embury ...
1	1	1	1	1	Edwards, London ...
1	1	1	1	1	Callow Colony ...
1	1	1	1	1	Buck ...
1	1	1	1	1	Woodlands Workshop ...
1	1	1	1	1	Farnham ...
1	1	1	1	1	Wolverhampton Old ...
1	1	1	1	1	People's Welfare ...
1	1	1	1	1	Committee ...
1	1	1	1	1	Wolverhampton ...
1	1	1	1	1	Royal School for the ...
1	1	1	1	1	Blind, ...
1	1	1	1	1	Dawn ...
1	1	1	1	1	Home, ...
1	1	1	1	1	Lang ...
1	1	1	1	1	Methodist Home ...
1	1	1	1	1	Wolverhampton ...
1	1	1	1	1	King's ...
1	1	1	1	1	Madam ...
1	1	1	1	1	Beacons ...
1	1	1	1	1	Falstone ...
1	1	1	1	1	For ...
1	1	1	1	1	... ..
1	1	1	1	1	General ...
1	1	1	1	1	... ..
1	1	1	1	1	... ..
128	39	122	127	263	Total

CARE OF THE HANDICAPPED

The number of physically handicapped people on the Register at the end of the year was 539 compared with 477 for the previous year. Out of that total 205 were aged 65 years or over and 64 were under 30 years. The table below shows the breakdown of the physically handicapped by age and sex.

<i>Register at 31st Dec., 1967</i>	<i>Under 16 years</i>	<i>16 to 64 years</i>	<i>65 and over</i>	<i>Total</i>
Male	6	151	84	241
Female	7	170	121	298
Total	13	321	205	539

In the following table the classification of the physically handicapped in the Borough is shown:—

<i>Major Handicaps</i>	<i>Age</i>					<i>Total</i>
	<i>Under 16</i>	<i>16-29</i>	<i>30-49</i>	<i>50-64</i>	<i>65 or over</i>	
1. Amputation	—	—	4	6	27	37
2. Arthritis or rheumatism ..	—	3	6	21	66	96
3. Congenital malformations or deformities	5	8	7	8	4	32
4. Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuber- culosis) or of the skin ..	—	2	19	35	45	101
5. Injuries of the head, face, neck, thorax, abdomen, pelvis, or trunk. Injuries or diseases (other than tuber- culosis) of the upper and lower limbs & of the spine	3	7	10	21	34	75
6. Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ..	2	15	17	44	23	101
7. Neuroses, psychoses, and other nervous and mental disorders not included in line 6	3	11	29	18	4	65
8. Tuberculosis (respiratory)	—	—	8	4	2	14
9. Tuberculosis (non-respira- tory)	—	1	7	5	—	13
10. Diseases and injuries not specified above	—	4	—	1	—	5
11. Totals	13	51	107	163	205	539

In March 1967 the Handicraft Centre was moved into different premises at Sedgley and the physically handicapped continued to be transported there. During the year there were approximately 70 attendances per week, and a good mid-day meal was supplied at a charge of 1/- per person.

A useful assembly contract was obtained and provided work for a number of the handicapped. For those unable to undertake the assembly work the Supervisor provided facilities for the making of over 1000 other items such as knitted goods, soft toys, basketware, and mosaic tilework. Some of the items were sold at the Christmas Sale of Work, which this year brought in about £20. This was a considerable reduction on previous years due to the inadequate premises and facilities. One of the regular attenders at the Centre gained two awards at the West Midlands War Pensioners Competition for the Pewterwork Class and Basketwork. In addition to those people attending the Handicraft Centre, seven physically handicapped people were employed at the Sedgley Sheltered Workshops.

In May a party of 200 handicapped people and escorts were taken for a weeks holiday in Skegness. The party travelled by coach to the holiday centre, and the break from normal routine was much appreciated. A very successful day outing to Southport was arranged in July, the weather was perfect and after a packed lunch at the seaside an evening meal on the motorway rounded up a very enjoyable day. 50 handicapped people attended a Christmas Dinner at the Staff Canteen in Wolverhampton Street, when traditional Christmas fare was cooked and served by students from the College of Food and Technology, Birmingham, and was enjoyed by everyone present.

REMEDIAL AIDS AND ADAPTATIONS

During the year approximately £1,025 was spent on small aids such as Pick Up Sticks, Cantilever Tables, Bath Seats and adaptations to the homes which included the fitting of Handrails and Ramps.

BLIND AND PARTIALLY SIGHTED

The following table shows the age groups of the registered blind and partially sighted people in the Borough:—

<i>Age in years</i>	<i>Blind</i>			<i>Partially Sighted</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0 to 15 ..	9	3	12	1	8	9
16 to 20 ..	1	2	3	2	2	4
21 to 39 ..	13	8	21	2	—	2
40 to 59 ..	22	15	37	5	1	6
60 to 64 ..	14	12	26	2	1	3
65 to 69 ..	9	14	23	4	3	7
70 to 79 ..	27	40	67	2	4	6
80 to 89 ..	17	66	83	1	2	3
90 and over ..	4	10	14	1	—	1
Total ..	116	170	286	20	21	41

The two home teachers employed by the Borough continue to visit Registered Blind and Partially Sighted people, and offered various services to them. 11 blind men and four women attended the Sedgley workshops daily and six others attended the Handicraft Class held on Mondays of each week. Here the traditional crafts such as canework and lampshade making are carried out. A monthly afternoon social meeting was organised by one of the Home Teachers of the Blind and there was a regular attendance of about 40 people who were provided with transport.

Holidays for the blind were provided in 1967, one party of 50 going to Morecambe and another party of 40 going to Eastbourne.

DEAF AND HARD OF HEARING

<i>Register at 31st Dec., 1967</i>	<i>Children under 16</i>		<i>Persons aged 16 to 64</i>		<i>Persons aged 65 and over</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Deaf persons with speech	11	7	22	20	5	5	70
Deaf persons with- out speech ..	4	1	18	23	4	6	56
Hard of hearing ..	2	5	24	29	46	61	167
Total ..	17	13	64	72	55	72	293

The Welfare Officer for the Deaf continued to provide social activities at the Dudley Deaf Club every Saturday evening. Attendance at the club is around 30, and a variety of programmes was arranged. The club were enterprising enough to make their own film called "Murder Mystery at the Deaf Club", which had a wide distribution in the West Midlands.

30 members enjoyed a weekend trip to Blackpool during the year and also an Annual Dinner and went to the Pantomime.

Wednesday evenings were occupied by the Youth Club for the young Deaf.

**ANNUAL REPORT OF
PRINCIPAL SCHOOL MEDICAL OFFICER**

SCHOOL ACCOMMODATION AND ATTENDANCE

Education is provided in 73 primary schools, 21 secondary modern schools and 5 grammar schools (one for boys, one for girls and 3 mixed schools). In addition there are two day schools for educationally subnormal children and three nursery schools. The average numbers in attendance and on the roll at the end of the year are as given in the table set out below.

The total school population increased during 1967 from 27,289 to 28,147 and three new infants' schools were opened during the year at Alder Coppice, Belle Vue and Russells Hall with a total on roll of 528. With an increase in the school population of 858, this left a total of 330 additional pupils to be absorbed by existing schools.

	<i>Average No. on Roll</i>	<i>Average No. in Attendance</i>	%
INFANTS' SCHOOLS			
Alder Coppice	186	179	96.7
Belle Vue	156	140	89.7
Bird's Meadow	154	126	82.2
Brockmoor	154	138	89.4
Bromley	184	160	87.1
Christ Church	150	127	85.1
Dudley Wood	137	118	86.2
Glynne	252	238	94.4
Hawbush	172	142	82.5
Holly Hall	210	178	84.5
Mount Pleasant (Quarry Bank)	110	103	93.3
Priory	250	213	85.2
Quarry Bank	219	190	86.7
Queen Victoria	205	180	87.8
Red Hall	293	251	85.8
Roberts	166	141	85.0
Round Oak	50	45	90.0
Russells Hall	186	168	90.3
Saltwells	130	119	91.5
St. Chad's C.E.	82	75	91.5
St. James's C.E.	148	135	91.5
The Straits	218	190	87.2
Wall Heath	130	121	93.1
Wren's Nest	192	160	83.3
Yew Tree Hills	138	111	80.4

INFANTS' AND JUNIOR SCHOOLS

Blowers Green	290	261	90.0
Bramford	338	317	94.0
Brierley Hill	181	169	93.4

Bromley Hills	355	334	94.1
Cotwall End	375	355	94.7
Dawley Brook	144	136	95.0
Kate's Hill	319	281	88.1
Lawnswood	443	416	93.8
Maidensbridge	357	332	93.1
Mount Pleasant (Coseley) ...	350	320	91.4
Northfield Road	270	235	87.3
Parkes Hall	232	207	89.2
Park	349	313	89.8
Portway	241	224	93.0
St. Chad's R.C.	263	226	85.9
St. Edmund's C.E.	247	227	91.9
St. John's C.E.	243	203	83.6
St. Joseph's R.C.	306	269	87.9
St. Mark's C.E.	221	201	91.1
St. Mary's C.E. (Kingswinford)	229	206	90.0
St. Mary's C.E. (Coseley) ...	304	273	89.9
St. Mary's R.C.	105	88	84.5
St. Thomas's C.E.	76	67	88.2
Sledmere	386	343	88.9
Sycamore Green	264	240	90.7
The Brook	365	339	93.0
The Dingle	227	204	90.0
Tudor	265	236	89.0
Wallbrook	295	261	88.4

JUNIOR SCHOOLS

Bowling Green	393	329	83.7
Brockmoor	278	250	89.9
Bromley	303	276	91.1
Christ Church (Coseley) ...	164	150	91.5
Church of Ascension	180	169	93.9
Glynne	377	359	95.4
Hawbush	254	228	89.9
Jesson's C.E.	199	180	90.5
Mount Pleasant (Quarry Bank)	151	142	93.9
Netherton C.E.	182	161	88.5
Priory	368	330	89.7
Quarry Bank	328	298	90.8
Queen Victoria	319	300	94.2
Red Hall	348	318	91.4
Roberts	242	214	88.6
The Straits	180	162	90.4
Woodside	338	300	88.8
Wren's Nest	310	270	87.4
*High Arcal E.S.N. (Mixed)	117	96	82.5
*Sutton (Mixed)	119	93	78.2

Total	17,462	15,656	89.7
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SECONDARY MODERN AND GRAMMAR SCHOOLS

Audnam (Mixed)	392	355	90.6
Bishop Milner R.C. (Mixed)	483	404	83.6
Blue Coat (Mixed)	295	267	90.5
Brierley Hill (Boys)	275	242	88.0
Brockmoor (Girls)	358	299	83.5
Dormston (Boys)	258	238	92.5
Dormston (Girls)	281	255	90.7
Ellowes Hall (Mixed)	594	513	86.3
Hillcrest (Mixed)	438	369	84.3
Holly Hall (Mixed)	390	347	89.0
Kingswinford (Mixed)	339	308	90.9
Mount Pleasant (Mixed)	444	389	87.6
Park (Boys)	270	239	88.5
Park (Girls)	260	218	83.8
Pensnett (Mixed)	399	360	90.3
Quarry Bank (Boys)	175	160	91.9
Quarry Bank (Girls)	175	155	89.0
Rosland (Mixed)	181	158	87.6
Saltwells (Mixed)	280	243	87.0
Summerhill (Mixed)	441	401	91.0
Wren's Nest (Mixed)	537	464	86.4
Brierley Hill Grammar (Mixed)	900	849	94.4
Dudley Grammar (Boys)	493	466	94.6
Dudley High (Girls)	509	470	92.4
High Arcal Grammar (Mixed)	818	771	94.3
Sir Gilbert Cloughton Grammar/Tech. (Mixed)	469	422	89.9
Total	10,454	9,362	89.6

GRAND TOTAL

Primary, Secondary and Grammar	27,916	25,018	89.6
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NURSERY SCHOOLS

Netherton Park	40	30	75.0
Pensnett	40	28	70.0
Priory	74	62	83.8
Total	154	120	77.9

*These Special Day Schools have on roll children over 11 years of age.

ARRANGEMENTS FOR PERIODIC MEDICAL INSPECTIONS

Children attending schools in the Borough were medically examined as follows:—

1. During the first year at school;
2. Between the ages of 14 and 15.

Children absent at the time of the inspections 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 Disease and Infestation with Vermin)		
		Satisfactory	Unsatisfactory	For Defective Vision (excluding Squint)	For any other Condition	Total Individual Pupils
1963 and later ..	139	139	—	1	6	7
1962 ..	1003	1003	—	29	55	84
1961 ..	1465	1465	—	43	87	130
1960 ..	228	228	—	9	25	34
1959 ..	50	50	—	2	3	5
1958 ..	25	25	—	1	2	3
1957 ..	28	28	—	3	4	7
1956 ..	58	58	—	2	3	5
1955 ..	66	66	—	3	3	6
1954 ..	51	51	—	1	5	6
1953 ..	177	177	—	8	7	15
1952 and earlier	1684	1682	2	83	27	110
Totals ..	4974	4972	2	185	227	412

The total number of children examined decreased from 6595 to 4974. The decrease was due to the shortage of medical staff which resulted in the discontinuation of the Periodic Medical Inspections for the second age group. Of the 4974 examined only 2 (0.04%) were considered to be of unsatisfactory general condition compared with 23 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	
		1967	1966
Entrants	2746	92.1	93.7
Other Periodics ..	544	44.8	58.7
Leavers	1684	4.9	8.1

The attendance of parents at the initial examination in the infants' schools, though showing a slight decrease, continued to be satisfactory, but the percentage of parents in the "Other Periodic" groups registered a further considerable decrease.

DEFECTS FOUND BY PERIODIC MEDICAL INSPECTIONS DURING THE YEAR

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		T	O	T	O	T	O	T	O
4	Skin	15	103	3	69	3	12	21	184
5	Eyes:								
	(a) Vision ..	83	178	83	268	19	57	185	503
	(b) Squint ..	10	52	—	22	3	8	13	82
	(c) Other ..	6	9	1	18	4	1	11	28
6	Ears:								
	(a) Hearing ..	42	182	1	25	8	13	51	220
	(b) Otitis Media	11	81	4	28	1	17	16	126
	(c) Other ..	3	16	1	7	—	3	4	26
7	Nose and Throat	21	534	5	94	1	49	27	677
8	Speech	21	80	—	7	—	12	21	99
9	Lymphatic Glands	3	149	—	9	—	6	3	164
10	Heart	2	72	—	23	—	15	2	110
11	Lungs	11	181	1	23	2	22	14	226
12	Development:								
	(a) Hernia ..	4	10	—	—	—	—	4	10
	(b) Other ..	6	104	1	18	2	15	9	137
13	Orthopaedic:								
	(a) Posture ..	1	16	—	38	—	6	1	60
	(b) Feet ..	19	167	4	64	3	33	26	264
	(c) Other ..	11	72	1	30	1	16	13	118
14	Nervous System:								
	(a) Epilepsy ..	—	12	—	4	—	4	—	20
	(b) Other ..	5	24	—	3	—	1	5	28
15	Psychological:								
	(a) Development	1	33	—	5	1	5	2	43
	(b) Stability ..	2	28	1	6	—	3	3	37
16	Abdomen	—	13	—	6	—	2	—	21
17	Other	14	71	3	34	2	13	19	118

T—Defect requiring treatment.

O—Defect requiring observation.

It is not possible to draw any firm conclusion from these figures, but it seems that defects are common at entry to school. 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

		1967	1966
Number of Special Inspections ...	...	972	801
Number of Re-Inspections ...	...	1719	2541
		<u>2691</u>	<u>3342</u>

SUMMARY OF DEFECTS FOUND AT THE FOREGOING INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin	46	31
5	Eyes:		
	(a) Vision	87	75
	(b) Squint	4	4
	(c) Other	10	7
6	Ears:		
	(a) Hearing	39	52
	(b) Otitis Media	10	7
	(c) Other	12	6
7	Nose and Throat	28	89
8	Speech	9	15
9	Lymphatic Glands	4	25
10	Heart	5	30
11	Lungs	14	70
12	Development:		
	(a) Hernia	—	1
	(b) Other	8	17
13	Orthopaedic:		
	(a) Posture	10	26
	(b) Feet	26	73
	(c) Other	10	17
14	Nervous System:		
	(a) Epilepsy	2	16
	(b) Other	10	9
15	Psychological:		
	(a) Development	7	22
	(b) Stability	8	24
16	Abdomen	12	7
17	Other	114	141

A total of 2691 children were seen at these special inspections, 972 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 1719 pupils were seen at re-inspections in all schools in the Borough. These children were noted at previous periodic medical inspections to be in need of further observation treatment or advice. These inspections are found to be of particular value in bringing to light children who, owing to one cause or another, have failed to attend either the specialist clinic or their practitioner.

BRITISH TUBERCULOSIS ASSOCIATION FINAL TRIAL OF MULTIPLE PUNCTURE B.C.G. VACCINATION

During the year 1964-65 The British Tuberculosis Association commenced a trial of the Multiple Puncture Method of B.C.G. Vaccination of school entrants in the County of Staffordshire. The aim of this trial was to compare the duration of allergy in children vaccinated by the multiple puncture technique with that produced by the standard intradermal method.

Following the re-organisation on 1st April, 1966, of local Borough boundaries, some of the schools at which these vaccinations had been carried out were absorbed into various other local authorities. Two Stafford schools involved in the trials came within the boundary extension now administered by Dudley.

At the request of the Medical Director of the B.C.G. Test Trials arrangements were made for a medical officer of the research team to visit the two schools in question, accompanied by a local authority nurse and clerical assistant to carry out the follow-up test vital to the Trial's conclusion.

A total of 131 follow-up tests were successfully completed.

MINOR AILMENTS CLINIC

Minor Ailments 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 Mondays and Fridays only. This service was also available at the following clinics: Lower Gornal, Brierley Hill, Quarry Bank, Wordsley, Kingswinford, Coseley and Sedgley, with a doctor in attendance when available.

During 1967 a total of 173 pupils were treated at Minor Ailments Clinics compared with 351 in the previous year.

EXAMINATIONS AT THE REQUEST OF DIRECTOR OF EDUCATION

The following figures give details of the examinations carried out at the request of the Director of Education. In each case special appointments at the clinics or home visits were made:—

Unfit for School	25
Fit for School	55
	80

RECOMMENDATIONS:

Unfit for School: general practitioners notified and pupils kept under review 25

Fit for School:

Referred Child Guidance Clinic ...	1
Restricted activities	9
Fit to attend ordinary school	20
To attend ordinary school with provision of transport	16
Recommended Open Air School ...	1
Failed to attend	8
	55
	80

WORK OF THE SCHOOL NURSES

Health Visitors and School Nurses continued to work together in all aspects of the school health service.

The majority of the nurses engaged in the school work are also Health Visitors and since they know the child's background in infancy they will usually be in attendance at the first routine medical inspection of new entrants to school.

All other inspections in school have a school nurse in attendance who also carries out vision testing of pupils at 8 and 13 years, immunisation sessions, hygiene inspections and school/home visits.

SCHOOL VISITS:

Routine and Special Inspections (with Medical Officer)	495
Cleanliness Surveys	593
Other Reasons (including Vision Inspections, Diphtheria Immunisation, B.C.G. Vaccination and miscellaneous sessions)	1324

HOME VISITS:

Cases of uncleanliness	335
Other Reasons	1005
In attendance at Clinic Sessions	673

HEALTH EDUCATION

Throughout the year Health Education continued in Secondary Modern Schools in the Borough. A course on Child Care was introduced and a broadly based syllabus provided. The course included advice on the choice of shoes, cosmetics and the care of the skin, diet and slimming, personal relationships, smoking and cancer, home safety and an explanation of the National Health Service and the work of the Voluntary Organisations.

Some of the schools arrange instruction for the Duke of Edinburgh's award in these subjects and one school arranged for some pupils to take the Child Care Examination of the Maternity and Child Welfare Association.

The Health Education programme will extend to more schools as the Health Visitor staff situation improves and a request for this service is made.

Health Education posters and leaflets were distributed to schools where the subject matter was suitable and relevant.

VACCINATION AND IMMUNISATION

HEAF TESTS — SCHOOL ENTRANTS

A Heaf test was offered to 2746 school entrants and carried out in 2350 cases, 396 parents either having failed to give their consent or to present the child for the application or reading of the test. The 2350 tests applied yielded 116 positive results. In 84 of these cases no action was required, the child either having had B.C.G. previously or being already known to the Chest Clinic. The remaining 31 cases were X-rayed and examined clinically at the Chest Clinic but no child was found to be suffering from active tuberculosis.

B.C.G. VACCINATION OF SCHOOL CHILDREN

Ministry of Health Circular 19/64 gives information and recommendations on vaccination against tuberculosis.

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

All children in their second and subsequent year at a secondary school 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	2321
Number of consents received	1897
Number of skin tests (first time)	1883
Number retested (absentees and doubtfuls)	187
	<hr/>
	2070
Number with positive reaction	461
Number with negative reaction	1488

Of these, 1459 were vaccinated, the remaining 29 being found unsuitable for vaccination on medical grounds as follows:—

Under Medical treatment	2
Eczema	6
Attending Chest Clinic	15
Consent for Heaf test only	2
Left school or district	2
Postponed temporarily	2
	<hr/>
	29
	<hr/>

SMALLPOX VACCINATION

During 1967 a programme of vaccination against Smallpox in schools was commenced.

The numbers vaccinated were as follows:—

	1967	1966
Primary vaccination	155	106
Re-vaccination	3551	31

DIPHTHERIA/TETANUS

Initial protection against these two diseases is normally covered by one course of injections. During 1967 the following were performed:—

Primary course completed	527
Re-inforcing doses given	2976

POLIOMYELITIS

The numbers of children protected against Poliomyelitis during the year were as follows:—

Primary courses completed	672
Re-inforcing doses given	2181

INFECTIOUS DISEASES—SCHOOL CHILDREN

	Male	Female	Total
Measles	174	154	328
Scarlet Fever	8	6	14
Whooping Cough	5	9	14
Tuberculosis (Pulmonary)	1	2	3
Food Poisoning	3	—	3
Dysentery	4	—	4

No cases of poliomyelitis or diphtheria were notified and no deaths were recorded as a result of infectious disease.

DISEASES OF THE SKIN

During the year 17 families were referred to Central Clinic as being in need of treatment for scabies. These families included 30 adults, 13 children under five and 53 children of school age, compared with 7 adults and 22 children in 1966.

	<i>Number of Cases known to have been treated</i>
Ringworm:	
(a) Scalp	—
(b) Body	—
Scabies	53
Impetigo	10
Other skin diseases	27
	90

CHIROPODY

In 1966 for the first time the School Health Service was able to call on the Chiropody Service for children who required treatment for verrucae, corns, or ingrowing toe-nails. During that year 219 children were seen and treated. Despite pressure of work this number increased in 1967 to 734 as follows:—

Verrucae	711	
Corns, ingrowing toe-nails	23	
		734

SPECIALISTS' CLINICS

With one exception we have been able to continue the arrangement with the Regional Hospital Board and Hospital Management Committee whereby consultant services are provided on our own premises. This offers obvious advantages to both parents and patients and is a convenience to consultants who have medical records readily available.

The exception is the Ear, Nose and Throat Clinic which had been held for more than twenty-five years at Central Clinic on Saturday mornings by Mr. W. K. Hamilton until his death in August, 1967, since when it has been impossible to arrange for a consultant to continue this work. Mr. Hamilton's sudden and unexpected death was a shock to all members of the staff of the School Health Service, particularly at Central Clinic. He will be greatly missed by parents, children and staff.

OPHTHALMIC CLINIC

Routine medical inspections in schools revealed 209 children requiring treatment for eye conditions (185 for errors of refraction and 24 for squint and other conditions) and 613 were noted for future observation.

Consultant Ophthalmic Clinics continued throughout the year. Dr. L. H. G. Moore continued his ophthalmic work at the Central Clinic and Dr. J. A. Cox carried out clinic work at Brierley Hill, Sedgley, Coseley and Kingswinford. A total of 180 sessions was arranged in respect of these clinics when 395 children were examined for the first time and 1231 children previously examined were reviewed. Spectacles were provided for 875 children.

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	131
Errors of refraction including squint	1495
	1626
Number of children for whom spectacles were prescribed	875

At one time during the year the reviews of old cases were becoming overdue and four clinics weekly instead of three were undertaken at Central Clinic for a period of one month, which disposed satisfactorily of all arrears.

During the year under review the Ishihara test for colour-blindness yielded the following results:—

	<i>School Leaving Age Group</i>
Children found colour blind	36 Boys 1 Girl

In all cases where the examining medical officer considered it advisable, these children were referred to a Consultant Ophthalmologist, and the Youth Employment Officer was informed in each case.

OPHTHALMIC INSPECTIONS BY SCHOOL NURSES

These inspections continued to prove their value in detecting defects of vision which may develop in the years between routine medical inspections and also in ensuring treatment for those children who, for a variety of reasons, fail to attend for periodic reviews by the eye specialist.

The following table gives a summary of the work done:—

Number of children inspected	...	...	...	4090
Number found to have visual defects	...	...	...	457
Of this number (457):				
Number referred to Eye Clinic	...	...	...	238
Number already given appointment	...	...	...	61
Noted for observation	...	...	...	139
Seen previously and discharged	...	...	...	8
Left district, made own arrangements or did not attend	...	...	...	11

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	...	...	...	...	68
Old Cases:					
For treatment	...	...	...	...	52
For occlusion	...	...	...	...	17
For test and observation	...	...	...	...	9
For periodic check-up	...	...	...	...	11
Miscellaneous Visits	...	...	...	...	15
				—	104
Total attendances	...	...	...	...	172
Discharges:					
Cured by Orthoptic treatment	...	...	...	...	33
Cured by Orthoptic and operative treatment	...	...	...	...	1
Transferred to hospital for operative treatment	...	...	...	...	4
Good cosmetic result	...	...	...	...	2
Failed to attend	...	...	...	...	53

ORTHOPAEDIC CLINIC

During 1967, Mr. J. A. O'Garra, F.R.C.S., continued his fortnightly visits, the Orthopaedic Clinic remaining under the direction of the Dudley and Stourbridge District Hospital Group. A Registrar also assisted at the clinic and this reduced the waiting time for patients.

The number of pupils treated, 199, showed a decrease as compared with the preceding year, but this of course is not a true comparison of the work actually done as Orthopaedic patients vary considerably in the number of times they have to attend. The 483 children noted at routine medical inspections as having orthopaedic defects included 40 who required treatment and they are included in the total of 483 referred to above. The remaining 443 were kept under observation.

PHYSIOTHERAPY

This clinic continued to function under the direction of the Dudley, Stourbridge and District Hospital Group, with a trained Physiotherapist holding sessions at Central Clinic each working day. With effect from 30th April, 1967, the part-time Physiotherapist who was employed for four sessions weekly, ceased duty which accounts for the decreases in the figures as compared with last year. As in previous years postural defects, pes planus and genu valgum of varying degree of severity accounted for the great majority of cases.

EAR, NOSE AND THROAT CLINICS

The Ear, Nose and Throat Clinic at Central Clinic remained under the direction of Mr. W. K. Hamilton, F.R.C.S., until his death in August, 1967, while Mr. G. O. Clark, F.R.C.S., continued clinics in the Brierley Hill, Sedgley and Kingswinford areas. The number of children receiving operative treatment for the removal of tonsils and adenoids increased to 219 as against 153 in the previous year. In addition 18 other children received operative treatment.

During the year at medical inspections 98 children were noted as requiring treatment and 1049 were kept under observation, both figures being increased as compared with 1966.

TREATMENT

	<i>Number of Cases known to have been dealt with</i>
Received operative treatment:	
(a) for diseases of the ear	12
(b) for adenoids and chronic tonsillitis ..	219
(c) for other nose and throat conditions ..	6
Received other forms of treatment	10
	247

Number of school children seen by E.N.T. Specialists 216

Number of school children for whom hearing aids were prescribed 10

AUDIOLOGY/SCREENING FOR HEARING

Every child in his seventh year and again at nine years of age in schools throughout the Borough has a test to ascertain if any hearing loss is apparent. These tests are carried out on a pure-tone battery-operated audiometer. All the schools in the Borough are visited annually for this purpose and a follow-up of children absent for the school test is made either during a further visit to school or at the child's home.

Any child referred by a doctor, teacher, parent, health visitor or speech therapist is also visited either at home or at school, sometimes at a clinic, and tested on the pure-tone audiometer for hearing loss.

Children between the ages of two and five years who are referred for hearing tests are tested either on the pure-tone audiometer or, if unresponsive on the audiometer, a "freefield" test is made by using pitch testing pipes.

Mrs. Crellin, a qualified Audiometrician, continued this work during 1967. Of the 5,755 children tested by pure-tone audiometer, 566 were referred for further audiometer testing and clinical examination by the Senior Assistant Medical Officer, Dr. M. Kerrigan, or Mr. G. O. Clarke, F.R.C.S. A further 37 were also referred by medical officers at schools or clinics, general practitioners and head teachers.

Details of audiometry carried out at various clinics throughout the Borough are given below:—

First attendance	...	...	...	...	291
Re-examinations	...	...	...	...	98
					389
Failed to attend	...	...	...	...	140
					529

In 1966, 32 parents failed to bring their children for audiometer testing. In the year under review this figure rose to 140 though, of course, the number invited also increased. The number of failures to attend remains much too high when it is considered that even a minor degree of deafness, which may pass unnoticed at home, can be a severe handicap to a pupil. It is unfortunate that some parents fail to realise this. Of the 389 seen at the clinics 36 were referred for specialist opinion.

Apart from visits to schools for routine testing, Mrs. Crellin made the following visits:—

Children visited at home for periodic instruction in use of hearing aids	...	...	...	...	4
Children visited at Infants' School and Nursery for supervision in the use of hearing aids	...	...	...	...	13
Children given special tuition with speech trainer	...	...	...	...	3
Children given special hearing tests at home	...	...	...	...	27
Children given special hearing tests at school	...	...	...	...	104

INSTRUCTION

When a child receives a hearing aid, visits are made either to the school or home to give instruction on how to get the best results from the aid. Pupils are taught to watch by lip-reading and discriminate sounds and speech by listening through the aid. In the case of young children the parent is also instructed on the care of the aid and how to help the child to use it properly. If the child is severely deaf and speech poor, the instruction is first given on the Speech Trainer and gradually, as the child improves, instruction continues using the hearing aid. For a very deaf child the parent also receives instruction to carry out exercises with the child in the home. For teaching younger children, other aids, provided by the Authority, are used.

REPAIRS

There is good liaison between the Clinic and New Cross Hospital at Wolverhampton and a stock of batteries, cords and ear-pieces is held by the audiometrician and carried round so that immediate repair can be attended to at school or home. Only worn-out aids are now sent to Wolverhampton for exchange.

EAR MOULD IMPRESSIONS

Some parents are reluctant to take the child to Wolverhampton for an impression for an ear mould and in these cases the impression is taken at school and despatched to Wolverhampton for the mould to be made.

CHILD GUIDANCE CLINIC

Dr. D. T. Maclay, Consultant Child Psychiatrist, continued his weekly sessions at the Central Clinic and 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 Officers. The sources of referral were as follows:—

Welfare Department	...	...	...	...	...	1
School Medical Officer	...	...	...	...	...	19
General Practitioners	...	...	...	...	...	30
Children's Officer	...	...	...	...	...	1
Health Visitor	...	...	...	...	...	1
Hospital Consultant	...	...	...	...	...	3
Head Teacher	...	...	...	...	...	8
Parents	...	...	...	...	...	4
Education Department	...	...	...	...	...	2
						<hr/>
						69
						<hr/>

The following is an analysis of new cases:—

Soiling	...	...	...	...	...	3
Bedwetting	...	...	...	...	...	5
Behaviour Disorder	...	...	...	...	...	26
Anxiety	...	...	...	...	...	18
Stealing	...	...	...	...	...	3
Backwardness	...	...	...	...	...	1
School Phobia	...	...	...	...	...	10
Psychosomatic Disorder	...	...	...	...	...	3
						<hr/>
						69
						<hr/>

During the year 61 children admitted to the 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 were as follows, and they are in addition to the figures quoted above:

Stealing	...	...	...	...	...	...	...	44
Breaking and entering	...	...	...	...	...	...	...	8
Out of Control	...	...	...	...	...	...	...	1
Failure to comply with Probation Order	...	...	...	...	...	...	...	1
Assault	...	...	...	...	...	...	...	2
Arson	...	...	...	...	...	...	...	1
Receiving stolen goods	...	...	...	...	...	...	...	1
Exposed to Moral Danger	...	...	...	...	...	...	...	1
Truancing	...	...	...	...	...	...	...	1
False alarms to Fire Brigade	...	...	...	...	...	...	...	1
								<hr/> 61 <hr/>

Total number of interviews:

(a) Psychiatrist	...	...	...	...	...	445
(b) Psychologist (including Remand Home)	...	...	...	...	...	74

SALTWELLS REMAND HOME

Medical examinations are required upon admission and discharge of boys from Saltwells Remand Home. A total of 157 medical examinations were carried out by the Authority's Medical Officers and 63 of these were referred from the Juvenile Courts for examination by the Consultant Psychiatrist. In one case a psychiatric examination only was called for.

I am indebted to Dr. Maclay for the following shortened version of an article which appeared in Health Education on the working of a Child Guidance Clinic.

THE WORKING OF A CHILD GUIDANCE CLINIC

By D. T. Maclay, M.D., D.P.M.

Children's Psychiatrist, Dudley Child Guidance Clinic

ASSESSMENT OF THE CHILD'S PROBLEMS

"Our first major objective is to discover what are the underlying features of the child's disturbed personality development. In a small proportion of nervous children, bio-chemical factors are entirely over-riding and in these cases it is the function of the clinic to provide treatment, whether by drugs or otherwise, and to give adequate counselling help to parents, teachers and others. Far more common in real life is an inter-play of constitutional qualities with emotional factors in the production of personality.

EARLY CHILDHOOD ORIGINS OF NEUROTIC ILLNESSES

Children in the first few years of their lives experience not only the realities of living and of discovering the world and the people around them, but also possess a very active and vivid fantasy life. In this fantasy life young children imagine all sorts of things, some of them frightening. These strange realities have been laid bare only by the most painstaking care in psychoanalysis. One example may be given. Most parents know that children occasionally develop weird but quite upsetting fears, sometimes elaborated in nightmares or night-terrors, of wild animals, dangerous men or grotesque ghosts who inhabit their bedrooms and who sometimes terrorise their waking as well as their sleeping moment. We now know that these terrors are merely the remnants of dangers in fantasy which have characterised the imagination of children in their earliest years but have been forgotten. It is a major function of child guidance to discover how parental influences have operated and how the child's feelings have reacted to them, to help parents to understand better their own emotions and thus to make adjustments, and to give the child support.

It is not our custom in the clinic to *blame* parents, for only too often it is clear that they, equally with their children, have been the victims of circumstances and that their failure unselfishly to love has been something beyond their own power to control. Thus much of the work of child guidance clinics is equally a social service to a sick society as a personal service to children and their parents. Nearly all parents, even if they make mistakes, do their utmost for their children's welfare.

TYPES OF SYMPTOM DEALT WITH IN THE CLINIC

Some children come because of fear — fear of the dark, fear of death, fear of other children, fear of such agencies as animals or burglars, or night terrors and night-mares. Others come because of some psychosomatic (mind-body) symptom such as stammer, bodily pains or headaches, bedwetting (enuresis), soiling (encopresis), or compulsive movements (tics) such as face twitching.

Some children are withdrawn, unhappy, awkward and unable to make friends, or display excessive aggressiveness in temper tantrums, bullying or destructiveness. There are children who steal, tell lies to a pernicious extent — a certain amount of lying in children is either the result of imagination or is something which must be regarded as normal — those children who are poor mixers and are shy, and those who display sexual misdemeanours or other forms of disordered behaviour. There are those who fail in their lessons at school. Others again, suffer from epilepsy or the special types of behaviour disorder which this illness often brings. A few have personality difficulties due to some form of damage to the brain. A proportion of our work relates to educationally subnormal and mentally subnormal children, who also suffer from emotional disturbance.

Not infrequently these symptoms are so severe or so enduring that parents require skilled help in dealing with them. What they need and receive from the clinic is not advice but something rather different, an active and interested helpfulness which co-operates with them to make the child's life happier, while the child receives sympathetic understanding in an atmosphere in which he is free to express himself in playing, acting and talking, just as he likes.

PROCEDURE FOR REFERRAL TO THE CLINIC

What usually happens when a child is referred to the clinic is something like this. A mother will often wait until there is a school medical inspection, when she will tell the doctor about some behaviour disorder which is worrying her. Less often she will tell their family doctor about whatever is the matter, and more rarely still will parents decide to bring their child direct to the clinic, perhaps because they are reticent about mentioning the matter to anyone else. We accept this last approach a little reluctantly because we believe it is better that the family doctor should be in the know from the beginning, but where parents wish matters to be entirely confidential we accept this and they may then come direct. Sometimes it is the health visitors or doctors at the infant welfare clinic who initiate proceedings and often it is the teacher who does so. A number of children come to us on referral by the Court, probation officers or the children's officer.

We ask the child's mother to bring him to the clinic, or, better still, both parents if they are able to come together. Our educational psychologist sees the child first and the prime purpose of this examination is to test the child's intelligence. While the child is with the psychologist the social worker will be talking to his mother in an endeavour to find out as much as possible about the child's life from his earliest days.

The third interview is that between psychiatrist and child. The psychiatrist will usually be already in possession of a good deal of factual knowledge which has just been gleaned by the social worker and also of any reports that have been obtained from the family doctor or the school, and he will usually know

what are the results of the psychologist's investigations. Armed with this information he sees the child in the playroom, where there are toys, a sand tray, blackboard, paints, building blocks, dolls and other equipment. The interview is informal, friendly and calculated to put the child at his ease. After he has seen the child the psychiatrist will have a talk with the parent who has brought him.

METHODS OF THERAPY

It is our first and, indeed, principal task in treatment to find out what the child's problem is. If we can discover that, we are well on the way to helping him. It may be sufficient to be mildly reassuring and to have a progress report some time later on, or it may be that one or two talks with the child's mother, the psychiatrist, or the social worker will be able to give her sufficient help in understanding and handling her child's problem.

In a more severe case we may decide that the child requires to be taken for treatment at the clinic. Broadly, the policy adopted is that the psychiatrist, or in some cases the psychologist, sees the child in weekly treatment-play interviews, while the social worker, at the same time, sees the mother. The purpose of this latter contact is so that the therapist will know what is happening in the child's life from week to week — for children are most reluctant to tell what they are self-conscious about — and also to give to the mother regular help in understanding how to deal with the issues that arise at home.

Why, for example, is a ten-year-old boy subject to attacks of tummy pain and faintness, usually in the morning before going to school? Why is a seven-year-old soiling his trousers when he was clean in this respect from the age of two until he was nearly four, or why is an intelligent youth of 15 still wetting his bed when there is no organic disorder to account for these things? Why is a timid and inhibited child, who seems to be generally well looked after, found to be bullying other children at school and stealing money from his mother's purse and sweets from his playmates? Why is an apparently normal girl of ten, who used to be bright and friendly, now so unhappy and why does she burst into tears at the least thing?

Because these children cannot tell us what they are feeling, we encourage them to play with toys in the clinic or to play with us, to paint or draw or to make scenes in a sand tray. These are three of our most widely used techniques. The therapist (usually a psychiatrist or psychologist) who is treating the child already has much information, mostly gleaned from the child's mother, at his disposal, and with his intuition and experience he may already be able to guess at the kind of difficulties which are likely to be occupying the child's mind. By the manner in which the child plays, the way he behaves and the attitudes he displays towards the therapist, the things he says, or does not say, and the way he says them, much can be learned. A picture or a sand scene may depict a part of his problem and, although he cannot state what he inwardly feels, he may be able to say about the picture he has drawn or the sand scene he has made, things which reveal something of his inner difficulties.

As we plan our treatment there are three concepts which have particular validity. If a good relationship of love and some measure of mutual understanding can be achieved between the child and his mother and father, this will provide the necessary foundation of happy development. If we can bring about a reasonably harmonious adjustment of relationship among the members of the family as a whole, we shall be helping to provide the stability necessary for healthy growth. The third concept is that of the child's relationships with people outside his home. In the case of our own clinics we have been able to take a number of boys to an eight-day summer camp.

DISCOVERING THE UNDERLYING CAUSE

A boy, almost 12 years of age, painted a picture of parachutists landing in obviously hostile territory. He was a soft-natured child who had become sad and frightened. He was terrified of school and although he had affectionate parents he sometimes felt that nobody wanted him. He had even tried to kill himself. Why did such a boy paint so warlike a picture? The picture is a representation of his fears and it gave the doctor added insight into the boy's state of hopeless bewilderment.

Jean was 6½ when we first saw her, an unhappy, depressed child, although outwardly she sometimes gave the appearance of brightness. She had been brought to see us because of her violent rages, when she pulled out her hair in temper, although she could be pacified by love. Jean's parents had had many and serious quarrels, sometimes in front of Jean, and she had witnessed much of her mother's grief. Subsequently, they had separated. Yet she loved her father, despite his faults, and missed him acutely.

When eventually he left his home and children to live with another woman, Jean was placed in a desperate predicament. Nor did her mother appreciate the position in which the child found herself and was thus unable to treat her misbehaviour with the sympathetic understanding for which it called. On one occasion there was a terrible scene after Jean had been reported by her teacher as having taken an orange from a cloakroom at school and having put it in her desk. Her mother, admittedly with good intention, questioned her, made a great fuss about the matter and finally smacked her and sent her to bed. Jean was very upset: meanwhile her mother cried downstairs.

During one of my interviews with Jean she said that I could not be married, else I would be in prison. Then she said she knew I was married but that she would put married people in prison because they stole. She would not let people marry, as then there would be no more children and she would be the only one. The former two of these comments signified her resentment at the father whom she loved and who yet left her, while the latter meant that she wanted to be her father's only love, but that her father and the woman with whom he was now living already had a baby of their own.

On another occasion she painted an ugly picture and said it was me. Later she said she would not come back to see me the following week. The real significance of such incidents was her mixed feelings about her father. When I mentioned her father she agreed that he had left, but said that she did not miss him, a rationalisation which was necessary to her in order to prevent her becoming engulfed in sorrow at his loss. My subsequent task lay in trying to help her to accept her mixed feelings of good and bad about her father, and one part of this lay in giving her the opportunity to act out or express hostility — she never expressed much affection — towards me. She could thus use me in finding both her bad and her good feelings accepted by me. She continued to attend the clinic for nearly a year, by which time she had begun to develop a happier personality.

When dealing with children under the age of four or five, and sometimes with children not quite so young, it is usually more profitable to conduct any treatment by discussing the child's behaviour and his needs with his mother.

In dealing with teenagers, we need not rely to so great an extent on such techniques as play and painting, and the treatment, then, becomes more a matter of verbal interchange between the therapist and his patient. Occasionally drugs are useful.

It is a cardinal aim to achieve, if at all possible, a better understanding and more "giving" relationship between the young person and his parents. Too often it is the latter who are found to be unyielding and unable to understand. A good relationship with the therapist, who at least is a neutral figure in the early stages, is almost always a necessary prelude to establishing such an adjustment at home."

REPORT OF THE CHIEF DENTAL OFFICER

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

The staffing position varied throughout the year. On average the equivalent of four dentists were employed instead of an establishment of eight. For this reason the dental service available at the clinics was limited.

A Dental Auxiliary worked with the Dental Officer at Sedgley and Brierley Hill where there are double surgeries.

In spite of advertising for Senior Dental Officers and personal contact with the Birmingham Dental Hospital, no full-time personnel were recruited.

DENTAL HEALTH EDUCATION

Again several thousand booklets and pamphlets were distributed free to children at school inspections and posters given to Head Teachers. In some schools arrangements were made for Unilever Films on Oral Hygiene to be shown.

Slices of raw carrot were supplied to children after school meals and most school tuck shops were restricted to the sale of savouries and nuts rather than sweets and sweet biscuits.

The Dental Auxiliary talked to each class in 9 Junior Schools on Oral Hygiene while the Dental Surgeon she worked with examined the teeth of other children in the school. In addition Health Visitors gave oral hygiene talks to the Senior Girls on occasions.

Pierre the Clown, sponsored by the Fruit Producers Association and The General Dental Council, visited 7 to 8 Junior Schools per day for five days — a tight schedule — and gave a 20 minute talk. He taught them in a humorous manner how to brush their teeth and also how an apple can clean the teeth after a meal. Each child was given an apple at the end of this talk.

His visit entailed a considerable amount of organisation by the Dental Staff and a great deal of co-operation on the part of the Head Teachers and Teachers in the schools he visited. Most agreed that his visit was well worthwhile and many other Head Teachers requested a visit from him when he is next available.

FLUORIDATION OF THE WATER SUPPLY

The condition of the teeth of school entrants is deteriorating. 68% of all general anaesthetics given in the school dental service were administered to the 5 to 9 years old age group for the extraction mainly of deciduous teeth. It is a pity that any child of that age should be subjected to an anaesthetic risk. This risk would be reduced by half if fluoridation was introduced.

DENTAL INSPECTION AND TREATMENT

6,539 were inspected at school

918 were inspected at the clinics

5,314 required treatment

4,703 were offered treatment

4,135 were treated during 10,608 attendances.

The following table gives a Summary of the work carried out:

Attendances and Treatment:	
First Visit	4,135
Subsequent Visits	6,214
Total Visits	10,349
Additional courses of treatment commenced ..	259
Fillings in permanent teeth	8,990
Fillings in deciduous teeth	1,364
Permanent teeth filled	7,986
Deciduous teeth filled	1,182
Permanent teeth extracted	1,317
Deciduous teeth extracted	2,901
General Anaesthetics	1,141
Emergencies	576
Number of pupils X-rayed	201
Prophylaxis	674
Teeth otherwise conserved	74
Number of teeth root filled	38
Inlays	5
Crowns	25
Courses of treatment completed	2,824
Orthodontics:	
Cases remaining from previous year	23
New cases commenced during the year	40
Cases completed during the year	29
Cases discontinued during the year	2
Number of removable appliances fitted	57
Number of fixed appliances fitted	5
Pupils referred to Hospital Consultant	5
Prosthetics:	
Pupils supplied with F.U. or F.L. (first time) ..	—
Pupils supplied with other dentures (first time) ..	21
Number of dentures supplied	22
Anaesthetics:	
General anaesthetics administered by Medical and Dental Officers	88
Inspections:	
(a) First inspection at school—number of pupils ..	6,539
(b) First inspection at clinic—number of pupils ..	918
Number of (a) plus (b) found to require treat- ment	5,314
Number of (a) plus (b) offered treatment	4,703
(c) Pupils re-inspected at school clinic	36
Number of (c) found to require treatment	26
Sessions:	
Sessions devoted to treatment	1,762
Sessions devoted to inspection	69
Sessions devoted to Dental Health Education	34.5

CO-ORDINATION OF SERVICES FOR HANDICAPPED CHILDREN AND YOUNG PERSONS

As suggested in the joint circular from the Department of Education and Science and the Ministry of Health (Circular 7/66 dated 31st March, 1966) discussions on the co-ordination of services for handicapped children and young persons were held, at which senior officers attended from the Health & Welfare Department, including the School Health Service, the Education Department, the Children's Department and the Housing Department. As a result of these discussions a Co-ordinating Committee was established consisting of senior representatives from the named Departments to co-ordinate the work of the various Departments of the Council on all aspects of Social Welfare including the care of handicapped children and young persons. This Committee was based on the existing Co-ordinating Committee on problem families but it is now extended to cover all medical and social problems.

In order that such a Committee should function effectively it was agreed that a Central Registry be established at which the various Departments would register the existence of families or individuals with serious problems. It was decided that the basis of such a register already existed in the records maintained for every school child, also in the register introduced early in 1965 of children born within certain groups who, because of medical or social reasons, require medical supervision throughout infancy and possibly throughout childhood into adult life. This system was implemented on 1st November, 1967.

HANDICAPPED CHILDREN

The following gives details of children attending special day or residential school according to their need and also includes the number of children ascertained during the year and found to be in need of special educational treatment.

- (a) *Blind Pupils*.—"That is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight." As at 31st December, 1967, there were six children in Residential Special Schools.

One child was ascertained as blind during the year.

- (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."

As at 31st December, 1967, there were four children in Residential and two in Day Special Schools.

Two children were ascertained as partially sighted during the year.

- (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.”

As at 31st December, 1967, there were three children in Day Special Schools and three in Residential Special Schools.

No children were ascertained as deaf 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.”

As at 31st December, 1967, there were ten children in Day Special Schools, six in Residential Special Schools and four attending the Stow Heath Unit for Hearing Impaired Children at Willenhall.

Three children were ascertained as partially deaf during the year.

- (e) *Educationally Subnormal 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.”

As at 31st December, 1967, five children were attending the following Day Special Schools (other than Sutton and High Arcal Schools):—

William Baxter School, Cheslyn Hay, Walsall ...	1
Fitzwilliam School, Tipton	4

At the same date seven children were attending Residential Special Schools as follows:—

Crowthorn, Edgworth, Near Bolton	2
Pudleston Court, Nr. Leominster	1
Thingwall, Liverpool	1
Besford Court, Worcester	2
Loxley Hall, Staffordshire	1

The screening of children referred by teachers on account of backwardness was continued throughout the year by an educational psychologist. Pupils who were severely retarded were referred for testing by medical officers qualified to carry out the ascertainment of educationally subnormal children.

238 intelligence quotient ascertainments were carried out during the year by approved medical officers. Most of these examinations were held at clinics but some were carried out in the schools and, in special cases, in the child's home. The

following recommendations were made:—

Ascertained Educationally Subnormal:

To attend Day Special School	64	
To remain at Ordinary School	11	
To attend Residential Special School	3	
	—	78
Re-ascertained — to receive voluntary care and guidance after leaving school		67

Other examinations:

Unsuitable for education in Ordinary School, to attend Junior Training Centre	14	
Re-ascertained, to remain in Day Special School	5	
Not educationally subnormal	8	
Deferred for later ascertainment under Section 34 or 57, Education Act, 1944	60	
To leave school without need for super- vision	4	
To leave Day Special School and return to Ordinary School	2	
	—	93
		238

Six pupils left Residential Special Schools for the educationally subnormal during the year and were transferred to the care of the Welfare Section.

At the end of the year there were 118 ascertained educationally subnormal pupils at Sutton Day Special School, 118 at High Arcal Day Special School (Dudley County Borough being responsible for 65 of these), 5 at Day Special Schools outside the Borough, 7 at Residential Special Schools and 146 awaiting places at Day or Residential Special schools for educationally subnormal pupils.

(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."

One pupil who was attending Sedgwick House School, Kendal, was discharged during the year and entered ordinary school.

No pupils were ascertained as epileptic 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 re-adjustment."

As at 31st December, 1967, 9 pupils were attending the following schools:—

River House, Henley-in-Arden	...	...	...	1
Potterspury Lodge, Towcester	...	...	...	1
St. Thomas More's, Nr. Totnes	...	...	...	1
Pitt House, Torquay	...	...	...	1
Ashleigh House, Staffordshire	...	...	...	4
Shenstone Lodge, Lichfield	...	...	...	1

Six children were ascertained as maladjusted during the year.

- (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 with physical handicaps are ascertained at an early age and if it is considered that their disability makes it inadvisable for them to attend an ordinary school they are admitted to a school for physically handicapped children. In cases where any doubt exists, a trial period at an ordinary school is usually recommended.

Throughout the year 5 children attended the following schools daily:—

Wightwick Hall, Wolverhampton	...	...	2
Carlson House, Harborne, Birmingham	...	...	2
Wilson Stuart, Birmingham	...	...	1

11 children were at residential schools as follows:—

Bethesda Hospital School, Cheadle, Cheshire	...	3
Wightwick Hall, Wolverhampton	...	8

45 examinations of physically handicapped children were carried out during the year as follows:—

To receive home tuition on a permanent or semi-permanent basis	...	...	9
Re-examinations (routine medical inspections, etc. of children at residential schools)	...	...	36
			<hr/> 45 <hr/>

Twelve children throughout the Borough were receiving home tuition during the year for approximately five hours per week each.

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

No pupils were ascertained in this category but many who had speech defects were treated at schools and at various clinics by the speech therapist.

During the year under review this section of the work was hampered by the fact that it was only possible to replace the services of a full-time speech therapist by two part-time therapists,

to cover the whole of the enlarged County Borough.

Details of the work done for the year are as follows:—

Number of attendances for treatment	...	...	831
Number of attendances for interview	...	...	86
Number of attendances for review	...	...	171
			1088
Number of Referrals	...	...	123
<i>Reasons for Referral:</i>			
Dyslalia	...	...	102
Alalia	...	...	1
Stammer	...	...	14
Others	...	...	6
			123
<i>Sources of Referral:</i>			
Head Teachers	...	...	25
School Medical Officers	...	...	64
Others	...	...	34
			123
<i>Number discharged during the year:</i>			
Cured	...	...	61
Maximum improvement	...	...	11
Others	...	...	36
			108
Number on waiting list at end of year	...	...	218

- (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 an ordinary school.”

In previous years accommodation was provided at West Malvern Open-Air School for ten delicate pupils each term for Dudley. Unfortunately this school was closed by Worcestershire County Council, the responsible Local Authority, because of the cost involved in replacing the wooden school buildings which had become obsolete. In 1967 ten places were allocated to Dudley for the Spring and Summer terms and five only for Autumn — the last term during which the school was operative. The twenty-five children who attended during the year under review were admitted for the following reasons:—

Sub-normal nutrition, debility and poor appetite
 Recurrent bronchitis and chest infections
 Frequent coughs, colds and sore throats
 Underweight for age
 Asthma.

In addition to the children at West Malvern Open-Air School there were 7 children in this category in the following schools:—

Children's Convalescent Home and School, West Kirby	3
Beacon School, Lichfield (two brothers, who are also educationally sub-normal)	2
Kingswood Open-Air School, Wolverhampton	1
St. Mary's, Wrestwood, Bexhill-on-Sea	1

CHILDREN UNSUITABLE FOR EDUCATION IN SCHOOL

A few children are so severely sub-normal 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 14 children were ascertained as being unsuitable for education in school and attendance at the Junior Training Centre was recommended. These cases were all reported to the appropriate Committee of the Local Education Authority and in no case was any objection made by the parents to the action taken.

CONDITIONS REQUIRING HOSPITAL TREATMENT OR INVESTIGATION

	1967
Rheumatic Condition	15
Chest Condition	56
Ear, Nose and Throat Condition	360
Ophthalmic Condition	30
Orthopaedic Condition	37
Skin Condition	3
Surgical Treatment	180
General Investigations	128
Accidents and Casualties	116
Diabetes	3
Heart Condition	10
Meningitis	4
Epilepsy	10

I am grateful for the continued co-operation of hospitals in sending details of admissions and discharges of school children. This improves 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 the hospital when 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 and the School Medical Officer may issue a cleansing order, in which case the child will be compulsorily cleansed. These children heavily infested and excluded from school are re-admitted as soon as their condition is found to be satisfactory.

60,473 inspections were carried out during the year and arrangements made to ensure that the 600 pupils found to be infested were cleansed.

TUITION IN HOSPITAL

118 Dudley school children between the ages of 5 and 15 years were given tuition in hospital under Section 56 of the Education Act, 1944, and there were several pupils in hospital in other parts of the country.

A teacher is employed by this Authority to visit hospital for two hours on Mondays, Tuesdays, Thursdays and Fridays in each week.

EMPLOYMENT OF SCHOOL CHILDREN

1684 children were examined as school leavers and Forms Y.9 or Y.10 completed when necessary and sent to the Youth Employment Officer indicating the type of work for which the medical officer considered the child to be unsuitable.

It was found necessary to exclude 138 children from one or more of the following categories of work:—

TOTAL CHILDREN 138

<i>Number of Children Excluded</i>	<i>1. Heavy manual work</i>	<i>2. Sedentary work</i>	<i>3. Indoor work</i>	<i>4. Prolonged standing etc.</i>	<i>5. Exposed to bad weather</i>	<i>6. Wide changes in temperature</i>	<i>7. Work in damp atmosphere</i>	<i>8. Work in dusty atmosphere</i>	<i>9. Much stooping</i>	<i>10. Work near moving machinery or moving vehicles</i>	<i>11. Work at heights</i>	<i>12. Normally acute vision</i>	<i>13. Normal colour vision</i>	<i>14. Normal use of hands</i>	<i>15. Handling or preparing food</i>	<i>16. Work requiring freedom from damp hands or skin defects</i>	<i>17. Normal hearing</i>
1	+									+	+						+
3	+									+	+						
2										+	+	+					
2	+			+	+	+		+	+	+							
2										+	+						+
1								+									
1						+	+	+									
5					+		+	+									
2																+	
2												+					+
1	+			+	+	+	+	+	+	+	+						
2	+				+	+	+	+									
1	+				+					+	+						+
26												+					
7																	+
3	+			+													
5					+	+	+	+									
8									+	+							
6	+																
1					+												

TOTAL CHILDREN 138

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 325 and all children were found to be medically fit to carry out the following occupations:—

Shop Assistants	...	...	...	...	...	138
News-Boys	...	...	...	...	...	147
Hairdressers	...	...	...	...	...	7
Roundsmen	...	...	...	...	...	3
Errand Boy	...	...	...	...	...	1
Others	...	...	...	...	...	29
						<hr/> 325 <hr/>

ASTLEY BURF CAMP

As in previous years approximately 40 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 these parties.

ROTARY BOYS' HOUSE, WESTON-SUPER-MARE

We are again indebted to Dudley Rotary Club for providing a free fortnight's holiday for 16 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 continuing 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

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

Case 1. A boy aged 13 years.

Cause of death: Asphyxia due to hanging. Open Verdict.

Case 2. A girl aged 8 years.

Cause of death: Toxaemia. Pneumococcal meningitis.

Case 3. A boy aged 16 years.

Cause of death: Cerebral haemorrhage.

Case 4. A boy aged 11 years.

Cause of death: Status Asthmaticus.

Case 5. A girl aged 6 years.

Cause of death: Shock due to multiple injuries including broken neck, fractured femur and ruptured spleen. Hit by motor car whilst walking across road. Accident.

Case 6. A girl aged 8 years.

Cause of death: Sarcoma of foot and multiple metastases.

Case 7. A boy aged 5 years.

Cause of death: Peritonitis—acute gangrenous appendix.

Case 8. A boy aged 5 years.

Cause of death: Shock and rupture of liver. Misadventure.

Case 9. A boy aged 11 years.

Cause of death: Fracture of skull and laceration of brain. Deceased was in collision with a motor car whilst riding a pedal cycle. Accidental death.

Case 10. A boy aged 11 years.

Cause of death: Shock due to multiple injuries while pillion passenger on motor cycle in collision with motor car. Accidental death.

Case 11. A girl aged 11 years.

Cause of death: Multiple injuries caused when deceased was in collision with a motor car while she was crossing the road. Accidental death.

Case 12. A boy aged 11 years.

Cause of death: Leukaemia — acute myeloblastic.

Once again the high proportion of these deaths due to accidents is a cause for concern and deep regret — six out of the twelve deaths noted above.

Another boy of 7 years, who had been receiving home tuition owing to cardiac condition, died, the cause of death being post-operational cardiac failure.

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

During the year 187 candidates were examined for admission to Training Colleges and a medical report completed in each case and forwarded with Forms 4 R.T.C. 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 28 RQ together with the medical report to the Ministry of Education and an X-ray examination is compulsory. During the year 87 medical reports were completed and all candidates were successful in passing the medical and X-ray examination.

**ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH
INSPECTOR AND CLEANSING SUPERINTENDENT
FOR THE YEAR ENDED 31st DECEMBER, 1967**

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

Mr. Mayor, Ladies and Gentlemen,

I submit herewith the report on the work of the department for the year ending 31st December, 1967.

1. Supervision of Food Premises and Meat and Food inspections—

This section of the report dealing with work done in connection with food premises, food sampling and meat and food inspections contains a fair measure of statistics. This is unavoidable, but they show certain trends, and also reveal the results of much painstaking effort. I have said before that food hygiene has to be taught, and the change-over of personnel in the food trade makes it necessary for instruction to be repeated over and over again.

The sophistication of made up foods makes it necessary to watch carefully its preparation, handling during transit, method of display, and shelf life. It is interesting to note in this connection that the number of complaints about either unfit or contaminated food increased by 53% above last year's figure. All complaints are carefully investigated, and in a number of instances resulted in prosecutions. It was also found that 31% of food complaints were unjustified.

Meat inspection continues to absorb a fair amount of time, although the number of food animals killed and inspected for food was below that of last year. Undoubtedly the fall in numbers was due to the restrictions imposed as a result of the outbreak of Foot and Mouth disease. The number of inspections made of food premises has greatly increased this year. This is due to various factors, such as a full establishment of Inspectors in the food section, the fact that the organisation in the department following amalgamation has started to bite, and, not least, to the diligence of the Inspectors themselves.

2. Housing—

There is a statutory responsibility to report upon houses which are unfit in order that appropriate action can be taken. This action may take the form of Closing Orders or Demolition Orders in respect of individual unfit houses or the declaration of Clearance Areas for areas of unfit dwellings.

Clearance Areas did not progress so satisfactorily. During the year 221 houses in Clearance Areas were represented without the necessary orders being made by the end of the year. This is unfortunate because the tenants of such houses are made aware, at the time of inspection, of the action being contemplated. The owners also become aware of this, and maintenance of the properties ceases. These were not all the houses in Clearance Areas because there were 150 houses included in areas where the necessary orders were made.

The housing section of the department had a heavy year dealing with houses in multi-occupation, improvement of houses, general enquiries, and so on.

3. General inspections—

Work under the Offices, Shops and Railway Premises Act, 1963, proceeded well, and I am pleased to place on record that at least one general inspection has taken place of all premises which have been registered. A careful check is now being made to find any premises which are still not registered.

The extension of smoke control continued, but although this Authority's record is reasonable when compared with that of others, it will still take a long time before the whole borough is one continuous Smoke Control Area. The daily records taken show a steady, if slow, improvement in atmospheric pollution, and I hope it may be possible to step up the rate of improvement.

One member of the staff, namely Mr. S. V. Robinson, Divisional District Public Health Inspector, left during the year, as a consequence of being appointed Chief Public Health Inspector to the Frimley and Camberley Urban District Council. The post of Divisional District Public Health Inspector was filled by the appointment of Mr. J. P. Smith from Woking Urban District Council.

I am indebted to Mr. B. Hartley, Manager, Upper Stour Main Drainage Authority, for the notes he has supplied bringing up to date the information regarding sewage disposal.

May I hope the report will be worth reading and give some indication of the work which has been done. The support I have received from all members of Committee and Council has been most helpful. Equally so have been the efforts and loyalty of each member staff, and if I particularly mention Mr. Bowman and Mr. Crawford, it is because of the special responsibilities which I place upon them from time to time.

I am,

Ladies and Gentlemen,
Yours obediently,

W. PARKER

*Chief Public Health Inspector
and Cleansing Superintendent*

INSPECTION OF MEAT

The Following table gives particulars of carcasses and organs unfit for consumption and tabulates 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	5,447	211	2	21,432	12,066
Number inspected	5,447	211	2	21,432	12,066
All diseases except Tuberculosis and Cysticerci:					
Whole carcasses condemned ..	1	—	—	9	6
Carcasses of which some part or organ was condemned ..	778	35		1,247	874
% of the number inspected af- fected with disease other than tuberculosis or cysticerci ..	14.03%	16.9%		3.99%	7.29%
Tuberculosis only:					
Whole carcasses condemned ..	—	—	—	—	—
Carcasses of which some part or organ was condemned ..	—	—	—	—	100
% of the number inspected af- fected with tuberculosis ..	—	—	—	—	0.83%
Cysticercosis:					
Carcasses of which some part or organ was condemned ..	3	—	—	—	—
Carcasses submitted to treatment by refrigeration	3	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—

MEAT CONDEMNED

	<i>Cattle</i>	<i>Cows</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Carcasses	1	—	9	6	16
Livers	395	18	883	512	1,808
Lungs	442	12	107	614	1,175
Heads	17	—	—	97	114
Kidneys	—	—	3	9	12
Hearts	10	3	37	209	259
Hocks	—	—	—	2	2
Spleens	1	—	29	7	37
Cheek	1	—	—	—	1
Udders	—	2	—	—	2
Necks	—	—	—	2	2
Feet	—	—	—	6	6
Legs	—	—	8	4	12
Stomachs and Intestines ..	1	—	—	—	1

DISEASES

	Cattle lbs.	Cows lbs.	Sheep & Lambs lbs.	Pigs lbs.	Total lbs.
Pleurisy	4,040	25	95	1,193	5,353
Parasites	418	12	2,538	1,147	4,115
Abscesses	2,981	—	116	209	3,306
Pneumonia	48	—	50	676	774
Tuberculosis	—	—	—	1,200	1,200
Gangrene	—	—	34	75	109
Pericarditis	24	5	5	118	152
Distomatosis	1,400	25	194	9	1,628
Echinococcus Cysts	340	10	19	3	372
Peritonitis	23	—	12	473	508
Petechia	2	—	—	—	2
Contamination	—	—	6	—	6
Heamatoma	—	—	—	6	6
Accidental death (in lairs)	—	—	70	—	70
Icterus	—	—	63	—	63
Hepatitis	—	—	—	132	132
Bruising	10	—	30	—	40
Fever	260	—	—	60	320
Pneumonia and conges- tion	24	4	—	177	205
Cirrhosis	102	75	38	130	345
Actinomycosis	379	—	—	—	379
Cysticercus	65	—	—	—	65
Arthritis	16	—	—	12	28
Hydronephrosis	—	—	—	31	31
Septicaemia	—	—	100	—	100
Nephritis	—	—	2	—	2
Mastitis	—	30	—	—	30

Total weight of meat condemned — 8 tons 11 cwts 3 qrs. 5 lbs.
Visits to slaughterhouses — 3041.

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.

POULTRY INSPECTION

(i) Number of poultry processing premises within the district	1
(ii) Number of visits to these premises	37
(iii) Number of birds processed during the year	2521
(iv) % of birds rejected as unfit for human consumption	Nil
(v) Weight of poultry condemned as unfit for human consumption	Nil

During the year this small poultry slaughterhouse discontinued the regular slaughtering of birds and weekly visits for the purpose of inspection of birds have ceased.

INSPECTION OF OTHER FOODS

During the year the District Inspectors have made 1051 visits to food premises for the purpose of food inspection, other than meat inspection.

Food condemned:

	<i>Total</i>		<i>Total</i>
Baby Foods (tins) ...	344	Meat, frozen (pkts) ...	47
Bacon (lbs.) ...	87	Meat paste (jars) ...	1
Baked beans (tins) ...	134	Milk evaporated (tins) ...	127
Beetroot ...	1	Milk, skimmed (tins) ...	1
Biscuits (pkts.) ...	576	Milk food (tins) ...	2
Buttermilk (cartons) ...	8	Mincemeat (jars) ...	15
Cake mix (pkts.) ...	1	Mincemeat (tins) ...	3
Cakes (pkts.) ...	10	Mint Sauce (jars) ...	2
Casserole (tins) ...	1	Miscellaneous tins ...	197
Cheese (lbs.) ...	8	Mixed peel (pkts.) ...	21
Cheese (pkts.) ...	119	Oil (bottles) ...	2
Cheese trimmings (lbs.)	122	Pastry (pkts.) ...	4
Chicken and ham pie ...	1	Pickles (jars) ...	84
Chicken pies ...	20	Pie filling (tins) ...	18
Chicken (lbs.) ...	40	Pies, broken (lbs.) ...	12
Chips (pkts.) ...	6	Pork pie (lbs.) ...	38
Coffee (tins) ...	14	Pork pies, individual ...	93
Continental meats (ozs.)	6	Potatoes (tins) ...	6
Cream (tins) ...	85	Pudding mix (pkt.) ...	1
Cream, fresh (tubs) ...	32	Ravioli (tins) ...	1
Crisps ...	79	Rice (tins) ...	97
Curried beans ...	2	Rissoles, frozen ...	29
Curried chicken (tins) ...	3	Rusks, tea (pkts.) ...	43
Custard powder (tins) ...	22	Sago (tins) ...	40
Dinners ...	13	Salad cream (bottles) ...	6
Dumplings (tins) ...	22	Sandwiches (pkts.) ...	4
Faggots, frozen (pkts.)...	66	Sausage (lbs.) ...	130
Fat (pkts.) lbs. ...	4	Sausage (tins) ...	29
Fish (tins) ...	322	Sausage rolls (pkts.) ...	4
Fish, frozen (pkts.) ...	170	Semolina (tins) ...	3
Fish spread (jars) ...	119	Soup (tins) ...	803
Fruit juices ...	19	Spaghetti (tins) ...	19
Fruit puddings (tins) ...	3	Steak & kidney pies (tins)	36
Fruit (tins) ...	125	Stew (tins) ...	13
Groats (pkts.) ...	1	Stewed steak (tins) ...	28
Haggis (pkts.) ...	1	Sugar (lbs.) ...	26
Ham (tins) ...	11	Syrup (tins) ...	3
Hamburgers ...	7	Tapioca (tins) ...	4
Honey (jars) ...	11	Tomatoes (tins) ...	883
Ice cream (family blocks)	102	Tomato juice (tins) ...	3
Ice cream sponges ...	5	Toppings (pkts.) ...	2
Jam (jars) ...	53	Tripe (lbs.) ...	6
Jelly ...	1	Tripe and onions (tins)	3
Macaroni (tins) ...	11	Vegetables (tins) ...	904
Marmalade (jars) ...	4	Wheatmeal (pkts) ...	12
Meat (lbs.) ...	466	Yoghurt (cartons) ...	167
Meat (tins) ...	648	Yogfruit (cartons) ...	203

SUPERVISION OF FOOD PREMISES

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

General food shops	...	...	...	...	1051
Food preparing premises subject to registration	...	...	...	...	126
Canteens	...	...	...	...	273
Restaurants	...	...	...	...	262
Fried fish premises	...	...	...	...	277
Butchers	...	...	...	...	231
Licensed premises	...	...	...	...	593
Licensed premises with catering facilities	...	...	...	...	96
Bakehouses	...	...	...	...	111
Food vehicles and stalls	...	...	...	...	332
Other food preparing premises	...	...	...	...	71

As a result of these visits 348 notices have been served and 238 notices complied with. 122 premises were brought up to the standard required by the Food Hygiene Regulations.

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

Premises registered for the preparation or manufacture of sausage only	...	...	...	...	7
Premises registered for the preparation or manufacture of potted, pickled or preserved food	...	...	...	...	31
Premises registered for the preparation or manufacture of sausages and potted, pickled or preserved food	...	...	...	...	8

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

Premises registered for the sale and storage of ice cream	292
Premises registered for the manufacture of ice cream	9

During the year 517 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, 1963

The number of premises registered under the Milk and Dairies Regulations at the end of the year 1967 was 9.

Dealers licences in force under the Milk (Special Designations) Regulations, 1963, were as follows:—

Pasteurised	...	...	...	...	59
Sterilised	...	...	...	...	278

At the end of 1967 there were 297 milk distributors registered with the Local Authority.

Milk Supplies — Brucella Abortus

No raw milk is sold in the Borough and sampling for this organism was therefore unnecessary.

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>
Sterilised ..	46	—	—	—	—	46	—
Pasteurised ..	90	90	—	90	—	—	—
Totals ..	136	90	—	90	—	46	—

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no plants in the County Borough affected by these Regulations.

**FOOD AND DRUGS ACT, 1955
LABELLING OF FOOD ORDER, 1953**

It has been found necessary to write to several manufacturers concerning the labelling of their products. In every case agreement was reached over the interpretation of the regulations and new labels introduced.

SAMPLING FOR CHEMICAL ANALYSIS

During the year 18 formal food samples, 351 informal food samples, 1 formal drug and 131 informal drugs were taken. Adverse reports were made on 18 samples, details of which are given below. One legal prosecution was instituted which resulted in a fine of £20 for the sale of a milk loaf made with skimmed milk and not full cream milk as demanded.

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Alfa B. Cola and Rum. Creme Lollie.	Deficient in Vitamin B1. Contained 1% proof spirit. Insufficient to justify name. Contained 2.2% fat, and virtually no milk fat. No justification for description "Cremey".	Formal sample taken. Found genuine. Manufacturer agreed to change label. Manufacturers agreed to re-label.
Strawberry Jam.	Contained 32% fruit. Not less than 38% required by Preserves Order.	Formal sample taken. Found satisfactory.
Kreme Bar. Milk Loaf.	Milk fat present not included in list of ingredients. Not made from whole milk.	Manufacturers agreed to re-label. Prosecution - £20 fine.
Sugarless Preserved fruit - Apricots. Tip Top.	Description "sugarless" unjustified.	Imported product. Letter sent to Ministry of Agriculture, Fisheries and Food. Product re-labelled.
West Indian Drinking Chocolate. Carrots in sugar syrup.	Has characteristics of Soft Drink, but saccharin not declared in prescribed form. Ingredients stated - cocoa beans, essences and spices. 50% foreign fat present.	Could not obtain further supply.
Evaporated peaches.	No English description of article given and no list of ingredients.	Stocks withdrawn.
Lemonade Shandy.	Claim made for vitamins and minerals, but amounts not declared. Low in proof spirit. Contained 1.4% proof spirit.	Labels altered.
Soft Ice Cream Mix. Vegetable Laxative. Seven Seas Syrup. Shandy.	Milk solids not fat 6.9%. Minimum required 7.5%. Ingredients not specified in correct order. Low in vitamin C. 1% proof spirit. Should contain at least 1.5% proof spirit. Contained 3.3% butter fat.	Wrote manufacturers who promised to rectify future manufacture. Formal sample taken found genuine. Letter sent to Ministry. Formal sample taken found satisfactory. Agreed to change formula.
Potted Beef with butter.		Stock withdrawn.

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 ..	2	—	Mincemeat	6	—
Almonds (ground) ..	1	—	Meat	1	—
Apple juice	2	—	Meat (canned) ..	5	—
Beer	8	—	Meat Paste	4	—
Beverages	6	—	Meat products ..	5	—
Biscuits	8	—	Milk	10	1
Bread	11	2	Milk (canned) ..	2	—
Butter	13	—	Milk (dried)	6	—
Cake Coverings ..	2	—	Milk Shake Flavouring	1	—
Cereals	9	—	Mousse	1	—
Cheese and Cheese products ..	10	—	Non-brewed Condiment	1	—
Coconut	2	—	Pears	1	—
Coffee	1	—	(pesticides)		
Coffee and Chicory ..	2	—	Pease Pudding ..	1	—
Confectionery	1	—	Pickles	2	—
Cooking Oils	7	—	Potato (instant) ..	2	—
Cream	6	—	Preserves	8	—
Cream of Tartar ..	1	—	Rennet Essence ..	1	—
Croquettes	3	—	Rice	2	—
Crystallised Fruits ..	3	—	Salad Cream	3	—
Dessert (instant) ..	3	—	Sauces	6	—
Drugs	131	1	Sausages	13	—
Fish Paste	1	—	Soft Drinks	26	—
Flour	12	—	Soup	6	—
Food Colours	5	—	Spices	11	—
Food Flavours	7	—	Spirits	—	13
Fruit (canned)	4	—	Spreads	3	—
Fruits (dried)	12	—	Suet	1	—
Gelatine	1	—	Sugar Substitutes ..	2	—
Ghee	1	—	Sweets	27	—
Ice Cream	12	—	Tomato Paste	2	—
Ice Cream Powder ..	1	—	Treacle	2	—
Jellies	3	—	Vegetables (canned) ..	4	—
Lemonade Crystals ..	1	—	Vermicelli	1	—
Lollies	4	—	Vinegar	2	—
Lollymix	1	—	Wine	7	—
Margarine	4	—	Yeast	1	—
Marzipan	1	—	Yogurt	3	—

ICE CREAM AND ICED LOLLIPOPS

During the year 290 samples of ice cream and 56 iced lollipops were submitted for bacteriological examination. 13 samples were considered unsatisfactory. These were investigated and follow-up samples taken. In most of the cases a cause was suspected and advice given. These were listed as follows:—

1. Bad handling by employees. In one instance the Company accepted that the employee was an unsatisfactory type to be employed in the handling of ice cream, and dismissed him.
2. Old stock. This was found during the winter months at a retailer. The Manufacturers agreed to the disposal of the ice cream and reimbursed the retailer.
3. A faulty filter was found on an ageing vat. When this was discarded the follow-up samples were found satisfactory.
4. Unsuitable containers.
The remainder of the unsatisfactory samples were due to bad sterilising of equipment.

Bacteriological Examination of Ice Cream

<i>Provisional Grade</i>	<i>Soft Ice Cream</i>	<i>Ice Cream Mix</i>	<i>Hard Ice Cream</i>
1	128	87	23
2	18	11	10
3	6	3	1
4	2	1	—
Totals	154	102	34

56 samples of lollipops were taken, all of which were satisfactory.

COMPLAINTS REGARDING UNFIT OR CONTAMINATED FOOD

228 visits have been made during the year as a consequence of 58 complaints of food not of the nature, substance or quality demanded by the purchaser. In 9 instances legal proceedings were taken as follows:—

1. Manufacturer fined £15 for sale of foreign matter in loaf of bread (piece of felt).
 2. Manufacturer fined £10 for sale of sausage containing a sliver of glass.
 3. Manufacturer fined £20 for sale of a cake containing a piece of metal.
 4. Manufacturer retailer fined £15 for sale of a mouldy scotch egg.
 5. Manufacturer fined £20 for sale of butter containing a piece of glass.
 6. Retailer fined £15 for the sale of a mouldy meat pate pie.
 7. Retailer fined £20 for the sale of a mouldy cake.
 8. Retailer fined £15 and £2 costs for sale of a mouldy vegetable curry.
 9. Retailer fined £5 for sale of rice infested with insects.
- The following is a summary of complaints received:—

<i>Nature of Complaint</i>	<i>No.</i>
Mouldy foods	14
Unfit food other than mould	5
Insects in food	4
Metal objects in food	4
Various other objects in food	13
Insufficient evidence or complaint not justified	18

The number of complaints made to the department by persons dissatisfied with their purchases is on the increase. It is felt, however, that this is due to the higher standards demanded by the public rather than a reduction of control by Manufacturers and retailers.

Publicity has made the public aware that any complaint of foodstuffs purchased will be investigated by the Local Authority.

This again has tended to affect the number of complaints. This is welcome, for it enables the department to impress management with the need for ever present care in the production and selling of foodstuffs and where it is thought necessary to institute legal proceedings.

BACTERIOLOGICAL EXAMINATION OF OTHER FOODS

From the following table it will be seen that some samples of fresh cream and synthetic cream have been unsatisfactory.

Comparing these results with previous years, it is noted that this is a slight improvement over previous years. 79% satisfactory compared with 78% in 1966 and 64% in 1965.

<i>Sample</i>	<i>No. taken</i>	<i>No. unsatisfactory</i>
Meat pies	6	—
Sliced meats	16	—
Flour confectionery	10	—
Fresh cream	8	2
Synthetic cream	40	8

FOOD AND DRUGS ACT, 1955

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

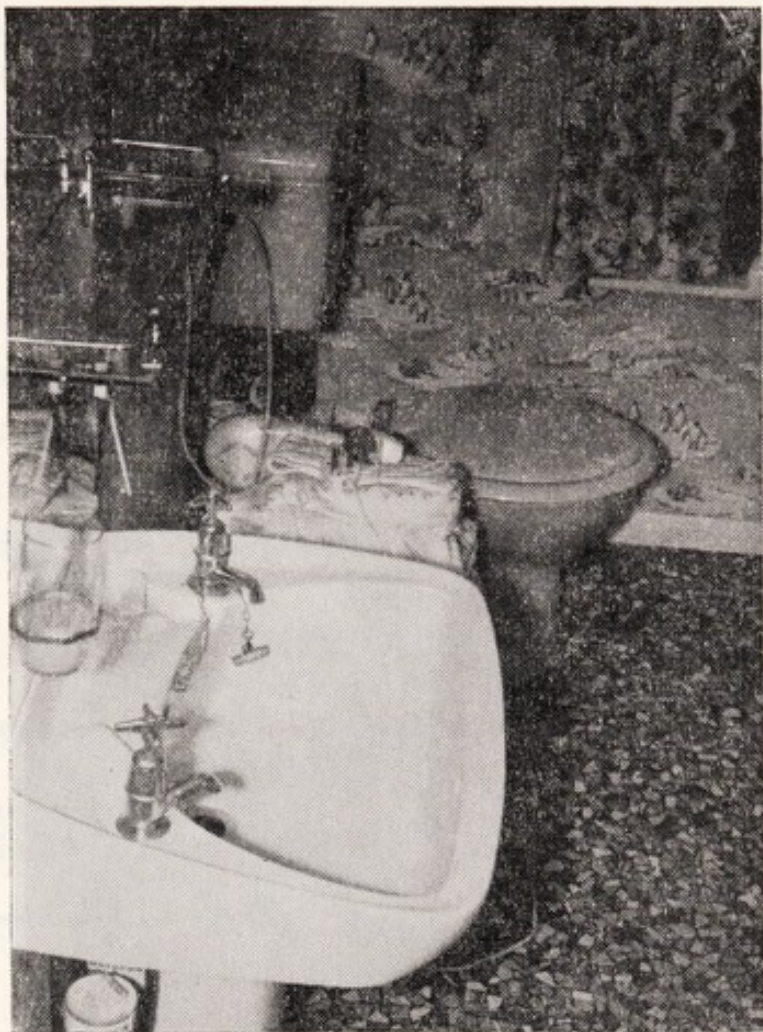
The number of premises in the Borough affected by these regulations are as follows:—

<i>Premises</i>	<i>Number</i>	<i>Wash hand basins provided in accordance with Regulation 17</i>	<i>Premises to which Regulation 19 apply</i>	<i>Premises provided with sinks in accordance with Regulation 19</i>
Fried Fish	69	69	69	69
Restaurants, Cafes and Snack Bars	42	42	42	42
Licensed Premises — full catering	27	26	26	26
Licensed Premises only ..	310	310	310	310
Large canteens and clubs	136	136	136	136
Registered Ice Cream manufacturers	7	7	7	7
Registered Sausage manufacturers	7	7	7	7
Registered Sausage and Potted and Preserved Meat manufacturers	8	8	8	8
Registered Potted, Pickled or Preserved Food manufacturers	31	31	31	31
Bakehouses	12	12	12	12
Slaughterhouses	10	10	10	10
Grocers	270	270	270	270
Greengrocers	64	64	64	64
Butchers	135	135	135	135
Wet Fish Shops	16	16	16	16
Confectioners	24	24	24	24
General Food Shops ..	171	171	171	171

HOUSING



BACTERIOLOGICAL EXAMINATION OF OTHER FOODS



HOUSING

The position at the end of the year in respect of those dwellings dealt with in Clearance Areas was as follows:—

1. Outstanding from the representation stage:—

Rosehill, Quarry Bank ...	1 area involving	5 unfit houses
Penzer St., Kingswinford	1 area involving	4 unfit houses
Bilston Street, Sedgley ...	4 areas involving	22 unfit houses
Baptist End, Netherton ...	5 areas involving	61 unfit houses
Caddick Street, Coseley ...	1 area involving	10 unfit houses
Lower Gornal ...	4 areas involving	103 unfit houses
Ruiton St., Lower Gornal	5 areas involving	16 unfit houses
Total represented and awaiting Orders	...	221 houses
2. The Council made the following Orders during 1967:—

Abberley Street Clearance Order		involving 16 unfit houses
Abberley Street Compulsory Purchase Order		involving 25 unfit houses
Vicar Street Compulsory Purchase Order		involving 17 unfit houses
Withymoore Road Clearance Order		involving 4 unfit houses
Windmill End Clearance Order		involving 9 unfit houses
Eve Hill Compulsory Purchase Order		involving 20 unfit houses
High Street Wordsley Clearance Order		involving 4 unfit houses
Roseville (Nos. 6, 7, 8, 9 and 10) Compulsory Purchase Order	...	involving 28 unfit houses
Wallbrook No. 11 Compulsory Purchase Order		involving 27 unfit houses
Total unfit properties	...	150
3. The following Orders were confirmed during 1967 with the results as shown:—

	<i>Represented</i>	<i>Confirmed</i>
Abberley Street Clearance Order	16	16
Vicar Street Compulsory Purchase Order	17	17
Windmill End Clearance Order...	9	9
Eve Hill Compulsory Purchase Order	20	20
Brettell Lane Clearance Order ...	29	27
Chapel Street Wordsley Compulsory Purchase Order	16	16*
Castle Street/High Street, Sedgley Compulsory Purchase Order	47	46
Roseville (Nos. 6, 7, 8, 9 and 10) Compulsory Purchase Order	28	27
Wallbrook No. 11 Compulsory Purchase Order	27	26

* 4 pink properties in this Order were confirmed as unfit but were excluded from the Compulsory Purchase Order. The Council later declared the High Street Wordsley Clearance Order to deal with these 4 houses.

DEMOLITIONS

During the year 465 unfit properties and a further 78 fit properties included in Clearance Orders or Compulsory Purchase Orders were demolished.

REHOUSING

1152 lettings became available during the year, and this figure excludes any properties utilised for exchange or transfer purposes. The lettings can be classified as follows:—

New houses	...	...	...	554
Re-lets	...	...	...	598

Of this total 560 lettings were allocated to families living in unfit properties of all categories. A further 48 families were rehoused from fit properties in Compulsory Purchase Orders, making a final total of 608 families rehoused.

INDIVIDUALLY UNFIT PROPERTIES

Number of Closing Orders made (Section 17)	...	28
Number of Demolition Orders made (Section 17)	...	127
Number of Closing Orders made (Section 18)	...	5
Number of houses demolished during the year following		
Demolition Orders	...	193
Number of houses made fit and Orders rescinded	...	2
Number of persons displaced:—		
(a) individuals	...	511
(b) families	...	187

HOUSING VISITS

The following visits were made during the year:—

Clearance Area inspections	...	181
Individually unfit inspections	...	210
Clearance Area re-inspections	...	400
Individually unfit re-inspections	...	375
General inspections	...	637
Improvement Area visits	...	508
Improvement Grant visits	...	588
Housing visits for medical reasons	...	60
Dangerous structures	...	30
Miscellaneous	...	1033
Mapping visits	...	90
Rent Act visits	...	4
Houses in mortgage to the Corporation	...	4
Visits where no access gained	...	474

LAND CHARGE SEARCHES

During the year enquiries were made with regard to 3,344 applications for official searches.

HOUSING ACT, 1964

IMPROVEMENT OF HOUSES BY IMPROVEMENT AREA PROCEDURE

The administrative work in connection with Improvement Areas 1, 2 and 3 continued, much time being spent interviewing owners and tenants. A further Improvement Area was declared, the area containing 285 dwellings, 129 of which required improvement. Of these 129, only 40 were tenanted, the remainder being owner-occupied upon which no action could be taken. These figures again emphasise the amount of unproductive work involved in the Improvement Area procedure. It has also to be noted that no action was taken by the Council to improve general appearance, and amenities, within the Improvement Areas.

IMPROVEMENT OF HOUSES OUTSIDE IMPROVEMENT AREAS

Publicity work involving visits to individual tenants of houses considered to be suitable for improvement was continued, and there is no doubt that this personal approach produced good results.

Without improvement some of these houses would eventually be classified as unfit and be dealt with under the demolition or closing order procedure of the Housing Act, 1957. Thus the improvements at moderate cost will reduce the need to build expensive new council houses, and the tenants will have modern amenities without the upheaval of removals.

Owners generally seemed pleased that their houses had extra investment value, although the repairs which were necessary in order to qualify for grants were in some cases quite costly. Tenants expressed great satisfaction with their old houses when the improvements had been completed.

IMPROVEMENT GRANTS

	STANDARD	
	<i>Owner-occupiers Standard 5 point</i>	<i>Tenanted Standard 5 point</i>
1. Number of applications received	61	29
Number of applications approved	61	29
Number of applications refused	Nil	Nil
2. Number of dwellings improved ...	61	29
3. Amount paid in grants ...	£10,188 10 6	£4,690 19 1
4. Average grant per house ...	£167 0 6	£161 15 2
5. Number of amenities provided:—		
(a) fixed bath ...	35	20
(b) shower ...	2	1
(c) wash hand basin ...	56	28
(d) hot water supply (to any fittings) ...	56	28
(e) water closet—		
within dwelling ...	55	26
accessible from dwelling...	Nil	Nil
(f) foodstore ...	30	19

DISCRETIONARY

	Owner occupiers		Tenanted
1. Number of applications received	6		2
2. Number of applications approved	6		2
3. Number of applications refused	Nil		Nil
4. Number of dwellings improved ...	6		2
5. Amount paid in grants ...	£1,676	10 0	£860
6. Average grant per house ...	£279	8 4	£400

HOUSING ACT, 1964—IMPROVEMENT AREAS

1. Number of—

(1) Areas—

(a) Surveyed ...	1
(b) Declared ...	1

(2) Houses to be improved—

(a) full standard ...	40
(b) reduced standard ...	Nil

(3) Preliminary notices served

...	1
-----	---

(4) Undertakings accepted

...	7
-----	---

(5) Immediate Improvement notices served

...	26
-----	----

(6) Suspended Improvement notices served

...	37
-----	----

(7) Final Improvement notices served

...	1
-----	---

(8) Dwellings improved—

(a) full standard ...	41
(b) reduced standard ...	Nil

(9) Dwellings improved by Local Authority in default—

(a) full standard ...	Nil
(b) reduced standard ...	Nil

DWELLINGS OUTSIDE IMPROVEMENT AREAS

2. Number of—

(1) Representations made by tenants ...	81
(2) Preliminary notices served ...	71
(3) Undertakings accepted ...	9
(4) Immediate improvement notices served ...	42
(5) Such dwellings improved—	
(a) full standard ...	5
(b) reduced standard ...	Nil

HOUSES IN MULTIPLE OCCUPATION

Much has been said and will continue to be said about the problem of dealing with houses in multiple occupation. The problem is difficult and time consuming. Results can only be obtained in the long term, and it is pleasing to be able to report a decline in the total number of houses used for this purpose. This is a direct result of the Department's policy of frequently visiting these houses and, wherever possible, fully explaining the meaning of the various Orders made. The publicity given to the inevitable Court cases further makes the owners more aware of their responsibilities to conform to this country's legislative standards. There is no doubt that there is more over-occupation than statutory overcrowding, and I feel that there is a reasonably effective containment of the problem by the service of, and more important, the follow up of Direction Orders and where necessary the application of the Management Regulations to bring about improved living conditions.

Statistically the Department's policy has resulted in some 60 houses ceasing to be used in multiple occupation, and this represents approximately the same number of new cases found. It is estimated that there is a total of 1,100 persons comprising 300 single lodgers and 800 family members living in multiple occupation, giving an average of 9 persons per house.

It should be recorded that there is great difficulty in obtaining correct information because of language difficulties and what appears to be the natural evasiveness of certain immigrant families to supply the information. The time factor therefore required on inspection is quite high and very often visits are abortive.

Generally a disagreeable task is made far more difficult than it should be both by complicated legislation and by the necessity for exercising a high degree of diplomacy and tact.

The table below sets out in more detail the action which has been taken by the department during the year under review.

1.	Total number of houses known to be in multiple occupation	...	...	...	...	...	125
2.	Number of houses estimated to need attention under Housing Act, 1961	...	...	...	...	...	80
3.	Number of houses on which notices of intention have been served for:—						
	(a) Management Orders (Section 12)	...	...	...	...	...	6
	(b) Directions on overcrowding (Section 19)	...	...	...	...	...	31
4.	Number of houses on which have been made:—						
	(a) Management Orders	...	...	...	...	...	5
	(b) Directions on overcrowding	...	...	...	...	...	39
5.	Number of notices served:—						
	(a) to make good neglect of proper standards of management (Section 14)	...	...	...	...	...	2

(b) to require additional services of facilities (Section 15)	Nil
(c) where work has been carried out in default ...	Nil
6. Number of prosecutions since passing of Housing Act, 1961, in respect of:—	
(a) management	1
(b) directions	3
(c) overcrowding (Section 90, Housing Act, 1957) ...	5
7. Number of control Orders made (Housing Act, 1964)	Nil
8. Number of control Orders terminated	Nil
9. Number of notices under Section 90 of Housing Act, 1957,	24

159 inspections and 558 re-inspections were made during the year.

SANITARY ADMINISTRATION

PARTICULARS OF INSPECTIONS

During the year 692 inspections and 1018 re-inspections were made under the Public Health Act, 1936.

The number of preliminary notices served was 124 and the number complied with was 82. Statutory notices numbered 26 and 16 were complied with.

DOMESTIC WATER SUPPLY

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

During 1967, 1033 samples of chlorinated water were examined 1017 of which were free from coliform bacteria.

Samples of the raw water are not obtainable at two of the stations, but of the 263 samples examined, 262 were free from coliform bacteria.

320 samples of the water prior to treatment at Hampton Loade gave an average coliform bacteria content of 1,900 per ml., and 52 from Sandfields an average of 12 per 100 ml.

Only one of the supplying stations (Sandfields) contained any measureable quantity of naturally occurring flouride, the average for 1967 being 0.13 p.p.m.

Samples were examined within the County Borough from:—

- Cawney Hill Reservoirs Nos. 1 and 2.
- Sedgley Tanks Nos. 1 and 2.
- Sedgley Reservoir.
- Shavers End Reservoirs Nos. 1 and 2.
- Shavers End Re-pumping Station.
- Springsmire Reservoir.
- Turners Hill Tank.
- Watermans House, Brierley Hill.
- Bayer Hall, Coseley.
- 42 Abberley Street, Dudley.
- 12 Oak Street, Kingswinford.
- Watermans House, Netherton.
- Watermans House, Sedgley.

1005 out of 114 samples from the reservoirs and tanks were free from coliform bacteria. 10 samples from Shavers End Re-pumping Station were all free from coliform bacteria, as were 8 from Brierley Hill, 12 from Coseley, 12 from Dudley, 8 from Kingswinford, 12 from Netherton and 10 from Sedgley.

The waters are not liable to plumbo-solvency, all the tap samples being free from any appreciable quantities of lead.

MAINS WATER

6 complaints of unsatisfactory water supplies were investigated. In 5 cases the Analyst reported that the water was satisfactory. In the other case the reports were sent to the Water Board for their attention. 7 other samples were taken which were reported as satisfactory.

WATER SUPPLY

No. of premises (excluding Council Houses) having a private water supply (estimated)	44,260
Council Houses	25,863
No. of premises having common water supplies (estimated)	1,150

SEWERAGE AND SEWAGE DISPOSAL

On the creation of the enlarged County Borough of Dudley, the responsibility for main drainage and sewage treatment was transferred to two regional drainage authorities.

The small part in the north-eastern corner of the Borough drains to The Upper Tame Main Drainage Authority, but the remaining major part of the Borough drains to the Upper Stour Main Drainage Authority, who also deal with the sewage flow from the Boroughs of Stourbridge and Halesowen and part of the County Borough of Warley.

The Dudley area of the Upper Stour Main Drainage Authority is drained as follows:—

1. A newly constructed Sewage Treatment Works has been built at Gospel End, and this will give full treatment to the flow from the Sedgley area of the Borough. This Works was completed during 1968.
2. The Lower Gornal Sewage Treatment Works continues to give full treatment to the several parts of the Gornal District and the Russells Hall area of Dudley.
3. Sewage from the central and older area of Dudley is still dealt with by irrigation over farmland in the Swindon area, and the Drainage Authority have now appointed staff to advise the local farmers on the efficient methods of operation of this system.
4. The Netherton and Quarry Bank part of the Borough is now drained to a newly constructed Freehold Sewage Treatment Works in Lye. This was completed during 1967.
5. In the Kingswinford and Wordsley areas of Brierley Hill, extensive main drainage and pumping schemes were completed during 1967, and these include two new Pumping Stations, one at Wallheath and one at Kinver Street. The combined capacity of these Pumping Stations and the additional trunk sewer has eliminated former pollution of the local streams at this point. The sewage from all areas of

INFECTIOUS DISEASE

491 visits were made during the year, most of which were concerned with investigations into Gastro-Enteritis and Dysentery.

RODENT CONTROL

As in the previous year two sewer treatments were carried out by private contractors acting on instructions from the department, and once again I am glad to be able to report that the treatments proved extremely effective and have contributed in no small measure to the control of rat infestation in the Borough.

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

	<i>Type of Property</i>	
	<i>Non-</i>	<i>Agricultural</i>
	<i>Agricultural</i>	<i>Agricultural</i>
1. Number of properties in district...	69917	17
2. (a) Total number of properties (including nearby premises) inspected following notification	1511	—
(b) Number infested by—		
(i) Rats	1207	—
(ii) Mice	220	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	—	—
(b) Number infested by—		
(i) Rats	—	—
(ii) Mice	—	—

FACTORIES ACT, 1961

PART I OF THE ACT

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

Premises (1)	Number on Register (2)	Number of		
		Inspecitions (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	105	51	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	566	160	48	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ..	10	—	—	—
Total ..	681	211	48	—

2.—Cases in which DEFECTS were found:—

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)	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	3	4	—	1	—
(b) Unsuitable or defective	45	39	—	6	—
(c) Not separate for sexes ..	—	—	—	1	—
Other offences against the Act (not including Offences relating to Outwork) ..	—	—	—	—	—
Total ..	48	43	—	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.	1	—	—	—	—	—
Carding, of buttons etc.,	117	—	—	—	—	—
TOTAL ..	118	—	—	—	—	—

SMOKE CONTROL ORDERS

During the year three Orders became operative. Three Orders submitted to the Ministry of Housing and Local Government were confirmed, and a further three Orders were approved by the Council for submission to the Ministry in 1968.

When the three confirmed Orders are operative this will bring a further 742 houses and 17 industrial and commercial premises under smoke control. The land covered by the three Orders is 280 acres. When these three Orders are operative 5,210 acres and 25,220 houses within the Borough will be covered by Smoke Control Orders.

Viewed on the figures as stated above this was a poor year for progress in this field. I feel I should point out, however, that the three Orders approved by the Council at the end of the year for submission in 1968 will cover an additional 991 acres and 3,841 houses.

Claims for grants totalling £13,306 18s. 5d. were approved for payment during the financial year 1967-68.

The following visits were made during the year to Smoke Control Areas or proposed areas:—

Number of visits re survey	...	...	...	2882
Number of visits in confirmed areas	...	...	...	898
Number of visits in operative areas	...	...	...	460
Number of visits to advise occupiers	...	...	...	96
Adaptations completed	...	...	...	233

INDUSTRIAL AIR POLLUTION

During the year a large works fitted a wet electrostatic fume arrester to its cupolas. When operating properly this made a considerable improvement to the emission. Unfortunately various teething troubles arose which from time to time have meant the plant being out of action. It is hoped that the plant will be in regular use in the near future.

Very few complaints arise from steam raising boilers these days. One of the few was a local hospital where housing development was allowed right up to the rear of the hospital near the boiler house. This was a coal fired plant and nuisance arose from grit and dust from the chimney. The hospital authorities have now fitted oil fired burners to the boilers to alleviate the complaint. Unfortunately the residents now complain of noise from the burners. The Company that fitted the burners are carrying out experiments to reduce the noise of the burners and eventually the boiler house itself will be insulated in an attempt to reduce the noise level still further.

The major sources of complaint are the various foundry cupolas within the borough, the majority of these being small businesses usually situated close to housing developments. The best practical means are taken to reduce the emission, but until a more satisfactory type of arrestor is produced at a reasonable price there is very little that can be done to prevent this type of nuisance.

311 observations were made of smoke from industrial chimneys, as a consequence of which 49 visits were made to various premises, and 5 notices were served with which the Companies complied. In addition 212 visits were made to industrial premises with regard to emissions of grit and dust. One notice was served and complied with.

AIR POLLUTION RECORDING

Daily readings have again been taken throughout the year from the smoke and sulphur dioxide recording machines. The figures continue to show a gradual improvement over the country as a whole. It is expected that as natural gas becomes more readily available both to industry and domestic consumers a greater improvement to the atmosphere will take place, particularly in the reduction of sulphur dioxide.

CHIMNEY HEIGHTS

Consideration was given to heights of 4 proposed new chimneys, and agreement to comply with the Memorandum on Chimney Heights was obtained in all instances.

NOISE ABATEMENT ACT, 1960

One source of complaint has arisen from the introduction of self service laundrettes to the district. The first of these to open runs 24 hours per day. Unfortunately it would appear that there are people of a nocturnal nature in the area who do their washing at 2 and 3 a.m. Apart from the noise of the machinery set in motion the local residents complain of the noise from the cars stopping and starting.

Unfortunately there are no legal powers available to limit the hours of opening. However, in several instances where plans have been submitted showing a new laundrette the owner has been approached and agreed to close the premises at 10.30 p.m.

A number of the complaints received could have been obviated by greater care at the planning stage. It would appear that although areas are designated either for industrial or housing development where the areas adjoin no buffer space is allowed between. The result is that houses are being built right up to the edge of factory estates which invariably means complaints of noise are made, particularly where a night shift is operated at the factory.

31 accidents were reported and these are summarised as follows:—

<i>Workplace</i>	<i>Number reported</i>		<i>Total number investigated</i>	<i>Action recommended</i>			
	<i>Fatal</i>	<i>Non-fatal</i>		<i>Prosecution</i>	<i>Formal warning</i>	<i>In-formal advice</i>	<i>No action</i>
Offices	—	8	2	—	—	2	6
Retail shops ..	—	19	8	—	—	6	13
Wholesale shops, warehouses ..	—	3	1	—	—	1	2
Catering establishments open to public—canteens ..	—	1	1	—	—	—	1
Fuel storage depots	—	—	—	—	—	—	—
Total	—	31	12	—	—	9	22

Analysis of reported accidents

	<i>Offices</i>	<i>Retail shops</i>	<i>Wholesale warehouses</i>	<i>Catering establishments open to public, canteens</i>	<i>Fuel storage depots</i>
Machinery	—	—	1	—	—
Transport	—	—	—	—	—
Falls of persons ..	5	6	—	1	—
Stepping on or striking against object or person ..	—	4	—	—	—
Handling goods ..	1	4	1	—	—
Struck by falling object	2	3	—	—	—
Fires and explosions	—	2	—	—	—
Electricity	—	—	—	—	—
Use of hand tools ..	—	—	—	—	—
Not otherwise specified	—	—	1	—	—

**CARAVAN SITES AND CONTROL OF
DEVELOPMENT ACT, 1960**

	<i>Privately owned sites Residential</i>
Number of site licences operating as at 31st December, 1967—	
(a) individual	8
(b) multiple (more than 3)	3
Total number of caravans	171
Number of prosecutions—Section 1 (i.e. unauthorised sites)	—
Number of appeals to courts against site licence conditions	—
In respect of separate licence conditions — the number of—	
(a) variations	—
(b) cancellations	—
Number of contraventions — Section 9 (i.e. breaches of licence conditions)	—
Number—	
(a) remedied informally	—
(b) prosecutions	—
(c) convictions	—
Number of sites made subject to conditions for reducing caravans during the year ended 31st December, 1967	—
Number of sites made subject to Section 20 during the year ended 31st December, 1967 (termination of use of existing site)	—

As in previous years considerable trouble was caused by the itinerant caravanner, and it was necessary to make 373 visits, and the number of caravans removed was 152.

In view of the considerable amount of time, mostly wasted time, which Inspectors had to spend in attempting to control unauthorised sites, Mr. Perry was appointed to work under the supervision of the Town Clerk on the removal of caravans, and as a consequence I am able to report that time spent by Inspectors was considerably curtailed after the appointment, and has enabled more time to be given to the statutory responsibilities of the Inspectors in the department.

MISCELLANEOUS SLAUGHTER OF ANIMALS ACT

The number of licensed slaughtermen at the end of the year was 54.

PHARMACY AND POISONS ACT

14 applications for entry on the poisons list were made.

PET ANIMALS ACT, 1951

9 premises are licensed under this enactment.

DISEASES OF ANIMALS ACTS

In the latter part of the year foot and mouth disease on a major scale broke out in Shropshire, as a consequence of which the County Borough was included in a Controlled Area which necessitated the issuing of licences to control movement of stock.

HAIRDRESSERS

32 inspections of hairdressers premises were carried out during the year.

FERTILISERS AND FEEDING STUFFS ACT, 1926

44 formal samples of Fertilisers and Feeding Stuffs have been taken and were reported upon by the Public Analyst as follows:—

Genuine	...	...	...	...	...	30
Unsatisfactory	...	...	...	...	...	14

In the cases of the unsatisfactory samples warning letters were sent to the Manufacturers.

SWIMMING BATHS

Within the County Borough there are 3 Public Swimming Baths controlled by the Local Authority and one privately owned outdoor swimming pool. There are also 8 school swimming baths. They are all regularly visited for the purpose of estimating clarity, and testing for Ph value and chlorine content. Regular sampling for bacteriological examination takes place, and the table below gives the result of these examinations.

No. of samples taken	B.Coli		B.Coli Type 1		Total Count			
	Absent	Present	Absent	Present	Nil	1-10	10-100	100+
142	141	1	142	—	129	—	7	6

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

2 samples of other filling materials were taken under this Act during the year. The results were satisfactory.



