

[Report 1972] / Medical Officer of Health, Dudley County Borough.

Contributors

Dudley (England). County Borough Council.

Publication/Creation

1972

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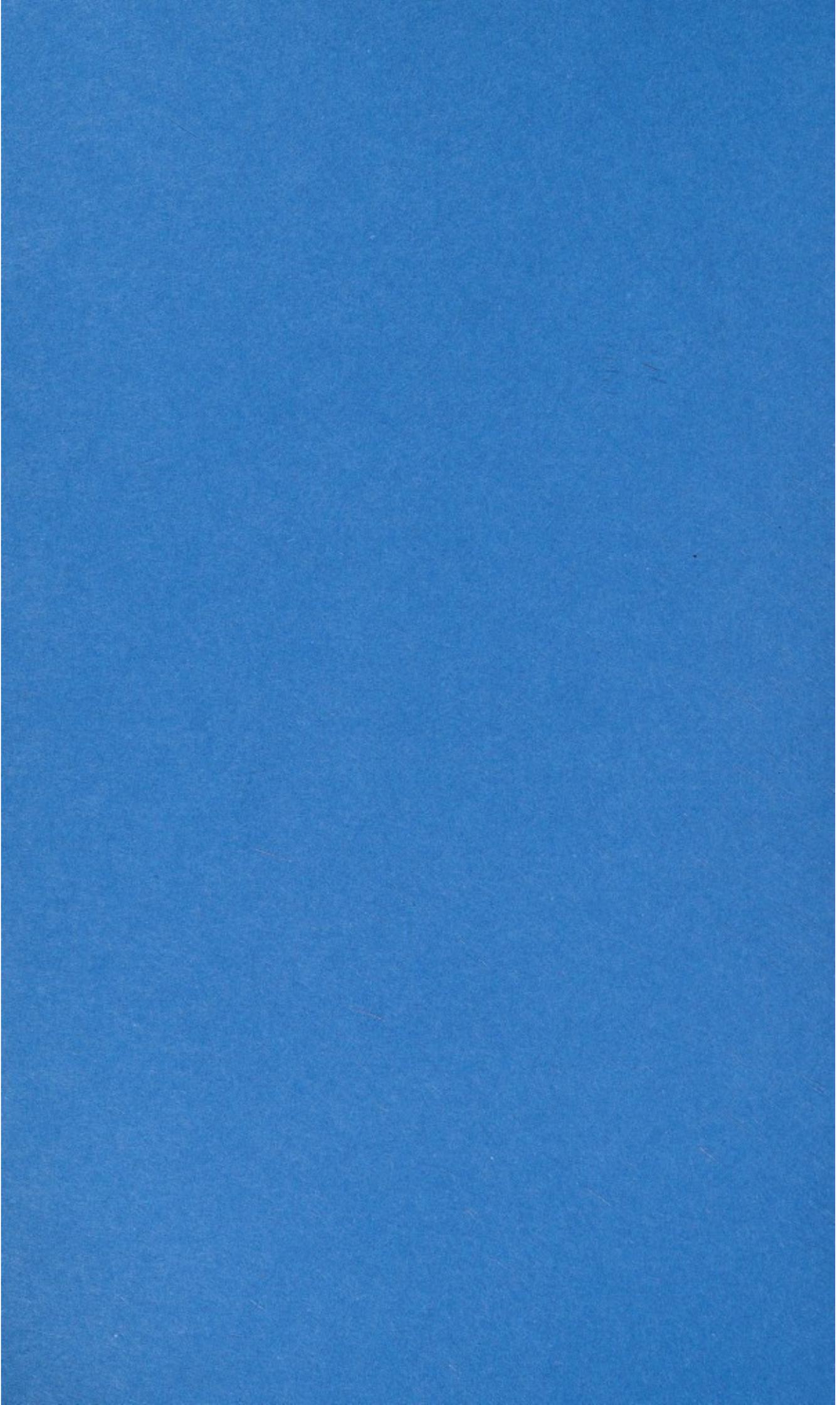
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III



County Borough of Dudley

HEALTH SERVICES 1972





COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

PRINCIPAL SCHOOL MEDICAL OFFICER

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Constitution of Committees for the year 1972/73

HEALTH COMMITTEE

Councillor Mrs. M. J. Pargeter (Chairman)

Councillor Mrs. C. McNicol (Vice-Chairman)

The Mayor	Councillor H. E. Hiron
The Deputy Mayor	Councillor F. Overton
Councillor Mrs. C. Adams	Councillor R. A. Pendleton
Councillor J. W. Beech	Councillor J. D. Skelding
Councillor W. T. Brearley	Councillor W. T. Smith
Councillor A. Crowe	Councillor W. H. Webb
Councillor S. Fairfold	Councillor E. H. Williams
Councillor A. Hadlington	Councillor C. L. Woodall

(Members of the Council)

Dr. R. J. H. Guy

Dr. F. G. Lewis

Reverend C. Elliott

Mrs. D. Crump

} Appointed by Dudley
Executive Council

} Appointed by Local Hospital
Management Committee

Mrs. P. Crowe and Mrs. A. Hughes (Co-opted Members)

(EDUCATION) SCHOOLS AND SPECIAL SERVICES

SUB-COMMITTEE

The Mayor	Councillor Mrs. G. Homer
The Deputy Mayor	Councillor A. R. Pearson
Councillor D. M. Caunt	Councillor R. A. Pendleton
Councillor J. D. Davies	Councillor W. T. Smith
Councillor D. J. Flavell	Councillor Mrs. M. J. Wall
Councillor R. J. Griffiths	Councillor J. T. Wilson
Councillor F. Hadden	Councillor C. L. Woodall
Councillor H. E. Hiron	

(Members of the Council)

Dr. Sachs

Mr. W. J. Love

Mr. R. G. Hough

Canon Stevens

Reverend Fisher

Reverend Timlin

(Co-opted Members)

HEALTH STAFF
as at 31st December, 1972

Medical Officer of Health	G. M. Reynolds, B.Sc., M.B., B.Ch., M.F.C.M. D.P.H.
Deputy Medical Officer of Health	J. A. McKinnon, M.D., M.B., Ch.B., M.F.C.M., D.P.H.
Principal Medical Officer	M. Kerrigan, B.A., M.B., B.Ch., B.A.O., D.P.H.
Senior Medical Officer	D. E. George, M.B., Ch.B.
Medical Officers	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. G. J. O'Connor, M.B., B.Ch., B.A.O., N.U.I. P. J. Edwin, M.B., Ch.B. R. Harrison, M.B., Ch.B. V. W. Nimbkar, M.B., B.S. M. Wilson, M.B., Ch.B., D.Obst.R.C.O.G.
Ear, Nose and Throat Consultant..	G. O. Clarke, F.R.C.S.
Consultant Chest Physician ..	A. W. B. MacDonald, B.Sc., M.D.
Consultant Child Psychiatrist ..	D. T. Maclay, M.D., D.P.M.
Consultant Ophthalmologists ..	L. H. G. Moore, M.B., Ch.B., D.O.M.S. J. A. Cox, M.N., B.S., D.O. M. Ali, M.B., B.Ch., D.O.
Consultant Orthopaedic Surgeon	J. A. O'Garra, M.Ch., Orthop., F.R.C.S.
Consultant Obstetrician	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.
Orthodontist/Senior Dental Officer	Miss J. Caswell, B.D.S., L.D.S., R.C.S.
Senior Dental Officers	A. T. Prince, B.D.S. Miss F. D. Richards, B.D.S.

Dental Officers	5	Miss S. K. Benson, B.D.S. E. B. Cheffins, L.D.S. P. M. Cross, B.D.S. A. W. Parkes, M.B., Ch.B., B.D.S. Mrs. D. N. Reshamwala, M.D.S. Miss A. Twardy, L.D.S.
Dental Auxiliaries	2	
Dental Surgery Assistants		
(Full-time)	7	
(Part-time)	6	
Director of Nursing Services ..		Miss M. Le Manquais, S.R.N., R.F.N., S.C.M., M.T.D., H.Vs.Cert.
Area Nursing Officer (Health Visiting)		Miss A. Lamb, S.R.N., S.C.M., H.Vs.Cert.
Combined Health Visitors and School Nurses (Full-time) ..	18	
Combined Health Visitors and School Nurses (Part-time) ..	13	
School/Clinic Nurses (Full-time)	12	
Tuberculosis Visitor ..	1	
Vaccination and Immunisation Nurse (Part-time)	1	
Student Health Visitors	4	
Area Nursing Officer (Midwifery)		Miss G. M. Davies, S.R.N., S.C.M., Prem.Baby Cert.
Domiciliary Midwives (Full-time)	17	
Domiciliary Midwives (Part-time)	3	
Area Nursing Officer (Home Nursing)		Miss P. Lawton, S.R.N., Queen's Nurse
Home Nurses (Full-time) ..	30	
Home Nurses (Part-time) ..	8	
Nursing Auxiliaries (Part-time)	10	
Chief Chiropodist		R. G. Matthews
Chiropodist (Full-time)	1	
Chiropodists (Part-time) ..	11	

Senior Speech Therapist	Mrs. G. M. Stuffins
(Part-time)	
Speech Therapist (Full-time) ..	1
Speech Therapist (Part-time) ..	1
Orthoptist (Part-time)	1
Audiology Technician (Full-time)	1
Audiology Technician (Part-time)	1
Chief Veterinary Officer	D. Howie, M.R.C.V.S., D.V.S.M.
Senior Meat Inspector	1
Meat Inspectors	6
Principal Administrative Assistant	J. W. Trinder
Deputy Principal Administrative	N. F. Cookson
Assistants	R. Woolley
Senior Administrative Assistant	1
Other Administrative and Clerical	
Staff	30 (Full-time)
	10 (Part-time)
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.
Divisional Inspectors	3
District Inspectors	6
Housing Inspectors	3
Food Inspectors	3
Additional Inspector	1
Meat Inspector	1
Technical Assistant	1
Pupil Public Health Inspectors..	2
Administrative and Clerical Staff	9

FOREWORD

The estimated mid-year population for the County Borough was 185,920, which is an increase of 530 over the previous year. The number of live births was 3,043 which is 238 less than in 1971 and gives a rate per thousand population of 15.3 compared with the national rate of 14.8. The infant mortality rate of 16.0 was lower than the national rate of 17.0 and an improvement on 1971. The perinatal mortality rate, however, remained at 24.0 compared with the national rate of 22.0.

The five most common causes of death were: Ischaemic Heart disease 436, Cerebrovascular disease 293, Pneumonia 130, Bronchitis and Emphysema 116, and Cancer of the lung and bronchus 110. The last condition is a preventable disease but unfortunately, even although the risks are known, more people than ever smoke cigarettes, and in Dudley the result is that on average two people die every week from Cancer of the lung. The conditions named above were the cause of death in 1,175 people out of a total of 1,893 deaths. 18 deaths were due to motor vehicle accidents, 35 to other accidents and 6 to suicide.

The net cost of the Health Service for the financial year 1972/73 was £842,147, the money being allocated to the various services in the following way:—

Personal health	..	..	..	£518,146
Environmental health	..	..		£163,093
School health	..	..	..	£160,908

In the Foreword to the Report for 1970, I commented on the damaging effects of the tripartite arrangement of the National Health Service. During the year under review preliminary arrangements were being made for the unification of the Health Services in April, 1974, and in June a Circular was received from the Department of Health and Social Security in which National Health Service Authorities were asked to establish Joint Liaison Committees to co-ordinate the preparatory work needed to allow the National Health Service Reorganisation to be carried out smoothly and without affecting continuity in the provision and development of services for patients.

The Joint Liaison Committees were to have no executive authority and they were primarily to be a means of bringing together existing Authorities normally at senior officer level to co-ordinate preparatory work and review progress on reorganising the Health Services. They were to provide a forum for discussing the problems of reorganisation, and, in the light of guidance from the Department of Health, work out local solutions.

We are fortunate in Dudley in that a Liaison Committee had been in existence since July 1971 primarily to co-ordinate the work of various health agencies in connection with the development of the new District General Hospital. A number of helpful

meetings have been held dealing primarily with geriatric and psychiatric services, the integration of maternity services, development of a child psychiatric unit at Burton Road Hospital and the development of services for the mentally handicapped.

Co-operation between the Local Health Authority, General Practitioners, the Executive Council, and Hospital Consultant Services is very good. In addition to the formal links of cross-representation on Committees, there is much co-operation on an informal and personal basis.

The first Health Centre in the County Borough came into operation in February, 1972, and since then the services have functioned well together. A Memorial Fund which had been established in memory of Dr. Donald Cunningham, a General Practitioner in Lower Gornal who had given more than forty years' service to the Community, was mainly used to lay out a garden of remembrance around the Health Centre. A Special Service was held on Sunday, 26th November when the memorial gardens were opened and a plaque unveiled in the Health Centre. Although this is the first Health Centre built in Dudley, there are out of 65 General Practitioners for whom Dudley Executive Council is responsible, 10 General Practitioners who hold their surgeries in Local Authority premises. The staff concerned function as if they were working from Health Centres.

The year has been a particularly active one for the Nursing Services of the Local Authority and the management arrangements which commenced in 1971 were completed by the appointment of two Nursing Officers for each of the three branches of the Nursing Service. In February Circular 13/72 was received from the Department of Health and Social Security which emphasised the growing importance attached to care in the community. New standards of nursing staff establishment were recommended and these were approved by the Health and Establishment Committees and the establishment of nursing staff considerably increased.

The maternity services have for far too long a time been fragmented and this has created difficulties not only for medical and midwifery staff, but also for patients at a time when they need considerable sympathy and understanding, as well as a high standard of medical and nursing care. Towards the end of the year agreement had been reached to integrate the domiciliary and hospital midwifery services and at the same time to allow an expectant mother to be allocated a bed for the delivery of her baby in one of the three General Practitioner units, with a minimum of formality. During the year there were a total of 3,104 births, 2,698 of which took place under the care of a Consultant or in a General Practitioner Unit. To allow such a scheme to be introduced, it was necessary to stipulate that the majority of mothers would be in a hospital for a period of up to 48 hours only and this would only be extended if there were medical or social reasons for a longer stay. It is hoped that this arrangement will be temporary only and that a longer period of stay can be arranged in the General Practitioner units as the scheme becomes established.

During the year the Health Screening programme was extended in co-operation with a number of General Practitioners, the tests offered being cervical cytology, palpation of the breast for cancer, testing of urine for albuminuria and glycosuria, and a haemoglobin test for anaemia. The tests are carried out by the General Practitioner in his own surgery, but the Health Department provided all clerical and administrative services including the initial approaches to women on the Practitioner's list, making appointments, and advising patients of the results. By the end of the year 5 General Practitioners were participating in the scheme and 4 practices had been completed. These extended screening services have also been available in the Local Authority Clinics.

Early in 1972 a national scheme to ensure the automatic recall of women for cervical cytology at five-yearly intervals was introduced. Recall is initiated by the National Health Service Central Registry which, after reference to a previous test five years earlier, sends details to the woman's last recorded Executive Council. The Executive Council, after verification of the addresses of both patient and General Practitioner, informs the General Practitioner of the intended approach to the patient, inviting postponement or cancellation of the recall if the patient's current condition or recent medical history makes it inappropriate. Unless the General Practitioner advises against recall, details of the woman are forwarded to the Health Department, when a letter is sent to the woman inviting her to undergo a further screening test. During 1972 a total of 1,532 such letters were sent out: 60% of the women concerned accepted the invitation.

In November, 1972, fluoridation was again considered by the Health Committee when it was resolved that the water supply in Dudley should be fluoridated. However, at a subsequent meeting of the Council this advice was once more rejected.

It is again a pleasure to express my sincere appreciation of the encouragement, interest and support I have received from the Council and its Committees. I am also most grateful to the staff of the Department for their continued loyalty and efficiency during a period of uncertainty about their future.

G. M. Reynolds.

Medical Officer of Health and
Principal School Medical Officer

VITAL STATISTICS

Population—Registrar General's estimate 1972 ..	185,920
Rateable Value (at 1st April 1972)	£8,684,048
Estimated Product of 1p Rate (1972/73)	£85,500

Live Births:

	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate	1517	1380	2897	
Illegitimate	82	64	146	
	<hr/>	<hr/>	<hr/>	
	1599	1444	3043	
	<hr/>	<hr/>	<hr/>	
Rate per 1,000 population .. ..	..	..	..	15.3 (14.8)
Illegitimate live births per cent of total live births				5.0 (9.0)

Stillbirths

	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate	28	12	40	
Illegitimate	2	1	3	
	<hr/>	<hr/>	<hr/>	
	30	13	43	
	<hr/>	<hr/>	<hr/>	
Rate per 1,000 total live and still births ..				14.0 (12.0)

Total Live and Still Births:

<i>Male</i>	<i>Female</i>	<i>Total</i>
1629	1457	3086

Infant Deaths (Deaths under 1 year):

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	27	18	45
Illegitimate	3	1	4
	<hr/>	<hr/>	<hr/>
	30	19	49
	<hr/>	<hr/>	<hr/>

Infant Mortality Rates:

Total infant deaths per 1,000 total live births ..	16 (17)
Legitimate infant deaths per 1,000 legitimate live births	16 (17)
Illegitimate infant deaths per 1,000 illegitimate live births	27 (21)
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	13 (12)
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	10 (10)

Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths) 24 (22)

Maternal mortality (including abortion)

Deaths —
Rate per 1,000 total live and stillbirths .. —

Deaths:

Male Female Total
989 904 1893

Death Rate per 1,000 population: 12.6 (12.1)

(The National Rates are shown in brackets)

Deaths from all causes:	<i>M.</i>	<i>F.</i>	<i>Total</i>
Bacillary Dysentery, Amoebiasis	—	1	1
Enteritis and other diarrhoeal diseases	—	2	2
Tuberculosis of respiratory system	7	—	7
Late effects of respiratory tuberculosis	1	—	1
Other tuberculosis	—	1	1
Meningococcal infection	1	—	1
Measles	1	—	1
Syphilis and its sequelae	—	1	1
Other infective and parasitic diseases	1	2	3
Malignant neoplasm, buccal cavity, etc.	2	—	2
Malignant neoplasm, oesophagus	6	3	9
Malignant neoplasm, stomach	21	25	46
Malignant neoplasm, intestine	30	26	56
Malignant neoplasm, larynx	—	1	1
Malignant neoplasm, lung, bronchus	89	11	100
Malignant neoplasm, breast	—	44	44
Malignant neoplasm, uterus	—	10	10
Malignant neoplasm, prostate	13	—	13
Leukaemia	9	8	17
Other malignant neoplasms	38	35	73
Benign and unspecified neoplasms	1	—	1
Diabetes mellitus	10	20	30
Other endocrine, etc., diseases	2	5	7
Anaemias	2	7	9
Other diseases of blood, etc.	—	1	1
Mental disorders	2	1	3
Meningitis	—	2	2
Multiple sclerosis	—	1	1
Other diseases of nervous system	6	2	8
Chronic rheumatic heart disease	13	24	37
Hypertensive disease	15	31	46

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Ischaemic heart disease	257	179	436
Other forms of heart disease	36	42	78
Cerebrovascular disease	111	182	293
Other diseases of circulatory system ..	32	39	71
Influenza	6	8	14
Pneumonia	66	64	130
Bronchitis and emphysema	87	29	116
Asthma	1	4	5
Other diseases of respiratory system ..	9	5	14
Peptic ulcer	7	5	12
Intestinal obstruction and hernia	4	8	12
Cirrhosis of liver	5	3	8
Other diseases of digestive system ..	10	8	18
Nephritis and nephrosis	6	1	7
Hyperplasia of prostate	6	—	6
Other diseases, genito-urinary system ..	7	8	15
Diseases of skin, subcutaneous tissue ..	1	—	1
Diseases of musculo-skeletal system ..	4	6	10
Congenital anomalies	9	4	13
Birth injury, difficult labour, etc.	12	6	18
Other causes of perinatal mortality ..	7	4	11
Symptoms and ill defined conditions ..	3	5	8
Motor vehicle accidents	14	4	18
All other accidents	13	22	35
Suicide and self-inflicted injuries	3	3	6
All other external causes	3	1	4
	<hr/>	<hr/>	<hr/>
	989	904	1893
	<hr/>	<hr/>	<hr/>

Deaths

There were 1,893 deaths giving a death rate of 12.6 compared with the national rate of 12.1.

The five most common causes of death were as follows:

Ischaemic heart disease	436
Cerebrovascular disease	293
Pneumonia	130
Bronchitis and emphysema	116
Malignant neoplasm, lung, bronchus	100

Eighteen deaths—1 less than in the previous year—were due to motor vehicle accidents and 35 to other accidents. There were 6 suicides, 2 less than the previous year.

Birth Rate

There were 2,897 legitimate live births, 238 fewer than the previous year, and 146 illegitimate live births during the year. The birth rate of 15.3 is just less than the national rate of 14.8.

Infant Mortality and Stillbirths

During 1972 deaths of infants under one year of age totalled 49 giving an infant mortality rate of 16 per 1,000 live births compared with the national rate of 17 per 1,000 live births.

There were 43 stillbirths, giving a stillbirth rate of 14 compared with the national rate of 12 per 1,000 total live and stillbirths.

Premature Infants

During 1972 there were 217 premature live births and 25 premature stillbirths, compared with 239 and 26 respectively in the previous year.

Two premature infants born at home were nursed entirely at home, whilst 3 were transferred to hospital. The balance of 212 were born in hospital. Eight died within the first 24 hours and a further 12 between the second and seventh days.

Congenital Malformations Observable at Birth

Congenital malformations were reported in 38 live births and 8 stillbirths. The number of malformations notified was 60 and these were classified as follows:—

Central nervous system	..	..	..	12
Eye and ear	..	..	..	2
Alimentary system	..	..	..	2
Urino-genital system	..	..	..	2
Limbs	..	..	..	27
Other parts of musculo-skeletal system	..			6
Other systems	..	..	..	4
Other malformations	..	..	..	5
				<hr/>
				60
				<hr/>

INFECTIOUS DISEASE

Notifications of infectious disease were received during 1972 as follows:—

	Numbers Notified		Admitted to Hospital
	M.	F.	
Scarlet Fever	11	—	—
Whooping Cough.. .. .	—	—	—
Measles	38	66	—
Dysentery	8	13	—
Food poisoning	12	17	2
Meningitis	1	2	3
Infective Jaundice	13	5	—
Encephalitis (infective)	1	1	—

There were no major problems relating to infectious disease during the year. No cases of typhoid or poliomyelitis were reported.

Tuberculosis

The number of notifications of Tuberculosis during the last five years is as follows:—

	Respiratory	Non-Respiratory	Total
1972	25	5	30
1971	29	8	37
1960	35	13	48
1969	48	11	59
1968	27	10	37

New Cases Notified

Age Groups	0—	1—	5—	15—	45—	65—	Total (all ages)
Respiratory:							
Males	—	—	1	14	4	2	21
Females	—	1	1	2	—	—	4
Non-Respiratory:							
Males	—	—	—	4	—	—	4
Females	—	—	—	1	—	—	1

Thirty new cases of Tuberculosis were notified during the year as shown above. In addition one patient who was originally diagnosed as having the disease when living elsewhere in the country moved into the County Borough to live. Of the new notifications, 16 occurred in Asian immigrants.

During the year there were 6 outward transfers, 85 were removed from the register and 15 died, leaving a total of 369 on the register at the end of the year.

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

				Respiratory	Non-Respiratory	Total
1972	..	..	..	324	45	369
1971	..	..	..	391	53	444
1970	..	..	..	774	136	910
1969	..	..	..	858	125	953
1968	..	..	..	854	127	981

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>
Respiratory :							
Males	—	—	—	—	6	3	9
Females ..	—	—	—	—	—	—	—
Non-Respiratory :							
Males	—	—	—	—	1	—	1
Females ..	—	—	—	—	—	1	1

In addition seven 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 Consultant 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. at the age of six weeks.

During the year 131 immigrants gave their destination as Dudley but it was not possible to trace two of these. In five instances it was found that the place of residence was not in the Dudley area. In addition 16 immigrants were discovered who had not given Dudley as their place of residence on entering the country.

The following table gives further details for the period from January to December, 1972:—

Advice notes received	..	..	..	..	119
Number traced	..	..	..	..	102
Heaf test accepted	..	..	..	..	31
B.C.G. given	..	..	..	..	8
Number x-rayed in Dudley	..	..	..	..	24
Number already x-rayed on entry	..	..	..	..	13
Number pregnant	..	..	..	..	5
Student Nurses in Hospital (given x-rays at the Hospital)	..	..	..	..	8
Number who did not attend for x-ray or Heaf tests					4
Number refused any check up	..	..	..	..	4
Asian babies given B.C.G. vaccination	..	..	..	..	83
West Indian babies given B.C.G. vaccination	..	..	..	..	10

SEXUALLY TRANSMITTED DISEASE

The figures returned by the Physician in Charge of the Treatment Centre at Dudley Guest Hospital and relating to Dudley are as follows. The equivalent figure for the previous year, where available, is shown in brackets.

	<i>Number of new cases in the year</i>	
Syphilis.. .. .	5	(7)
Gonorrhoea	71	(74)
Other genital conditions	143	(129)
Other conditions	133	(162)
Total	<u>352</u>	<u>372</u>

The Treatment Centre is situated at Dudley Guest Hospital. The Hospital Management Committee is responsible for the provision of these facilities. A contact tracer is based at the Guest Hospital Treatment Centre and is employed by the Hospital Management Committee, but the cost of his salary and travelling expenses is apportioned between the Local Health Authorities in whose area he works. This arrangement was agreed as a result of a memorandum on Venereal Disease Control prepared by the Standing Advisory Committee of the Department of Health and following discussions which had taken place between the Regional Hospital Board, Consultant Venereologists, and the Medical Officers of Health of the West Midlands County Boroughs.

NATIONAL HEALTH SERVICE ACT, 1946
CARE OF MOTHERS AND YOUNG CHILDREN

Ante Natal Clinics

Ante Natal Clinics staffed by Domiciliary Midwives continued to be held at 8 centres and in addition a Consultant Obstetrician attended once a week at Bayer Hall Clinic.

Attendances were as follows:

	1970	1971	1972
Number of expectant mothers ..	746	536	181
Number of attendances	3277	2621	828
Number of Clinic sessions ..	445	447	219

Local Health Authority Midwives see expectant mothers in the surgeries of General Practitioners so that the number of attendances at Ante-Natal Clinics held in Local Authority premises has decreased considerably. It is hoped that in 1973 all ante-natal care will be given either at General Practitioners' surgeries or in hospital premises.

Mothercraft and Relaxation Classes

Midwives and Health Visitors jointly conducted weekly classes at 9 centres.

Number of expectant mothers attending:

	1970	1971	1972
(a) Institutional booked ..	828	952	794
(b) Domiciliary booked ..	109	65	17
Total number of attendances ..	3924	4026	3530

In addition relaxation classes are held at the Obstetric Unit, Wordsley Hospital.

Maternity Packs

All mothers booked for home confinements continued to be supplied with a maternity pack. Those mothers who were delivered in hospital but discharged home early to the care of the domiciliary Midwife were issued with a smaller standard pack. Maternity packs are carried in all ambulances for use in an emergency.

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:

	Total attendances
Children born in 1972	17,163
Children born in 1971	18,243
Children born in 1967-70	5,723
	<hr/>
	41,129
	<hr/>

1,245 infant welfare sessions were held during the year and the total number of children up to the age of five years attending was 7,152.

Family Planning Clinics

In Dudley the Local Authority responsibilities for Family Planning are undertaken on an agency basis by the West Midland Branch of the Family Planning Association and Clinic premises are made available by the Local Health Authority free of charge.

Free consultation and supplies are restricted to medical cases and consultation only is provided free of charge for non-medical cases. Family planning facilities are available at the Centres and times listed below:—

Monday	Central Clinic Hall Street, Dudley	7.00—9.00 p.m.
Tuesday	Holly Hall Clinic, Stourbridge Road, Holly Hall, Dudley	7.00—9.00 p.m.
Wednesday	Ladies Walk Clinic, Ladies Walk, Sedgley, Dudley	10.00—12 noon
Thursday	Brierley Hill Clinic, Cottage Street, Brierley Hill	7.00—9.00 p.m.
Friday	Priory Clinic, Cedar Road, Dudley	1.00—3.00 p.m.

Dental Care

Expectant and nursing mothers and children up to the age of five years are eligible for dental examination and treatment at Clinics.

Attendance and Treatment

	<i>Children under 5 years</i>	<i>Expectant and nursing mothers</i>
Number of visits for treatment during the year:		
First visit	686	73
Subsequent visits.. ..	714	172
	<hr/>	<hr/>
Total visits	1400	245
	<hr/>	<hr/>
Number of additional courses of treatment other than the first course commenced during the year	54	10
Treatment provided during the year:		
Number of fillings	1508	213
Teeth filled	1320	200
Teeth extracted	367	106
General anaesthetics given	142	4
Emergency visits by patients	35	10
Patients x-rayed	7	5
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	106	55
Teeth otherwise conserved	132	—
Teeth root filled	—	—
Inlays	—	—
Crowns	—	—
Number of courses of treatment completed during the year	513	55

Prosthetics

Patients supplied with full upper or full lower (first time) ..	—	6
Patients supplied with other dentures	—	9
Number of dentures supplied	—	23

Anaesthetics

General anaesthetics administered by Dental Officers	—	—
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Inspections

	<i>Children under 5 years</i>	<i>Expectant and nursing mothers</i>
Number of patients given first inspections during year ..	1219	82
Number who required treatment	645	78
Number who were offered treatment	629	78
Number of patients re-inspected during the year	82	12

Sessions

Number of Dental Officer sessions
(i.e. equivalent complete half days)
devoted to maternity and child
welfare patients:

For treatment	305
For health education	18

Ophthalmic Clinic

	1971	1972
Errors of refraction including		
squint	276	134
External and other	2	7
	<hr/>	<hr/>
	278	141
	<hr/>	<hr/>
Spectacles prescribed ..	40	27

Orthopaedic

	1971	1972
Physiotherapy:		
Total number treated ..	77	127
Total number of treatments	383	463
Orthopaedic:		
Seen by Surgeon	226	249
New cases	64	64
Total attendances	263	258

Ear, Nose and Throat

	1971	1972
Number seen by E.N.T. Consultant	8	6
Number referred for operation	—	—

NURSING SERVICES

1972 has been an active year in the Nursing Services of the Local Authority as well as in the profession nationally.

In April, two Nursing Officers for the Health Visiting Service and two for the Home Nursing Service were appointed, followed in October by two for the Midwifery Service. These appointments completed the Mayston Nursing Management structure commenced the previous year. All these members of staff attended a course for middle managers employed in the Local Authority Nursing Services held under the auspices of the Local Government Training Board at Wolverhampton Polytechnic. One Nursing Officer for each discipline was allocated to the northern and southern area of the Borough. It would have been ideal if the Nursing Officers in each area could have had office accommodation in close proximity to each other to facilitate liaison between them, but unfortunately this was not possible and the problem will not be resolved until they can be based in health centres planned for Brierley Hill and central Dudley.

It was a matter of concern that recruitment to the Midwifery and Health Visiting services proved difficult. It is hoped that when the Part II Midwifery Training School at Wordsley Hospital is fully operative and the proposed Health Visitors training course at Bilston College of Further Education commences in 1973 recruitment will improve.

A revised recommendation on staffing establishments contained in Circular 13/72 issued by the Department of Health and Social Security gave some indication of the growing importance attached to care in the community. The standards recommended were approved locally and the establishment of nursing staff considerably increased.

During the year relationships between nursing staff and General Practitioners were strengthened. This resulted in an improved service to the public and an increase in work in all sections of the nursing service.

In September a study course was held at the Medical Services Centre, Corbett Hospital. It was pleasing to see that in addition to the nursing staff of the Local Authority a large number of hospital nurses also attended.

In November a two-day Family Planning Appreciation Course was held also at the Medical Services Centre. Nurses from neighbouring Authorities and staff from the Social Services Department joined Health Department staff.

Under General Nursing Council training regulations, students undergoing training for State Registration must include one of four options: psychiatric, geriatric, community or obstetric nursing in their training programme. During the year 4 Nurses from local hospitals attended the Department for training in community nursing. It is suggested that community care training should also be offered to nurses in training for the Register of Mental and Mental Subnormality Nurses.

MIDWIFERY

During the year 76 Midwives notified their intention to practise within the area of the Local Supervising Authority. Of these, 25 were employed by the Local Authority and 46 by the Dudley, Stourbridge and District Hospital Management Committee, although not all of these Midwives were still practising at the end of the year.

Recruitment as in past years presented some difficulty, and with the continuing change in the pattern of midwifery the service was under severe pressure at times. In order to deploy the skills of the Domiciliary Midwives to the best advantage, arrangements were made for them to attend General Practitioners' ante-natal sessions and to discontinue separate Midwives' ante-natal sessions at the Local Authority Clinics. Unfortunately it was not possible to attach all Midwives to General Practitioners as there were insufficient Midwives, and in addition many General Practitioners did not arrange separate ante-natal Clinics for their patients but saw them during normal surgery sessions.

Domiciliary Midwives have had to adopt a completely new attitude to their work by not seeking their main satisfaction in the number of home confinements attended. More emphasis has been placed on ante-natal and post-natal care with the actual birth taking place in hospital or General Practitioner Unit. This is an unsatisfactory state of affairs both for mother and Midwife and during the year the Maternity Liaison Committee met frequently to discuss the integration of the maternity services. By December arrangements were almost complete for all mothers to be offered a place in a General Practitioner Obstetric Unit. The Domiciliary Midwife would be a part of the midwifery team at the Hospital and would attend there on a rota basis, not only for work in the delivery unit, but also at the ante-natal clinics based in the hospital.

The procedure for admission to a General Practitioner Unit, of which there are two in the Borough and one outside, was to be as follows:—

- (a) All applications for a bed in a General Practitioner Unit would be made by a General Practitioner.
- (b) The expectant mother would be requested to attend an ante-natal booking clinic staffed by Midwives only. At this clinic the expectant mother would be given an

appointment for a second visit at the thirty-third week of pregnancy. Expectant mothers who failed to attend these appointments would be automatically visited by a Domiciliary Midwife.

- (c) So that the General Practitioner is kept informed, a copy of the letter sent to the patient confirming the booking would be also sent to him.
- (d) General Practitioners and Midwives only would be responsible for the medical care of the patient unless the General Practitioner requested a second opinion.
- (e) Admission to the Units would be on a 48-hour basis unless there were medical or social reasons to the contrary.
- (f) If it is thought that a patient could not receive all the medical care which she required at the General Practitioner Unit a Maternity Bed Booking Sub-Committee would review the position and refer the matter back to the General Practitioner.
- (g) If an expectant mother defaulted at the second booking clinic a Domiciliary Midwife would visit.

There would still be a few patients who would not wish to be admitted to a General Practitioner Unit who would also not need to be seen by a Consultant Obstetrician. It was hoped that these numbers would be few.

Three part-time Midwives continued to assist with ante-natal and post-natal visits, ante-natal Clinics and Parentcraft classes.

Deliveries Conducted by Midwives

Midwives delivered 188 mothers at home compared with 389 in the previous year. The total number of births in the Borough also decreased. The percentage of home births was 6.9 against 11.7 in 1971. Midwives visited the majority of pregnant women at least once and 93.3% of parturient women came under the care of the Domiciliary Midwife during the puerperium.

The following table shows the number of women delivered in Hospitals and Maternity Homes and the day of the puerperium on which they were discharged:—

	% inc or dec over 1968		% inc or dec over 1969		% inc or dec over 1970		% inc or dec over 1971	
	1969	1968	1970	1969	1971	1970	1972	1971
Up to 24 hours after delivery ..	56	49.9	12	(78.5)	6	(50.0)	7	16.6
2 days after delivery ..	371	22.0	296	(20.4)	291	(1.6)	201	(30.9)
3 days after delivery ..	435	50.5	582	33.7	710	22.0	787	10.8
4 days after delivery ..	258	84.3	256	(0.7)	275	7.4	311	13.4
5 days after delivery ..	202	32.2	301	49.0	293	(2.6)	377	28.6
6 days after delivery ..	473	(2.2)	573	21.1	565	(1.3)	371	(34.3)
7 days after delivery ..	511	(18.3)	533	4.3	380	(2.8)	513	35.0
8 days after delivery ..	120	(43.3)	111	(7.5)	97	(12.6)	100	3.0
9 days after delivery ..	69	(22.4)	61	(11.5)	93	19.6	59	(19.1)
10 days after delivery ..	40	(33.3)	47	17.5	63	34.4	72	14.2
Total ..	2,534		2,772		2,753		2,698	

(% decreases shown in brackets)

Large sterile delivery packs continued to be supplied for home confinements and smaller nursing packs for those mothers discharged within a few days of confinement. 23 mothers originally booked for home confinement were transferred to hospital, mainly because of premature labour, delay during labour, foetal distress and ante-partum haemorrhage. In addition Midwives were called by ambulance personnel to six mothers booked for hospital but who required attention before being moved.

Sixteen babies were admitted to hospital.

In accordance with the Rules of the Central Midwives Board, medical help was called 126 times for the mother and 45 times for babies.

Obstetric Flying Squad

No calls were made to this service.

Drugs and Analgesia

All Midwives were equipped with Entonox apparatus. In 188 confinements 72 women received gas and oxygen and 52 injections of pethilorfan were administered.

Guthrie Tests

During the year 2,982 tests were performed. Three repeat tests were requested but no case of phenylketonuria was discovered. To facilitate checking, all test papers including those from the Maternity Units were sent to the Health Department for transmission to the Laboratory.

Parentcraft Classes

All Midwives are trained in teaching Preparation for Parenthood, and together with Health Visitors conducted classes throughout the Borough.

Training

By the end of the year there were three approved Teaching Midwives, all of whom had attended the Practical Work Instructors Course at the West Midlands Post Registration Training Centre, and one the Introductory Course for the Advanced Midwifery Diploma.

Six Pupil Midwives from Birmingham Maternity Hospital completed three months' training in the community.

The new Part II Midwifery Training School opened at Wordsley Hospital in June and three Pupil Midwives completed the community care section of their training with Teaching Midwives.

Four Midwives attended Courses in Teaching Preparation for Parenthood and two attended statutory refresher courses. Four Midwives attended Family Planning Appreciation Courses.

Frequent staff meetings were again held at which future changes in the service were discussed, as none of these could become effective unless the co-operation of the Midwives was secured.

HEALTH VISITING

The staff at the end of the year consisted of one Area Nursing Officer (Health Visiting), two Nursing Officers, Two Fieldwork Instructors, 14 Health Visitors working full-time, and 12 Health Visitors working part-time, giving a full-time equivalent of 7.4. Twelve State Registered Nurses were also employed, one as a Tuberculosis Visitor and the others as School/Clinic Nurses. In addition two State Enrolled Nurses were employed in the School Health Service.

Difficulties which could have resulted from shortage of staff were partly resolved by the employment of some retired Health Visitors in a part-time capacity. Recruitment of students has remained difficult, one of the reasons being that there were insufficient training places within daily travelling distance for married women. It is possible that a new training course will commence in 1973 at Bilston College of Further Education and this should help to solve this particular difficulty. Of the 20 candidates who applied for training, only three were of the required standard.

Attachment of Health Visitors to the practices of General Practitioners is now well established, although it is not possible

with the present staff shortage to attach Health Visitors to General Practitioners with patients in the Borough but whose surgeries are over the boundary.

School/Clinic Nurses continued to undertake most of the work in the schools while maintaining a close working relationship with the Health Visitors. They also provided support in the Child Advisory Clinics and were responsible for most immunisation procedures providing there was a Medical Officer on the premises. These nurses also assisted at the Women's Health Screening Clinics in Local Authority clinics or in General Practitioners' surgeries.

Towards the end of the year arrangements were made for a Nursing Officer to attend the Geriatric Unit at Burton Road Hospital. This arrangement encouraged further co-operation between the Hospital and Local Authority staff and General Practitioners. Visits to elderly people increased by 33% and this was probably attributable to the attachment of staff to General Practitioners and to the new liaison scheme.

The Tuberculosis Visitor continued to work closely with staff at the Chest Clinic. 2,186 visits were paid to 402 households. Many of these visits were for contact tracing. 671 persons were referred for Chest Radiography.

B.C.G. vaccination was offered to infants of tuberculous families and to immigrant children. 182 children were vaccinated. Visits were also paid to immigrants notified by the Port Authorities as going to addresses in Dudley. They were advised how to register with a General Practitioner and of the other services available to them. All were offered appointments for Mass Radiography and the children B.C.G. vaccinations.

Health Visitors and Midwives together conducted Parentcraft and Relaxation classes in nine Local Authority Clinics and an extra class was commenced in Wordsley Hospital. This partially relieved the pressure on space at the sessions held in Kingswinford and Brierley Hill Clinics. The number of sessions in each series was increased to eight in order to devote a complete session to family planning. In addition a number of evening sessions were arranged, which proved popular.

Health Visitors were increasingly called upon to conduct Health Education classes in schools, usually as part of the school curriculum. They also gave talks to Youth Clubs and other organisations on a variety of health-based subjects.

During the year Health Visitors assisted by the School/Clinic Nurses conducted hearing screening tests on 2,610 babies, a total response rate of 70% after two appointments had been made. 12 children were referred for further investigation by Medical Officers.

The work of the Nursing Officer responsible for Paediatric Liaison was extended to cover the Paediatric Clinic held at Wordsley Hospital. Co-operation between the hospital and the Local Authority Child Care Service was excellent and liaison arrangements were also working smoothly with the staff of neighbouring authorities. At the end of the year the Observation Register of children whose health or development was thought to be at risk contained 2,223 names. 981 children were seen by a Medical Officer and 623 were followed up at home by a Health Visitor after the parents had failed to respond to two appointments. The names of those children showing any deviation from normal at the age of $2\frac{1}{2}$ years were transferred to the handicapped register and they were subsequently frequently assessed in order to plan their future care and educational needs.

Visits made by Health Visitors in 1972 are summarised below and it will be seen that the total number of visits increased compared with 37,175 for 1971.

Children born during 1972	10,429
Children born prior to 1972 and under 5 years	21,909
Children aged 5-16 years (excluding school health visits)	875
Adults aged 17-64 years	2,136
Persons aged 65 years and over	2,416
Visits to households for Tuberculosis or infectious disease (excluding T.B. Visitor's visits)	64
Visits to other households	268
Ineffective visits	7,097
Total	45,194

One Nursing Officer and one Health Visitor attended a Middle Management Course organised by the Local Government Training Board at Himley Hall.

Two Health Visitors qualified as Fieldwork Instructors.

A course on Hearing Screening was attended by three Health Visitors and five received training in Developmental Paediatrics. Two School/Clinic Nurses attended a course for School Nurses at the West Midland Post Registration Training Centre.

21 Student Nurses from the Guest and Wordsley Hospital School of Nursing spent a day with a Health Visitor. Four Student Nurses undertaking Community Nursing as part of their State Registration training spent a week with a Health Visitor.

35 Nursery Nurse students received a lecture from the Area Nursing Officer and observed work in Child Advisory Clinics.

Four Pupil Midwives paid observation visits and three Student Health Visitors from the Oxford Training College came for one week to observe Health Visiting in an urban area.

HOME NURSING SERVICE

At the end of the year the staff consisted of one Area Nursing Officer (Home Nursing), 2 Nursing Officers, 24 State Registered Nurses, including two male nurses, 5 State Enrolled Nurses working full-time and 6 State Registered Nurses part-time. There were also 12 Nursing Auxiliaries working half-time. There were occasional staff shortages but recruitment has been fairly easy and it was expected to recruit the full establishment by the end of the financial year.

State Registered Nursing Sisters working full-time were attached to the practices of one or more General Practitioners. State Registered Nurses working part-time were attached to groups of Home Nursing Sisters in a relief capacity. State Enrolled Nurses worked with a Home Nursing Sister wherever a practice produced a large caseload. Nursing Auxiliaries were attached to groups of Home Nursing Sisters. The two male nurses each covered half the town.

An analysis of the Nurses' work has shown an increase in the number of treatments given in General Practitioners' surgeries. The main items were dressings, injections, syringing of ears and the taking of samples of blood. A large number of dressings were carried out which the Doctor was able to inspect during the visit to the surgery. This often saved the need for a home visit and the possible disturbance of a dressing already performed by the Nurse.

In an effort to provide some follow-up service for selected psychiatric patients, two Home Nursing Sisters were seconded for two months each to the psychiatric unit at Burton Road Hospital. There they obtained some insight into psychiatric nursing. It is planned to continue this scheme but it is too early to assess the value of the arrangement to patients. Staff from the Unit have spent two weeks each, observing work with Home Nursing Sisters, Health Visitors and in the Social Services Department.

The total number of patients attended rose to 4,024 compared with 2,859 in 1971 and the number of visits to these patients amounted to 98,893. This was an increase of 15,422 visits over that in 1971. Out of these patients, 54.2% were aged 65 years and over.

Nursing Auxiliaries assisted Home Nursing Sisters to care for heavy or severely disabled patients, as well as having their own caseload of patients to bath or assist with dressing. Cases were increasingly referred from the Social Services Department and the number of patients and visits made has increased considerably as the following table shows:—

<i>Year</i>	<i>Patients</i>	<i>Visits</i>
1969	210	6,904
1970	373	8,044
1971	424	11,103
1972	500	13,751

During the year two additional Nursing Auxiliaries were appointed. In addition to training given to them by the Practical Work Instructors, all the Auxiliaries attend a short part-time course at the West Midlands Post Registration Training Centre.

Two Nursing Officers attended a Middle Management Course at Wolverhampton Polytechnic, organised by the Local Government Training Board.

Most of the Home Nursing Sisters hold the National Certificate in District Nursing. New recruits are normally sent on the first training course available after their appointment. Five Nursing Sisters attended the course and four gained certificates. One Sister attended the course for Practical Work Instructors. Six members of the staff attended refresher courses.

Post registration lectures were given to staff by local Consultants and a number of staff attended lectures and seminars arranged at the Medical Services Centre, The Royal Hospital, Wolverhampton, and by other Local Authorities.

Three members of staff at a time attended ward rounds at the Guest Hospital conducted by Mr. C. Cooke, Consultant Surgeon.

Twenty-one Student Nurses spent a day with Home Nursing Sisters and three Pupil Midwives also paid visits of observation.

The first group of Student Nurses from the Guest and Wordsley School of Nursing, undertaking the community option part of their State Registration training, spent six weeks in the Department. Their time was divided between the West Midlands Post Registration Training Centre and the Local Authority, where they accompanied members of the Community Nursing Service, Public Health Inspectorate and Social Services Departments on their visits. All these students elected to attend a four weeks extended option during which time they were allocated a small caseload. Each was closely supervised and advised by a selected experienced Home Nursing Sister. The practical work of each student was assessed by an independent Nursing Officer.

After State Registration and a further four weeks' training, Students are eligible to take the examination for the National Certificate of District Nursing. This compares with the 16 weeks' in-service training at present in operation for State Registered Nurses.

Marie Curie Day and Night Nursing Service

During the year three Nurses and one Auxiliary remained on the panel. 18 patients were assisted by night sitters, entailing 78 visits. 117 visits were paid by Nurses for the administration of pain killing drugs and preparing patients to settle for the night.

Loan of Nursing Equipment

The following articles were issued on loan. The figures do not include articles already out on loan from the previous year.

Air cushions	..	..	..	..	128
Beds	..	..	..	..	6
Back rests	..	..	..	..	186
Bed pans	..	..	..	..	189
Bed boards	..	..	..	..	5
Bed tables	..	..	..	..	5
Ripple beds	..	..	..	..	113
Commodes	..	..	..	..	109
Cradles	..	..	..	..	66
Feeding cups	..	..	..	..	21
Sheepskins	..	..	..	..	30
Suction apparatus	..	..	..	..	2
Self lifters	..	..	..	..	10
Mechanical hoists	..	..	..	..	3
Urinals	..	..	..	..	119
Walking aids	..	..	..	..	83
Walking sticks	..	..	..	..	45
Wheelchairs	..	..	..	..	57

Members of the public whose relatives or friends have been nursed by the Local Authority Nurses kindly donated the following :

- 1 mecalift
- 1 ripple bed
- 3 commodes
- 2 wheelchairs
- 2 bed cradles

Although the number of wheelchairs and commodes are increased annually, there is an ever-increasing demand. There is now an arrangement with the Social Services Department to take over some of these long-term loans, so releasing more equipment for use in emergency.

VACCINATION AND IMMUNISATION

The Schedule for Immunisation which was reviewed in October, 1971 remains the same and is as follows:—

Age 6 months	—	First triple and first polio
Age 7½ months	—	Second triple and second polio
Age 12½ months	—	Third triple and third polio
Age 14 months	—	Measles
Age 5 years	—	Dip/Tet booster and polio booster
Age 12 years	—	Heaf test and B.C.G. immunisation
Age 13 years	—	Rubella (girls only)
Age 15 years or on leaving school	—	Tetanus booster and polio booster

The Scheme for vaccination and immunisation by appointment at Clinics which was introduced during 1967 continued in operation throughout the year, and results achieved have been satisfactory. The immunisation state of all children born in 1970 and resident in the County Borough at the end of 1972 has been analysed and shows that 82% (81%) had been protected against Diphtheria, 77% (79%) against Whooping Cough and 82% (80%) against Poliomyelitis. In addition, 82% had been protected against Tetanus and 56% against Measles. The national figures, where available, are shown in brackets.

Whilst the position shown by these figures is very satisfactory, the actual acceptance rates are probably somewhat higher. There is, in practice, some delay in receipt of details for children who attend Clinics in areas of other Authorities whilst in other instances details are not forthcoming until all immunisation procedures have been completed.

Details of all vaccinations and immunisations carried out during the year are given in the following tables:—

**VACCINATION OF PERSONS UNDER AGE 16
COMPLETED DURING 1972**

Table 1 — Completed Primary Courses

Type of vaccine or Dose	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964- 1967		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	88	1,701	102	23	12	3	1,929
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	100	11	1	248	198	558
5. Diphtheria	—	2	—	—	6	—	8
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	—	217	217
8. Salk	—	—	—	—	—	—	—
9. Sabin	89	1,805	113	24	287	486	2,804
10. Measles	—	1,232	504	69	573	38	2,416
SUMMARY:							
Immunised against:							
Diphtheria	88	1,803	113	24	266	201	2,495
Whooping Cough	88	1,701	102	23	12	3	1,929
Tetanus	88	1,801	113	24	260	418	2,704
Poliomyelitis	89	1,805	113	24	287	486	2,804

Table 2 — Reinforcing Doses

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964- 1967		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	—	52	98	8	70	16	244
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	4	5	3	3,029	6,279	9,320
5. Diphtheria	—	—	—	—	55	131	186
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	3	12	1,661	1,676
8. Salk	—	—	—	—	—	—	—
9. Sabin	—	55	101	12	3,197	9,135	12,500
SUMMARY:							
Immunised Against:							
Diphtheria	—	56	103	11	3,154	6,426	9,750
Whooping Cough	—	52	98	8	70	16	244
Tetanus	—	56	103	14	3,111	7,956	11,240
Poliomyelitis	—	55	101	12	3,197	9,135	12,500

AMBULANCE SERVICE

The Ambulance Service continues to be run by the Chief Fire and Ambulance Officer on behalf of the Medical Officer of Health.

During 1972 the Ambulance Service continued to show the usual trend of expansion, notably in respect of routine cases.

Because of reorganisation and expansion in the Occupational Therapy Department at Burton Road Hospital, Dudley, and Barnsley Hall Hospital, Bromsgrove, the number of patients attending these Departments increased greatly and it was found necessary to purchase two additional minibuses.

All staff are being sent on a two weeks refresher course at the Birmingham Training School and one week at the Casualty Department of the local Hospital.

In-service training is given to staff at every available opportunity under the direction of the Ambulance Training Officer.

During the period under review, one Driver/Attendant died, one resigned, two transferred to Staffordshire County Ambulance Service, and three were recruited.

Table 1—Establishment

<i>Establishment</i>						<i>Authorised</i>	<i>Actual</i>
Assistant Ambulance Officer	..	..	..	..	..	1	1
Station Officers	..	..	..	..	..	4	4
Chief Clerk	..	..	..	..	..	1	1
Shift Leaders	..	..	..	..	..	8	8
Leading Drivers	..	..	..	..	..	8	8
Ambulance Drivers – male	..	..	..	..	..	37	33
Ambulance Drivers – female	..	..	..	..	..	4	3
Total	..	..	..	..	..	63	58

Table 2—Vehicles

<i>Vehicles</i>								
Ambulances	..	..	..	..	..	..	..	6
Dual Purpose	..	..	..	..	..	..	..	14
Minibuses..	..	..	..	..	..	..	..	2
Staff Car	..	..	..	..	..	..	..	1
Total	..	..	..	..	..	..	..	23

Table 3—Calls dealt with from January to December, 1972

				<i>Patients</i>	<i>Miles</i>
Ambulance cases	..	..	..	19,081	115,037
Sitting car cases	..	..	..	76,226	276,137

The above includes 713 ambulance cases involving 6,937 miles and 1,475 sitting cases involving 13,104 miles conveyed on behalf of neighbouring Authorities.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education

Health Visitors were increasingly called upon to conduct Health Education classes in schools, usually as part of the school curriculum. These talks are generally given to groups of senior boys and girls and form part of a basic course introducing child care and also taking in human relationships, the risks of infectious disease and the hazards of smoking, drugs, and venereal disease

During the year 14 Health Visitors continued regular Health Education programmes in 13 senior schools and a total of 287 sessions were devoted to this activity. In one area talks have also been given in two junior schools on specific topics and planning is in hand to participate in a special project for this younger age group early in 1973.

Talks are also arranged at Youth Clubs and other organisations on a variety of health-based subjects.

The Health Committee and Council agreed to make provision in the annual estimates for the appointment of a full-time Health Education Officer with clerical assistance towards the end of 1973.

Chiropdy Service

During 1972 there was an increase in demand for this service at Clinics and Old People's Homes and for domiciliary visits. All requests for domiciliary visits are investigated to see if the need is genuine because these visits take up a large part of a Chiropodists' time, most of which is spent in travelling. Requests for transport, which are also vetted, increased.

The staff position was below strength until July when six newly-qualified Chiropodists joined the staff on a sessional basis. This brought the establishment up to strength.

With the equivalent of 6 full-time Chiropodists, more sessions were provided at various Clinics and this enabled the waiting lists for treatment to be reduced.

The service continued to operate from ten Clinics.

The staff position stands at 2 full-time and 11 sessional Chiropodists. Details of the work are given below:

	1971	1972
Number of treatments given:		
In Clinics	11,061	11,729
In patients' homes	1,561	1,898
In Old People's Homes	806	823
	<hr/>	<hr/>
	13,428	14,450
	<hr/>	<hr/>

Population Screening

This service has now been in operation since January, 1967. The provision generally is for women between the ages of 25 and 65 and sessions are held at 6 Clinics throughout the Borough. The service was extended to include screening for cancer of the breast, testing of urine for albuminuria and glycosuria and a haemoglobin test for anaemia as described in the Foreword of this Report.

Figures relating to screening services are given below :

Local Authority Clinics	1968	1969	1970	1971	1972
Cervical Cytology					
Number of Clinics held	81	79	56	50	123
Number of women who attended ..	1422	1281	908	762	1899
Results of tests:					
Normal cells	1264	1165	679	516	1434
Suspicious	12	9	4	3	7
Positive	6	4	—	—	—
Specimens unsatisfactory	9	1	4	—	—
Other	131	102	221	243	456
Examination of Breasts					
Number of women examined					1586
Results:					
Normal					1556
Treatment required					30
Blood test for Anaemia					
Number of women examined					1529
Results:					
Normal					1414
Treatment required					115
Urine test					
Number of women examined					1583
Results:					
Normal					1574
Treatment required					9

General Practitioner Services	1968	1969	1970	1971	1972
Cervical Cytology					
Number of women who attended ..			249	935	983
Results of tests:					
Normal cells			203	754	774
Suspicious			1	6	4
Positive			-	1	1
Specimens unsatisfactory			-	-	-
Other			45	174	204
Examination of Breasts					
Number of women examined ..			267	1083	1075
Results:					
Normal			267	1075	1060
Treatment required			-	8	15
Blood Test for Anaemia					
Number of women examined ..			270	1052	1033
Results:					
Normal			220	965	958
Treatment required			50	87	75
Urine Test					
Number of women examined ..				1082	1077
Results:					
Normal				1079	1060
Treatment required				3	17

HOUSING ON MEDICAL GROUNDS

During the year 1,458 cases were investigated and in 244 of these additional housing points were recommended on medical grounds. Exchange of Council accommodation was recommended in 643 cases and in 83 cases immediate priority for re-housing was recommended.

The weekly meeting of Officers from the Housing, Health and Social Services Departments to discuss difficult housing cases continued.

MEDICAL EXAMINATIONS

The continued use of the medical questionnaire for candidates being admitted to either the Superannuation or Sick Pay Scheme avoided the need to examine all new employees, and medical examinations were arranged only for those with a history of ill health.

During the year 1,121 Statements of Medical History were completed by candidates and of these only 29 were referred for full medical examination. Twenty of these were passed fit to take up the posts applied for. In addition 16 persons were medically examined in connection with employment as School Crossing Patrols and of these 15 were passed as fit for this type of employment.

All 53 persons applying for registration as Child Minders were passed as medically fit.

As a result of the Report of the Home Office Committee set up to review medical standards in the Fire Service, the following medical examinations of Fire Service personnel were carried out:

3-yearly Reviews:

Number of medicals carried out.. ..	31
Number passed	27
Number failed	1
Number to be reviewed	3

New Entrants:

Number of medicals carried out.. ..	8
Number passed	8

The Motor Vehicles (Driving Licences) Regulations prescribe conditions which persons with controlled epilepsy and certain other medical conditions must satisfy before being granted a driving licence.

During the year a total of 50 such applications were received and investigated. In 6 cases the Licensing Authority was recommended to withhold driving licences because of epilepsy, and in 6 other cases a similar recommendation was made where other medical conditions were involved.

536 Corporation employees attended for chest x-ray under the three-yearly review scheme. This scheme was introduced in 1968 to implement the Department of Health's request that all staff in regular contact with children should be x-rayed every three years. This is, of course, in addition to x-ray examination at the time of appointment.

REPORT OF THE CHIEF VETERINARY OFFICER

The number of pigs killed fell from the high level of 1971 (242,776) to 183,496, a fall of 59,280.

Products were exported to Australia, Belgium, Brazil, Cyprus, Gibraltar, Hong Kong, Mallorca, Malta, Sierra Leone and Peru. These are listed below:—

Smoked sides of bacon.. ..	..	14,850
Smoked bacon middles.. ..	..	3,700
Pork shoulders .. .. .	..	1,391
Defatted pork shoulders	..	9,487
Defatted gammons .. ..	..	5,040
Sausage and pies .. .. .	..	375 cases
York hams.. .. .	..	287
Sides of pork .. .. .	..	1,455

Veterinary certificates were issued for the inspection of 2,494 lungs. 261 pigs died in transit and 127 in the lairage. The pig meat condemned amounted to 164 tons, 14 cwts, 1 qtr, 18 lbs. Two quarters 8 lbs of imported tinned tougue were also condemned. The reasons for rejection are listed as follows:—

PIGS **Number of animals killed — 183,496**

Disease	Carcases	Heads	Lungs	Hearts	Livers	Stomachs	Spleens	Kidneys	In-testines	Other Parts	Total	% of kill
Abscesses .. .. .	..	807	2	2	2	158	158	316	158	47 fores	807	0.44
Arthritis	158	158	158	158	158	158	158	158	158	2 fores	390	0.21
Blood Splashing	1	1	1	1	1	1	1	2	1	464 hinds	1	0.0005
Bone Fracture .. .. .	..	..	..	..	..	..	..	..	..	1 hind	1	0.0005
Bruising	2	2	2	2	2	2	2	4	2	230 hinds	117	0.06
Cirrhosis .. .. .	..	..	..	..	7800	..	..	..	..	..	7800	4.25
Congestion .. .. .	..	..	3088	15	15	15	..	..	..	..	3088	0.68
Contamination	37	121	256	256	256	..	..	74	..	50 fores	307	0.16
Emphysema .. .. .	..	..	..	..	..	..	..	..	1	53 hinds	1	0.0005
Empyema .. .. .	..	..	1	1	1	..	..	..	..	1 fore	1	0.0005
Endocarditis .. .. .	..	..	..	..	..	..	..	..	..	..	1	0.0005
Enteritis	4	4	4	4	4	4	4	8	463	..	463	0.25
Fever	11	11	11	11	11	11	11	22	11	..	11	0.055
Fatty Infiltration .. .. .	..	..	..	..	531	..	..	..	..	..	531	0.29
Gangrene	4	4	4	4	4	4	4	8	4	..	4	0.003
Hydronephrosis .. .. .	..	..	..	..	..	..	..	9766	..	..	9766	2.26
Jaundice	2	2	2	2	2	2	2	4	2	..	2	0.001
Lympho-Sarcoma	5	5	5	5	5	5	5	10	5	..	5	0.0028
Melanosis	1	1	1	1	1	1	1	2	1	..	1	0.0005

PIGS—continued

Disease	Car-cases	Heads	Lungs	Hearts	Livers	Stom-achs	Spleens	Kidneys	In-testines	Other Parts	Total	% of kill
Metaplasia ..									22		22	0.011
Metritis ..	3	3	3	3	3	3	3	6	3		3	0.0016
Nephritis ..	56	56	56	56	56	56	56	112	56		56	0.03
Oedema ..									6		6	0.00035
Pericarditis ..	19	19	19	5866	19	19	19	38	19		5866	3.19
Peritonitis ..	283	283	12658	283	283	283	283	566	283		12656	6.70
Pleurisy ..	59	59	59	59	3830	4149	4149	118	4149		4149	2.26
Pyæmia ..	256	256	256	256	256	256	256	512	256		256	0.19
Pyelonephritis ..	3	3	3	3	3	3	3	6	3		3	0.0016
Septicæmia ..	15	15	15	15	15	15	15	30	15		15	0.087
Swine Erysipelas ..	18	18	18	18	18	18	18	36	18		18	0.001
Swine Paratyphoid ..	4	4	4	4	4	4	4	8	4		4	0.0021
Tuberculosis ..	22	1783	22	22	22	22	22	44	1228		1783	0.97
Tumour ..												
Uraemia..	1	1	1	1	1	1	1	2	1		1	0.0005
Total ..	964	3616	16647	7049	13303	5017	5017	11695	6712	100 fores 838 hinds		
Percentage of Total ..	0.52	1.97	9.07	3.81	7.25	2.73	2.73	3.68	3.65	0.026 fores 0.23 hinds		

ANNUAL REPORT OF PRINCIPAL SCHOOL MEDICAL OFFICER

School Accommodation and Attendance

Education is provided in 79 primary schools, 17 secondary modern schools and 5 grammar schools (one for boys, one for girls and three mixed schools). In addition, there are 3 day schools for severely retarded children and 6 nursery schools. The average numbers on the roll at the end of the year are given in the table set out below.

The total school population increased during 1972 from 32,692 to 33,686.

During 1972 a new Nursery School was opened at Kate's Hill, Dudley and a new Primary School at Crestwood Park Estate, Kingswinford.

Staff and pupils were transferred from Audnam Secondary School to the newly built Buckpool School, Brierley Hill and the vacated premises were occupied by all pupils and staff from the Brook Primary School which retained its original name although sited in different premises.

The remaining alteration in the schools structure during the year was the integration of Mount Pleasant Secondary School, Coseley with Coseley Secondary School, the Mount Pleasant building being used as an annexe by Coseley Secondary School.

Infants' Schools	Average No. on Roll
Alder Coppice	279
Belle Vue	289
Bird's Meadow	141
Brockmoor	305
Bromley	276
Bromley Hills	309
Cotwall End	205
Dudley Wood	255
Glynne	303
Hawbush	217
Holly Hall	329
Jessons C.E.	346
Pensnett	160
Priory	318
Quarry Bank	304
Queen Victoria	297
Red Hall	378
Roberts	270
Russells Hall	255
Saltwells	234
St. Chad's C.E.	92
The Straits	353
Wall Heath	152
Wren's Nest	276
Yew Tree Hills	211
	6,554

Infants' and Junior Schools

	Average No. on Roll
Ashwood Park	251
Blowers Green	445
Bramford	405
Brierley Hill	280
Christ Church (Coseley)	316
Dawley Brook	387
Fairhaven	340
Foxyards	223
Kates Hill	430
Highfields	138
Lawnswood	310
Maidensbridge	408
Mount Pleasant (Coseley)	380
Mount Pleasant (Quarry Bank)	226
Northfield Road	425
Parkes Hall	315
Portway	264
St. Chad's R.C.	258
St. Edmund's C.E.	256
St. John's C.E.	256
St. Joseph's R.C.	249
St. Mary's C.E. (Kingswinford)	403
St. Mary's C.E. (Coseley)	326
St. Mary's R.C.	143
Sledmere	482
Sycamore Green	294
The Brook	459
The Dingle	335
Thorns	340
Tudor	292
Wallbrook	285
Crestwood Park	105

Junior Schools

Alder Coppice	232
Belle Vue	229
Bowling Green	491
Brockmoor	317
Bromley	332
Bromley Hills	271
Church of Ascension	196
Cotwall End	268
Glynne	360
Hawbush	237
Jessons C.E.	376
Netherton C.E.	212
Priory	364
Quarry Bank	334
Queen Victoria	353
Red Hall	382
Roberts	239

Russells Hall	..	..	..	..	313
St. Mark's C.E.	..	..	..	..	256
The Straits	..	..	..	..	311
Woodside ..	..	..	..	..	348
Wren's Nest	..	..	..	..	308
					<hr/>
					23,309
					<hr/>

Day Special Schools

Sutton—mixed	..	..	..	..	114
Woodsetton—mixed	..	..	..	..	113
The Brier—mixed	..	..	..	..	95
Old Park—mixed..	..	..	..	..	182
					<hr/>
					504
					<hr/>

Secondary Modern and Grammar Schools

			Average No. on Roll
Bishop Milner R.C.	(Mixed)	..	390
Blue Coat	(Mixed)	..	362
Brierley Hill	(Mixed)	..	417
Coseley	(Mixed)	..	648
Dormston Secondary	(Mixed)	..	487
Ellowes Hall	(Mixed)	..	513
Hillcrest	(Mixed)	..	320
Holly Hall	(Mixed)	..	398
Kingswinford	(Mixed)	..	292
Park	(Boys)	..	200
Park	(Girls)	..	158
Pensnett	(Mixed)	..	375
Quarry Bank	(Mixed)	..	311
Saltwells	(Mixed)	..	228
Summerhill	(Mixed)	..	441
Wren's Nest	(Mixed)	..	430
Brierley Hill Grammar	(Mixed)	..	909
Dudley Grammar	(Boys)	..	459
Dudley High	(Girls)	..	469
High Arcal Grammar	(Mixed)	..	839
Sir Gilbert Claughton			
Grammar/Technical	(Mixed)	..	412
Buckpool	(Mixed)	..	313
			<hr/>
			9,371
			<hr/>

Grand Total

Primary, Secondary and Grammar	..	32,680
		<hr/>

Nursery Schools

Netherton Park	60
Park Nursery	100
Pensnett	91
Priory	99
Wren's Nest Nursery	76
Kate's Hill	76
	<hr/>
	502
	<hr/>

MEDICAL INSPECTIONS

The medical inspection of pupils continues according to the established pattern and children are seen as soon as possible after entry and during the last year at school when their fitness and suitability for the various kinds of employment is taken into account. In addition selective examinations for pupils in the years following the first medical inspection are also carried out subject to medical staff being available.

Routine screening procedures are also carried out as follows :—

(1) Hearing

Audiometricians are employed to carry out routine screening at 5, 7 and 9 years. Any doubtful results are brought to the notice of a Senior Medical Officer who arranges for the condition to be further investigated.

(2) Vision Testing

Vision testing is carried out by School Nurses, and the first test takes place prior to the entrant medical examination. Subsequent testing using a Keystone Screener is arranged at the age of 6 years and every second year after that up to the age of 12. A final vision test is carried out at the age of 15. These tests are for visual acuity, strabismus and colour vision.

(3) All new entrants to any school in the Borough are automatically brought forward for examination.

(4) Special medical examinations are arranged for pupils referred by Headteachers, parents, nursing staff and others.

The following table shows the number of children examined by years of birth and the number of individual pupils found to require treatment (excluding dental diseases and infestation with vermin).

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils inspected		Pupils found to require treatment (excluding Dental Disease and infestation with vermin)		
		Satisfactory	Unsatisfactory	For Defective Vision (excluding Squint)	For any other Condition	Total Individual Pupils
1968 and later ..	27	27	—	—	1	1
1967 ..	1138	1137	1	37	110	136
1966 ..	1365	1361	4	33	166	176
1965 ..	189	186	3	5	16	20
1964 ..	51	51	—	2	4	5
1963 ..	38	38	—	2	—	2
1962 ..	29	29	—	1	1	2
1961 ..	33	33	—	2	1	3
1960 ..	10	10	—	—	2	2
1959 ..	6	6	—	—	—	—
1958 ..	8	8	—	—	1	1
1957 .. and earlier	1420	1418	2	60	73	124
TOTAL ..	4314	4304	10	142	375	472

The total number of children examined shows a slight decrease from the previous year because of a shortage of medical staff for a period of approximately six months of the year.

The figures given of the physical condition of pupils inspected are derived from the individual assessments of all the examining medical officers and are therefore not uniform. The percentage found "unsatisfactory" remains below 1%.

Those pupils considered to be of unsatisfactory general condition 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

<i>Age Group Inspected</i>	<i>No. of Pupils Inspected</i>	<i>Percentage of Parents Present</i>
Entrants	2743	93.1
Other Periodics	143	86.7
Leavers	1428	16.1

As will be seen, the attendance of parents at routine medical examinations of school entrants remains as in previous years, very good.

Defects Found by Periodic Medical Inspections during the Year

<i>Defect Code No.</i>	<i>Defect or Disease</i>	<i>Periodic Inspections</i>							
		<i>Entrants</i>		<i>Leavers</i>		<i>Others</i>		<i>Total</i>	
		<i>T</i>	<i>O</i>	<i>T</i>	<i>O</i>	<i>T</i>	<i>O</i>	<i>T</i>	<i>O</i>
4	Skin	4	126	4	52	—	7	8	185
5	Eyes:								
	(a) Vision ..	77	90	64	163	5	14	146	267
	(b) Squint ..	24	44	6	13	—	9	30	66
	(c) Other ..	—	28	3	19	—	8	3	55
6	Ears:								
	(a) Hearing ..	37	89	17	30	1	3	55	122
	(b) Otitis Media	6	93	6	36	2	4	14	133
	(c) Other ..	5	37	4	18	—	2	9	57
7	Nose and Throat	4	453	3	88	—	20	7	561
8	Speech	51	103	1	30	—	25	52	158
9	Lymphatic Glands	—	113	—	9	—	4	—	126
10	Heart	19	114	8	26	4	6	27	146
11	Lungs	4	84	2	8	1	7	7	99
12	Development:								
	(a) Hernia ..	8	16	1	—	—	—	9	16
	(b) Other ..	9	113	—	24	—	7	9	144
13	Orthopaedic:								
	(a) Posture ..	10	28	1	24	—	5	11	57
	(b) Feet ..	58	177	6	62	1	15	65	254
	(c) Other ..	22	129	3	52	—	19	25	200
14	Nervous System:								
	(a) Epilepsy ..	—	22	—	14	—	10	—	46
	(b) Other ..	7	146	1	11	1	7	9	164
15	Psychological:								
	(a) Development	11	64	—	72	—	59	11	195
	(b) Stability ..	8	92	—	18	—	16	8	126
16	Abdomen ..	3	21	—	5	1	2	4	28
17	Other	6	124	9	44	—	12	15	180
	Totals	423	2306	139	818	12	261	524	3385

T—Defect requiring treatment

O—Defect requiring observation

It is not possible to draw any general conclusions from these figures as the definitions "requiring treatment" and "requiring observation" vary with different Medical Officers. Those under observation include many defects which may be corrected spontaneously, never require treatment and are kept under observation as a precautionary measure only.

Other Inspections

Number of Special Inspections ..	337
Number of Re-Inspections	1,178
	1,515

Summary of Defects Found at the Foregoing Inspections

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin	5	45
5	Eyes:		
	(a) Vision	31	41
	(b) Squint	4	20
	(c) Other	—	11
6	Ears:		
	(a) Hearing	15	38
	(b) Otitis Media	4	22
	(c) Other	2	8
7	Nose and Throat	5	164
8	Speech	15	52
9	Lymphatic Glands	—	43
10	Heart	2	101
11	Lungs	6	71
12	Development:		
	(a) Hernia	2	3
	(b) Other	12	65
13	Orthopaedic:		
	(a) Posture	2	10
	(b) Feet	13	134
	(c) Other	8	61
14	Nervous System:		
	(a) Epilepsy	1	14
	(b) Other	19	54
15	Psychological:		
	(a) Development	3	41
	(b) Stability	12	63
16	Abdomen	1	9
17	Other	32	121

A total of 1,515 children were seen at these special inspections, 337 of these at various Clinics at the request of parents, General Practitioners, Headteachers, School Nurses or Education Welfare Officers. Parents of children requiring continued supervision were advised and their children referred to their general practitioner or the appropriate specialist after discussion with the general practitioner.

The remaining 1,178 pupils were seen at re-inspections in all schools in the Borough. These children were noted at 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 those pupils who, owing to one cause or another, have failed to attend either the specialist clinic or their Medical Practitioner.

Special Medical Clinics

Special medical examinations are carried out at clinics throughout the Borough. These sessions are arranged so that children seen at routine medical inspections at schools and considered by the Medical Officer to require a more detailed examination with their parents present, can be offered an appointment at the clinic nearest their home.

In addition to these pupils, the special clinics were also of value in seeing those children referred by Headteachers and others, the appointments at the clinics being arranged according to priority.

A total of 337 pupils were seen at those clinics, including 46 cases referred by the Director of Education for absenteeism, behaviour problems and other miscellaneous reasons. The following recommendations were made in respect of those seen at the request of the Director of Education.

Recommendations:

Unfit for School—General Practitioners notified and pupils kept under review ..	3
Fit for School	31
	— 34

Other Recommendations:

Restricted activities	3	
Transfer to another school	1	
Referred to Child Psychiatrist	4	
Referred to Consultant	2	
Referred to General Practitioner	2	12
	—	—
		46
		—
Failed to attend	3	

Work of the School Nurse

The routine nursing function within the School Health Service is carried out by 13 School Clinic Nurses of whom 11 are State Registered and 2 hold the State Enrolment Certificate.

The School Nurses have retained a geographical allocation for their work and this has helped to maintain the neighbourhood knowledge which has been lost to the Health Visitor all of whom are attached to General Practitioners.

During the year they have attended the following:—

School Visits

Routine and Special Medical Inspections with a Medical Officer	431
Hygiene Inspections	680
Preparation sessions for Routine Medicals	15
Keystone Vision Screening	196
Heaf Test and B.C.G. Sessions with Medical Officer	86
Vaccination and Immunisation Sessions	155
Miscellaneous Visits to Schools	322
	—
Total	1,885

Home Visits:

Unsatisfactory Hygiene	967
Scabies Infestation	134
Enuretic Alarms	140
Ascertainments	22
Miscellaneous Visits	1,373
	—
Total	2,636

Attendance at Clinic Sessions

Ophthalmic.. .. .	255
Ear, Nose and Throat	13
Medical Officers Special Clinic.. .. .	357
Audiometry with Medical Officer	34
Enuretic Alarm Sessions	46
Miscellaneous	128
	<hr/>
Total ..	833
	<hr/>

Foot Inspections

During the year 471 periodic inspections of pupils' feet were carried out by Nurses at Schools and the total number of children suffering from verrucae or fungal infection is given below:—

Verrucae	924
Fungal	471
	<hr/>
	1,395
	<hr/>

Enuresis Alarms

Enuresis alarms were issued to 129 children and the parents and children instructed in their use. This equipment is available for a six week period during which time a record is maintained of its effectiveness. During the year 45 children were cured and 23 were improved.

School Health Education

During 1972, fourteen Health Visitors continued regular Health Education programmes in thirteen senior schools and a total of 287 sessions were given to this activity. It is encouraging to note that in these schools boys are now being included for a part of the syllabus.

In one area talks have also been given to two junior schools on specific topics and planning is in hand to participate in a special project for this younger age group early next year.

Provision of Milk in Schools

Department of Education and Science Circular 12/17 dated 26th August, 1971, amended the regulations concerning the provision of milk in schools.

As from 1st September 1971, the Authority provide free school milk only for the following classes of pupils in maintained schools:—

- (a) Pupils in Special Schools
- (b) Pupils in Infants' and Nursery Schools
- (c) Other pupils between the ages of 8 and 12 years where the medical officer certifies that the pupil's health requires that he should be provided with milk.

It is now routine practice for medical officers examining new entrants to school for the first time to make recommendation on the school medical card of those children who need to be reviewed in their last year in the Infants School for provision of free milk between the ages of 8-12 years.

Twenty-four children were referred for a special medical examination for the issue of free milk and certificates were issued in respect of 21 of these.

B.C.G. Vaccination of School Children

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

The local arrangements, as well as providing for the vaccination of contacts of cases of tuberculosis, include facilities for 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 Colleges 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	2,319
Number of consents received	2,074
Number of skin tests (first time)	2,026
Number retested (absentees and doubtfuls)	90
	<hr/>
	2,116
Number with positive reaction	147
Number with negative reaction	1,746

1,746 pupils with a negative reaction were vaccinated. 69 children who consented were neither Heaf tested nor given B.C.G. vaccination for the following reasons:—

Already had B.C.G. at Chest Clinic ..	26
To receive B.C.G. in 1973 (absent from school during B.C.G. Programme)	37
Left Area	6
	<hr/>
	69
	<hr/>

Investigation following B.C.G. Vaccination

Following an investigation in 1970 I reported that a high percentage of pupils at schools in Dudley who had received B.C.G. vaccination were found on testing two years later to be negative. An investigation to review the position at that time was carried out. The number of pupils involved, however, was considered too small to allow for any conclusions to be drawn and further investigations have since been carried out by Dr. M. Kerrigan, Principal Medical Officer.

Vaccination was by two methods:—

1. Pan-jet — Autoclaved
 2. Needle and Syringe — Disposable. Pre-sterilised
- B.C.G. Vaccine used — Strength within range
4—9 x 10⁶/ml.
Manufactured by Glaxo
- Heaf Testing solution used — Tuberculin P.P.D. strength 2mg/ml
equivalent to 100,000 old Tuberculin units per ml.
Manufactured by the Department of Agriculture, Central Laboratories, Weybridge.

It was considered necessary to scrutinise the whole procedure of Heaf Testing and B.C.G. Vaccination and so:—

- (1) All Pan-jets were returned to the makers for testing and re-setting, this re-setting being carried out after each vaccination session done in the Autumn period of 1971.
- (2) Thermos containers were purchased for transport of P.P.D. solution and B.C.G. vaccine to and from schools.

When received at Ednam House, both vaccine and P.P.D. solution are stored in fridge at temp. 37°F. Thermos containers maintain both solutions while in transit to and from schools at a temperature of approximately 40°F.

Number of pupils Heaf Tested—1,909

Of these, 826 third year pupils received vaccination in the Spring Term of 1971 and were concerned in a Survey carried out in 1971.

1,083 second year pupils were vaccinated in the Autumn term 1971.

The following results were obtained:—

Pan-jet Method

1972	<i>Number of Pupils Tested</i>	<i>Number of Total Conversions</i>	<i>Number of Negative Reactions</i>
Total Percentage	932	833 89.4%	99 10.6%

Needle and Syringe Method

1972	<i>Number of Pupils Tested</i>	<i>Number of Total Conversions</i>	<i>Number of Negative Reactions</i>
Total Percentage	977	905 92.6%	72 7.4%

Comparison of methods used in this phase of the investigation would indicate that the needle and syringe method is slightly better. From a practical working point of view, however, the Pan-jet method is quicker and easier to administer and is more acceptable to the pupils.

It is proposed during 1973 to carry out the final phase of this investigation during which one method of vaccination only will be used, this is by Pan-jet.

Vaccination and Immunisation in Schools—1972

Diphtheria/Tetanus

Initial	..	..	..	..	434
Re-inforcing	..	..	..	..	9,010

Diphtheria Only

Initial	..	..	..	..	6
Re-inforcing	184

Tetanus Only

Initial	214
Re-inforcing	1,633

Measles

Initial	509
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Poliomyelitis

Initial	739
Re-inforcing	11,940

Typhoid

Initial	225
Re-inforcing	8

Rubella

Initial	873
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Infectious Disease—School Children

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Scarlet Fever	10	9	19
Measles	..	..	..	20	23	43
Dysentery	..	..	..	5	7	12
Food Poisoning	..	..	..	—	3	3
Tuberculosis (Respiratory)	..			1	1	2
Tuberculosis (Non-Respiratory)				—	—	—
Infective Jaundice	..	..		8	2	10
Whooping Cough	..	..		—	—	—
Meningococcal Meningitis	..			—	1	1
Encephalitis (Post Infectious)				1	—	1

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

Protection of Children from Tuberculosis

A joint Circular 18/67 from the Ministry of Health and Home Office made recommendations on the frequency of chest X-rays of persons whose work brought them into close contact with groups of children.

All persons employed by the Authority who are in close contact with children are invited to attend for X-ray examination of the chest. This is repeated at 3-yearly intervals. The figures below indicate the work undertaken during the year.

Total number of appointments offered	..	728
Total number of X-ray results received	..	536

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 29 adults, 16 children under five and 49 children of school age, compared with 51 adults, 18 children under five and 51 children of school age in 1971.

							<i>Number of Cases known to have been treated</i>
Ringworm:							
(a) Scalp	..	..	..	..	..	..	—
(b) Body	..	..	..	..	..	..	—
Scabies	..	..	..	..	..	..	49
Impetigo	..	..	..	..	..	..	—
Other Skin Diseases	..	..	..	..	..	..	—
							49

Treatment is given to all affected school children,—a bath followed by the application of quellada for babies and young children and benzyl benzoate emulsion for the school child and adults. The children are excluded from school until certified free from infection by a Medical Officer. Members of the family under and above school age are also encouraged to attend for treatment as they may also have scabies. Although the majority attend voluntarily, there are those who refuse to co-operate and because the condition is contagious their children run the risk of re-infection.

Specialists' Clinics

The service continues to be indebted to the Regional Hospital Board and Hospital Management Committee for providing services on our own premises. This offers advantages to both patients and parents, and is a convenience to Consultants who have school medical records available, together with relevant notes on past medical history including Infant Welfare Records.

Ophthalmic Clinic

Routine medical inspections in schools revealed 179 children requiring treatment for eye conditions (146 for errors of refraction, 33 for squint and other conditions) and 388 were noted for future observation.

The Consultant Ophthalmic Clinics continued throughout the year. Dr. L. H. G. Moore continued his ophthalmic work at the Central Clinic, Dr. J. A. Cox at Brierley Hill, Sedgley, Coseley and Kingswinford, and Dr. M. Ali at Central, Brierley Hill, Sedgley, Coseley and Kingswinford.

A total of 267 sessions was arranged in respect of these Clinics, when 766 children were examined for the first time and 1,383 previously examined, were reviewed.

Spectacles were provided for 984 children.

	<i>Number of cases known to have been dealt with</i>
External and other excluding errors of refraction and squint	47
Errors of refraction including squint	2102
	2149
Number of children for whom spectacles were prescribed	984

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 ..	15 boys 1 girl

Where the examining Medical Officer considered it advisable, these children were referred to a Consultant Ophthalmologist, and the Careers Officer was informed in each case.

Ophthalmic Inspections in Schools by School Nurses

Health Visitors and School Nurses carry out a screening survey of all children at school, when 5-year old entrants are tested by using traditional methods—"E", Hand Test and Snellen type test. The Keystone Vision screener is used for testing the sight of school children in the following age groups:—

Age: 6, 8, 10, 12 and 15

These inspections continue to prove their value in detecting defects of vision which may develop between routine medical inspections and also ensure a follow-up of those children who, for a variety of reasons, fail to attend for periodic review by the Eye Specialist.

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

Number of children inspected	13,729
Number found to have visual defects	1,649

Of this number (1,649)

Number referred to Eye Clinic	762
Number already given appointment	88
Noted for observation	784
Seen previously and discharged	9
Left district, made own arrangements or did not attend	6

Orthoptic Clinic

Throughout the year the visiting Orthoptist continued to carry out 4 sessions monthly at the Central Clinic and the following are details of the work done:—

New Cases	109
Old cases:	
For treatment	96
For occlusion	23
For test and observation	7
For periodic check-up	—
Miscellaneous visits	56
	—
	182
Total attendances	291
Discharges:	
Cured by Orthoptic treatment	25
Cured by Orthoptic and operative treatment	—
Transferred to hospital for operative treatment	—
Good cosmetic result	6
Failed to attend	20

Orthopaedic Clinic

During 1972, Mr. J. A. O'Garra, F.R.C.S., continued his fortnightly visits, the Orthopaedic Clinic remaining under the direction of the Dudley, Stourbridge and District Hospital Management Committee.

The number of pupils treated, 375, showed a decrease of 113 as compared with the preceding year. The 511 children noted at routine medical inspections as having orthopaedic defects included 101 who required treatment and they are included in the total 375 referred to above. The remaining 410 were kept under observation.

Physiotherapy

This Clinic continued to function under the direction of the Dudley, Stourbridge and District Hospital Management Committee, with a trained Physiotherapist holding sessions at Central Clinic each day, who reports as follows on the work of the physiotherapy department during the year 1972.

"Looking back over the events of the past year in connection with the physiotherapy department at Central Clinic my main conclusion is that there is now a far greater awareness of the needs of the handicapped child by the community at large. The meeting of the many needs of the handicapped child requires a multi-disciplinary approach with much closer liaison between the different disciplines and in the past year I have worked much more closely with social workers, health visitors and therapists in other fields with considerable benefit all round not least to the handicapped child.

With this concerted approach in mind I attended a brief three day course at the Cheyne Walk Spastic Centre in February given for physiotherapists, speech therapists and occupational therapists. This centre is both an educational establishment and a treatment centre, so avoiding the problem of the child missing a great deal of schooling to attend for therapy. The children are regularly assessed and reported on by all the various disciplines.

Arising out of this need for greater liaison with other professions physiotherapists themselves have felt a need to form a specific interest group of paediatric physiotherapists. An inaugural meeting was held at the Woodlands, Birmingham in December, 1972, and a further meeting was held in London in January this year at Great Ormond Street to elect officers and to discuss further the aims and objects of the group. I attended both these meetings and have become a member of the group, which will meet four times a year.

These early discussions with physiotherapists working with handicapped children certainly proved that we had many problems in common.

In the physiotherapy department the greatest number of children attending for exercises are those referred by the orthopaedic specialist, Mr. O'Garra, with flat feet. A few children attend with poor posture and a few with asthma and bronchitis. In the severely handicapped group I treat during the course of the week an average of five to six children with varying degrees of cerebral palsy and also a few children with spina bifida. These children though small in number take up a proportionately greater amount of my time.

In connection with the mentally and physically handicapped children, I have recently attended the Day Special School for Severely Subnormal pupils one morning a week at the invitation

of the Headmistress, to advise on the movement problems of the children. Only a small number of the children require specific physiotherapy. Some have previously received treatment at one time or another, while others have had none, possibly because their disability has been considered too great. However, I have found the staff very willing to co-operate and it has been possible to make some improvement in some of the children. I consider that a physiotherapist employed for one or two sessions a week would meet the present needs of the school."

Ear, Nose and Throat Clinics

Mr. G. O. Clark, F.R.C.S., continued to attend clinics in the Brierley Hill, Sedgley and Kingswinford areas. The number of children receiving operative treatment for the removal of tonsils and adenoids was 95. In addition 11 children received operative treatment for other conditions.

During the year at medical inspections 85 children were noted as requiring treatment and 873 kept under observation.

Treatment

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:	
(a) for disease of the ear	6
(b) for adenoids and chronic tonsillitis ..	95
(c) for other nose and throat conditions ..	5
Received other forms of treatment	2
	108
Number of school children seen by E.N.T. Specialist	44
Number of school children for whom hearing aids were prescribed	4

Audiology/Screening for Hearing

The Audiometric service available in the Department is directed towards the early detection of hearing defects in children. Apart from the routine hearing screening test carried out in early infancy, routine audiometric screening of school children is undertaken by a full-time qualified Audiometrician before entry to school when necessary, soon after their admission to school at 5 years of age, and again at the ages of 7 and 9. This service is also available for any child referred by doctors, teachers or parents between periods of routine screening tests. General Practitioners continue to refer children direct to the school Audiology Service.

In August, the full time audiologist was involved in an accident and was unable to work for the remainder of the year, consequently

the total number of children tested by 'pure tone' audiometer was 8,035 as compared with 19,739 in the previous year which shows a considerable reduction of 11,704.

Of the 8,035 children tested by 'pure tone' audiometer, 478 were referred for further audiometer testing and clinical examination by the Principal Medical Officer or Consultant Surgeon. A further 14 were also referred by the Medical Officers at schools or clinics, General Practitioners and Headteachers.

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

First attendances	..	..	..	182	
Re-examinations	..	..	..	32	
				<hr/>	214
Failed to attend	..	..	..	..	58
					<hr/>
					272
					<hr/>

Of the 214 seen at the clinics, 31 were referred for specialist opinion.

Apart from visits to schools for routine testing, other visits were carried out as follows:—

Children receiving instruction with speech trainer		33
Children in Junior and Secondary schools receiving Hearing Aid instruction	..	4
Children receiving hearing aid instruction at home		2
Children given special hearing test in school	..	187
Children given special hearing test at home	..	9
Children given special hearing test at clinics	..	—
Speech/Hearing tests given to children in schools		—

Child Psychiatric Services

The two Consultant Child Psychiatrists, Dr. Helen Lloyd and Dr. T. D. Maclay, provided Child Guidance facilities throughout the year and they report continuing and regular contact with Doctors, Educational Psychologists, Health Visitors, Headteachers, Social Service Department Staff, Careers Officers and members of the Probation Service.

The sources of referral to the Child Guidance Service during 1972 were as follows:—

General Practitioner	46
Medical Officer or Consultant	47
Teacher or Education Welfare Officer	2
Juvenile Court	—
Probation Officer	1
Parents Direct	—
Educational Psychologist	23
Others	4

During the year the total number of interviews carried out by Psychiatrists was 637.42 children admitted to the Remand Home at Saltwells House were referred to Dr. Maclay by the Courts.

HANDICAPPED CHILDREN

A comprehensive register of handicapped children is available in the Child Health Section of the Health Department. Names are added immediately a child is diagnosed as handicapped. Information is added as the follow-up examinations are carried out so that information on each child is kept up to date. A social and educational record is also included.

In 1972 there was a certain amount of internal reorganisation of the service following a meeting between Medical Staff, Head Teachers, Educational Psychologists and Administrative Staff, in order to achieve a more effective use of staff and also to bring a closer understanding between all the professions involved with the care of handicapped children, particularly those with learning problems. It was increasingly recognised that educational screening produced large numbers of children for referral to the Medical Staff for assessment. It was decided that the Educational Psychologists would in future carry out the first assessment and refer to the Medical Officer only those children showing slow progress in school and thought to be within the Educationally Subnormal range of ability.

The results and recommendations of all ascertainments carried out are passed to the child's General Practitioner and where requested to the hospital consultants.

The following section of the report gives details of children attending Special Day or Residential Schools suitable to their needs, as well as the number of children ascertained during the year and found to be in need of educational treatment.

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 method not involving the use of sight".

At the end of the year there were six children in residential special schools.

One pupil was ascertained as blind during the previous year and was admitted to a residential special school.

No pupils were ascertained as blind during the year.

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."

At the end of the year there were five children in residential and four in day special schools.

One pupil who was ascertained as partially sighted during the year was admitted to the George Auden Day School for Partially Sighted Pupils. One pupil awaiting a vacancy at the end of last year was also admitted to this school.

Two children left residential schools having attained school leaving age.

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."

At the end of the year there were four children in day special schools and three pupils in residential special schools.

One child attending a day special school left Dudley to reside in Birmingham.

One child who was ascertained as deaf during the year was admitted to the Stow Heath Unit for Hearing Impaired Children.

One child left residential school having attained school leaving age.

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."

At the end of the year there were nine children in day special schools, seven children attending Stow Heath Unit for Hearing Impaired Children at Willenhall and two children attending residential special schools.

Two children were ascertained as partially deaf during the year and were admitted to Stow Heath Unit for Hearing Impaired Children. Two children awaiting placement in Stow Heath Unit from last year were also admitted.

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."

At the end of the year two children were attending the Fitzwilliam Day School, Tipton. One child left the school during the year having attained school leaving age.

At the same time, nine children were attending Residential Special Schools as follows:—

David Lewis School, Coldhurst, Bromsgrove	1
Pudleston Court, Near Leominster	1
St. John's School, Brighton	1
Walton Hall, Staffordshire	1
Crowthorn, Edgworth/ Nr. Bolton	3
Hilton Grange, Nr. Leeds	1

Two children, one child attending Pudleston Court and the other St. Mary's School, Horam, left these schools having attained school leaving age.

Three of the children who were ascertained as Educationally Subnormal were recommended to attend Residential Schools for Educationally Subnormal Pupils during the year.

One child was referred by a Consultant Psychiatrist for admission to a residential school for Educationally Subnormal children with behaviour problems and was admitted to a Day Special School in Dudley.

One child is awaiting admission to the Besford Court Residential School.

One child ascertained was transferred from Lea Castle Hospital to Besford Court.

276 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 schools and, in special cases, in the child's home. The following recommendations were made:—

Ascertained Educationally Subnormal

To attend Day Special School	94
To remain at Ordinary School	26
Residential School for Educationally Subnormal	3
	—
	123
Re-ascertained—to receive voluntary care and guidance after leaving school	50

Other Examinations

Unsuitable for education in Ordinary school, to attend the Old Park School	9	
Children attending the Day Special School for severely subnormal pupils re-ascertained	10	
Not educationally subnormal	19	
Deferred for further ascertainment under Section 34, Education Act, 1944	16	
Children attending Day Special Schools re- ascertainment examinations	5	
To leave school without supervision	7	
Preliminary Assessment	37	
	<hr/>	103
		<hr/>
		276
		<hr/>

During the year 26 appointments for the examination or ascertainment of handicapped pupils were not kept.

At the end of the year there were 110 ascertained educationally subnormal pupils at Sutton Day Special School, 113 at the Woodeston School (Dudley County Borough being responsible for 92 of these), 95 at the Brier School, 2 at Day Special Schools outside the Borough, 8 at residential special schools and 133 awaiting places at Day or Residential Special Schools for educationally subnormal pupils.

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

No pupils were ascertained as epileptic during the year.

Maladjusted Pupils—"that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to affect their personal social or educational re-adjustment."

At the end of the year 19 pupils were attending the following schools.

Pudleston Court, Near Leominster	1
Allerton Priory, Woolton, Liverpool	2
Ashley House, Near Market Drayton.. .. .	1
Bodenham Manor, Hereford	2
Chaigeley School, Thelwall, Near Warrington ..	2
Cicely Haughton School, Wetley Rocks, Stoke-on-Trent	2
Clwyd Hall School, Ruthin	1
Cotswold Chine School, Box, Stroud, Gloucester	1
Overseal Manor, Nr. Burton-on-Trent	1
Pitt House School, Torquay	1
Shenstone Lodge School, West Bromwich.. .. .	1
Shotton Hall, Harmer Hill, Shrewsbury	1
Tudor Grange, Solihull	1
Swalcliffe Park School, Oxon	1
Birchley House School, Warley	1

Four children were ascertained as maladjusted during the year. Two of these children were admitted to residential schools, Cicely Haughton School and Swalcliffe Park School. A third child was admitted to Bodenham Residential School but was withdrawn by the parents after two days. One child left Dudley to reside in Devon and two children left school having attained school leaving age.

One child ascertained as maladjusted was recommended for transfer from a junior school to a grammar school in Dudley and was referred for further treatment by the Consultant Child Psychiatrist at the Psychiatric Unit at Burton Road Hospital.

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."

At the end of the year eleven children attended the following day schools:—

Carlson House School for Spastics, Harborne ..	4
Victoria School, Bell Hill, Northfield, Birmingham	6
Wightwick Hall School, Wolverhampton	1

Of six ascertained during the year as physically handicapped four were admitted to Victoria School, Bell Hill, Northfield, Birmingham. Two children were awaiting places at the end of the year.

Five children were at residential schools as follows:—

Bethesda Hospital School, Cheadle	2
Wightwick Hall, Wolverhampton	3

One child left Wightwick Hall School, Wolverhampton, during the year having attained school leaving age.

71 examinations of children already ascertained as physically handicapped were carried out during the year as follows:—

To receive home tuition on a permanent or semi-permanent basis	11
Re-examinations (routine Medical Inspections etc. of children at residential schools)	48
Ascertained physically handicapped for admission to residential or day special schools	6
To leave school for physically handicapped and attend ordinary school	1

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

Mrs. Stuffins, Senior Speech Therapist, comments on the service as follows:—

Staff

The establishment for Speech Therapy service is 2.5. The staff in post during the year were as follows:—

1 Senior Therapist working 7 sessions increased to 8 in September 1972.

1 Full-time Therapist working 10 sessions.

1 Part-time Therapist working 2 sessions who left in March 1972.

This is a total of 1.8 speech therapists to serve a school population of 33,686.

Annual Figures

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

Number of attendances for treatment ..	2,975	
Number of attendances for interview ..	288	
Number of attendances for review ..	511	
	<hr/>	3,774
Number of referrals		231
Reasons for referral:		
Dyslalia	179	
Stammer	12	
Others	40	
	<hr/>	231
Sources of referral:		
Headteachers	41	
Medical Officers	112	
Others	17	
Health Visitors	61	
	<hr/>	231
Numbers discharged during the year:		
Cured	113	
Maximum Improvement	32	
Others	26	
	<hr/>	171
Number on Waiting List at end of year ..		263

These show an increase of 60 in referrals and an increase of 40 in those referred by doctors.

The number discharged has increased by 11.

The implication is that despite a decrease in staff we are achieving slightly better results.

Intensive Treatment

Following the success of our first session in September 1971, at Redhall First School, we have conducted five more sessions during this year. One of these was a follow-up at Red Hall School, after 6 months break, with some of the same children and others not previously treated. This showed some very interesting results and confirmed our first findings which revealed a sharp rise in the Renfrew Articulation score following intensive treatment and a continued steady improvement along the expected maturation line during the period with no treatment. There was no regression to former immature or defective patterns of speech and, in a number of cases, social behaviour, reading readiness and other learning skills matured at the same rapid rate following intensive treatment. We hope to continue to use this form of therapy and

time will be made for a session to be arranged once a month. Other sessions have also been held, 2 at Central Clinic and 1 at Saltwells First School in December 1972. One of these was a course of 2 weeks for stammerers in July 1972, which was very successful.

There has been some "carryover" of this treatment style into the regular weekly treatment sessions. I am using group work over longer periods (i.e. approximately 6 children at once for 1 hour) instead of our conventional system of 1 child for $\frac{1}{2}$ hour. The groups are very well motivated, attend regularly, improve quickly and help each other in an astonishing way once the right atmosphere has developed.

Accommodation in some of the clinics is now well adapted to this work, particularly Lower Gornal Health Centre, where the carpeting enables us to work on the floor with younger children and the sound damping makes it possible to hear easily.

Cleft Palate Assessment Unit

I was invited to join Miss Pullin, speech therapist at the Guest Group Hospitals, in a fortnightly session to assess the speech and language of post-operative cleft palate patients at Wordsley Hospital.

These sessions began in September 1972. Previously, because of shortage of speech therapists in this field, Mr. North and Mr. Mansfield, Consultant Plastic Surgeons, and Mr. Hoddart, Orthodontic Consultant, had no means of obtaining an objective assessment of these children's speech defects.

Now, with the recently developed Reynell and Illinois Language Tests and detailed articulation assessments, we can help to shed more light on what is sometimes a multiple handicap of language development, immature and defective articulation and hearing defect, together with cleft palate.

These attendances are valuable in providing ground for co-operation and liaison between the Hospital and School Health Service Speech Therapy departments.

At the suggestion of the consultants a method of recording these results in statistical form was devised which I understand they intend to use in providing information to the Cleft Palate Research Unit at Wordsley and Corbett Hospitals.

Courses

The following courses were attended during the year:—

- January and March —London and Oxford respectively, to observe "Treatment of Stammerers".
- March —Day Course, in Bristol, "Team approach to Language Delay."
- April —Lecture by Mildred Berry, a prominent American researcher and author in Speech Defects, in Birmingham.
- July —2 day course in "Audiology" at Speech Therapy Training School, Birmingham.
- December —4 day lecture conference, with British Audiology Society in London.

We feel it is important to take whatever opportunities we can to keep up to date and learn from other fields.

General

We are increasing our liaison with many departments in the service and we are grateful for the help and co-operation we receive. We hope to continue increasing this because the team approach is the patient's safeguard against the individual's narrower view.

Our work in schools has stimulated interest and enthusiasm among the teachers, who have been glad to discover what a speech therapist is and does.

The work in clinics brings us into fruitful contact with the Health Visitors and Audiologists.

The Educational Psychologists have been exceedingly helpful in providing detailed reports on children they wish us to see."

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."

There were nine children in this category in the following schools:—

West Kirby Children's Convalescent Home and School, Cheshire.	1
The Beacon School, Lichfield (one boy who is also educationally subnormal)	1
Kingswood Open Air School, Wolverhampton	3

Two children attending Kingswood Open Air School, Wolverhampton were withdrawn by parents and 1 child was discharged from the school as being fit to attend ordinary school.

One child was discharged from West Kirby Children's Convalescent Home and is now attending an ordinary school.

Children Unsuitable for Education in School

During the year eight children were ascertained and recommended as being suitable for admission to the Old Park School. Ten children were re-assessed and nine were recommended to remain at the Old Park School. One child examined was recommended to remain at the Psychiatric Unit at Lea Castle Hospital, Wolverley. Another child ascertained during the year was recommended to remain at a residential school for severely subnormal children at the Sunfields Childrens Home, Clent, where he had been attending since 1965 having been placed there privately by the parents.

Tuition in Hospital

81 Dudley school children between the ages of 5 and 15 years were given tuition in the Dudley Guest Hospital and 47 children of the same age group also received tuition at Wordsley Hospital in accordance with Section 56 of the Education Act, 1944.

Conditions Requiring Hospital Treatment or Investigation

Dental	37
Chest condition	25
Ear, Nose and Throat condition	126
Skin condition	5
Surgical treatment	162
Orthopaedic and Rheumatic condition	23
Appendicectomy	54
Investigations	80
Accidents and Casualties	54

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 Health Department, assists in the maintenance of complete school medical records and facilitates the visiting of children upon discharge from the hospital.

REPORT OF THE CHIEF DENTAL OFFICER

The staffing position varied as usual throughout the year. On average 7.5 dentists were on duty out of an establishment of 10.

The Chief Dental Officer attended the Diploma in Dental Health Course, Birmingham, from October 1971 till July 1972, and obtained the Diploma in Dental Public Health from the Royal College of Surgeons, England.

A large part of the course was devoted to the study of the possible causes of tooth decay and the preventive measures available at the present time. Without doubt Fluoridation of the public water supply is the greatest caries preventive public health measure so far available. In American towns which have had fluoridation of their water supplies since 1946, the benefits of reduction in tooth decay extend into adult life.

Mrs. Yardley, the dental auxiliary, returned in August 1972, and worked 4 sessions per week.

Mr. D. Prince reduced his sessions from full-time to 4 sessions per week and eventually resigned to work in his own practice, full-time.

Miss Benson, B.D.S., Birmingham, joined the staff in January 1972, and was the first dentist to work in the newly opened dental suite at Lower Gornal Health Centre. This area was very much in need of a dental service.

A survey was carried out by the Chief Dental Officer to find the dental needs of the 13 year-old children in the Kingswinford area where at present there are no facilities for a school dental service, and compared these needs with the 13 year-old children in the Sedgley area which has had a routine school dental service. The Kingswinford child had an average number of decayed permanent teeth twice that of the Sedgley child. It would seem therefore that there is a need for a school dental service in the Kingswinford area.

Dental Health Education

- (1) Midwives and health visitors have been requested to stress the matter of diet to Expectant and nursing mothers—to outlaw as far as possible sugar and sweet foods from their shopping lists. The General Dental Council pamphlets "Your child's teeth" have been given to Midwives and Health Visitors to distribute to their patients.

Midwives and Health Visitors have been made aware that Fluoride tablets are available from the dental clinics for mothers to give their babies. Three talks have been given by a dentist to expectant mothers at the request of a Health Visitor and one was given to a scout group.

- (2) A letter to the parents of three-year-old children is sent inviting the parent to bring the three-year-old child along for examination and treatment. The pamphlet "Your child's teeth" is enclosed with the letter.
- (3) When a child enters school he/she is given a toothbrush, toothpaste and mug and a letter from the Chief Dental Officer giving advice on oral hygiene and diet.
- (4) A few films on dental topics have been shown at schools to the senior children. Health Visitors include oral hygiene in their talks to senior girls at the clinics. Dental posters are on display twice per year for a period of one month, at the clinics.
- (5) Miss Doreen Land of the Oral Hygiene Service lectured to 26 Headteachers of Junior and Infant schools at the Himley Hall post graduate centre and their help was requested in furthering the message of oral hygiene. The film "Out of the Mouths" was shown.
- (6) Tuck shops are requested to restrict sales to non cariogenic foods such as crisps and nuts and one sells apples only.
Some Senior Schools unfortunately do not accept this advice.
- (7) Slices of carrot are served after the school meals and water is on the tables for "swish and swallow".
- (8) At school inspections many pamphlets about oral hygiene are distributed to children and posters are left for the teachers to display on the wall. "The Story of a Tooth" cut-out booklet is used in some primary schools for lessons.
- (9) Tooth brushing supervision has been carried out with some classes in the Day Schools for Educationally Subnormal pupils, when dental surgery assistant staff has been available. This has also been done in the School for the Severely Subnormal children.
- (10) A request to enter other schools for tooth brushing supervision was made but they were unable to take up the offer due to lack of facilities in the school.

- (11) Chairside instruction on oral hygiene is given to each routine patient after or during treatment. Small children are given "Teddy and Belinda" by E. B. Mills as a story and painting book. The message "No sweets, Brush Teeth" is the theme.
- (12) One schoolmaster has undertaken to use the Tramline book, "The Brighter Smile" for project teaching.
- (13) Pamphlets on the Fluoridation of water supplies and copies of a study by Beal and James (1970) "Dental Caries Prevalence in five-year old children following five and a half years Fluoridation in Birmingham," were sent to Councillors to encourage them to implement the Health Committee's recommendation to fluoride Dudley's water supply. The council rejected fluoridation.

Dental Inspections

- 16,273 were inspected at school.
- 3,223 were inspected at clinics.
- 914 were re-inspected at school or clinic
- 13,292 required treatment
- 11,550 were offered treatment.
- 7,562 were treated during 18,443 visits.

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

Attendance and Treatment	
First Visit	7,562
Subsequent Visits	10,881
Total Visits	18,443
Additional courses of treatment commenced	289
Fillings in permanent teeth	12,692
Fillings in deciduous teeth	6,773
Permanent teeth filled	11,000
Deciduous teeth filled	6,353
Permanent teeth extracted	1,355
Deciduous teeth extracted	3,394
General anaesthetics	564
Emergencies	401
Number of pupils X-rayed	652
Prophylaxis	1,659
Teeth otherwise conserved	1,663
Number of teeth root filled	54
Inlays	—
Crowns	28
Courses of treatment completed	5,912
Orthodontics :	
New cases commenced during the year	213
Cases completed during the year	123
Cases discontinued during the year	12
Number of removable appliances fitted	264
Number of fixed appliances fitted	9
Pupils referred to Hospital Consultant	15
Prosthetics :	
Pupils supplied with F.U. or F.L. (first time)	1
Pupils supplied with other dentures (first time)	8
Number of dentures supplied	12
Anaesthetics :	
General anaesthetics administered by Dental Officers	39
Inspections :	
(a) First inspection at School—number of pupils	16,273
(b) First inspection at Clinic—number of pupils	3,223
Number of (a) plus (b) found to require treatment	12,547
Number of (a) plus (b) offered treatment	11,550
(c) Pupils re-inspected at School or Clinic	914
Number of (c) found to require treatment	745
Sessions :	
Sessions devoted to treatment	2,899
Sessions devoted to inspection	144
Sessions devoted to Dental Health Education	18

Head Infestation

Treatment of pediculosis with priderm has shown some improvement but constant vigilance is essential with those families who have persistent episodes of infestation. Eradication of this problem needs continuing education of both parents and children. The situation is not helped by the current fashion of longer hair styles for boys.

During 1972 the following age sex percentage incidence was recorded :—

	<i>Boys</i>	<i>Girls</i>
First Schools ..	2.01%	3.05%
Middle School ..	4.13%	5.44%
Secondary Schools	2.00%	2.04%

Employment of School Children

74 children were examined as school leavers and Forms Y.9 or Y.10 completed where 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 32 children from one or more of the following categories of work :—

<i>Number of Children Excluded</i>	<i>1. Heavy manual work or heavy lifting.</i>	<i>2. Work involving exposure to dust and fumes.</i>	<i>3. Work demanding continual exposure to weather.</i>	<i>4. Work at heights or near vehicles in action.</i>	<i>5. Work requiring fine or accurate vision.</i>	<i>6. Work requiring normal colour vision.</i>	<i>7. Work with a high dermatitis hazard.</i>	<i>8. Work requiring normal hearing.</i>	<i>9. Work involving handling or preparation of food.</i>
1		+							
17						+			
1	+								
5								+	
1				+	+	+			
1				+	+				
2		+			+				
1	+	+							
1			+						

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

Shop Assistants	87
Newspaper Delivery	65
Hairdressers	2
Others	15
	<hr/>
	169
	<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 the 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 twenty-two 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

- Case 1. A boy aged 8 years
Sub-acute sclerosing encephalitis.
Measles
- Case 2. A boy aged 9 years
Meningococcal Septicaemia.
- Case 3. A girl aged 6 years
Cerebral Tumour
- Case 4. A girl aged 4 years
Acute gastro-enteritis. Shigella sonnei
infection.
- Case 5. A boy aged 15 years
Uraemia. Glomerulo nephritis
- Case 6. A boy aged 10 years
Carbon dioxide poisoning
- Case 7. A boy aged 9 years
Bronchopneumonia. Sclerosing Leuco-
Encephalitis
- Case 8. A boy aged 8 years
Cerebral Tumour

Medical Examinations of Teachers and Entrants to Courses of Training for Teachers

During the year 137 candidates were examined for admission to Training Colleges and a medical report completed in each case and forwarded with Forms 13TT 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 Department of Education and Science and an X-ray examination is compulsory. During the year 24 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, 1972**

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

Mr. Mayor, Ladies and Gentlemen,

I am pleased to present the annual report on the work of the Department. The report is sectionalised in the usual way, and I wish to comment about most of the sections.

Housing

When I took up my appointment in Dudley at the end of 1945 the most urgent work was the elimination of large areas of houses which were grossly unfit. The sheer size of the problem was such that arrangements were made for elected representatives to be given the opportunity to tour the Borough in a coach to see the extent of the problem. One member remarked to me when halfway round the tour that the job was too big.

It gives me a great sense of personal satisfaction to be able to say that none of those large areas is in existence today. Many of them are large areas of redevelopment. The bad housing areas have given way to modern residential development, and in one case (at the rear of King Street) to an amenity area unequalled in the Midlands.

This does not mean that everything is well with housing in the Borough. There are many houses without the necessary basic amenities of bathroom, hot water, inside sanitation, etc. There are areas which require external environmental improvement, and houses which, if not repaired, will deteriorate until demolition is the only way out.

Much time and effort is being given by staff in the Department to tackle this next phase in improving housing conditions. A few thousand households have benefitted from the clearance of unfit houses in what can be termed Phase 1. The same dedication of purpose, and the same steady but hard work can bring Phase 2 to a similar conclusion and will again affect thousands of people in the Borough.

The clearance of unfit houses was regulated by the ability to build sufficient additional houses. There will be a regulating factor in the degree of progress in the repair and improvement of houses. This will be the availability of building trade operatives to carry out the work required to be done. The Local Authority response in providing the support staff will also be necessary if steady progress is to be maintained. Failure to deal adequately with Phase 2 will inevitably result in bad housing becoming worse, and could mean a return to demolition.

Publicity during the year has been helpful, but there will be a continuing need to place before the public the opportunities open to them. One hopes that there will continue to be good, solid public relations in the field of housing.

Food and Food Premises

There are more than a thousand premises in the Borough where food is handled and ultimately consumed by members of the public. They vary in size and complexity but all of them require the attention of Officers from the department. The number of persons employed in the food trade is not known, but it is known from observations that the turnover rate is high.

Very few traders take the trouble to have any form of staff training, although it is well known that bad handling of foodstuffs can, and in many instances does, lead to illness and loss of working capacity.

The problem for Inspectors is in deciding priorities because there is so much which has to be done. One thinks of food inspection, education of food handlers, sampling, inspection of premises, checking stock rotation and dealing with complaints.

The intention to bring in legislation for date stamping of certain foods will be a step forward, but it will not lessen the work which has to be done by the food section. The greater the sophistication in the food trade, the greater the vigilance that must be exercised by your Officers.

Air Pollution and General Environmental Matters

Not very long ago the heading for this part of the report would have been Smoke Control. It is a measure of the progress being made that such a heading would now be too restricted.

There are two graphs in the report showing the results of measurement of smoke concentrations and sulphur dioxide concentrations. One must remember that these measurements are in respect of total concentrations, i.e., from both domestic and industrial sources. Power requirements for industry are steadily rising and therefore fuel consumption is rising. Smoke concentrations, especially in winter, show a steady downward trend. Sulphur dioxide concentrations are also coming down, but not to the same extent.

The work of the department is still concentrated on smoke control from domestic premises. The Clean Air Act came on to the Statute Book in 1956. Dudley Council supported the objects of this legislation and was the first authority in the Midlands (and possibly the whole country) to mount an exhibition to further the objects of a cleaner atmosphere. The exhibition was opened by the late Sir Hugh Beaver, and fervent promises were made about the Council's intention to press ahead with a realistic programme.

Alas in 1972 only 50% of the premises in the Borough are in smoke controlled areas. Continuing at the present rate the completion date is still twelve years away. A rather sobering thought when one remembers that the Beaver Committee was satisfied that the work could be done from start to finish in ten years. That meant from 1956 to 1966.

Other forms of air pollution are requiring the attention of the department and their investigation calls for a greater knowledge and skill from the Inspectorate. The training of Inspectors is having to keep pace with the technological demands made upon them during their investigations. This also applies to noise measurement and noise control.

It has been a great satisfaction to me to have colleagues in the department able to meet Managements, Technical staffs and Consultants in order to deal with sophisticated problems arising in so many different branches of industry.

As the standard of living improves there will be a greater demand for better environmental conditions. The control of noise from various sources will make greater demands upon staff, as will also the control of dust, fumes and smells. Local Authorities must be prepared to arrange for technical staff engaged in environmental work to have postgraduate training. It is necessary for Inspectors to keep abreast of current technology. There are many other aspects of environmental work which are referred to in the report. This is quietly but effectively done by the Inspectorate as part of general duties.

Training

Dudley has been recognised as a training authority for Public Health Inspectors by the Public Health Inspectors Registration Board for very many years. This authority was one of the first to train students for the B.Sc. course at the University of Aston, and has continued this important function. There are at the present time four B.Sc. students in the department, and I hope that there will be more in the future. Not all the students have stayed in Dudley, but this is how it should be. I am sure the ones who have left have taken with them the high standards they were taught when training here.

Administration

So very often a department where the majority of work done is of a technical nature, very little mention is made of the work of administration. The habit of taking for granted the work done by administrative staff is bad. I have been guilty of this and hasten to correct my fault. There is no doubt that the tendency to make so little mention of this work is influenced by the excellence of its performance. It is carried out so well and with such good humour by all involved.

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	7,220	11	21	58,698	22,969
Number inspected	7,220	11	21	58,698	22,969
All diseases except tuberculosis and cysticerci:—					
Whole carcasses condemned ..	3	—	—	47	7
Carcasses of which some part or organ was condemned ..	853	—	—	2,703	2,009
% of the number inspected affected with disease other than tuberculosis and cysticerci	11.81%	—	—	4.6%	8.75%
Tuberculosis only:—					
Whole carcasses condemned ..	—	—	—	—	—
Carcasses of which some part or organ was condemned ..	—	—	—	—	26
% of the number inspected affected with tuberculosis ..	—	—	—	—	.11%
Cysticercosis:—					
Carcasses of which some part or organ was condemned ..	1	—	—	—	—
Carcasses submitted to treatment by refrigeration	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Meat Condemned

	<i>Cattle</i>	<i>Cows</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Carcasses	3	—	47	7	57
Livers	517	—	2293	964	3774
Lungs	176	—	1605	1800	3581
Plucks and Frys	—	—	119	252	371
Heads	10	—	—	66	77
Udders	1	—	—	—	1
Feet	—	—	—	5	5
Kidneys	5	—	—	8	13
Hearts	8	—	8	161	177
Legs	—	—	22	7	29
Forequarters	—	—	3	—	3
Hindquarters	1	—	—	—	1
Hocks	—	—	—	2	2
Forelegs	—	—	2	—	2
Tongues	1	—	—	—	1

DISEASES

	<i>Cattle lbs</i>	<i>Cows lbs</i>	<i>Sheep lbs</i>	<i>Pigs lbs</i>	<i>Calves lbs</i>	<i>Total lbs</i>
Abscesses	5,345	—	94	319	16	5,774
Actinomycosis and Actino Bacillosis ..	742	—	—	—	—	742
Arthritis	—	—	65	58	—	123
Bacillary Necrosis ..	12	—	—	—	—	12
Bruising	220	—	164	26	—	410
Cirrhosis	141	—	311	2,292	—	2,744
Congestion	13	—	35	2,424	—	2,472
Contamination ..	110	—	—	—	—	110
Cysticercus Bovis ..	4	—	—	—	—	4
Ecchinoccus Cysts ..	67	—	3,705	74	—	3,846
Emaciation	—	—	315	26	—	341
Emphysema	6	—	—	—	—	6
Fascioliasis	508	—	2,304	—	—	2,812
Fatty Infiltration ..	26	—	2	—	—	28
Fever	202	—	—	45	—	247
Jaundice	360	—	43	80	—	483
Lymphosarcoma	—	—	45	—	—	45
Mastitis	20	—	—	—	—	20
Nataplasma	—	—	—	10	—	10
Oedema	—	—	581	—	—	581
Parasites	220	—	3,692	895	8	4,815
Pericarditis	25	—	5	349	—	379
Peritonitis	12	—	—	120	—	132
Pleurisy	1,020	—	100	1,314	—	2,434
Pneumonia	162	—	79	2,198	4	2,443
Pyæmia	—	—	35	330	—	365
Septicæmia	—	—	96	—	—	96
Telangectasis	64	—	—	—	—	64
Tuberculosis	—	—	—	480	—	480
Uraemia	—	—	30	—	—	30

Total weight of meat condemned—28 tons 6 cwts 16 lbs.

SUPERVISION OF FOOD PREMISES

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

General food shops	293
Food preparing premises subject to registration	79
Canteens	487
Restaurants	277
Fried fish premises	211
Butchers	127
Licensed premises	192
Licensed premises with catering facilities ..	141
Bakehouses	219
Food vehicles and stalls	525
Other food preparing premises	116

As a result of these visits 257 notices have been served and 122 notices complied with. 52 premises were brought up to the standard required by the Food Hygiene Regulations.

Market Stalls and Delivery Vehicles Regulations, 1966.

It has been necessary to institute legal proceedings against a Bakery Company for not maintaining in a clean condition a bread delivery vehicle. They were fined £25 and £10 costs.

Premises registered under Section 16 of the Food and Drugs Act, 1955:—

Premises registered for the preparation or manufacture of sausages only	3
Premises registered for the preparation or manufacture of potted, pickled or preserved food	18
Premises registered for the preparation or manufacture of sausages and potted, pickled or preserved food	13

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

Premises registered for the manufacture of ice cream	4
Premises registered for the sale and storage of ice cream	361

During the year 270 visits by Inspectors were made to registered ice cream premises for inspection purposes or the procuring of samples for bacteriological examination or for chemical analysis.

INSPECTION OF OTHER FOODS

During the year the District Inspectors have made 293 visits to food premises for the purpose of food inspection other than meat inspection.

Food Condemned:

	Total		Total
Baby food (tins) ..	254	Meat (frozen) ..	2074
Baby food (jars) ..	35	Meat (tins) ..	731
Baby food (pkts) ..	693	Milk (tins) ..	3019
Baby food (cases) ..	12	Milk powder (lbs) ..	97
Bacon (lbs) ..	133	Milk (long life) ..	6
Baked beans (tins) ..	694	Milk puddings (ass.) ..	243
Beetroot (jars) ..	38	Mousse (frozen) ..	522
Biscuits (pkts) ..	713	Pate' (jars) ..	2
Buttermilk (cartons) ..	2	Pastry (frozen) ..	320
Cakes ..	89	Pickles (jars) ..	157
Cakes (frozen) ..	167	Pies ..	47
Cake/Pudding mix (pkts)	212	Pies (tins) ..	22
Cereals (pkts) ..	374	Pies (frozen) ..	342
Chickens (frozen) ..	71	Pie fillings (tins) ..	336
Cheese (boxes) ..	314	Pork Pies (singles) ..	49
Cheese (lbs) ..	610	Pork Pies (lbs) ..	247
Chips (frozen) ..	352	Potatoes (tins) ..	104
Chips (tins) ..	34	Potatoes (instant) ..	150
Chocolate drinks (tins)	1	Puddings (tins) ..	20
Coffee (instant) ..	49	Puddings (pkts) ..	55
Coffee (lbs) ..	5	Ready dinners (frozen)	86
Cooked meats (lbs) ..	30	Rice (pkts) ..	254
Cornish pasties ..	183	Rice puddings (tins)	113
Cream (tins) ..	166	Salad cream (jars) ..	11
Cream (cases) ..	54	Sausages (tins) ..	2
Curry (pkts) ..	85	Sausages (lbs) ..	80
Custard Powder (pkts)	17	Sausage rolls (pkts) ..	1146
Custard powder (tins) ..	4	Sausage rolls (singles)	295
Dried fruit (pkts) ..	42	Sauce (bottles) ..	2
Fish (tins) ..	256	Soup (tins) ..	1810
Fish (frozen) ..	2557	Soup (pkts) ..	395
Fish (boxes) ..	7	Soup (cases) ..	688
Fish and chips (frozen)	19	Spaghetti ..	172
Flour (lbs) ..	179	Spreads (jars) ..	2
Fruit (tins) ..	1938	Steak & Kidney Pies (froz)	78
Fruit (frozen-lbs) ..	9	Steak & Kidney pies (tins)	7
Fruit juice (cans) ..	158	Stewed steak (tins) ..	1
Gherkins (jars) ..	3	Sugar (lbs) ..	75
Grills-tasty spreads ..	43	Sweets (boxes) ..	96
Honey (jars) ..	69	Sweets (jars) ..	7
Herbs (pkts) ..	10	Tea (lbs) ..	6
Irish stew (tins) ..	24	Tomatoes (tins) ..	9571
Ice cream (boxes) ..	1600	Trifles (frozen) ..	254
Ice cream (singles) ..	674	Turkeys (frozen) ..	8
Iced lollies (singles) ..	1322	Vegetables (tins) ..	1108
Jam (jars) ..	12	Vegetables (frozen) ..	2248

Jelly	1	Unlabelled tins ..	4
Margarine (lbs) ..	4	Yogurt (cartons) ..	689
Marzipan (pkts) ..	1	Yorkshire puddings ..	56

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 drinks ..	2	—	Jellies	2	—
Baby Foods	2	—	Lollies	3	—
Beer	1	—	Meat	8	—
Beverages	2	—	Meat (canned) ..	4	—
Biscuits	20	—	Meat products ..	30	—
Bread	5	—	Milk	6	—
Butter	4	—	Milk (canned) ..	1	—
Cereals	5	—	Non brewed condiment	1	—
Coconut	2	—	Pancake minture ..	1	—
Cheese	8	—	Pasta	6	—
Coffee	1	—	Pickles	2	—
Confectoinery ..	14	—	Preserves	10	—
Cooking oils	1	—	Rice	4	—
Cooking Fats	2	—	Sauces	20	—
Cream	3	—	Sausages	25	—
Custard powders etc.	5	—	Soft drinks	27	—
Drugs	19	—	Soup	10	—
Fish	2	—	Spices	11	—
Fish products	5	—	Spirits	1	4
Fish (canned)	5	—	Spreads	7	—
Food colours	3	—	Sugar	1	—
Food flavours	7	—	Sweets	10	—
Fruit (canned)	5	—	Vegetables (canned) ..	13	—
Fruit (dried)	21	—	Vegetables (dried) ..	6	—
Ice cream	3	—			

SAMPLING FOR CHEMICAL ANALYSIS

During the year 4 formal samples and 337 informal samples of food and 19 samples of drugs were taken. Adverse reports were received on 10 samples, details of which are as follows:—

<i>Sample</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Currants	Contaminated with mineral oil	Warning letter sent
New potatoes—canned	Interior of cans corroded Some metallic contamination of contents	Stock taken off sale
Orange crush	Contaminated with mould growth	Warning letter sent to Manufacturer
Chocolate Sauce	Description "Specially blended milk chocolate" unjustified	Label to be amended
Ice Lolly	Contained 7.5 parts per million. Limit in Lead in Food Regulations 0.5 per million.	Investigations carried out at place of manufacture. Cause not identified, but all further samples taken satisfactory.
Bread	Contaminated with jute fibres.	Letter sent to Manufacturer
Bread	Contaminated with oil and iron	Letter sent to Manufacturer
Bread	Contaminated with mineral oil and iron	Letter sent to Manufacturer
Tomato juice	Howard mould count above recommended level	Stock withdrawn
Milk	Contaminated with mould growth	Legal proceedings taken

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 was 6.

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

Pasteurised	60
Sterilised	150
Ultra Heat Treated	11

At the end of 1972 there were 159 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

Designation	Total Number of samples taken	Methylene Blue Tests		Phosphatase Tests		Turbidity Tests		Colonies per 1 ml of milk
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
Sterilised ..	21	—	—	—	—	21	—	—
Pasteurised	52	52	—	52	—	—	—	—
U H T ..	2	2	—	—	—	—	—	2
Totals ..	75	52	—	52	—	21	—	2

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 REGULATIONS, 1970

The main provisions of these Regulations come into force on the 1st January, 1973. They require certain details of labelling to be included on pre-packed articles. Many manufacturers and packers have sought advice during the latter months of the year and draft labels submitted and commented upon.

ICE CREAM AND ICED LOLLIPOPS

143 samples of ice cream and 25 samples of iced lollipops have been submitted for bacteriological examination. All the lollipops were reported as satisfactory. 6 samples of ice cream were considered unsatisfactory (4.2%). All were investigated and in some cases plant was stripped, sterilised, and the procedure for manufacture scrutinised before further samples were taken. Sampling from soft ice cream vehicles operating in the Borough and from manufacturers premises has continued.

BACTERIOLOGICAL EXAMINATION OF ICE CREAM

<i>Provisional Grade</i>	<i>Ice Cream Mix</i>	<i>Soft Ice Cream</i>	<i>Hard Ice Cream</i>
1	46	27	49
2	4	4	7
3	-	-	3
4	2	1	-
Totals	52	32	59

COMPLAINTS REGARDING UNFIT OR CONTAMINATED FOOD

343 visits were made during the year concerning 109 complaints of unfit food, or food not of the nature, substance or quality demanded.

In three instances legal proceedings were instituted with the following results:—

1. Bakery fined £10 for the sale of a cake with a sweet paper inside.
2. Bakery retailer fined £15 and £10 costs for the sale of a mouldy pork pie.
3. Manufacturer/Retailer fined £50 and £10 costs for the sale of a mouldy steak and kidney pie.

Nature of Complaint

Mouldy Foods	26
Unfit, or foodstuffs with deterioration other than mould	10
Insects in food	15
Foreign objects in food	18
Contaminated foodstuffs	6
Insufficient evidence or complaint not justified	34

All complaints received full investigation, and where necessary representatives of the manufacturer as well as the retailer were interviewed. It must again be acknowledged that mouldy and old foodstuffs is the greatest source of complaint. With the variety of prepacked perishable goods now stocked by retailers, it is essential that correct storage is maintained and that the "turn round" is effective. Daily checks should be made of the stock, the retailer using his own system of marking to indicate delivery date. Many retailers still rely on the delivery men to stock their shelves and to remove all foodstuffs. One feels that it is time that all wrapped perishable foodstuffs were marked with an expiry date, each being easily interpreted by the public would allow the consumer to check the stock of such retailers.

BACTERIOLOGICAL EXAMINATION OF OTHER FOODS

90 samples of food have been taken for bacteriological examination. 14 of these were reported as not entirely satisfactory, which resulted in further visits to the establishments for investigation and advice. A number of these unsatisfactory samples were taken from restaurants, of previously cooked or partially cooked meat awaiting further heat treatment.

Procedures necessary to safeguard such foods were explained to the management and the chefs, and in each case follow-up samples were taken.

<i>Sample</i>	<i>No. Taken</i>	<i>No. Unsatisfactory</i>
Meat Pies	5	—
Sliced meats	18	7
Other meat products	16	5
Liquid egg	1	—
Dried egg	1	—
Fresh cream	4	—
Imitation cream	34	1
Shell fish	2	—
Boiled rice	1	—
Cooked chicken	4	1

FOOD AND DRUGS ACT, 1955
FOOD HYGIENE (GENERAL) REGULATIONS, 1970

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	73	73	73	73
Restaurants, Cafes and Snack Bars	58	58	58	58
Licensed premises—full catering	27	27	27	27
Large canteens and clubs	140	140	140	140
Registered ice cream manufacturers	3	3	3	3
Registered sausage manufacturers	3	3	3	3
Registered sausage and potted, pickled and preserved meat manufacturers	13	13	13	13
Registered potted, pickled or preserved food manufacturers	18	18	18	18
Bakehouses	11	11	11	11
Slaughterhouses	9	9	9	9
General food shops	332	332	332	332
Butchers	129	129	129	129
Grocers	96	96	96	96
Greengrocers	86	86	86	86
Wet fish shops	10	10	10	10
Confectioners	44	44	44	44

HOUSING

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

1. Areas represented but not confirmed:—

Rosehill, Quarry Bank ..	1 area involving	5 unfit houses
Brockmoor, Brierley Hill ..	2 areas involving	23 unfit houses
Gornal Wood, Lower Gornal	7 areas involving	119 unfit houses
Bilston Street, Sedgley ..	1 area involving	12 unfit houses
Tipton St./Gate St. Sedgley	4 areas involving	33 unfit houses
Turner St./Clifford St. Dudley	2 areas involving	17 unfit houses
Shirley Rd. Kates Hill, Dudley	1 area involving	6 unfit houses
Owen St. Kates Hill, Dudley	1 area involving	2 unfit houses
Dean Street, Sedgley ..	2 areas involving	7 unfit houses
Queen Street/Wartell Bank, Kingswinford ..	1 area involving	21 unfit houses
Mount Pleasant, Quarry Bank	1 area involving	2 unfit houses

2. Orders confirmed during 1972:—

	Represented	Confirmed
High Street, Wallheath Compulsory Purchase Order	4	4
Brockmoor, Brierley Hill, Compulsory Purchase Order	31	31
Shaw Road, Dudley, Compulsory Purchase Order	4	4
Church Road, Coseley, Compulsory Purchase Order	9	9
Park Road, Netherton, Compulsory Purchase Order	17	17
Kinver Terrace, Dudley Clearance Order	12	12

Demolitions

During the year 159 unfit properties in Clearance Orders or Compulsory Purchase Orders were demolished. A further 42 fit houses in Compulsory Purchase Orders, and 99 properties subject to Demolition Orders were demolished, making a total of 300 properties demolished during the year.

Rehousing

786 lettings became available during the year. This figure excludes any properties utilised for exchange or transfer purposes.

The lettings can be classified as follows:—

New houses	68
Re-lets	718

Of this total, 138 houses were allocated to families living in unfit properties of all categories. A further 8 families were rehoused from fit properties in Compulsory Purchase Orders, making a total of 146 families rehoused for Clearance purposes.

Individually Unfit Properties

Number of Demolition Orders made (Section 17) ..	59
Number of Closing Orders made (Section 17) ..	11
Number of Closing Orders made (Section 18) ..	Nil
Number of houses demolished pursuant to Demolition Orders	99
Number of houses made fit and Orders determined ..	6
Number of persons displaced:—	
(a) Individuals	173
(b) Families	68

Housing Visits

The following visits were made during the year:—

Clearance Area inspections	48
Individually unfit inspections	42
Clearance Area re-inspections	113
Individually unfit re-inspections	78
General Inspections	205
Improvement Area visits	303
Improvement grant visits	1990
Housing visits for medical reasons	14
Dangerous structures	7
Miscellaneous	310
Mapping visits	31
Rent Act visits	2
Houses in mortgage to the Corporation	118
Visits where no access gained	368

Land Charge Searches

During the year enquiries were made with regard to 3,702 applications for official searches.

Improvement Grants

Improvement of properties outside General Improvement Areas

It has been the practice since the introduction of Section 19 of the 1964 Housing Act to encourage tenants to make representation for the provision of amenities which are lacking. In many cases it is possible to persuade the owner to carry out a more comprehensive scheme of improvement than the simple provision of these amenities. There are cases where the Council have been requested to purchase, and 27 such properties are now being comprehensively improved and repaired by private firms under contract to the Council.

Section 9 of the 1957 Act is not being used to any great extent at the present time, because since the introduction of Section 19 referred to above 176 representations from tenants have been received, the result of which is that 176 properties will have been improved and repaired, as against repair only under Section 9. At the same time this procedure dispenses with the controversial judgment as to whether a property is repairable or not at reasonable expense. 8 of these representations were received during the year under review. In my view this is a valuable section with an end result superior to that achieved by Section 9, and I do not think that any greater result would have been achieved by embarking upon a deliberate policy of repair.

Improvement grants are widely publicised, but I feel that the same intensity of publicity should be given to a tenant's right to make representation. The local policy of drawing attention to this right has resulted in more of a balance between owner occupied improvement grant applications, and those for tenanted properties, which after all are the ones normally in need of extensive overhaul.

All improvement grant work in the department is processed by the Housing section comprising two Public Health Inspectors and one Technical Assistant. The total number of applications received during 1972 was 365, compared to 213 in the previous year. Enquiries requiring an initial visit and inspection totalled 723. Speed is essential in dealing with enquiries and applications for grant, but the flow of applications and enquiries is slowing down the procedure to the extent that if the present upward trend continues, and the indication is that it will, serious consideration will have to be given to either a redeployment of staff or the appointment of additional staff.

Finally on the subject of grants, I am concerned that with the cancellation of practice notice by the Department of the Environment Circular 46/71 has led to widely differing interpretations of the grant system from one Authority to another. For instance what is considered to be an inadequate kitchen—60 sq. ft.? 50 sq. ft.? or perhaps any other area a Local Authority may apply. To what area should the kitchen be extended? Should a grant be given for the addition of a bedroom or a living room? What qualifying date should apply to a Discretionary grant? Other anomalies could obviously be quoted, but in my opinion a directive on projects which should be grant aided, and those which should not is long overdue. This would in no way detract from the discretionary powers given to Local Authorities, but would at the very least prevent the present illogical system whereby one authority is restrictive and another more than generous in its interpretation of submitted schemes.

Details of Standard and Discretionary grants approved during the year are set out below :—

STANDARD

	Owner- occupiers Standard 5 point	Tenanted Standard 5 point
1. Number of applications approved ..	31	1
2. Number of dwellings improved ..	35	5
3. Amount paid in grants	£3,767.43p	£770.73p
4. Average grant per house	£107.64p	£154.14p
5. Number of amenities provided :—		
(a) fixed bath	15	4
(b) shower	—	—
(c) wash hand basin	25	4
(d) hot water supply (to any fittings)	58	12
(e) water closet—within dwelling or accessible from dwelling	29	4
(f) sinks	1	—
(g) bath or building works ..	4	—

DISCRETIONARY

	Owner- occupiers	Tenanted
1. Number of applications approved ..	155	30
2. Number of dwellings improved ..	101	21
3. Amount paid in grants	£45,523.63p	£9,231.48p
4. Average grant per house	£450.72p	£439.57p

Dwellings outside Improvement Areas

1. Number of representations made since 1966	176
2. Representations made by tenants during the year ..	8
3. Preliminary notices served during the year	6
4. Undertakings accepted during the year	Nil
5. Immediate Improvement notices served during the year	4
6. Final notices served during the year	Nil
7. Such dwellings improved during the year :—	
(a) full standard	2
(b) reduced standard	Nil

General Improvement Areas

Initial survey work on the proposed Baptist End General Improvement Area was completed some time ago. The Planning department having produced their proposals for environmental improvement a Public Meeting was arranged towards the end of October. Prior publicity ensured that the meeting was extremely well attended, and after a very full discussion the residents of the area in attendance at the meeting unanimously accepted the Corporation's proposals. For a period of ten days prior to the meeting great interest was shown in a show house within the area which had been acquired and improved by the Council. A local firm furnished and carpeted the property. The Department of the Environment also co-operated in the exercise by stationing a mobile improvement unit within the area.

It is anticipated that the area will be officially declared early in 1973, and that all the important environmental improvements will be put in hand quickly so as to act as a stimulus to those owners who have not yet taken advantage of the improvement grant system.

Three further areas in the Borough have been selected for future declaration of General Improvement Areas, and it is anticipated that survey work will commence in these areas in the near future.

HOUSES IN MULTIPLE OCCUPATION

The table below sets out in detail action taken during the year so far as it affects houses in multiple occupation. For all practical purposes properties occupied by only two families are ignored.

1. Total number of houses known to be in multiple occupation	113
2. Number of houses estimated to need attention under Housing Act, 1961	90
3. Number of houses on which notices of Intention have been served for:—	
Directions on overcrowding (Section 19)	8
4. Number of houses on which have been made:—	
(a) Management Orders	4
(b) Directions on overcrowding	8
5. Number of notices served:—	
(a) to make good neglect of proper standards of management (Section 14)	4
(b) to require additional services or facilities (Section 15)	Nil
(c) where work has been carried out in default	Nil
6. Number of prosecutions in respect of:—	
(a) management	Nil
(b) directions	Nil
(c) overcrowding (Section 90 Housing Act, 1969)	Nil
7. Number of control orders made (Housing Act, 1969)	Nil
8. Number of control orders terminated	Nil
9. Number of notices under Section 90 (Housing Act, 1957)	Nil

SANITARY ADMINISTRATION

Particulars of Inspection

During the year 491 inspections and 504 re-inspections were made under the Public Health Act, 1936.

The number of preliminary notices served was 55, and the number complied with was 19. Statutory notices numbered 14, and 8 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 1972, 625 samples of chlorinated water as pumped to supply were examined. 624 samples were found to be free from coliform bacteria.

261 samples of the raw water from underground sources were also examined, 260 of which were free from coliform bacteria.

74 samples of water of surface origin from Hampton Loade Treatment Works, examined prior to treatment, gave an average coliform bacteria content of 129 per 100ml.

None of the supplying stations contain any significant amount of naturally occurring fluoride.

Samples were examined from within the County Borough from:—

- Cawney Hill Reservoirs
- Sedgley Reservoir
- Sedgley Beacon Reservoir
- Shavers End Reservoirs
- Shavers End Repumping station
- Springsmire Reservoir
- Turners Hill Tank
- The Library, Brierley Hill
- The Painters Arms, Avenue Road, Coseley
- 44, Abberley Street, Dudley
- 12, Oak Street, Kingswinford
- Waterman's House, Netherton
- Waterman's House, Sedgley

372 samples from the reservoirs and tank and 11 from Shavers End Repumping Station were all free from coliform bacteria.

8 tap samples from Brierley Hill, 12 from Coseley, 12 from Dudley, 8 from Kingswinford, 12 from Netherton and 11 from Sedgley were all free from coliform bacteria.

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

MAINS WATER SUPPLY

14 samples of mains water have been taken for analysis. All were satisfactory chemically and bacteriologically. 4 samples from wells situated in the Borough were taken and reported as satisfactory.

WATER SUPPLY

No. of premises (excluding Council Houses) having a private water supply (estimated)	48,981
Council Houses	27,444
No. of premises having common water supplies (estimated)	200

SEWERAGE AND SEWAGE DISPOSAL

The new relief sewer at Brick Kiln Lane, Lower Gornal, was constructed during the year, and this should overcome the former troubles associated with minor flooding during storm conditions.

The new sludge pumping station at the Freehold and Caledonia works is under construction, and the 5 miles of twin 8 ins. diameter pumping mains from Lye to Roundhill are nearing completion.

A tender has been let for the construction of 5ft diameter sewer in tunnel from the Freehold Works up through the Stour valley under the Dunns Bank area, and this contract also includes a 27 ins. diameter interceptor sewer from Hay Green to the Freehold works.

A contract has been let for the civil engineering and building construction works for the new sludge treatment plant at Roundhill which will include sludge thickening, heat treatment, sludge pressing, incineration and liquor evaporation. This will be one of the most modern sludge treatment plants in the country.

A scheme has been submitted to the Department of the Environment for the duplication of the new Roundhill Sewage Treatment Works. It is expected that construction of this project will commence during 1974.

Designing is currently being done on a 100% extension of the Freehold Treatment works to be completed within the next four years. The Authority have also approved two comprehensive reports dealing with the capital works which will be required throughout the district to deal with future increased population and industrial expansion up to the end of the year 2000. These capital works schemes for the next five years have already been approved by the Department of the Environment and the Consulting Engineers have been instructed to proceed with the design.

INFECTIOUS DISEASE

596 visits were made during the year.

RODENT CONTROL

Two sewer treatments were carried out during the year. The following is a table of work carried out under this heading during the year :—

	Type of property	
	Non-Agricultural	Agricultural
1. Number of properties in district ..	74,442	16
2. (a) Total number of properties (including nearby premises) inspected following notification	2,278	—
(b) Number infested by (i) rats ..	1,004	—
(ii) mice	717	—
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	—	—

Number of cases	Number of cases in which defects were found			Total
	(a)	(b)	(c)	
1	—	—	—	1
2	—	—	—	2
3	—	—	—	3
4	—	—	—	4
5	—	—	—	5
6	—	—	—	6
7	—	—	—	7
8	—	—	—	8
9	—	—	—	9
10	—	—	—	10
11	—	—	—	11
12	—	—	—	12
13	—	—	—	13
14	—	—	—	14
15	—	—	—	15
16	—	—	—	16
17	—	—	—	17
18	—	—	—	18
19	—	—	—	19
20	—	—	—	20
21	—	—	—	21
22	—	—	—	22
23	—	—	—	23
24	—	—	—	24
25	—	—	—	25
26	—	—	—	26
27	—	—	—	27
28	—	—	—	28
29	—	—	—	29
30	—	—	—	30
31	—	—	—	31
32	—	—	—	32
33	—	—	—	33
34	—	—	—	34
35	—	—	—	35
36	—	—	—	36
37	—	—	—	37
38	—	—	—	38
39	—	—	—	39
40	—	—	—	40
41	—	—	—	41
42	—	—	—	42
43	—	—	—	43
44	—	—	—	44
45	—	—	—	45
46	—	—	—	46
47	—	—	—	47
48	—	—	—	48
49	—	—	—	49
50	—	—	—	50
51	—	—	—	51
52	—	—	—	52
53	—	—	—	53
54	—	—	—	54
55	—	—	—	55
56	—	—	—	56
57	—	—	—	57
58	—	—	—	58
59	—	—	—	59
60	—	—	—	60
61	—	—	—	61
62	—	—	—	62
63	—	—	—	63
64	—	—	—	64
65	—	—	—	65
66	—	—	—	66
67	—	—	—	67
68	—	—	—	68
69	—	—	—	69
70	—	—	—	70
71	—	—	—	71
72	—	—	—	72
73	—	—	—	73
74	—	—	—	74
75	—	—	—	75
76	—	—	—	76
77	—	—	—	77
78	—	—	—	78
79	—	—	—	79
80	—	—	—	80
81	—	—	—	81
82	—	—	—	82
83	—	—	—	83
84	—	—	—	84
85	—	—	—	85
86	—	—	—	86
87	—	—	—	87
88	—	—	—	88
89	—	—	—	89
90	—	—	—	90
91	—	—	—	91
92	—	—	—	92
93	—	—	—	93
94	—	—	—	94
95	—	—	—	95
96	—	—	—	96
97	—	—	—	97
98	—	—	—	98
99	—	—	—	99
100	—	—	—	100
Total	—	—	—	—

FACTORIES ACT, 1961**PART 1 OF THE ACT**

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

<i>Premises</i> (1)	<i>Number on register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	53	12	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	659	105	13	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	4	—	—	—
Total	716	117	13	—

2.—Cases in which DEFECTS were found—

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred To H.M. Inspector by H.M. Inspector</i> (4) (5)		
Want of cleanliness (S.1)	8	—	—	4	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	2	—	—	1	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	1	—	—	—	—
(c) Not separate for sexes	2	—	—	1	—
Other offences against the Act (not including offences relating to outwork)	1	—	—	1	—
Total	14	—	—	7	—

PART VIII OF THE ACT

Outwork

(Sections 133 and 134)

<i>Nature of Work</i>	<i>No. of outworkers in August list required by Section 133(1) (c)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>	<i>No. of instances of work in unwholesome premises</i>	<i>Notices served</i>	<i>Prosecutions</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Carding of buttons etc.	156	—	—	—	—	—
Altering wearing apparel	1	—	—	—	—	—
Total	157	—	—	—	—	—

SMOKE CONTROL AREAS

After a lapse of two years work on the smoke control programme recommenced in earnest during the year.

One Order confirmed by the Department of the Environment in February became operative on the 1st October, 1972. At the end of the year 7,835 acres of the Borough involving 32,770 houses and 1,289 industrial and commercial premises were covered by operative smoke control areas.

Two other Orders were confirmed by the Department of the Environment during the year and will come into operation during the coming year. The works of adaptation required have in cases been completed, but the bulk of adaptations remain to be done.

These two confirmed areas which are not yet in operation cover a further 958 acres of the Borough involving 3,289 houses and 391 industrial and commercial premises.

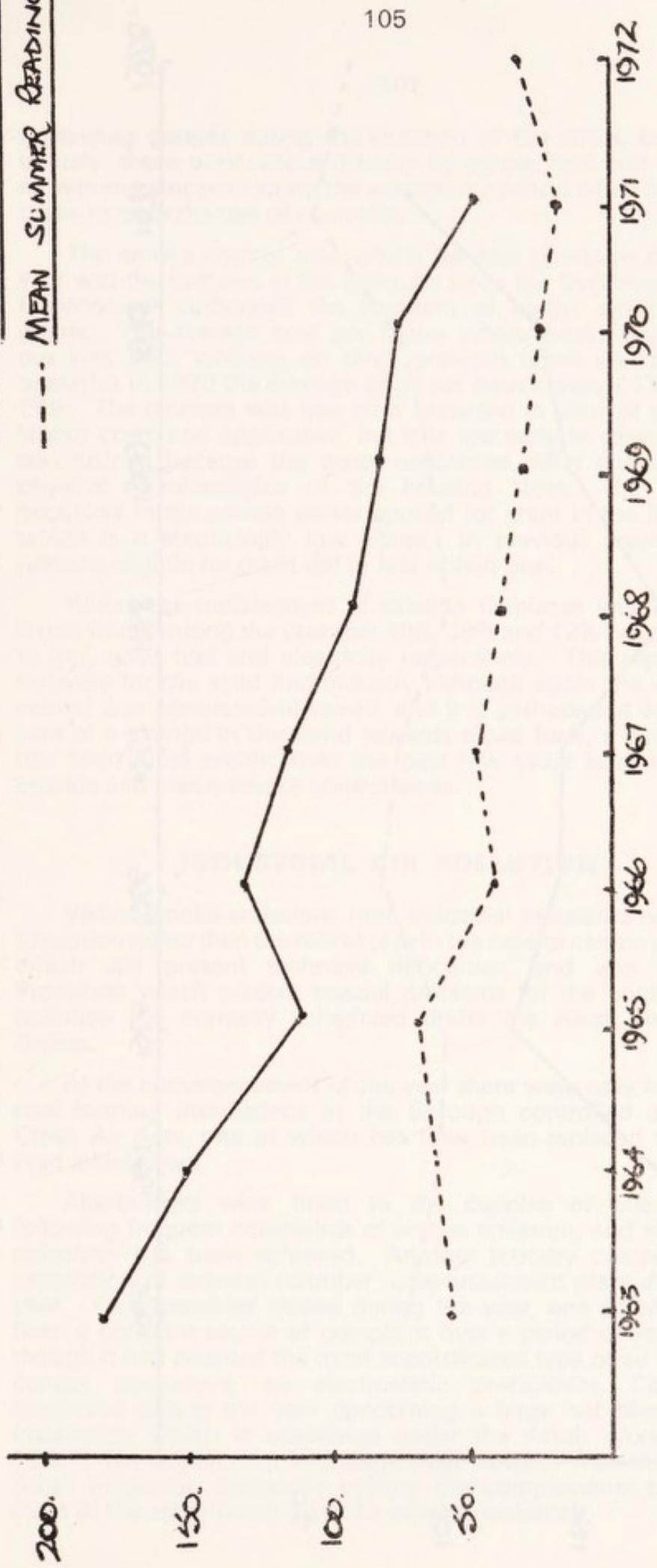
Number of visits re survey	2,571
Number of visits in confirmed areas	2,108
Number of visits in operative areas	143
Number of adaptations completed	359

At the end of 1966 it was estimated that with the rate of progress that had been sustained since 1956 by the Local Authorities merging with Dudley, it would take until 1980 to complete the task of including all premises in the Borough in smoke control areas. This was some nine years later than the original target outlined by the Beaver Committee, i.e. fifteen years after the passing of the Clean Air Act, 1956. Such a target has proved unattainable to most Local Authorities. However, in our own case it is disturbing to find that if the rate of progress recently attained after a two year delay can be maintained it will still be 1984 before we succeed in our objective.

At the end of September, 1972 54.7% of the acreage in black areas and 64% of the premises were covered by smoke control orders. In Dudley 59% of the acreage and 50% of the premises were so covered. Progress in Dudley in relation to premises covered is lagging behind the national average. When compared against the West Midland regional figure of 42.4% of premises covered it fares somewhat better.

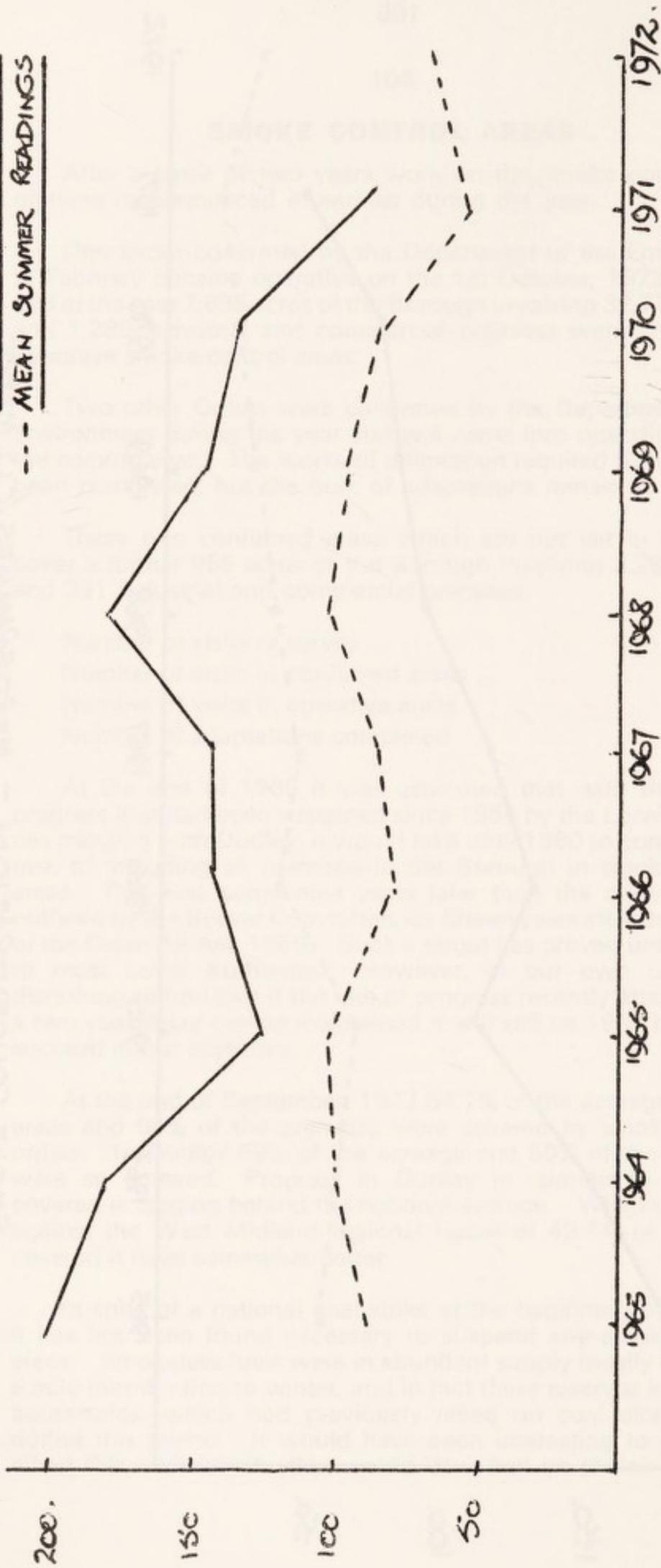
In spite of a national coal strike at the beginning of the year it has not been found necessary to suspend any smoke control areas. Smokeless fuels were in abundant supply locally following a mild introduction to winter, and in fact these reserves kept many households, which had previously relied on coal alone, warm during this period. It would have been interesting to see what effect this artificial situation would have had on the air pollution

— MEAN WINTER READINGS
- - - MEAN SUMMER READINGS



SMOKE CONCENTRATION - MICROGRAMMES/CU. METRE.

— MEAN WINTER READINGS
- - - MEAN SUMMER READINGS



SULPHUR DIOXIDE CONCENTRATION - MICRO GRAMMES/CU. METRE.

measuring gauges during the duration of the strike, but unfortunately these were affected badly by power cuts and ultimately monitoring stopped during the emergency period when steps were taken to curb the use of electricity.

The smoke control area which became operative during the year was the first one in the Borough since the Department of the Environment authorised the payment of higher smoke control grants. The average cost per house where works were carried out was £50, whereas on three previous areas which became operative in 1970 the average costs per house were £43-£47 and £49. The increase was less than expected in view of the rise in labour costs and appliances, but it is too early to draw any firm conclusions because the areas concerned differ entirely in the physical characteristics of the housing stock. Only 52% of occupiers in the private sector applied for grant in the latest area which is a surprisingly low figure. In previous areas 66% of persons eligible for grant did in fact obtain one.

Where the replacement of existing fireplaces was necessary it was found during the year that 49%, 39% and 12% were changed to gas, solid fuel and electricity respectively. This represents a recovery for the solid fuel industry although again the area concerned was comparatively small, and it is perhaps too early to be sure of a change in the trend towards piped fuels, a trend which has been most prolific over the past few years both in houses outside and inside smoke control areas.

INDUSTRIAL AIR POLLUTION

Visible smoke emissions from industrial processes is now the exception rather than the rule except in the case of certain processes which still present technical difficulties, and iron furnaces. Processes which present special problems for the control of air pollution are normally scheduled under the Alkali, etc., Works Orders.

At the commencement of the year there were only four major coal burning installations in the Borough controlled under the Clean Air Acts, one of which has now been replaced by an oil fired installation.

Afterburners were fitted to the cupolas of one foundry following frequent complaints of smoke emission, and significant reduction has been achieved. Another foundry completed the installation of aventuri scrubber fume arrestment plant during the year. Two foundries closed during the year, one of which had been a constant source of complaint over a period of years, even though it had adopted the most sophisticated type of air pollution control equipment, an electrostatic precipitator. Complaints continued during the year concerning a large hot blast cuploa installation which is scheduled under the Alkali Works Order, 1966. The department maintains close contact with the District Alkali Inspector, frequently visiting the complainants to inform them of the steps being taken to mitigate nuisance.

Unfortunately all too frequently industry does not, or feels that it cannot, keep the public informed of its efforts to overcome certain problems, and this allows a situation to develop in which members of the public become convinced that very little effort is being made at all to deal with the problem effectively. When a Company undertakes work of a nature which is liable to cause air pollution and thus promote complaint, it would be wise to appoint a responsible person to deal directly with members of the public who complain about the Company's activities. Too often complaints appear to be passed from person to person, and frequently remark to the Local Authority officials that the Company concerned is disinterested.

There is still too much smoke emitted from the indiscriminate burning of waste materials, and in particularly from demolition sites. Fortunately it is not normally of long duration, but nevertheless it frequently causes local nuisance and complaints arise. The alternative of course to on site burning demands refuse disposal facilities capable of meeting the total demand for all types of domestic, industrial and commercial waste. Such facilities do not exist, and only a costly investment in plant and land will enable on site burning to be stopped.

During the year there were 584 observations and visits made to premises in connection with the control of industrial smoke. These visits included surveys for the purpose of assessing pollution capabilities, and also to premises included in smoke control areas

Grit and dust complaints from heating and steam raising boilers arise very infrequently. Complaints have been received in respect of emissions from cuploas which on investigation, have been found to be equipped with arrestors which comply with the recommendations of the Working Party on grit and dust emissions from iron foundries. In most cases they were functioning correctly and appears to be adequately maintained. Only a change in the legislation and the adopting of higher standards for arrestment plant, or the control of emissions of grit and dust will produce improvement in such cases. The majority of grit and dust emissions arise from processes which do not involve the combustion of fuel. Such processes which may involve the preparation, storage, disposal of raw or waste materials, the cleaning, grading, crushing of minerals, and the cleansing and dressing of metals account for the majority of complaints received.

There were 331 visits made in connection with grit and dust, ten notices were served including one under the Public Health (Recurring Nuisances) Act, 1969, which followed a series of serious grit emissions from the knockout and sand mixing plant in a foundry.

Discussions commenced with one Company and continued with another on ways of combating odours arising from the works. This is an area of air pollution control deserving more attention, since little is known either about the origin of the odours concerned or methods of combating it. At present the only remedy appears

to be taller stacks to disperse the odours, since current equipment which might reduce the odours is very expensive, even if it can be shown to work. There is a Government Working Party currently studying some aspects of odours produced from industrial sources.

CHIMNEY HEIGHTS

Twelve notifications of intention to install new furnaces were received during the year.

Consideration was given to eight applications for approval of the height of new chimneys. In three cases modifications were required prior to approval being granted. No applications were rejected.

Twelve visits were made to premises in connection with proposals for erecting new chimneys.

Of the eight applications made for chimney height approval, four installations were oil fired, three were gas fired, and the remaining one was a coke fired cupola for melting iron.

AIR POLLUTION MEASUREMENT

The measurement of smoke and SO² concentrations continued at six sites in the Borough during the year. Five of the sites are equipped with 24 hour volumetric gauges, whilst the remaining one is of the 8 port type which requires to be changed once per week.

A total of 1097 visits were made to premises at which air pollution measurement is being undertaken.

There was considerable interruption with this work in the early part of the year due to the electricity cuts which were imposed during the miner's strike, and measurement was abandoned when emergency regulations were made governing the use of electricity.

In view of this the mean winter readings for smoke and sulphur dioxide concentration averaged over all the sites must be viewed with suspicion. At the time when higher concentrations would normally be expected measures were not being taken, or the interruptions were so frequent as to make any interpretation of the results impossible.

In view of the many factors which play a part in the overall distribution of air pollution it is only reasonable to draw conclusions from results over a fairly long period of time. Available results which are shown indicate an overall drop in the concentrations of both smoke and sulphur dioxide, although the reduction in the latter is, as to be expected, not as great as that for smoke.

In an article published in the "New Scientist" during the year, following work carried out by students of the Open University in October, 1971, it was stated that sulphur dioxide concentrations of over 500 micrograms per cubic metre had been recorded in Dudley. The measurements were apparently conducted over a much shorter period of time than those of the department, but none the less it would have been most helpful if the sites at which measurement was undertaken could be identified. Our results of the same period were much lower.

Unfortunately we were unable to obtain this information direct from the University, but they did agree to ask their students to contact this department. Unhappily none did so, and so the opportunity presented by the pursuit of knowledge to further our task of reducing air pollution was missed.

NOISE ABATEMENT ACT

58 complaints have been received in respect of 30 alleged cases of noise nuisance. All the cases have been investigated, and the following table indicates the progress which has been made, and also the type of premises or processes which have been involved.

<i>Number of</i>	<i>Industrial premises</i>	<i>Commercial premises</i>	<i>Roadworks Building sites, etc.</i>	<i>Total</i>
Complaints received	38	9	11	58
Cases complained of	21	5	4	30
Cases investigated	21	5	7	33
Nuisances confirmed	6	1	7	14
Nuisances remedied informally	4	1	7	12
Abatement notices served	Nil	Nil	Nil	Nil

The nuisances which were confirmed consisted entirely of furnace roar or fan noise in the case of industrial premises, the use of pneumatic road breakers and compressors on roadwork, building sites etc., and the nuisance from the commercial premises was in respect of the operation of a discotheque. The apparent contradiction in respect of the cases in which complaints were received and the number investigated under roadworks and building sites arises because it is normal practice to require all air powered tools to be equipped with an effective silencer, and this is pointed out immediately a tool without such a silencer is found in use. Contractors normally send out these tools together with the necessary equipment to reduce noise, but unfortunately they are frequently not used.

Of the 33 cases listed it was found that nuisance could be substantiated in only 14 cases. This is not because low standards are adopted or because the department is unsympathetic to complaints of excessive noise. Recently, with increased noise publicity, it has become apparent that complaints about excessive noise arise quickly in some cases which on investigation have either ceased or declined to such an extent that nuisance cannot be justified. People complain because they feel that if the noise is to become a permanent feature it will be a nuisance. Often it is merely transient, and caused by works which are temporary in nature.

The lesson for industry is that if temporary works are to be undertaken, particularly outside normal working hours which will create noise, then the Company concerned would be well advised to inform its neighbours.

A total of 478 visits were made in connection with the investigation of noise complaints, visits to factories and new sites to advise the Planning department on particular applications for industrial development, and in connection with a noise survey undertaken by the department, together with other Midland Authorities and the University of Aston in Birmingham.

Number of consultations found	
Section 4—Clairaines	1
Section 5—Overcrowding	1
Section 6—Tactlessness	1
Section 7—Ventilation	1
Section 8—Lighting	1
Section 9—24-hourly convenience	1
Section 10—Working facilities	1
Section 11—Supply of drinking water	1
Section 12—Cleaning arrangements	1
Section 13—Siting facilities	1
Section 14—Staff (sedentary workers)	1
Section 15—Siting facilities	1
Section 16—Floor, passages and stairs	1
Section 17—Fencing—exposed parts machinery	1
Section 18—Protection of young persons working in dangerous machinery	1
Section 19—Training of young persons working in dangerous machinery	1
Section 20—Prohibition of heavy work	1
Section 21—First Aid	1
Other matters	1
Total	14

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963
REGISTRATION AND GENERAL INSPECTIONS

<i>Class of premises</i>	<i>No. of premises registered during the year</i>	<i>Number of registered premises at end of year</i>	<i>Number of premises receiving a general inspection during the year</i>
Offices	2	337	27
Retail shops	24	824	101
Wholesale shops, warehouses ..	2	61	5
Catering establishments open to the public, canteens	1	289	36
Fuel storage depots	1	1	1
Totals	30	1,532	170

Total number of visits of all kinds by Inspectors to registered premises under the Act 574

Number of contraventions found:—

Section 4—Cleanliness	—
Section 5—Overcrowding	—
Section 6—Temperature	6
Section 7—Ventilation	—
Section 8—Lighting	1
Section 9—Sanitary conveniences	8
Section 10—Washing facilities	3
Section 11—Supply of drinking water	—
Section 12—Clothing accommodation	—
Section 13—Sitting facilities	—
Section 14—Seats (Sedentary workers)	—
Section 15—Eating facilities	—
Section 16—Floors, passages and stairs	4
Section 17—Fencing—exposed parts machinery	—
Section 18—Protection of young persons working at dangerous machinery	—
Section 19—Training of young persons working at dangerous machinery	—
Section 23—Prohibition of heavy work	—
Section 24—First Aid	6
Other matters	7
Total	<u>35</u>

Reported accidents

Workplace	Number reported		Total number investigated	Action recommended			
	Fatal	Non-fatal		Prosecution	Formal warning	In-formal advice	No action
Offices	—	3	—	—	—	—	—
Retail Shops	—	21	—	—	—	—	—
Wholesale shops, warehouses	—	8	1	—	—	—	—
Catering establishments open to public, canteens	—	10	3	—	—	—	—
Fuel storage depots	—	—	—	—	—	—	—
Total	—	42	4	—	—	—	—

Analysis of reported accidents

	Offices	Retail shops	Wholesale warehouses	Catering establishments open to public, canteens	Fuel storage depots
Machinery	—	1	—	—	—
Transport	—	—	1	—	—
Falls of persons	1	9	4	3	—
Stepping on or striking against object or person	—	1	—	1	—
Handling goods	1	6	2	6	—
Struck by falling object	—	2	1	1	—
Fires and explosions	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools	—	1	—	—	—
Not otherwise specified	—	1	—	—	—

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

	Privately owned site Residential
Number of site licences operating as to 31st December, 1972 :—	
(a) individual	1
(b) multiple (more than 3)	1
Total number of caravans	5
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—	
(a) remedied informally	—
(b) prosecutions	—
(c) convictions	—
Number of sites made subject to conditions for reducing caravans during the year	—
Number of sites made subject to Section 20 (termination of use of existing site)	—

M I S C E L L A N E O U S

SLAUGHTER OF ANIMALS ACT

The number of licensed slaughtermen at the end of the year was 42.

PHARMACY AND POISONS ACT

No applications were made for entry on the poisons list.

PET ANIMALS ACT, 1951

10 premises are licensed under this enactment.

DISEASES OF ANIMALS ACTS

On the 11th December, 1972 an outbreak of Swine Vesicular Disease was confirmed in Shropshire, and subsequently a similar case occurred at a piggery in Brierley Hill.

Apart from this there were no further outbreaks during the year.

FERTILISERS AND FEEDING STUFFS ACT, 1926

27 samples of fertilisers and one sample of feeding stuffs have been taken for analysis. All samples were reported as satisfactory.

SWIMMING BATH WATER

115 samples of water have been taken from swimming baths in the Borough. All were reported as satisfactory.

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

2 samples of filling material have been taken and reported by the prescribed Analyst as satisfactory.

