

[Report 1942] / Medical Officer of Health, Halesowen Borough.

Contributors

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B O R O U G H O F H A L E S O W E N

Annual Report



of the

MEDICAL OFFICER OF HEALTH.

and the

CHIEF SANITARY INSPECTOR.

for

1 9 4 2

S T A F F

Council House,
Halesowen,

Medical Officer of Health.

R. L. Corlett. M.D; D.P.H.

Chief Sanitary Inspector and Cleansing Superintendent.

E. Lee.

To the Mayor, Aldermen and Members of the Halesowen
Borough Council.

Senior Additional Sanitary Inspector.

L. J. Hill.

Additional Sanitary Inspectors.

Mrs Harrison and Gentlemen,

I have the honour to submit my report
on the health of the Borough of Halesowen for the
year 1942.

In my opinion the general health of the
district was satisfactory.

Miss L. S. Goode.
Miss M. I. Duggan.
Mrs H. Dealey.

I am,

Your obedient Servant,

Tuberculosis Officer (County Council)

R. L. CORLETT,
Dr. S. Duggan.

Medical Officer of Health.

Council House,
Halesowen.

To the Mayor, Aldermen and Members of the Halesowen
Borough Council.

I have the honour to submit my report
on the health of the Borough of Halesowen for the
year 1912.

In my opinion the general health of the
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Medical Officer of Health.

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R.L. Corlett. M.D; D.P.H.

Chief Sanitary Inspector and Cleansing Superintendent.

E. Lea.

Senior Additional Sanitary Inspector.

L.J. Hill.

Additional Sanitary Inspectors.

E.W. Burrows	(on military service)
W.J. Bateman	(from 1/1/42 to 31/1/42)

Clerks.

F.D. Hipkiss	(on military service)
A.R. Humphries	(-do- -do-)
Miss L. S. Goode.	
Miss M. I. Duggan.	
Mrs H. Deeley.	

Tuberculosis Officer (County Council)

Dr. S. Deaner.

Statistical and Social Conditions.

The Area of the Borough remains 5, 247 acres. The population estimated to the middle of 1942 was 130 less than the corresponding estimate last year. No other information will be given here, in accordance with instructions from the Ministry of Health.

Vital Statistics.

Births.

(a) Live Births.

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Legitimate	349	303	652
Illegitimate	10	10	20
	<hr/>	<hr/>	<hr/>
	359	313	672
	<hr/>	<hr/>	<hr/>

(b) Still Births.

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Legitimate	11	8	19
Illegitimate	1	0	1
	<hr/>	<hr/>	<hr/>
	12	8	20
	<hr/>	<hr/>	<hr/>

Birth Rate per 1,000 e.r.p.....17.56
Birth Rate for England and Wales.....15.80

Deaths.

	<u>Males.</u>	<u>Females.</u>	<u>Total</u>
	207	155	362
Crude Death Rate per 1,000 e.r.p.....			9.70
Death Rate for England and Wales.....			11.60

Statistical and Social Conditions

The Area of the Borough remains 5,247 acres. The population estimated to the middle of 1942 was 150 less than the corresponding estimate last year. No other information will be given here, in accordance with instructions from the Ministry of Health.

Births

Births

(a) Live Births

Total	Females	Males
652	303	349
24	10	14
676	313	363

(b) Still Births

Total	Females	Males
19	8	11
1	0	1
20	8	12

Birth rate per 1,000 population.....17.56
Birth rate for England and Wales.....15.60

Deaths

Total	Females	Males
362	155	207
9.70	9.70	9.70
11.60	11.60	11.60

Deaths from Puerperal Causes.

No deaths were recorded during the year from puerperal causes but there were two deaths from other maternal causes.

Deaths of Infants under one year of Age.

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Legitimate.	14	12	26
Illegitimate.	1	0	1
	<hr/>	<hr/>	<hr/>
	15	12	27
	<hr/>	<hr/>	<hr/>

All Infants per 1,000 live births.....40.17
Legitimate infants per 1,000 legitimate live births 39.72

Deaths from Measles (all ages).....Nil
Deaths from Whooping Cough (all ages).....Nil
Deaths from Diarrhoea (under 2 years).....Nil

Health and Hospital Census, 1900

No census was recorded during the year 1900. Hospital census and there were no deaths from other natural causes.

Deaths of Infants under one year of age

Month	Infants	Total
Jan.	12	25
Feb.	10	1
Mar.	12	—
Apr.	12	27
May	—	—

All infants per 1,000 live births during 1900 were 40.17.
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Deaths from causes other than natural causes during 1900 were 11.
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The other certified causes of death were as follows;-

CAUSES OF DEATH.

	<u>Male.</u>	<u>Female.</u>
1. Typhoid and paratyphoid fevers	-	-
2. Cerebro-spinal fever	-	-
3. Scarlet Fever	-	-
4. Whooping Cough	-	-
5. Diphtheria	-	1
6. Tuberculosis of Respiratory system ...	8	8
7. Other forms of Tuberculosis	1	1
8. Syphilitic diseases	-	-
9. Influenza	3	3
10. Measles... ..	-	-
11. Acute poliomyelitis and polioencephalitis.	-	-
12. Acute infectious encephalitis.	-	-
13. Cancer of buccal cavity and oesophagus (M)	5	-
Cancer of Uterus(F)... ..	-	4
14. Cancer of stomach and duodenum	7	3
15. Cancer of breast	-	8
16. Cancer of all other sites	30	13
17. Diabetes	1	1
18. Intracranial vascular lesions	11	16
19. Heart disease	54	37
20. Other diseases of the Circulatory system	7	5
21. Bronchitis	16	8
22. Pneumonia.	11	7
23. Other respiratory diseases	1	2
24. Ulcer of stomach and duodenum.	3	-
25. Diarrohea under 2 years	-	-
26. Appendicitis..	5	-
27. Other digestive diseases..	6	6
28. Nephritis	2	4
29. Puerperal and post-abortive shock ...	-	-
30. Other maternal causes.	-	2
31. Premature birth... ..	4	6
32. Congenital malformations, birth injury and infantile disease	6	6
33. Suicide... ..	4	-
34. Road tra ffacc accidents	4	-
35. Other violent causes	5	-
36. All other causes	13	14
	<hr/>	<hr/>
	207	155
	<hr/>	<hr/>

GENERAL PROVISION OF HEALTH SERVICES IN THE BOROUGH.

The Maternity and Child Welfare service remains the responsibility of the County Council.

Sanitary Circumstances of the Area.

Schools. - The conditions in the schools remain satisfactory.

Housing - Particulars of work carried out in respect of Housing :-

1. Inspections of dwelling houses during the year.

- | | | | |
|-----|-----|--|-----|
| (1) | (a) | Total number of dwelling houses inspected for housing defects (under the Public Health or Housing Acts) | 35 |
| | (b) | Number of inspections made for that purpose ... | 87 |
| (2) | (a) | Number of dwelling houses (included under sub-head (1 above) which were inspected and recorded under the Housing Consolidated Regulations 1935-1932 | Nil |
| | (b) | Number of inspections made for that purpose ... | Nil |
| (3) | | Number of dwelling houses found in a state so dangerous or injurious to health as to be unfit for habitation | Nil |
| (4) | | Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not in all respect fit for human habitation ... | 28 |

2. Remedy of defects during the year without service of formal notice :-

Number of defective houses rendered fit in consequence of informal action by the Local Authority or their officers	57
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GENERAL PROVISION OF HEALTH SERVICES IN THE BOROUGH.

The Maternity and Child Welfare service remains the responsibility of the County Council.

Sanitary Circumstances of the Area.

Schools. - The conditions in the schools remain satisfactory.

Housing. - Particulars of work carried out in respect of Housing :-

1. Inspections of dwelling houses during the year.

(1) (a) Total number of dwelling houses inspected for housing defects (under the Public Health or Housing Acts) 35

(b) Number of inspections made for that purpose ... 87

(2) (a) Number of dwelling houses (inspired under s. 104 of the Public Health Act, 1936) which were inspected and recorded under the Housing (Repairs) Regulations 1955 111

(b) Number of inspections made for that purpose ... 112

(3) Number of dwelling houses found in a state so dangerous or injurious to health as to be unfit for habitation 111

(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not in all respect fit for human habitation ... 28

2. Remedy of defects during the year without service of formal notice :-

Number of defective houses rendered fit in consequence of informal action by the local Authority or their officers 57

3. Action under Statutory Powers during the year:-

A. Proceedings under sections 9,10, and 16 of the Housing Act 1936
No action taken during the year.

B. Proceedings under the Public Health Act.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 2

(2) Number of dwelling houses in which defects were remedied after service of formal notice:-

(a) By Owners 2

(b) By Local Authority in default Nil

No proceedings were taken during the year under sections 11, 12, and 13 of the Housing Act 1936.

Housing Act 1936, Part 4 Overcrowding.

The position at the end of 1941 set out in the report for that year grew steadily worse during 1942. Relatives, friends, and evacuees, continued their influx, not in large numbers, but so that in the aggregate their presence made the question of accommodation in the town very difficult.

INSPECTION AND SUPERVISION OF FOOD.

A. Milk Supply

The milk supply in the area was satisfactory and samples were taken when it was considered necessary. Twenty-one samples of milk were taken and submitted for the various tests as set out below:-

...

<u>Methylene Blue.</u>	<u>Fats and Solids not Fat.</u>	<u>Bacterial Count</u>
------------------------	---------------------------------	------------------------

1

13

11

T.B.

Phosphatase

14

4

The examinations revealed the presence of tubercle bacilli in three instances and the necessary steps were immediately taken to remove the sources of contamination.

B. Meat and other Foods.

Inspections of food were carried out where necessary, the chief item of condemned food being canned goods.

C. Chemical and Bacteriological Examination of Food.

One sample of chocolate and one sample of cake were submitted for examination. In both instances the analyst reported the food as satisfactory.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASE.

Smallpox

No case occurred during the year.

Diphtheria

Thirty-three cases were notified.

Diphtheria Immunisation

During the year, 624 children under 5 years of age were immunised, and 390 between the ages of 5-15 years. Two injections of A.P.T. were given at monthly intervals, dosage as recommended by the Ministry of Health. The Public Health Committee and myself are very grateful to Dr. Payton (M.O.H. Stourbridge). Dr. Chalmers Parry, Deputy County Medical Officer Worcestershire, and Dr. Patterson, Assistant County Medical Officer Worcestershire, for their help in doing this work

History of the Case

The patient is a 35-year-old male, who has been suffering from chronic pain in the lower back and legs for the past 10 years. The pain is described as a constant, dull ache, which is exacerbated by prolonged standing or walking. There is no history of trauma or injury to the back.

Physical Examination

On physical examination, the patient appears healthy and well-nourished. The vital signs are within normal limits. The spine shows no deformity, and the range of motion is normal. There is no tenderness or swelling over the spine or the lower extremities.

Chemical Examination

The chemical examination of the urine and blood is normal. The urine is clear and colorless, with no abnormal constituents. The blood is normal in color and consistency, with no abnormal constituents.

Microscopic Examination

Diagnosis

The diagnosis is chronic low back pain, likely due to degenerative changes in the spine.

Prognosis

The prognosis is good, with the patient expected to respond well to conservative treatment.

Treatment

The treatment consists of physical therapy, including stretching and strengthening exercises, and pain management with non-steroidal anti-inflammatory drugs (NSAIDs). The patient is also advised to maintain a healthy weight and avoid prolonged standing or walking. The patient is scheduled for a follow-up visit in 6 weeks.

Diphtheria Immunisation (cond:)

during the latter part of the year and the first quarter of 1943, when I was unable to do it.

Neither I, nor the Public Health Committee, have ever claimed that diphtheria immunisation can or does, give complete protection against diphtheria. There has been a good deal of propaganda by some people presumably for reasons best known to themselves but certainly not clear to me, against diphtheria immunisation. The position as regards this Borough, is that from 1935 when immunisation was commenced, up to 31st December 1942, there have been 6,520 children immunised, and as far as we know, only nine of them have contracted diphtheria up to 3rd May 1943, and all recovered. In the same period, amongst the non-immunised population, there have been 140 cases of diphtheria with thirteen deaths.

Scarlet Fever.

Seventy-six cases of Scarlet Fever were reported during 1942 as compared with one hundred-and-ten in 1941.

There were no deaths and most of the cases were of a mild type.

Erysipelas

Sixteen cases occurred during the year, an increase of two on the preceding year.

Pneumonia

Thirty-nine cases of pneumonia of all forms, resulting in eighteen deaths were reported during the year.

There were fifty-four cases and twenty-four deaths in 1941

Puerperal Pyrexia.

Nine cases were reported to the County Medical Officer, four more than in 1941.

Paratyphoid

A single case was notified. Enquiries failed to reveal any possible source of infection.

Diphtheria Immunization (contd.)

during the latter part of the year and the first quarter of 1943, when I was unable to do it.

Neither I, nor the Public Health Committee, have ever claimed that diphtheria immunization can or does, give complete protection against diphtheria. There has been a good deal of propaganda by some people presumably for reasons best known to themselves but certainly not clear to me, against diphtheria immunization. The position as regards this Borough is that from 1935 when immunization was commenced, up to 31st December 1942, there have been 3,250 children immunized, and as far as we know, only nine of them have contracted diphtheria up to 31st May 1943, and all recovered. In the same period, amongst the non-immunized population, there have been 140 cases of diphtheria with thirteen deaths.

Scarlet Fever

Seventy-six cases of Scarlet Fever were reported during 1942 as compared with the hundred-and-ten in 1941. There were no deaths and most of the cases were of a mild type.

Exanthema

Sixteen cases occurred during the year, an increase of two on the preceding year.

Measles

Thirty-nine cases of pneumonia of all forms, resulting in eighteen deaths were reported during the year. There were fifty-four cases and twenty-four deaths in 1941.

Prescribed Prescriptions

With cases were referred to the County Medical Officer, four more than in 1941.

Prescriptions

A single case was notified, but failed to reveal any possible source of infection.

Cerebro-Spinal Fever (Spotted Fever)

Five cases were reported ,two less than in 1941 ,but no deaths occurred.

Acute Infantile Paralysis.

One case occurred during the year.

Whooping Cough

Fifty-eight cases were notified, all of which recovered.

Measles

There were one-hundred-and-forty-three cases and no deaths.

Tuberculosis

Thirty-seven cases were added to the register during the year of which twenty-two were pulmonary.

Sixteen deaths from pulmonary tuberculosis, and two from non-pulmonary tuberculosis occurred.

Scabies.

Towards the end of 1941, it became obvious from reports received through the School Clinics, and Medical Practitioners that Scabies, which previously was extremely rare in the Borough, was definitely on the increase. The district we had the most information about was Cradley, and rightly or wrongly we considered that some of the families contracted it in the hop-fields. The giving out of sulphur ointment and advice re baths, seemed to have little effect. The Borough Council, and the County Medical Officer, were of the opinion that action should be taken at the earliest possible moment, and the First Aid Posts were placed at our disposal subject to us taking all precautions to prevent any risk of infection. The Borough Council installed 6 baths, two for each district.

The two baths were installed at Cradley in March, and treatment commenced at once. At that time, the Borough did not possess a disinfecter, though we have one now. The recent work of Dr.Mellanby suggested that bedclothes, particularly blankets, were not so important a cause of infection as medical textbooks stated. In no case have I

Scabies (cond:)

had the bedding disinfected, and I think our results fully support Dr. Mellanby's views.

Precautions adopted at Scabies Clinics.

Towels used to dry patients are left overnight in a bath containing Izal diluted to maker's directions. Next morning they are wrung out and dried. The chairs and forms used by the patients are wiped down with weak disinfectant at the end of the Clinic. The lady volunteers who do the treatment, from time to time during the session rub a little benzyl benzoate on their hands. We have had no case of infection amongst the staff.

Advice to parents.

The parents are advised to change patient's underwear at completion of treatment, and before washing the soiled underwear to steep it in disinfectant. As a precaution, we encourage all members of the family to be treated, and if for any reason it is impossible for older members of the family to attend, we supply the benzyl benzoate in small quantities, provided the mother has actually attended the clinic and seen the procedure adopted. I should like to add that parents have co-operated very well and have been very anxious to get rid of Scabies amongst their families. In no case has it been necessary to make use of the power given us under the Scabies Order 1941.

Treatment.

Every case is well soaked in a warm bath for at least ten minutes. Ordinary household soap is used. At first we used to scrub the patient with a nail brush, but we now use flannel, when we can get it, or some old towelling made up into face cloths. The patient is then dried, and painted with benzyl benzoate emulsion by means of a shaving brush from neck to soles of feet. At first we used an alcoholic benzyl benzoate emulsion, but this is rather expensive and we quickly changed to benzyl benzoate (N.W.F.) which is very cheap and equally good. When we commenced treatment, we used a polysulphide ointment for some of the patients, but though I found it effective, it took longer to apply, and the injunction is quite tiring when one has several patients to treat.

By May baths were installed in Blackheath and Halesowen

had the bedding disinfected, and I think our results fully support Dr. Mahoney's views.

Precautions adopted at Scabies Clinics.

Patients need to stay overnight in a bath containing 1% disinfectant to make a disinfectant. Next morning they are washed out and dried. The chairs and forms used by the patients are wiped down with weak disinfectant at the end of the clinic. The lady cleaners who do the treatment, from time to time during the session rub a little benzyl benzoate on their hands. We have had no case of infection amongst the staff.

Advice to patients.

The patients are advised to change patient's underwear at completion of treatment, and before washing the clothes. As a precaution, we encourage all members of the family to be treated, and if for any reason it is impossible for older members of the family to attend, we supply the benzyl benzoate in small quantities. Provided the mother has actually attended the clinic and seen the procedure adopted, I should like to add that patients have responded very well and have been very anxious to get rid of scabies amongst their families. In no case has it been necessary to make use of the power given us under the Scabies Order 1941.

Treatment.

Every case is well soaked in a warm bath for at least ten minutes. Ordinarily benzyl benzoate soap is used. At first we used to scrub the patient with a nail brush, but we now use flannel, then we can get it, or some old towelling made up into face cloths. The patient is then dried, and painted with benzyl benzoate emulsion by means of a shaving brush from neck to sole of feet. At first we used an emulsion of benzyl benzoate in alcohol, but this is rather expensive and we quickly changed to benzyl benzoate (N.F.S.) which is very cheap and equally good. When we commenced treatment, we used a polythene sheet for some of the patients, but though I found it effective it took longer to apply, and the emulsion is quite sticky when the new benzyl benzoate is applied.

By May bath was installed in Blackheath and Halesowen

Scabies (Cond:)

Medical practitioners were informed that we were now in a position to deal with any cases they wished us to treat. The local practitioners have been most helpful. The schools, School Clinics, and Welfare Centres, have been of great service by supplying us with names. Local firms were written to and asked to put up our circulars.

As some of the patients in Cradley, when we commenced treatment, were of many months standing, we found that septic infection was abundant. Nurse Robson found the most effective method of treating cases like this, was, after bathing and drying, to apply an ointment, (equal parts of Ungt. Hydrarg. Ammon. Dil., and Zinc Ointment, well mixed together and slightly warmed for easy application) to the septic areas, and then apply benzyl benzoate.

We noticed that children who were suffering from scabies seemed rather debilitated, and they were given a warm drink of Colact after treatment. These children returned to their normal healthy appearance as soon as the scabies was cured.

I wish to thank Nurse Robson and Nurse O'Grady, of the County Staff, who have done so much supervisory work, as well as carried out so many treatments, and also the lady volunteers who by their help have enabled us to carry on these Clinics.

	Cases	Treatment		Cured		Reinfections.	
		Baths	Paintings	No.	%	No.	Remarks
<u>Hill & Cakemore</u>	60	151	142	48	80%	Nil	
<u>Halesowen</u>	64	170	156	46	71.8%	3	
<u>Cradley</u>	57	257	251	57	100%	2	
<u>Halesowen & Hill & Cakemore cases</u>	6 + 17	38	36	4		Nil	
<u>treated at Cradley</u>	(who cont'd treatment at Halesowen & (Hill & Cakemore, counted above)						
<u>Total</u>	187	616	585	155	82.9%	5	4 of

these came from families where other members were infected.

Scabies (cond:)

The patients remaining who were not completely cured at the end of 1942, were new patients and continued their treatment in 1943

Epidemic (catarrhal) Jaundice.

The County Medical Officer suggested I might make some enquiries, because of a few cases which had occurred at a War Time Nursery. Dr. Bold, a local practitioner, was kind enough to give me information re his cases.

In one area of the Borough, some cases occurred in the Autumn of 1942, and continued into the first quarter of 1943.

In a War Time Nursery one child was absent ill with jaundice, and though I was unable to discover the exact date of onset of jaundice, the date she ceased to attend the Nursery was known.

Twenty-seven days after this child ceased attendance, a child (B), in a different class to this child, was noticed not to be well, with very pale motions. Apparently the child was poorly during the night, but by next day was almost in normal good health, and returned to the Nursery three days later, when the stools were normal. Thirty-seven days after the child was sent home, the mother developed well marked jaundice. I saw her on the 52nd day after the child had been sent home, and she was then jaundiced, but it was gradually clearing. At the onset, she felt vaguely ill, dizzy, had a cough, and vomited several times. The child was never jaundiced.

The teacher of B's class was taken ill two days after B was sent home, or twenty-nine days after the original case ceased attendance, she commenced with symptoms of jaundice.

In a Junior Mixed School a boy X was vaguely ill one night. He had a running nose, and the next day remained away from school, and was away for thirty-two days. He had a good deal of pain over the area of the liver. Three days after staying from school, he developed well marked jaundice, which began to fade in a week's time. His young sister aged four developed jaundice five weeks after her brother, in a less severe form, with no vomiting. At the onset of

The patients remaining who were not completely cured at the end of 1942, were new patients and continued their treatment in 1943.

Relapsing (recurrent) jaundice.

The County Medical Officer suggested I might also have encountered, besides of a few cases which had occurred at a War Time Nursery, Dr. Beld, a local practitioner, was kind enough to give me information re his cases.

In one area of the Borough, some cases occurred in the Autumn of 1942, and continued into the first quarter of 1943.

In a War Time Nursery one child was absent all week jaundiced and though I was unable to discover the exact date of onset of jaundice, the date was noted to attend the Nursery was known.

Twenty-seven days after this child ceased attendance, a child (B), in a different class to this child, was noticed not to be well, with very pale mottled skin. Apparently the child was poorly during the night, but the next day was almost in normal state. He remained in the Nursery three days later when he was again normal. Twenty-seven days after the child's return home, the mother developed well marked jaundice. The mother on the 22nd day after the child had been sent home, and she was then jaundiced, but it was gradually clearing. At the onset, she felt very ill, dizzy, had a cough, and vomited several times. The child was never jaundiced.

The mother of B's class was taken ill two days after B's last home, on twenty-nine days after the original onset of jaundice, she developed with symptoms of jaundice.

In a Junior Mixed School a boy X was vaguely ill one night. He had a running nose, and the next day remained away from school, and was away for thirty-two days. He had a good deal of pain over the area of the liver. Three days after leaving from school, he developed well marked jaundice, which began to fade in a week's time. His young sister, aged four developed jaundice five weeks after her brother, in a less severe form, with no vomiting. At the onset of

Council House,
Melbourn.

Epidemic (catarrhal) Jaundice. (cond:)

illness it was noticed that she had nasal catarrh, just as if she had a cold.

A boy Y sitting next to X developed jaundice twenty-seven days after X ceased attendance. The jaundice developed after two days of feeling vaguely ill, with catarrhal symptoms. Another classmate, Z, felt ill twenty-seven days after X stayed away from school, and the conjunctiva of his eyes were tinged yellow two days later. This boy felt ill two days before the conjunctiva became yellow. He felt as if he had a bad cold, and sneezed frequently. He appears to have been a very mild case of jaundice, only his eyes having shown signs of jaundice. He was away from school for ten days.

In twelve cases I was definitely able to elicit a history of catarrhal symptoms. In three cases there was no history of coryza, whilst in several other cases the history was not reliable as to whether catarrh was present or not.

In one family a boy developed jaundice, then between three to four weeks later the father contracted it, then the two girls, and finally the mother. They all had catarrhal symptoms, and all had, at onset, a severe frontal headache. In these patients the jaundice lasted about three weeks.

I am indebted to the Head Teachers of the two schools concerned for supplying me with information, and to my clerk, Miss Duggan, for her help in the enquiries made.

Your obedient servant,
J. H. H. H.
Chief Medical Officer

Epidemic (enteric) jaundice. (contd.)

Illness it was noticed that she had nasal catarrh, just as it she had a cold.

A boy Y sitting next to X developed jaundice twenty-seven days after X ceased attendance. The jaundice developed after two days of feeling vaguely ill, with catarrhal symptoms. Another classmate, Z, felt ill twenty-seven days after X stayed away from school, and the conjunctivae of his eyes were itchy yellow two days later. This boy felt ill two days before the conjunctivae became yellow. He felt as if he had a bad cold, and sneezed frequently. He reports to have been a very mild case of jaundice, only his eyes having shown signs of jaundice. He was away from school for ten days.

In twelve cases I was definitely able to elicit a history of catarrhal symptoms. In those cases there was no history of coughs, while in several other cases the history was not reliable as to whether catarrh was present or not.

In one family a boy developed jaundice, then between three to four weeks later the father contracted it, then the mother, and finally the mother. They all had catarrhal symptoms, and all had, at onset, a severe frontal headache. In these patients the jaundice lasted about three weeks.

I am indebted to the Head Teachers of the two schools mentioned for supplying me with information, and to my clerk, Miss Rogers, for her help in the statistical work.

Council House,
Halesowen.

To the Mayor, Aldermen, and Burgesses of the Borough of
Halesowen.

Mr. Mayor, Mrs. Harrison, and Gentlemen,

I have pleasure in submitting my twelfth
annual report of the work of my department during 1942.

The many varied services rendered to the
community were well maintained in spite of increasing calls
to the services on the staff.

So much of the work of a Public Health
Department is taken for granted, eg., disinfection,
supervision of food supplies, cleansing of drains, removal of
refuse etc., that only when shortage of staff necessitates
less speedy attention than would otherwise be given, does the
public realise the importance of the service.

My continued thanks are offered to the
Chairman and Members of the Public Health Committee and to
the Staff for their support and assistance during the year.

I am,

Your obedient servant,

E. LEA,

Chief Sanitary Inspector.

Council House,
Halesowen.

To the Mayor, Aldermen, and Burgesses of the Borough of
Halesowen.

Mr. Mayor, Mrs. Harrison, and Gentlemen,

I have pleasure in submitting my twelfth
annual report of the work of my department during 1912.

The main work of the department during the
year has been the carrying out of the various
duties assigned to me by the Council.

In the course of the year a number of
important matters have been dealt with,
including the revision of the
regulations governing the
management of the
Halesowen Cemetery, and the
revision of the
regulations governing the
management of the
Halesowen Public House.

My attention has also been directed to the
revision of the regulations governing the
management of the Halesowen Public House,
and to the revision of the regulations governing
the management of the Halesowen Cemetery.

Your obedient servant,

E. LEE.

Chief Sanitary Inspector.

Housing.

Work on the inspection and repair of dwelling houses continued during the year, but it became increasingly difficult to secure speedy compliance with notices owing to the difficulties which owners have of securing contractors to the work. The scarcity of materials and the necessity for securing licences also hampers the execution of repairs.

Petroleum Acts.

There were 82 licences in force at the end of 1942 authorising the storage of 252,560 gallons of petrol, and 5 licences authorising the storage of 166,392 lbs. of calcium carbide.

Public Cleansing.

The work of removing the house refuse continued in a reasonably satisfactory manner during the year although difficulties of manpower were more apparent.

More men were called for Military Service and older men taken on in their place.

This service will require a drastic overhaul at the conclusion of hostilities if the Borough is to give a service as efficient as was the case in pre-war years.

Housing.

Work on the inspection and repair of dwelling houses continued during the year, but it became increasingly difficult to secure speedy compliance with notices owing to the difficulties which owners have of securing contractors to the work. The necessity of materials and the necessity for securing licenses also hampers the execution of repairs.

Firearms Act.

There were 82 licenses in force at the end of 1942 authorizing the storage of 22,566 lb. of powder, and 5 licenses authorizing the storage of 16,592 lb. of calcium carbide.

Public Cleansing.

The work of removing the house refuse continued in a reasonably satisfactory manner during the year although difficulties if removed were more apparent.

More men were called for Military Service and others were taken on in their place.

This service will require a drastic re-organization at the conclusion of hostilities if the Borough is to give a service as efficient as was the case in pre-war years.

Public Cleansing Costs, 1942

Collection

Gross expenditure	4,942	16	4
Gross income		3	0
Nett expenditure	4,942	13	4
Nett cost per 1,000 houses	445	5	8
Nett cost per 1,000 persons	133	4	6

Disposal

Including Salvage

Gross expenditure	2,396	3	5
Gross income	3,140	15	9
Excess income over expenditure	744	12	4

Total Costs

Gross expenditure	7,338	19	9
Gross income	3,140	18	9
Nett expenditure	4,198	1	0
Nett cost per 1,000 houses	378	4	6
Nett cost per 1,000 persons	113	3	1½

Mortuaries.

The mortuaries were not used during the year.

Billeting.

Workers from other areas continued to be imported into the district which necessitated continuous efforts to secure for them suitable accommodation. This becomes more difficult each year.

NUMERICAL SUMMARY FOR 1942.

Infectious Disease.

Number of premises disinfected after notifiable disease.	109
Lots of bedding, clothing, etc., disinfected.	106

Houses.

Houses inspected: General inspections..	35
Houses recorded under Housing Regulations..	-
Number recorded as unfit for human habitation..	-
Number of houses demolished	-
Number of notices issued under Section 9	-
Dirty houses dealt with ...1	26
Yards paved or re-paved	-
Cases of overcrowding abated	-

House Drainage.

Number . laid, relaid, trapped, ventilated or repaired	18
Number of obstructed drains dealt with.	143
Number of house drains tested	12
Number of insanitary W.Cs. sinks and urinals rectified	4

Offensive Trades.

Number under observation1	1
Number of visits paid...	12

Milk and Dairies.

Number of dairies registered in the area	35
Total number of retailers in the district	119
Number of licences under Milk(Special Designations) Order	11
Approximate number of milking cows in the district	200

Lodging Houses.

Number on register.	1
Number of inspections	12

Rats and Mice (Destruction) Act.

Cases dealt with	14
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Factories and Workshops

Factories inspected	26
Workshops inspected	19
Nuisances observed	2
Nuisances remedied	2

Milk and Dairy

Number of dairies registered in the area 35
Total number of retailers in the district 119
Number of licenses under Milk (Special Designation)
Order 11
Approximate number of milking cows in the district 200

Lodging Houses

Number on register 1
Number of inspections 12

Waste and Rubbish (District) Act

Orders made with 14

Factories and Workshops

Factories inspected 26
Workshops inspected 19
Machines observed 2
Machines repaired 2