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CITY AND COUNTY OF LICHFIELD



ANNUAL REPORTS

of the

MEDICAL OFFICER OF HEALTH

and of the

PUBLIC HEALTH INSPECTOR

1967





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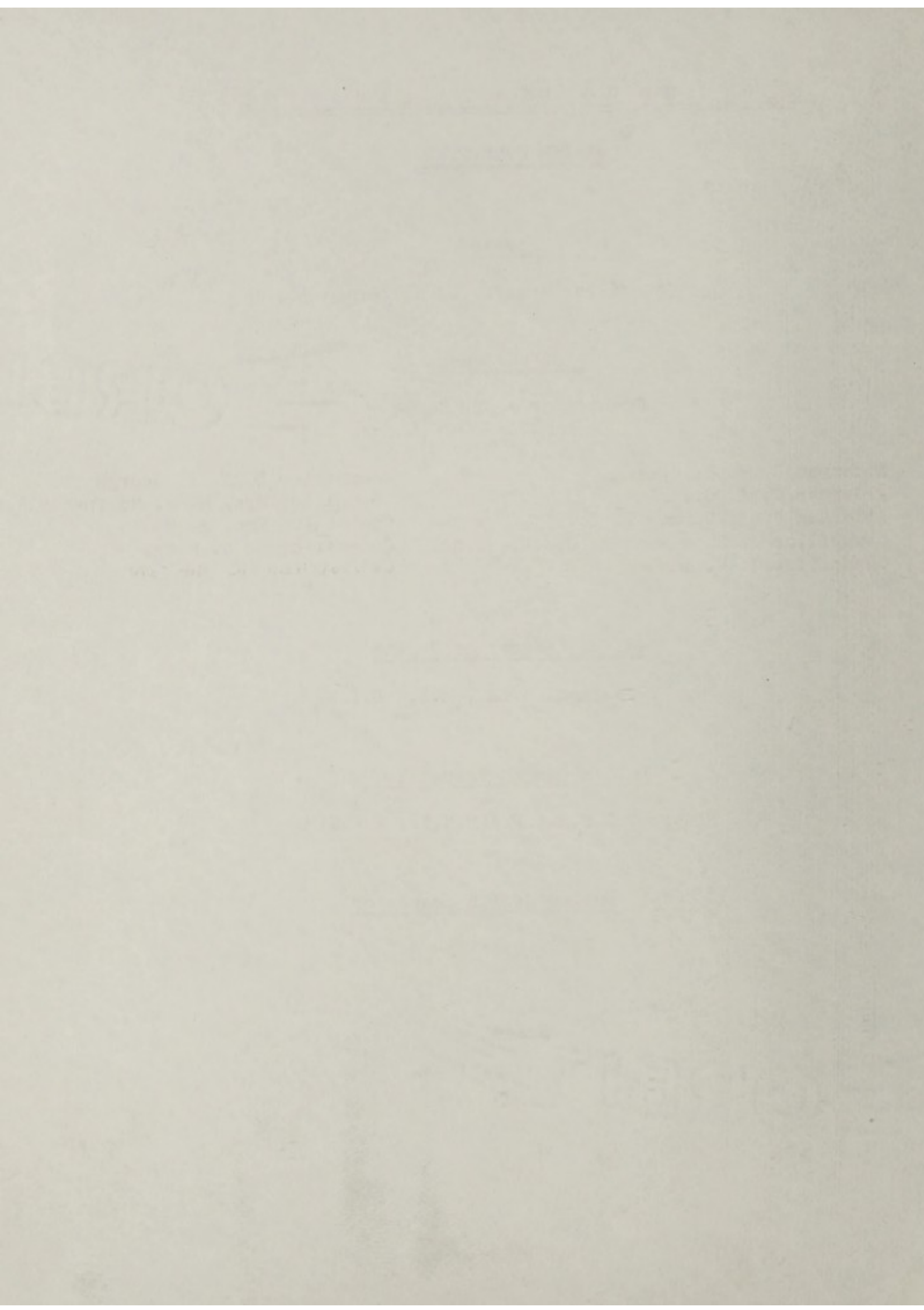
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CITY AND COUNTY OF LICHFIELD

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1967

To the Mayor, Aldermen and Councillors,  
City and County of Lichfield.

I again have pleasure in presenting, as I am required by law to do, my annual report on the health of the community and on the work of the Health Department during the year.

As the matters dealt with are difficult to summarise in any very helpful way, I refrain from any attempt to do so, but would refer readers to the comments contained in the various sections of the report.

I would again take the opportunity of thanking Members and other Officers of the Council for their continued co-operation, and acknowledge the contributions made from various sources, to the material contained in this report.

C. E. JAMISON

Medical Officer of Health

Guildhall,  
18th September, 1968.

ANNUAL REPORT

1901

REPORT OF THE BOARD OF HEALTH

1901

To the Mayor, Aldermen and Board of Health,  
City and County of Albuquerque.

I again have pleasure in presenting to you the  
annual report on the work of the Board of Health  
of the County of Bernalillo during the year.

As the Board of Health with the Board of Supervisors in each town  
helpful way, I believe that the Board of Health in each town  
renders to the community a valuable service in the control of the report.

I would again like to report the progress of the Board of Health and other  
officers of the Board of Health, and the Board of Supervisors, and the Board of Health  
the Board of Health, and the Board of Supervisors, and the Board of Health, and the Board of Supervisors,  
this report.

C. J. WILSON

Mayor of Albuquerque

Albuquerque,  
1901

## GENERAL STATISTICS

Particulars of area in acres, estimated mid-year population, number of inhabited houses, total rateable value of district and the product of a penny rate are set out below :-

Area (in acres) ... ..	3,597
Population (as estimated by Registrar General)	22,100
Number of Inhabited Houses ...	6,843
Total Rateable Value of Property	£832,962
Product of a Penny Rate ... ..	£3,300

The figures show the continuous growth of both housing and commercial properties, and the way in which these are reflected in rateable value. It would seem possible that the figure given for the present population may be slightly underestimated, as it would seem rather unlikely that the large number of additional houses would produce an increase of population of less than 1,000 persons. The figures of population given are, however, the best estimate available at the present time.

## VITAL STATISTICS

The principal statistics, as provided by the Registrar General, are set out below in the same form as in previous years :-

<u>Live Births</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	240	261	501
Illegitimate	14	14	28
Totals	<u>254</u>	<u>275</u>	<u>529</u>

Live Birth Rate per 1,000 Population = 23.9

<u>Still Births</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	4	4	8
Illegitimate	-	-	-
Totals	<u>4</u>	<u>4</u>	<u>8</u>

Still Birth Rate per 1,000 Live and Still Births = 15.0

<u>Deaths of Infants Under One Week</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1	3	4
Illegitimate	-	-	-
Totals	<u>1</u>	<u>3</u>	<u>4</u>



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Perinatal Mortality per 1,000 Total Births = 22.0

<u>Deaths of Infants Under Four Weeks</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1	3	4
Illegitimate	-	-	-
	<hr/>	<hr/>	<hr/>
Totals	1	3	4
	<hr/>	<hr/>	<hr/>

Death Rate per 1,000 Live Births = 7.6

<u>Deaths of Infants Under One Year</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	3	3	6
Illegitimate	-	-	-
	<hr/>	<hr/>	<hr/>
Totals	3	3	6
	<hr/>	<hr/>	<hr/>

Infant Death Rate per 1,000 Live Births = 11.0

<u>Deaths (All Ages)</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
	82	90	172

Death Rate (All Ages) per 1,000 population = 7.8

As no stillbirth or death occurred in an illegitimate foetus or infant, it is not possible to make any comparison in rates as between the legitimate and the illegitimate.

The proportion of illegitimate live births and stillbirths to the total number of live births and stillbirths is shown, for recent years, in the following table :-

Year	Percentage of Illegitimate Live Births & Stillbirths	Year	Percentage of Illegitimate Live Births & Stillbirths
1959	4.2	1964	3.6
1960	3.6	1965	4.8
1961	5.6	1966	4.8
1962	4.6	1967	5.2
1963	3.2		

Although the figures for Lichfield in 1967 compare somewhat unfavourably with those for other recent years, there is every reason to believe that they compare quite well with those for other parts of the Midlands in the same year.

Percentage mortality per 1,000 total births = 25.0

Deaths of Infants Under One Year		Deaths (All Ages)	
Male	Female	Male	Female
1	1	2	1
1	1	1	1
Total		Total	
2	2	3	2

Infant Death Rate per 1,000 live births = 7.6

Deaths of Infants Under One Year		Deaths (All Ages)	
Male	Female	Male	Female
3	2	2	1
1	1	1	1
Total		Total	
4	3	3	2

Infant Death Rate per 1,000 live births = 11.0

Deaths of Infants Under One Year		Deaths (All Ages)	
Male	Female	Male	Female
2	1	2	1
1	1	1	1
Total		Total	
3	2	3	2

Death Rate (All Ages) per 1,000 population = 7.8

As no stillbirth or death occurred in the illegitimate births or infants, it is not necessary to make any comparison in rates as between the legitimate and the illegitimate.

The proportion of illegitimate live births and stillbirths to the total number of live births and stillbirths is shown, for recent years, in the following table:

Year	Percentage of Illegitimate Live Births & Stillbirths	Year	Percentage of Illegitimate Live Births & Stillbirths
1929	4.3	1934	3.4
1930	3.6	1935	4.3
1931	3.6	1936	4.0
1932	6.0	1937	3.2
1933	3.2		

Although the figures for 1937 are somewhat uncertain, they are not far from those for other recent years. There is every reason to believe that they compare quite well with those for other parts of the Islands in the same year.



The following table shows how the figures, as a whole, compare with those of previous years :-

Year	Estimated Population	Live Birth Rate	Still Birth Rate	Neonatal Death Rate	Infant Death Rate	Death Rate (All Ages)
1957	11,190	20.1	26.0	26.7	26.7	11.6
1958	11,510	21.4	39.0	12.2	24.4	12.4
1959	12,180	17.6	13.7	9.3	18.6	12.7
1960	12,840	22.0	20.8	10.6	24.8	14.2
1961	14,240	21.8	40.2	12.9	12.9	12.6
1962	15,350	20.0	19.2	12.0	19.5	9.5
1963	16,490	24.4	17.1	10.0	12.4	10.4
1964	18,130	24.4	15.5	11.3	27.1	9.9
1965	20,030	26.6	9.3	3.8	9.4	10.2
1966	21,130	24.6	22.5	9.6	21.1	10.1
1967	22,100	23.9	15.0	7.6	11.0	7.8

It may be noted at once that the various death rates compare very satisfactorily indeed with those for the majority of previous years, although too much should not be read into these figures in view of the very small numbers on which they are based, which, as is well known, leads to considerable variations in the rates, up and down, from year to year.

After adjusting the local figures for births and deaths, in accordance with the appropriate area comparability factors, as provided by the Registrar General, to take account of variations of age and sex in Lichfield as compared with England and Wales as a whole, the following table shows the comparison between the local and national figures :-

Area	Live Birth Rate	Still Birth Rate	Perinatal Death Rate	Neonatal Death Rate	Infant Death Rate	Death Rate (All Ages)
Lichfield City	21.5	15.0	22.0	7.6	11.0	8.0
England and Wales	17.2	14.8	25.4	12.5	18.3	11.2

It will be seen that the birth rate is, even after adjustment for the factors mentioned above, well above the national average, that the stillbirth rate is marginally above the national average but that all the death rates are, on this occasion, very satisfactorily below the national average, even after adjustment of the overall death rate to make it comparable with the national figures. Taking the figures for stillbirths and deaths within one week of birth together, the resultant figure of perinatal mortality, which is considered to be the most significant figure in relation to wastage of infant life, is also seen to be satisfactorily below the national level.

Year	Estimated Birth Rate	Actual Birth Rate	Estimated Death Rate	Actual Death Rate	Estimated Rate (All Ages)
1957	22.100	20.5	12.5	7.5	11.5
1958	21.150	20.5	12.5	7.5	10.5
1959	20.150	20.5	12.5	7.5	10.5
1960	19.150	20.5	12.5	7.5	10.5
1961	18.150	20.5	12.5	7.5	10.5
1962	17.150	20.5	12.5	7.5	10.5
1963	16.150	20.5	12.5	7.5	10.5
1964	15.150	20.5	12.5	7.5	10.5
1965	14.150	20.5	12.5	7.5	10.5
1966	13.150	20.5	12.5	7.5	10.5
1967	12.150	20.5	12.5	7.5	10.5

It may be noted that the actual birth rates were very consistently below the estimated rates for the entire period. This indicates that the actual birth rates were consistently below the estimated rates, which, as is well known, leads to considerable overestimation of the actual birth rates. This overestimation is due to the fact that the actual birth rates were consistently below the estimated rates, which, as is well known, leads to considerable overestimation of the actual birth rates. This overestimation is due to the fact that the actual birth rates were consistently below the estimated rates, which, as is well known, leads to considerable overestimation of the actual birth rates.

After adjusting the birth rates for the period 1957-1967, the estimated birth rates were consistently below the actual birth rates, as provided by the National Bureau of Economic Research. The following table shows the estimated birth rates for the period 1957-1967, which, as is well known, leads to considerable overestimation of the actual birth rates. This overestimation is due to the fact that the actual birth rates were consistently below the estimated rates, which, as is well known, leads to considerable overestimation of the actual birth rates.

Year	Estimated Birth Rate	Actual Birth Rate	Estimated Death Rate	Actual Death Rate	Estimated Rate (All Ages)
1957	22.100	20.5	12.5	7.5	11.5
1958	21.150	20.5	12.5	7.5	10.5
1959	20.150	20.5	12.5	7.5	10.5
1960	19.150	20.5	12.5	7.5	10.5
1961	18.150	20.5	12.5	7.5	10.5
1962	17.150	20.5	12.5	7.5	10.5
1963	16.150	20.5	12.5	7.5	10.5
1964	15.150	20.5	12.5	7.5	10.5
1965	14.150	20.5	12.5	7.5	10.5
1966	13.150	20.5	12.5	7.5	10.5
1967	12.150	20.5	12.5	7.5	10.5

It may be noted that the actual birth rates were very consistently below the estimated rates for the entire period. This indicates that the actual birth rates were consistently below the estimated rates, which, as is well known, leads to considerable overestimation of the actual birth rates. This overestimation is due to the fact that the actual birth rates were consistently below the estimated rates, which, as is well known, leads to considerable overestimation of the actual birth rates. This overestimation is due to the fact that the actual birth rates were consistently below the estimated rates, which, as is well known, leads to considerable overestimation of the actual birth rates.



# CAUSES OF DEATH

The following table shows the causes of death of persons ordinarily resident in Lichfield who died during the year, regardless of the place of death, headings being omitted where no death was attributed to the group of diseases in question :-

Disease	Total 1961	Total 1962	Total 1963	Total 1964	Total 1965	Total 1966	1967		
							M	F	Total
Pulmonary Tuberculosis	1	1	1	-	-	2	-	-	-
Syphilitic Disease	-	-	-	-	1	-	-	1	1
Other Infective & Parasitic Disease	-	-	-	1	-	1	-	-	-
Malignant Neoplasm of Stomach	2	4	2	2	-	3	2	2	4
Malignant Neoplasm of Lung and Bronchus	8	2	7	8	10	8	3	2	5
Malignant Neoplasm of Breast	-	2	1	3	7	7	-	7	7
Malignant Neoplasm of Uterus	1	1	-	5	1	-	-	-	-
Other Malignant & Lymphatic Neoplasms	19	12	10	15	10	20	9	8	17
Leukaemia and Aleukaemia	1	-	2	-	-	-	-	-	-
Diabetes	-	-	2	-	1	4	-	1	1
Vascular Lesions of Nervous System	29	24	22	31	36	27	5	17	22
Coronary Disease, Angina	27	24	28	27	25	40	16	7	23
Hypertension with Heart Disease	1	3	4	3	3	3	2	-	2
Other Heart Disease	20	18	17	19	23	18	4	12	16
Other Circulatory Disease	16	15	15	10	27	21	10	7	17
Influenza	4	6	-	-	-	4	-	-	-
Pneumonia	7	9	4	6	6	9	8	1	9
Bronchitis	8	12	17	9	7	9	7	-	7
Other Diseases of Respiratory System	3	5	4	2	4	1	1	2	3
Ulcer of Stomach and Duodenum	5	1	-	-	2	1	1	-	1
Gastritis, Enteritis and Diarrhoea	1	-	-	1	2	-	-	-	-
Nephritis and Nephrosis	2	1	-	-	-	2	-	-	-
Hyperplasia of Prostate	-	1	1	-	-	-	-	-	-
Congenital Malformations	3	3	2	4	3	3	-	-	-
Other Defined & Ill-Defined Diseases	19	16	26	32	29	22	7	20	27
Motor Vehicle Accidents	1	2	4	2	3	3	6	2	8
All Other Accidents	2	3	2	2	2	4	-	-	-
Suicide	-	1	1	-	3	1	1	1	2
All Diseases	180	166	172	180	205	213	82	90	172





Taking these recorded deaths as a whole, six, as indicated in earlier tables, occurred in infancy, but no deaths at all occurred at ages between one year and 15 years and only two deaths at ages between 15 years and 25 years, both of these resulting from motor vehicle accidents. Going further up the age-scale, three persons died between the ages of 25 years and 35 years, two of these deaths again being due to traffic accidents, eight persons between 35 years and 45 years, seven persons between 45 years and 55 years, 15 persons between 55 years and 65 years, 40 persons between 65 and 75 years, while 91 people died at ages over 75 years. Male deaths exceeded female deaths, in the proportion of 50 deaths to 31 deaths at ages up to 75 years, the disparity still being quite marked in the age-group from 65 years to 75 years, but female deaths exceeded male deaths at ages over 75 years in the proportion of 59 deaths to 32 deaths. It is obvious that advances in medical treatment of the elderly have not significantly affected the disparity in longevity, as between the sexes, which has been a feature of the statistics in modern times.

Of the six deaths occurring in infancy, four, as indicated in an earlier table, took place before the end of the first week of life, two of these being attributed to prematurity, one to pneumonia and the remaining one to injury occurring at the time of birth. The remaining two infant deaths occurred much later in infancy, both being attributed to pneumonia, but in one of these infants the infection occurred in a child suffering from gross congenital abnormality. It is notable that, in this particular year, congenital abnormality played a less important part in infant mortality than it has done in other recent years.

It is noteworthy that deaths from cancer of the lung and bronchus were fewer in number than in any year since 1962, and interesting to note that, possibly owing to the smallness of the figures, the disparity between the sexes is not as great as usual. In view of the continued, and marked, upward trend in the national figures in relation to deaths from this disease, it appears unlikely that the low figure for last year in Lichfield will be repeated in future years.

The figures for deaths from cancer of the breast were equal to those of each of the previous two years, but much higher than those for any of the other years included in the table, a fact in unhappy contrast to the entire absence in 1967, as in 1966, of deaths from cancer of the uterus. In view of the importance now attached to cervical cytology, in an attempt to reduce the incidence of cancer of one part of the uterus, the figures of the deaths from the two diseases confirm the wisdom of combining information regarding self-examination of the breast with the more popular examination of a cervical smear, in the laboratory, for abnormal cells.

The absence of deaths attributed to influenza is again a satisfactory feature of the statistics.

In the case of pneumonia the position was not quite so good, but five of the six deaths not occurring in infancy were in persons over 65 years of age, where the disease tends to occur as a terminal feature.



During these recorded deaths as a whole, six, as indicated in earlier tables, occurred in infancy, but no deaths at all occurred at ages between one year and 15 years and only two deaths at ages between 15 years and 25 years, both of these resulting from motor vehicle accidents. During further years, four of these deaths occurred between the ages of 25 years and 35 years, two of these deaths again being due to traffic accidents, eight persons between 35 years and 45 years, seven persons between 45 years and 55 years, 15 persons between 55 years and 65 years, 40 persons between 65 and 75 years, while 51 people died at ages over 75 years. While deaths extended to 85 years, in the proportion of 30 deaths to 10 deaths at ages up to 75 years, the disparity still being quite marked in the age-group from 75 years to 85 years, but female deaths extended to ages over 85 years in the proportion of 25 deaths to 15 deaths. It is obvious that whereas in medical treatment of the elderly have not significantly affected the disparity in longevity, or between the sexes, which has been a feature of the situation in modern times.

Of the six deaths occurring in infancy, four, as indicated in an earlier table, took place before the end of the first week of life, two of these being attributed to prematurity, one to pneumonia and the remaining one to injury occurring at the time of birth. The remaining two infant deaths occurred much later in infancy, both being attributed to pneumonia, but in one of these instances the infection occurred in a child suffering from gross congenital abnormality. It is notable that, in four particular years, congenital abnormality played a less important part in infant mortality than it has done in other recent years.

It is noteworthy that deaths from cancer of the lung and bronchus were found to increase from 1951 to 1967, with increasing concern to note that, possibly owing to the limitations of the figures, the disparity between the sexes is not as great as usual. In view of the continued, and marked, upward trend in the national figures in relation to deaths from this disease, it appears unlikely that the few figures for lung cancer in Lincolnshire will be regarded as being precise.

The figures for deaths from cancer of the breast were again to show that each of the previous two years, but much higher than those for any of the other years included in the table, a fact in striking contrast to the entire picture in 1967. In 1966, 17 deaths from cancer of the breast, in view of the importance now attached to cervical cytology, in an attempt to reduce the incidence of cancer of the breast, the figures of the deaths from the two diseases contrast the wisdom of continuing information regarding self-examination of the breast with the more popular examination of a cervical smear, in the laboratory, for abnormal cells.

The absence of deaths attributed to tetanus is again a satisfactory feature of the situation.

In the case of pneumonia the position was not quite so good, but five of the six deaths not occurring in infancy were in persons over 65 years of age, where the disease tends to occur as a terminal feature.



The figures for bronchitis can be regarded as reasonably satisfactory, being considerably below the average of other recent years. It will be noted that all the deaths occurred in men, and it can be added that most of the deaths occurred in men over 75 years of age and all in men over 65 years, illustrating that, although suffered by many persons, especially men, in lower age-groups, it is only usually fatal in outcome in the elderly.

Deaths from motor-vehicle accidents were, unfortunately, much higher than in any other recent year, involving in most cases, drivers or passengers in vehicles, as distinct from pedestrians. As is usual, men were the victims much more frequently than women, presumably owing to the vastly greater number of male drivers. Unlike some previous occasions, younger drivers were not involved in any undue proportion of cases, only one death occurring in a person under 25 years of age.

It is pleasing to record that the table again shows no death attributable to pregnancy, abortion or childbirth. In spite of the relatively small population involved, this is a very satisfactory reflection of the efficiency of the local midwifery service.

#### NOTIFIABLE INFECTIOUS DISEASES

The following table shows the number of cases of the various notifiable infectious diseases notified during the year, and also, for comparison, the number of cases of these diseases notified during the preceding ten years :-

Disease	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Measles	215	52	209	194	320	3	425	315	70	137	388
Whooping Cough	11	15	1	34	-	-	19	16	-	3	6
Scarlet Fever	2	3	7	2	1	2	8	7	10	7	6
Erysipelas	1	-	1	-	-	-	-	-	-	-	1
Poliomyelitis	2	-	-	-	-	-	-	-	-	-	-
Encephalitis	-	-	-	-	-	-	-	-	-	1	-
Dysentery	-	-	1	-	1	22	-	5	7	44	24
Food Poisoning	4	2	-	2	1	1	13	-	2	3	7
Pneumonia	6	-	2	1	12	1	3	4	4	-	2
Puerperal Pyrexia	17	7	4	8	8	6	10	12	6	6	1
Ophthalmia Neonatorum	1	1	1	6	1	2	2	-	-	8	6
Tuberculosis	1	2	2	4	2	2	3	1	2	4	4





The number of cases of measles was very large indeed, suggesting that those children who had not been affected by the disease in 1966, when figures were smaller than expected in a year of biennial incidence, went down with it, particularly in the early part of 1967. It remains to be seen how far this will affect the outbreak expected in the Autumn of this present year. It is already clear that, owing to unavoidable delays in the vaccination campaign initiated some months ago, this is unlikely to have any very considerable effect on events. There is, however, every reason to hope that the new vaccine will have a large influence on the scale of outbreaks in future years, if parents co-operate in the campaign when vaccine is freely available, as it will be in the immediate future.

The figures for whooping cough notifications can again be regarded as a very satisfactory result of the vaccination campaign which has now been waged against the disease for a number of years.

The incidence of scarlet fever was also very low indeed, indicating that this disease can be adequately controlled by the use of modern curative drugs in the relatively small number of cases which do occur, without recourse to either vaccination or, as in earlier years, admission to hospital for treatment.

No case of poliomyelitis has now been notified in Lichfield since 1957, a decade ago, but vaccination must be, and is being, continued to the maximum possible extent, as there is every reason to believe that this disease might well recur if precautions were relaxed.

The number of cases of dysentery notified was smaller than in the previous year, but larger than in any other year in the last decade. Unlike the previous year, when the disease mainly affected a residential nursery, the cases in 1967 occurred in a number of family outbreaks, affecting mainly children, but involving a limited number of adults as well. Efforts were made to control the infection with the minimum amount of interference with attendance at school, and these appeared to be generally successful.

Food-poisoning was more prevalent than in any of the previous three years, and consisted either of sporadic single cases or of small family outbreaks, with no known connection between them, and with a variety of organisms being involved. In some cases the carrier condition continued for a period of time, but all eventually became clear of intestinal infection. As far as could be ascertained, no spread of infection occurred outside the households concerned.

It will be noted from the table that, as in the previous year, four cases of tuberculosis were notified. Two of the patients were young children, one of these contracting the infection from her mother, one of the other notified patients. The remaining patient was a young woman of 36 years. Both of the infections occurring in adults were of the pulmonary type, but the children showed, as well as pulmonary infection, more widespread dissemination of the infection in other organs.





The following table shows how the figures for newly notified cases compared with those for earlier years, while figures for deaths in these earlier years are also set out, even though, fortunately, no deaths were recorded in 1967 :-

Year	New Cases				Deaths			
	Pulmonary		Non Pulmonary		Pulmonary		Non Pulmonary	
	M	F	M	F	M	F	M	F
1947	4	2	1	1	2	1	1	-
1948	6	7	2	-	2	3	-	-
1949	3	3	3	3	3	-	-	-
1950	3	3	3	3	3	-	-	-
1951	1	3	3	1	-	1	1	-
1952	5	1	-	4	2	1	-	-
1953	2	1	1	1	-	1	-	-
1954	4	2	1	-	-	-	-	1
1955	3	4	1	-	-	-	1	-
1956	4	-	-	-	1	-	-	-
1957	1	-	-	-	-	-	-	-
1958	1	-	1	-	-	-	-	-
1959	2	-	-	-	1	-	-	-
1960	1	1	1	1	2	-	-	-
1961	-	2	-	-	1	-	-	-
1962	1	-	-	1	1	-	-	-
1963	1	1	1	-	-	1	-	-
1964	-	-	1	-	-	-	-	-
1965	1	1	-	-	-	-	-	-
1966	2	2	-	-	1	1	-	-
1967	1	3	-	-	-	-	-	-

It will be noted that the figures for new cases compare rather unfavourably with those for most recent years, although the absence of deaths is a very good feature. It is obvious that, in spite of the very solid progress made in treatment, investigation of contacts and surveillance in post-war years, much work has still to be done before we can regard tuberculosis as a fully controlled disease, in the way that diphtheria and poliomyelitis now can be. It seems probable, however, that, over a period of years, B. C. G. vaccination of school-leavers will play an important part in the future control of this disease.

The following table shows how the figures for newly notified cases compared with those for earlier years, while figures for deaths in these earlier years are also set out, even though, fortunately, no deaths were recorded in 1967:-

Year	New Cases				Deaths	
	Pulmonary		Non Pulmonary		Non Pulmonary	
	M	F	M	F	M	F
1967	1	1	-	-	-	-
1966	2	1	-	-	1	-
1965	1	1	-	-	-	-
1964	-	-	1	-	-	-
1963	1	1	-	-	-	-
1962	1	-	-	-	-	-
1961	1	-	-	-	-	-
1960	1	1	1	-	-	-
1959	2	-	-	-	-	-
1958	1	-	-	-	-	-
1957	1	-	-	-	-	-
1956	4	-	-	-	-	-
1955	3	4	-	-	-	-
1954	4	2	-	-	-	-
1953	2	1	-	-	-	-
1952	2	1	-	-	-	-
1951	1	1	-	-	-	-
1950	2	3	3	-	-	-
1949	3	3	3	-	-	-
1948	2	1	2	-	-	-
1947	4	2	1	-	1	-

It will be noted that the figures for new cases compare rather unfavourably with those for more recent years, although the epidemic of deaths is a very good feature. It is obvious that, in spite of the very solid progress made in treatment, investigation of contacts and surveillance in post-war years, much work has still to be done before we can regard tuberculosis as a fully controlled disease, in the way that diphtheria and poliomyelitis now can be. It seems probable, however, that, over a period of years, B. G. D. vaccination of school-leavers will play an important part in the future control of this disease.



## HOSPITAL ACCOMMODATION

Those patients suffering from infectious diseases, including tuberculosis, requiring admission to hospital were admitted under the arrangements mentioned in previous reports. The amount of accommodation available appeared to be fully adequate to meet the reduced needs. The relatively long journeys to East Birmingham and Moxley Hospitals are inevitable in the light of present circumstances, but the facilities available for tuberculous patients at St. Michael's Hospital, Lichfield, are much appreciated by those patients admitted there, and by their relatives.

Facilities for maternity patients were enormously improved during the year by the opening of the new maternity block at Good Hope Hospital, Sutton Coldfield, and hospital beds are now freely available for all patients requiring them on either medical or social grounds.

The shortage of hospital accommodation for elderly sick patients continued unchanged during the year, leading inevitably to hardship both to patients on the waiting list and to relatives who had, in many instances, to cope at home with patients in real need of admission to hospital. Efforts were made, as in previous years, to minimise hardship by the categorisation, on social grounds, of patients awaiting admission, and by the provision of district nursing, home help and allied services.

## NATIONAL ASSISTANCE ACTS, 1948 and 1951

As in other recent years, it was found possible to secure admission to hospital, where necessary and feasible, by persuasion rather than by compulsion.

## VENEREAL DISEASE

Facilities continued unchanged, and arrangements appeared to work well.

## LABORATORY FACILITIES

Here again, the available facilities at the County Chemical and Public Health Laboratories at Stafford continued unchanged but fully satisfactorily, information and advice being readily available at all appropriate times.

## WATER SUPPLY

Mr. Taylor, Engineer-in-Chief to South Staffordshire Waterworks Company, has again kindly supplied details of composition of water used, supply arrangements, treatment by chlorination and results of chemical and bacteriological examination of both raw and chlorinated waters. Fortunately, the waters used appear to be of a good standard even before chlorination, although this is practised at most pumping stations as a precautionary measure, and in all cases where emergencies in the supply system cause a special indication for treatment.

## WATERWORKS

These patients suffering from infectious diseases, including tuberculosis, requiring admission to hospital were admitted under the arrangements maintained in previous reports. The amount of accommodation available appeared to be fairly adequate to meet the reduced needs. The relatively long journey to West Birmingham and Wesley Hospitals are inevitable in the light of present circumstances, but the facilities available for tuberculosis patients at St. Michael's Hospital, Montreal, are much improved by those patients admitted there, and by their relatives.

Facilities for potentially infectious patients were considerably improved during the year by the opening of the new maternity block at Good Hope Hospital, Sutton Coldfield, and hospital beds are now freely available for all patients requiring them on either medical or surgical grounds.

The shortage of hospital accommodation for elderly sick patients continued unchanged during the year, leading inevitably to hardship both to patients on the waiting list and to relatives who had, in many instances, to cope at home with patients in need of admission to hospital. Efforts were made, as in previous years, to minimize hardship by the organization of special grounds, of patients awaiting admission, and by the provision of chaperone nursing, home help and allied services.

## WATER SUPPLY

As in other recent years, it was found possible to secure substantial savings in water supply and treatment, by arrangements agreed with the waterworks, whose economy and efficiency, by comparison with other waterworks, is well known.

## WATER SUPPLY

Facilities provided for the water supply and arrangements appeared to work well.

## WATER SUPPLY

There again, the available facilities at the County Council and Public Health Laboratory at Edgbaston continued unchanged and fairly satisfactory, information and advice being readily available at all appropriate times.

## WATER SUPPLY

Mr. Taylor, Engineer-in-Chief to South Birmingham Waterworks Company, has again kindly supplied details of composition of water used, supply arrangements, treatment by chlorination and removal of chemical and bacterial impurities, and other related matters. Furthermore, the water used appears to be of a good standard when before chlorination, although this is maintained as well as being treated as a precautionary measure, and in all cases the water is supplied in the supply system a special provision for treatment.



He confirmed that the waters used are not of a type likely to absorb lead, and that all tap samples taken were free from appreciable quantities of lead in solution.

Unfortunately, the fluoride content was again grossly deficient, varying from 0.03 parts per million at Trent Valley to 0.13 parts per million at Sandfields, as compared with the figure of 1.0 part per million, now recognised to be the optimum figure to ensure the development of sound teeth in children. I personally feel that the time has now come when the Minister of Health should seek parliamentary powers to require all water undertakings to remedy this deficiency before water is supplied to the public, thus preventing a small but vocal minority of citizens from denying the undoubted benefit of fluoridation to the community as a whole. This would certainly seem to be the only way of making progress, in areas such as this, where one water undertaker supplies an area administered by many local authorities, opposition from any one of which may well prevent any progress being made in this important public health measure.

### FOOD

Particulars of inspection of food shops will, as usual, be found in the Public Health Inspector's section of this report, together with information relating to the large volume of complaints regarding individual ~~articles of~~ food received from members of the public. I do not regard these complaints as proving that food hygiene is less good than in other districts, but as indicating a new awareness on the part of the public as to the standards that can reasonably be expected in foodstuffs. I am satisfied that regular inspections of food premises are a very big factor in ensuring that advances in the attitude of the public are matched by equal advances in the attitude of those responsible for the running of the premises in question.

I am indebted to the County Medical Officer for information relating to results of sampling carried out by the County Council in Lichfield in its capacity as a Food and Drugs Authority. These results indicated that all six samples of milk were free from adulteration. Of 94 samples of foods of all types, including sweets, soft drinks, alcoholic beverages, and drugs of the type sold over the counter, 89 were found to be genuine. Of the remaining five samples, no further action was taken in relation to a sample of bacon which was found to contain excess moisture or as regards a sample of cottage cheese which was found to be deficient in fat. A shopkeeper selling cream puffs and pineapple creams found to contain imitation cream was successfully prosecuted, while action was taken to secure relabelling in the case of certain tablets found to be incorrectly labelled.

As regards milk sampled for the purpose of determining matters other than possible adulteration or misdescription, 109 samples of pasteurised milk and two samples of sterilised milk passed tests indicating that those processes had been carried out in a satisfactory way.

It is confirmed that the water used are not of a type likely to contain lead, and that all tap samples taken were from representative quantities of lead in solution.

Unfortunately, the fluoride content was again grossly deficient, varying from 0.01 parts per million at Trent Valley to 0.11 parts per million at Sandalside, as compared with the figure of 1.0 part per million, now recommended to be the optimum figure to ensure the development of sound teeth in children. I personally feel that the time has now come when the Minister of Health should make parliamentary powers to require all water undertakers to remedy this deficiency before water is supplied to the public, thus preventing a small but real source of disease from existing in the untreated water of Flintshire to the community as a whole. This would certainly seem to be the only way of making progress, in areas such as this, where one water undertaker supplies an area administered by many local authorities, opposition from any one of which may well prevent any progress being made in this important public health measure.

### FOOD

Particulars of inspection of food shops will, as usual, be found in the Public Health Inspector's section of this report, together with information relating to the large volume of complaints regarding foodstuffs, and to the food received from various parts of the public. I do not regard these complaints as proving that food hygiene is less good than in other districts, but as indicating a new awareness on the part of the public as to the standards that can reasonably be expected in foodstuffs. I am satisfied that regular inspections of food premises are a very big factor in ensuring that standards in the attitude of the public are matched by equal advances in the attitude of those responsible for the running of the premises in question.

I am indebted to the County Medical Officer for information relating to results of sampling carried out by the County Council in Llandudno in the capacity as a food and drug authority. These results indicated that all six samples of milk were free from adulteration. Of 24 samples of foodstuffs, all types, including meats, soft drinks, alcoholic beverages, and drugs of the type sold over the counter, 82 were found to be genuine. Of the remaining five samples, no further action was taken in relation to a sample of bacon which was found to contain known bacteria or to require a sample of cottage cheese which was found to be deficient in fat. A shopkeeper selling cream butter and preserves was found to contain bacteria cream was subsequently prosecuted, while action was taken to ensure retelling in the case of certain tins found to be incorrectly labelled.

As regards milk samples for the purpose of determining whether other than bacterial adulteration or misrepresentation, 109 samples of pasteurised milk and two samples of unsterilised milk passed tests indicating that those processes had been carried out in a satisfactory way.



## HOUSING

I am informed by the Housing Manager that the position in relation to rehousing and the waiting list for houses in 1967 was as follows :-

Waiting List (Excluding Overspill) at 1st January ..	479
Rehoused from Unfit Houses During 1967 ... ..	31
Rehoused on General Needs During 1967 ... ..	429
Rehoused under Overspill Arrangement in 1967 ... ..	374
Waiting List (Excluding Overspill) at 31st December ...	484

The number of families rehoused from unfit houses was smaller than the figure of 42 families rehoused from such houses in 1966, but rehousing on general need and under overspill arrangements was vastly greater than the corresponding figures of 83 families on general needs and 84 families under overspill arrangements in the previous year. The figures indicate that, through force of circumstances, clearance of unfit houses had to proceed at only a moderate pace, but that enormous progress was made in relation to the large number of families needing to be rehoused on other grounds. They also show the very considerable contribution which Lichfield has made in helping to meet the needs of families moving out from Birmingham. It is particularly interesting to note that, in spite of the relatively large numbers of local families rehoused during the year, the waiting list for Council houses was slightly greater at the end of the year than it was at the beginning.

The following table shows the statutory action taken by the Council during the year in relation to houses considered to be unfit for human habitation :-

Property	Statutory Action
29 - 35 (odd nos.) Chapel Lane	Undertaking Accepted 13th February, 1967.
170-188 (even nos.) St. John Street	Undertaking Accepted 16th May, 1967.

The number of privately owned houses dealt with in this way in 1967, 14 in all, compared with figures of 20 in 1966, 36 in 1965, seven in 1964, 13 in 1963, none in 1962, three in 1961 and 51 in 1960. It will be seen that the figures vary very considerably from year to year, the figure for any one year depending largely on whether any considerable clearance area was included in the programme for that particular year. Following clearance action in relation to houses in Dean's Croft and Rotten Row in 1965 and Victoria Square in 1966, it was deemed inadvisable to take any further action, on a large scale, in 1967.

It should be borne in mind, however, that, apart from privately owned houses dealt with statutorily by means of clearance, compulsory purchase, demolition or closing orders and undertakings not to relet, steady progress has been made by the Council, over the years, in clearing unfit houses in its own ownership, after rehousing of the tenants of these houses, these

# ANNEX

I am informed by the Housing Manager that the position in relation to rehousing and the waiting list for houses in 1961 was as follows:-

Waiting List (Excluding Overalls) at 1st January	470
Rehoused from Unit Houses during 1961	31
Rehoused on General Needs during 1961	439
Rehoused under Overalls Arrangements in 1961	314
Waiting List (Excluding Overalls) at 31st December	484

The number of families rehoused from unit houses was smaller than the figure of 43 families rehoused from such houses in 1960, but rehousing on general need and under overalls arrangements was vastly greater than the corresponding figure of 81 families on general need and 54 families under overalls arrangements in the previous year. The figures indicate that, though there is a shortage of unit houses and that progress is only a moderate pace, but that enormous progress was made in relation to the large number of families needing to be rehoused on other grounds. They also show the very considerable contribution which Lichfield has made in helping to meet the needs of families moving out from Birmingham. It is particularly interesting to note that, in spite of the relatively large number of local families rehoused during the year, the waiting list for Council houses was slightly greater at the end of the year than it was at the beginning.

The following table shows the statutory action taken by the Council during the year in relation to houses considered to be unfit for human habitation:-

Property	Statutory Action
25 - 35 (odd nos.) Chapel Lane	Undertaking accepted 13th February, 1961.
170-188 (even nos.) St. John Street	Undertaking accepted 16th May, 1961.

The number of privately owned houses dealt with in this way in 1961, 14 in all, compared with figures of 20 in 1960, 36 in 1959, seven in 1958, 13 in 1957, none in 1956, three in 1955 and 21 in 1954. It will be seen that the figures vary very considerably from year to year, the figure for any one year depending largely on whether any considerable clearance was included in the programme for that particular year. Following clearance action in relation to houses in Dean's Court and Station Row in 1959 and Victoria Square in 1960, it was deemed inadvisable to take any further action, on a large scale, in 1961.

It should be borne in mind, however, that, apart from privately owned houses dealt with statutorily by means of clearance, compulsory purchase, demolition or clearing orders and undertakings not to relet, steady progress has been made by the Council, over the years, in clearing unit houses in its own capacity, after rehousing of the tenants of these houses, those



houses having been purchased with this object in mind.

Advice was, as in previous years, given to the Housing Manager in relation to certain applications for rehousing, where medical aspects were involved in a significant degree. Although this type of application must be looked at very carefully indeed, in order to keep this aspect in perspective, I would express appreciation of the priority given in really urgent cases, where it was felt that rehousing was genuinely indicated by reason of a combination of medical and housing circumstances.

### FACTORIES

Particulars relating to inspections carried out under the Factories Act, 1961, are set out in the following table :-

No. of Factories on Register	Inspections	No. of Written Notices	Occupiers Prosecuted
78	30	Nil	Nil

The following table sets out the defects found, and action taken to remedy them :-

Particulars of Defect	Defects Found	Defects Remedied	Defects Referred		Prosecutions Instituted
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness	Nil	Nil	Nil	Nil	Nil
Overcrowding	Nil	Nil	Nil	Nil	Nil
Unreasonable Temperature	Nil	Nil	Nil	Nil	Nil
Inadequate Ventilation	Nil	Nil	Nil	Nil	Nil
Ineffective Drainage of floors	Nil	Nil	Nil	Nil	Nil
Sanitary Conveniences					
(a) Insufficient	Nil	Nil	Nil	Nil	Nil
(b) Unsuitable or Defective	1	1	Nil	1	Nil

houses having been purchased with this object in mind.

Advice was, as in previous years, given to the Housing Manager in relation to certain applications for renovation, where medical agencies were involved in a significant degree. Although this type of application must be looked at very carefully indeed, in order to keep this aspect in perspective, I would express appreciation of the priority given in recent years, where it was felt that renovation was genuinely indicated by reason of a combination of medical and housing circumstances.

# FACTORIES

Particulars relating to inspections carried out under the Factories Act, 1937, are set out in the following table:-

No. of Factories on Register	Inspections	No. of Written Notices	Compliers Prosecuted
78	30	Nil	Nil

The following table sets out the defects found, and action taken to remedy them:-

Particulars of Defects	Defects Found	Defects Rectified	Defects Rectified		Prosecutions Instituted
			To H.M. Inspector	By H.M. Inspector	
Went of Examination	Nil	Nil	Nil	Nil	Nil
Overcrowding	Nil	Nil	Nil	Nil	Nil
Unreasonable Temperature	Nil	Nil	Nil	Nil	Nil
Inadequate Ventilation	Nil	Nil	Nil	Nil	Nil
Ineffective Drainage of Floors	Nil	Nil	Nil	Nil	Nil
Sanitary Conveniences (a) Insufficient	Nil	Nil	Nil	Nil	Nil
(b) Unavailable or Defective	1	1	Nil	1	Nil



Information relating to outworkers is set out below in the prescribed form :-

Nature of Work	No. of Outworkers on List	No. of Defaults in Sending List to Council	No. of Prosecutions in Failure to supply list	No. of Instances of work in Unwholesome Places	Notices Served
Wearing Apparel	5	Nil	Nil	Nil	Nil

It will be seen that no great difficulties were experienced in this field of work during the year, and that relatively little outwork of an industrial nature is now carried out in homes in Lichfield.

#### Sanitary and Sewerage Department

Further detailed investigation into the water supply system in the City's coverage system have been completed. A length of sewer in Beach Street has been replaced, and work on the construction of a storm water overflow and collecting of the sewage at Waterhouse has been completed.

In addition, work on the Town's Road sewage system is being installed, in view of the increasing taking place in the growth of the area.

No new applications have been received for discharge of trade effluent, but a full scale investigation has been made by the Sanitary Officer into the various existing discharges.

The sewage works at Lichfield is working at capacity to absorb the designed capacity. It has been decided to have the present and other sewage works to be built in the area of the town, as the present works are situated in the area of the town, and the effluent has been generally used for the purpose of the town's water supply. A large amount of effluent has been used for the purpose of the town's water supply, but the problem of effluent disposal is increasing due to the population growth. Investigations have been made into the various methods of treatment and disposal. A project for the construction of an effluent sewage treatment plant is under way.

The sewerage and soil engineering services have been satisfactorily carried out throughout the year.

Information relating to outworkers is set out below in the prescribed form :-

Nature of Work	No. of Outworkers on List	No. of Outworkers in Leading List to County	No. of Provisional in List to Supply List	No. of Instances of work in Unwholesome Places	No. of Instances of work in Served Places
Wearing Apparel	2	Nil	Nil	Nil	Nil

It will be seen that no great difficulties were experienced in this field of work during the year, and that relatively little work of an industrial nature is now carried out in houses in Northfield.



## REPORT OF THE CITY SURVEYOR

### Public Conveniences

The public conveniences have been maintained in operation throughout the year, but vandalism has again caused serious concern.

### Collection and Disposal of Household Refuse

The refuse collection service has worked satisfactorily. A new system is being introduced with the provision of a dustless loading vehicle and the purchase of the necessary bins, which are to be plastic, with hinged lids.

The refuse tip off Dimbles Lane has operated without complaint, and the small temporary pulverisation plant has also operated satisfactorily. Further visits and investigations took place during the year into forms of refuse disposal. A contract has since been signed for an automatic incineration plant, as a joint venture with the Lichfield Rural District Council. This plant will be on a site at Chasetown, and should come into operation during 1969.

### Sewerage and Sewage Disposal

Further detailed investigations into the modernisation required in the City's sewerage system have proceeded. A length of sewer in Beacon Street has been replaced, and work on the construction of a storm water overflow and culverting of the brook at Netherstowe has been undertaken.

An additional pump at the Tamworth Road pumping station is being installed, in view of the overloading taking place due to the growth of the area.

No new applications have been received for discharge of trade effluent, but a full scale investigation has been made by the Pollution Control Officer into the various existing discharges.

The sewage works at Curborough is working substantially above its designed capacity. Arrangements have been made for the extension and alterations necessary to bring the works up to size to cater for the increased population. During the year, thanks to the efforts of the staff, the effluent has generally been kept within the requirements of the Trent River Board. A large amount of sludge has been removed from the disposal works for horticultural and agricultural use, but the problem of sludge disposal is an increasing one, due to the population growth. Investigations into advanced methods of treatment are proceeding. A contract for the construction of trade effluent sludge treatment plant is under way.

The cesspool and pail emptying service has been satisfactorily operated throughout the year.

Public Conveniences

The public conveniences have been maintained in operation throughout the year, but vandalism has again caused serious concern.

Collection and Disposal of Household Refuse

The refuse collection service has worked satisfactorily. A new system is being introduced with the provision of a gasoline loading vehicle and the purchase of the necessary bins, which are to be plastic with hinged lids.

The refuse tip off Dublin Lane has operated without complaint, and the small temporary incineration plant has also operated satisfactorily. Further visits and investigations took place during the year into forms of refuse disposal. A contract has since been signed for an automatic incineration plant, and a joint venture with the Dublin Rural District Council. This plant will be on a site at Chesham, and should come into operation during 1960.

Sewerage and Sewage Disposal

Further detailed investigations into the deterioration reported in the City's sewerage system have proceeded. A number of new in-plant surveys have been completed, and work on the construction of a new water overfall and diversion of the brook at Rathmore has been undertaken.

An additional pump at the Tansworth Road pumping station is being installed, in view of the overloading taking place due to the growth of the area.

No new applications have been received for discharge of trade effluent, but a full scale investigation has been made by the Pollution Control Officer into the various existing discharges.

The sewage works at Dunboyne is working substantially above its designed capacity. Arrangements have been made for the extension and alterations necessary to bring the works up to size to cater for the increased population. During the year, thanks to the efforts of the staff, the effluent has generally been kept within the requirements of the River Board. A large amount of sludge has been removed from the disposal works for horticultural and agricultural use, but the problem of sludge disposal is an increasing one, due to the population growth. Investigations into advanced methods of treatment are proceeding. A contract for the construction of trade effluent sludge treatment plant is under way.

The seapool and ball playing service has been satisfactorily operated throughout the year.







