[Report 1933] / Medical Officer of Health, Smethwick County Borough.

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County Borough of Smethwick.

The

Health of the Borough

in

1933.

HUGH PAUL, M.D., D.P.H.,
Medical Officer of Health,
Tuberculosis Officer, School Medical Officer
and Medical Superintendent of Joint Isolation
Hospital and Sanatorium.

JOHN H. WRIGHT, M.S.I.A.,
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INDEX.

County Borough of Smethwick.

Committees—1932-1933.

Health Committee.

Chairman: Councillor T.C. McKenzie, M.B.

The Mayor (Alderman Mrs. E. M. Sands, J.P.).

Alderman A. Morris, J.P.
Councillor A. J. Crowder.
Councillor C. G. Kempton.
Councillor J. P. McVey, M.D.
Councillor D. McWhirter.
Councillor W. J. Salmon.

Maternity and Child Welfare Committee.

The Members of the Health Committee together with the following Co-opted Members :—

Mrs. E. T. Brown.
Mrs. E. Harbidge.
Mrs. M. Knight.
Mrs. M. Ludford.

Smethwick and Oldbury Joint Hospital Committee.

Chairman: The Mayor (Alderman Mrs. E. M. Sands, J.P.).

Councillor F. Bodenham.
Councillor Mrs. E. M. Farley.
Councillor Mrs. A. E. Lennard, J.P.
Councillor W. H. Harris.
Councillor T.C. McKenzie, M.B.
Councillor J. P. McVey, M.D.
Councillor F. W. Perry.
Councillor A. E. Simmons.

Oldbury Representatives:

Councillor S. T. Melsom.
Councillor H. H. Robbins.
Councillor Mrs. L. A. Smith.

Smethwick Representatives on the South Staffordshire Joint Small Pox Hospital Board.

The Mayor (Alderman Mrs. E. M. Sands, J.P.).
Councillor Mrs. E. M. Farley.
Councillor H. Trinder.

Health Department Staff.

Medical Officer of Health, Tuberculosis Officer, School Medical Officer, and Medical Superintendent of Isolation Hospital:

Hugh Paul, M.D., B.Ch., B.A.O., D.P.H.

Senior Assistant Medical Officer:

Charles Cookson, M.D., Ch.B., D.P.H.

Assistant Medical Officers:

MARGARET E. MCLAREN, M.B., Ch.B., D.P.H.
EDITH M. AINSCOW, M.B., Ch.B., D.P.H.
EILEEN C. TRIMBLE, M.B., Ch.B. (part-time from 21/9/33).

Consulting Radiologist: JAMES F. BRAILSFORD, M.D., Ch.B.

District Medical Officer and Public Vaccinator:

JAMES SHAW, M.B., Ch.B.

Vaccination Officer: F. E. CADBY.

Chief Sanitary Inspector.

†*JOHN H. WRIGHT.

Sanitary Inspectors:

†*WM. E. SHAW.
†*H. A. RICHARDSON (until 4/11/33).
†*F. CADDICK.
†*S. SADLER (from 6/11/33).
*E. BAYLEY (from 10/11/33).

Chief Clerk and Statistician: *GEORGE H. ROE.

Clerks: J. P. LITTLE.
MISS WINIFRED COOMBES.
MISS FLORENCE HOWLETT.
MISS EVELYN M. SMITH (from 28/12/33).
E. BAYLEY (until 9/11/33).
R. G. EVANS.
K. A. ROSE.

Junior Clerk: L. T. BAINES (from 15/11/33).

Nursing Staff:

Superintendent Health Visitor: §‡MISS F. M. POLDEN (until 29/7/33).
§‡MISS CECILE BURDEN (from 4/9/33).

MISS L. E. ROBERTS.
§ MISS A. WRIGHT.
§*MISS F. RICHARDS.
§ MISS F. M. SULLIVAN.
§ MISS C. M. BULLOCK.
§ MISS H. OWEN.
§ MISS J. P. BATES.
§ MISS E. COLLINS.
§‡MISS J. E. ACKERS.
§‡MISS M. EVANS.
§‡MISS A. GARNER.
§‡MISS M. O'KEEFFE.

The work of these nurses is divided between the following Committees:—Health, Maternity and Child Welfare, Tuberculosis, Education and Mental Deficiency.

Matron of Isolation Hospital: MISS F. E. WHITEHOUSE.

Public Analyst: JOSEPH LONES, F.I.C., F.C.S.

*Sanitary Inspectors' Certificate of Royal Sanitary Institute.
†Meat and Foods Inspectors' Certificate of Royal Sanitary Institute.
‡Health Visitors' Certificate of Royal Sanitary Institute.
§Certificate of the Central Midwives Board.

OBITUARY.

ALDERMAN EDITH MARY SANDS, J.P.,
Mayor,
Died 20th November, 1933.

MRS. E. T. BROWN,
Died 22nd October, 1933.

County Borough of Smethwick.

Public Health Department,
"The Uplands,"
Hales Lane,
Smethwick,
July, 1934.

To the Mayor, Aldermen, and Councillors for the
County Borough of Smethwick.

Mr. Mayor, Ladies and Gentlemen,

I beg to submit my annual report on the health of the people of Smethwick during 1933.

The year under review, while a difficult one in the realms of industry and commerce, was nevertheless a year which showed many bright spots, and which seems to have registered the beginning of the end of the severe depression of the former years which threatened to have such adverse effects on the health of the people.

The numbers of registered unemployed fell from 7,503 in January, 1933 to 4,209 in January, 1934, a reduction of 44 per cent. The number receiving relief from the Public Assistance Committee also fell from 3,710 to 1,535 during the same period. This improvement is, however, relative, and one cannot look with complacency at the figures of unemployment at the present day; one can only feel some measure of relief that the tide has turned, and a larger measure of hope that the tide of prosperity will advance rapidly and steadily.

The continued lack of employment over several years is raising new problems which are only beginning to be realised. So long as unemployment was considered merely as a temporary matter, the energies of the country were directed solely to the reduction in its incidence, and no provision was made for the needs of the unemployed man except finance. It is now realised, however, that unemployment under existing social conditions is not a temporary but a permanent problem, and that the chances of the ex-worker of, say, 40 years and upwards, of getting permanent employment once more are not good. We must therefore realise the tragedy of large numbers of the community in the prime of life being compelled to spend the remainder of their days in permanent unemployment. The problem of how to deal with these unfortunate people is an important one, and an urgent one; they cannot

be dealt with merely by giving them grants of money, for a life of complete idleness is not psychologically possible for a healthy man or woman. Such idleness would breed discontent and ill-health, both mental and physical; we have had many such examples in the past in the case of tuberculosis patients who have been condemned in the interests of their physical health to pass months of idleness in sanatoria, where, incidentally, the bodily needs of the patients are usually generously met both as regards food and shelter.

The problem of leisure, or rather the use of leisure, is both a medical and a political one. It is becoming increasingly obvious that a man must be trained just as much to use his leisure time as to carry on his trade; it is equally obvious that the hours of leisure of the future are going to increase materially. The answer to the problem is not a simple one, but the factor which will play the most important part in its solution is Education, for true education is not a training to enable a youth to earn a livelihood, but rather a means of enabling him so to discipline and train his faculties that he is able to derive full enjoyment from all the phases of daily life. Without the cultivation of these powers the permanently unemployed man must perforce lead a life of ill-health, mental, psychological or physical. Education, however, will do little for the man who comes on to the unemployed register at the age of 40 or 45; he must be given occupation if he cannot obtain remunerative work, and the occupation must be a useful one, and not the mere filling in of time.

The sensible use of leisure has another aspect, and this concerns the man and woman who are in regular employment. The growth of industrialisation and the dominance of the machine are gradually ousting the craftsman, and while this inexorable process may make for increased physical wealth, it is destroying the necessity for the workman to think constructively about his work. The turning of a screw, the boring of a hole becomes mechanical, and after a time the worker's mind becomes dead to conscious effort. It is vitally important that the worker should have something to think about, some means of exercising his mind. It is not only important, it is absolutely obligatory. The mind with nothing to think of soon decays. It is probably because of this that the present generation takes such a deep and passionate interest in sport. This interest is not a sign that our people are weakening in fibre and becoming careless and ineffective; it is merely a sign that the healthy man and woman will find in sport and other hobbies, an outlet for the mental activity which formerly they devoted to their work, but of which the machine has now deprived them.

There is naturally the danger of extremes; that the active mind may plunge into undisciplined bye-ways, but here again lies the need for careful education in the use of leisure.

The well-trained mind is never bored—except by the presence of an untrained one.

Maternity and Child Welfare.

Smethwick has come through the worst of the industrial depression better than might have been expected. The key units in the population, namely, the expectant and nursing mothers and the young children, have been carefully watched and protected, and your Maternity and Child Welfare Committee have seen to it that as far as lay in their power, none should suffer from lack of balance in their dietary. As about three out of every four expectant mothers, and practically all our babies attend our welfare centres, and attend fairly regularly, close supervision has been possible. The generous efforts of the Education Committee in following up this work during school life will bear fruit in the future, and I am convinced that the generation which is rising in our borough will be the healthiest we have ever had. It is perhaps unfortunate that expenditure on health services does not seem to yield immediate results; in many cases, such as in the prevention of maternal mortality and morbidity, it seems to take a generation to prove its justification. We are, however, beginning to see very tangible results of our work of a decade ago. Our school children are healthier in every way than they were. They are heavier, taller, and more self-reliant. They are much freer from serious disease. It is perhaps true to say that almost as high a percentage of defects is found when examining our four-year-old toddlers, but this is because our standard is rising yearly. Defects which would not have been noticed ten years ago are now remedied, and gross defects, such as deforming rickets, are now extremely rare. One of the most spectacular features of modern public health is indeed the banishment of gross rickets and malnutrition.

Tuberculosis.

In most other branches, progress continues to be made. The incidence of tuberculosis is less than ever, and although the actual death-rate from this disease rose slightly during the year (0.67 as against 0.61 the previous year) the attack rate was the lowest on record. Taking five yearly periods so as to minimise the effect of slight yearly variations, the death-rate from this disease has fallen in a most gratifying way during the past 25 years. The death-rate during the five years 1909-13 was 1.26 per 1,000. During the past five years (1929-33) it had fallen to 0.77, a decrease of about 40 per cent.

The decrease in the death-rate from non-pulmonary tuberculosis is spectacular. It has fallen in the last 25 years from 0.38 to 0.05, and this decrease has been maintained steadily from year to year. As this disease is mainly due to the drinking of infected milk, we may fairly claim that our very strenuous efforts to improve the milk supply of the borough during the past few years have had some practical results.

The fall in the death-rate from non-pulmonary tuberculosis is very interesting and instructive. For the five years ending 1915 the average rate was 0.24 per 1,000. This rate fell during the next ten years by only 8% (to 0.22 per 1,000). In 1925 the Milk and Dairies Consolidation Act came into force, giving us powers to deal with tuberculosis in cattle.

For the past five years the average death-rate from non-pulmonary tuberculosis in Smethwick fell to 0.09, or by over 40% in eight years.

Milk.

The death-rate from non-pulmonary tuberculosis has therefore been falling rapidly since we obtained powers to deal with infected milk, and the fall is continuing. It is not often that one sees such spectacular results. Much, however, remains to be done, and the milk supply of the borough is still far from satisfactory. It is true that milk of the highest standard is available in the borough at little higher cost than ordinary milk; it is true that there is much milk sold as pasteurised which is of a high standard of cleanliness even before treatment, but it is unfortunately also true that there is much milk sold in Smethwick which is entirely unsatisfactory as regards its cleanliness.

I have warned the public in Smethwick on many occasions and shall continue to warn them of the dangers of buying loose or ungraded milk. There is no reason why a reputable dealer should sell any but bottled or graded milk. The highest grades are Certified and Grade A (T.T.); if the householder cannot afford to get these milks, or if they are not available he or she should only buy milk which is *labelled* "Pasteurised."

There have been large quantities of inefficiently pasteurised milk sold in Smethwick, but it has usually not been labelled "Pasteurised." I have warned the public to see that the word "Pasteurised" is on the label of the milk bottle; if it is not, then the milk should be refused. There is only one reason why a dealer, having pasteurised his milk should not label it "Pasteurised," and that reason is that he knows if it is labelled "Pasteurised," he will be compelled to ensure that the process is efficient. If he is afraid to label his milk, it can only be because he knows his milk is unsatisfactorily treated. If his milk is efficiently pasteurised, he has nothing to fear from the attention of the Health Department; if it is not, he does not label it "Pasteurised," for he knows that he would be found out. A dealer who is selling dirty milk can make it keep longer by pasteurisation, but the pasteurisation does not make a dirty milk clean. The good dealer who takes a pride in his business, and who is up-to-date, buys only clean milk, pasteurises it efficiently (except in the case of Certified or Grade "A" (T.T.).), and then labels it "Pasteurised."

I advise the public to refuse any milk on which there is not a cap labelled either "Certified," Grade "A" (T.T.) or "Pasteurised." Ordinary loose milk or sterilised milk should not be used.

Vital Statistics.

Once more the vital statistics show that the health of the people of Smethwick is improving. The infantile mortality is the lowest on record; it is lower than the average for England and Wales, and is lower than any of the South Staffordshire boroughs. It is less than half what it was 25 years ago.

The general death-rate of 10.8 is similar; it is lower than the average for England and Wales, and is lower than that of the surrounding towns. As eventual death is unavoidable it is difficult to see how it can be further lowered; indeed, as the average age of the population is increasing, and the percentage of persons over 70 years of age is also yearly becoming higher, the actual death-rate will probably rise.

The maternal mortality rate (3.26) is lower than last year, and below that of the country as a whole (4.42). The figures are, however, too small to justify comparisons, and the most one can say is that for the past five years the rate in Smethwick has been slightly but definitely better than that of the country as a whole. This is what might be expected. Our ante-natal scheme is very complete, and more than three out of four expectant mothers are examined by, and receive advice from our medical officers. A further proportion receive ante-natal care from their own doctors. The Committee's scheme for providing milk and cod-liver oil where necessary does much to keep the mother fit, but it is disappointing to find that the maternal mortality rate has not fallen more rapidly. Most of the deaths follow emergencies arising at or about the time of labour, and while many are unavoidable, I feel that a higher standard of midwifery might do much to make childbirth safer.

The death-rate for diarrhoea and enteritis in children under two years of age remains very low, and continues to be consistently below that of the country as a whole. The figures for England and Wales have fallen steadily since the war, and the greatest factor in this reduction has undoubtedly been the displacement of the horse by the motor car. The manure from the horses collects flies, which carry disease organisms and contaminate food, and the reduction in the number of horses has been the greatest single factor in the reduction of the death-rate from infantile diarrhoea. It would appear, however, that this sparing of lives is merely a postponement of death, and that the lives which the motor car saves in infancy it takes in childhood or in adult life.

Clinic Activities.

During the year an additional Infant Welfare session was started at The Firs, making eleven weekly sessions in all. The attendances have once more been increased by more than 5,000, and are now about 70% higher than in 1927. The numbers added to the rolls during the year are actually greater than the number of births registered; practically all the babies in the town attend one or other of our welfare centres. It is very gratifying to find that the number of toddlers (children of 1 to 5 years of age) has increased to a very great extent, and is actually 50% higher than for the previous year. As it has always been a matter of great difficulty to get these children to attend, it is a matter of great satisfaction to know that our efforts are meeting with such success. The numbers of toddlers who attended was in fact greater than the number of infants under one year.

At the ante-natal clinics, the numbers increased slightly, and the attendances represented no less than 75.6% of all births registered in Smethwick, including babies born in the area of outside authorities. As a certain proportion of those who do not attend receive ante-natal care from their own doctors, it is obvious that ante-natal supervision is certainly not neglected in Smethwick. The figures show that there is little room for further improvement in the percentage of attendances.

The birth-rate continues to fall and reached the low level of 14.4 per 1,000. This is not a matter for congratulation.

Housing and Slum Clearance.

The most outstanding feature of our work during the past year has undoubtedly been that connected with slum clearance.

In February, 1933, the Council decided to proceed as rapidly as possible with the demolition of all the unfit houses in the Borough, and a programme was drawn up by your officers which envisaged the completion of the task within two years instead of five. The number of unfit houses in the town was estimated to be between 500 and 550, of which two-thirds were back-to-back houses. The Council on the advice of the officers decided to deal with them mainly under Section 19 of the Act, i.e., by the demolition of individual unfit houses, rather than by clearance area procedure under Section 1. The reasons for preferring this procedure were firstly that most of the slum houses were in small lots scattered fairly uniformly throughout the older parts of the town, which did not naturally lend themselves to clearance area procedure, and secondly, that if the programme were to be completed within two years, no time was to be lost, and procedure under Section 19 was considered to be much more rapid. Events have proved this to be so.

The task was a colossal one, and as no extra staff whatever was asked for within the first six months, the strain upon the whole department was considerable. It is very gratifying to be able to say that every member of the staff threw his entire energy into the task, and although it meant much overtime work, particularly for the inspectorial and clerical staff, the work was done cheerfully by all. In November an extra assistant sanitary inspector and an additional clerk were appointed, as it was found that the task could not possibly be carried through by our existing staff. These additions proved a very welcome help, but the pressure is still very great, and the staff is still doing very much more work than it is reasonable to ask. However, the end is in sight, and in a few months from the time of writing, our alloted programme will have been completed.

When it is considered that practically none of the other normal work of the department was allowed to be interfered with, but was carried on as usual, and that even the augmented staff of inspectors only comprises three district inspectors and an assistant in addition to the chief sanitary inspector, I feel sure that the Council will agree that Mr. Wright, the four inspectors, and the clerks deserve our thanks and

praise for their excellent work in the most difficult and strenuous year which the department has ever experienced.

Within twelve months of the opening of the campaign, every unfit house in the borough had been represented by me as medical officer of health. These included 531 houses under Section 19, and 15 houses under Section 1. No time was allowed to be lost, and the Health Committee followed up the representations by appropriate action.

In the case of the Section 19 cases, the owners were notified of the time and place when and where their houses would be considered. They were informed at the same time that the chief sanitary inspector would be pleased to meet them either at the office or on the property, and discuss with them both defects and possible remedies. Many of the back-to-back houses, indeed most of them, were capable of being reconstructed by the conversion of each pair into one through house. The great majority of the owners took advantage of this offer, and thus the Committee was saved much valuable time. Many conversions were offered and on being approved by the officers, plans were laid before the Health Committee and accepted. Several owners, however, objected to the high standard which was being exacted by the Council; they demurred in particular to the requirement that every house must be provided with through ventilation. They contended that the provision of through ventilation was unnecessary, in spite of the fact that it had been illegal in Smethwick for the past 75 years to build back-to-back houses, and in the rest of England and Wales for the past 25 years. They held that the public opinion which stopped the erection of back-to-back houses a generation ago was wrong, and contended that these houses were good enough for the type of person who inhabited them. The Committee was unable to accept these contentions, and insisted on decent living conditions in all houses, and for all sections of the community. There were 40 appeals to the County Court judge, but none of these appeals was successful. These verdicts confirmed both the Committee and the officers in their view that the standard they were exacting was a reasonable and a legitimate one.

Although the Committee met with strenuous and determined opposition from many owners, it is only fair to state that many of the latter were sufficiently public spirited to realise the justice of the proposed action and were quite agreeable to demolish the unfit houses in some cases and to submit some very excellent undertakings to convert the others. Several of the undertakings to convert provided amongst other amenities a bathroom in the reconstructed house, although the Committee have not insisted on this. Such conduct is in marked contrast to other owners who were unwilling to carry out any repairs, and were anxious to compel their tenants to continue to live under the most wretched and miserable conditions. In some of the early appeal cases the county court judge made some scathing references to the type of landlord who lived on the misery of these poor tenants; his words were heartily echoed by the staff of our department.

The question of compensation for demolished houses is one on which there appears to be much confusion of thought, and many of the public, misled no doubt by the propaganda of the representatives of the property owners' associations, seem to have the idea that the Act of 1930 is an Act of wanton confiscation, but this is not so. The Act is perfectly fair. It provides that houses which are unfit for human habitation shall be demolished, and that the owner of such property shall receive no compensation. Why should he? The only use of a dwelling house is as an habitation; if it is totally unfit for habitation, then obviously it is worthless. The fact that the landlord is drawing rent from this unfit house does not alter the case. If he is receiving profit from a worthless house, he is very fortunate, at the expense of the unfortunate tenant. He has no moral right to receive rent from a worthless dwelling, and if there were not a shortage of houses suitable for occupation by the poorer classes, he would not in fact receive rent from his slum.

He may claim—he frequently does—that his house it not in fact unfit, and may indeed honestly believe that it is good enough for the poorer classes; he claims that the Act gives arbitrary powers to the Medical Officer of Health or to the committee, but he forgets that there is always a right of appeal. The Medical Officer of Health (or the committee) must be sure of the facts and must be prepared to prove unfitness in a British court of law, and most people believe in the justice of British courts.

He may agree that his house is unfit, but that he can make it fit at reasonable expense. The Act provides for such a case. He may submit to the Committee an undertaking to render the house fit, and the Committee are bound to consider this undertaking, and, if it is satisfactory, to accept it. They may not act capriciously; they must act judicially, and if they refuse to accept an undertaking, the owner may again appeal.

It is therefore only unfit houses which the owner will not or cannot render fit which are demolished; the owners of such property have no more right to compensation than a butcher whose bad meat is condemned, or a stock exchange speculator who has bought worthless shares.

The slum clearance programme proceeds according to plan; the houses scheduled have all been represented, and work is proceeding smoothly towards their demolition or reconstruction. In my next annual report I expect to be able to say that there is not one house standing in Smethwick which is unfit for habitation.

Hospital Provision.

During the year a great amount of consideration has been given to the question of our permanent hospital provision for our sick, and a small sub-committee of the Council with the Town Clerk and myself has explored every method, and every avenue, and are endeavouring to secure

for our townspeople the best medical and nursing services available in the district. Birmingham is so well served in this respect both by the magnificently equipped city hospitals, and by the efficient voluntary hospitals that it would be foolhardy to endeavour in a town of the size of Smethwick to build an *ad hoc* institution to supply all our needs. The expense would be very great; and by virtue of its small size, it could not be as efficiently equipped, and it could not attract the very best medical services. That is not to say, however, that Smethwick cannot provide within its boundaries some part of the hospital accommodation which it requires, especially in the case of those patients who do not require elaborate and expensive equipment for their efficient treatment. The Local Government Act of 1929 requires a local authority before providing hospital provision for its people to consult the voluntary hospitals serving its townspeople. We have done this; we have consulted both the City authorities and the great voluntary hospitals. We feel that the best solution of our problem lies in a co-ordinated scheme in which all three bodies share—the city hospitals, the voluntary hospitals and our own authority, and we would welcome the conclusion of such an arrangement.

We believe that the very best results can only be obtained from the municipal hospitals and the voluntary hospitals by a very close and real co-operation between the two. This is the view that the Ministry of Health has been advocating for years; in it we look for the solution of our problem.

I cannot close without paying a tribute to my friend and late Chairman, Alderman Mrs. E. M. Sands, who died at the close of her Mayoral reign. She filled with dignity and grace the chair of the Health and Maternity and Child Welfare Committees for several years. She was also Chairman for some years of the Hygiene Sub-Committee of the Education Committee, and was in the chair of the Hospital Committee at the time of her death. Several months have lapsed since her death, and now that the tragic shock of her sudden death has been mellowed by time, we can the more fully appreciate her true worth, and realise the unselfishness and pluck which kept her at the service of her town to the very end, even in severe bouts of pain. Her memory will remain fragrant for all time in Smethwick.

In conclusion, I would like to thank all those who have helped the work of the Health Department in 1933, the most difficult year we have ever experienced. The results could not have been achieved without the co-operation of a very helpful and sympathetic Committee and Council, whom I am proud to serve. The work which has had to be put in by the Health Committee in general and by its chairman, Dr. McKenzie, in particular have been extremely onerous, and could only be carried through by a deep sense of public duty. The Council is a progressive one, and we who work for it realise how very fortunate the townspeople of Smethwick are in their representatives.

I must pay a special tribute to my colleague the Town Clerk, to whom more than to anyone else in Smethwick is due our success in administering the Housing Act of 1930. His painstaking work, his intimate knowledge of municipal law, his forensic power and his forceful personality have been mainly responsible for the success which we have consistently attained. He has worked so hard for the Health Committee during the past 18 months that I sometimes feel that he has devoted his whole energies to the work of our department.

I would also like to thank all my own staff, doctors, nurses, inspectors and clerks, who have all worked extremely hard and loyally during the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

HUGH PAUL, M.D., D.P.H.,
Medical Officer of Health.

ESTIMATED NET EXPENDITURE ON PUBLIC HEALTH SERVICES FOR THE YEAR ENDED 31st MARCH, 1934.

	Amount	Rate in the £
	£	s. d.
Prevention of Infectious Diseases	475	.32
Notification of Infectious Diseases	60	.04
Smethwick and Oldbury Joint Hospital ...	3726	2.52
South Staffs. Joint Smallpox Hospital ...	210	.14
Vaccination	236	.16
Tuberculosis	8193	5.53
Venereal Diseases	415	.28
Food and Drugs (Adulteration) Act, 1928 ...	210	.14
Milk and Dairies (Consolidation) Act, 1915 ...	105	.07
Milk Order, 1923	10	.01
Blind Persons Act, 1920	2030	1.37
Smoke Abatement	10	.01
Fertilisers and Feeding Stuffs Act, 1926 ...	8	.01
Salaries	2881	1.95
National Health Insurance Contributions ...	38	.02
Superannuation Contributions	146	.10
Proportion of Council House Expenses ...	85	.06
" The Uplands " Maintenance	679	.46
Establishment	400	.27
Maternity and Child Welfare	6985	4.72
Mental Deficiency	6456	4.36
Lunatics and Lunatic Asylums	2492	1.68
Maintenance of Epileptics	64	.04
Midwives Acts	25	.02
Medical Inspection of School Children ...	2607	1.76
	£38,546	2 - 2.04

PUBLIC ASSISTANCE:—

Hospitals	20280	1 - 1.70
Lordswood Nursery	200	.14
Convalescent Homes	320	.22
Monyhull Colony	122	.08
Maintenance of Mental Cases in Asylums	10064	6.80
	£69,532	3 - 10.98

Annual Report, 1933.

GENERAL STATISTICS.

Area: 2,500 acres.

Population: Census, 1931—84,406.
Estimate Mid-Year, 1933—84,670.

Number of Inhabited Houses: 1931—20,180.
1933—21,128.

Number of Families or Separate Occupiers: 1931—21,446.

Rateable Value: £398,202.

Estimated Produce of a Penny Rate: £1,520.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1933.

		Totals	Males	Females
Births: Legitimate	... ...	1,195	596	599
Illegitimate	... ...	29	17	12
		1,224	613	611

Birth Rate: 14.4 per 1,000 of the population.

Deaths: Total 919. Males 485; Females 434.

Death-Rate: 10.8 per 1,000 of the population.

Deaths of Infants under one year of age: Total 76. Males 46. Females 30.

Infant Mortality Rate per 1,000 births; Total 62.0. Legitimate 58.5; Illegitimate 206.8.

DEATHS FROM :—

	Number	Rate per 1,000 of Population.
Enteric Fever	—	—
Measles	5	0.05
Whooping Cough	3	0.03
Diarrhœa and Enteritis (under 2 years)	5	0.05
Diphtheria	1	0.01
Scarlet Fever	—	—
Influenza	33	0.38
Cancer	122	1.44
Respiratory Diseases	136	1.60
Pulmonary Tuberculosis	53	0.62
Other Forms of Tuberculosis ...	5	0.05

BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1933.

	Birth-rate per 1,000 Total Popu-lation		Annual Death-rate per 1,000 Population									Rate per 1,000 Live Births		Percentage of Total Deaths			
	Live Births	Still-births	All Causes	Typhoid & Par-atyphoid Fev'rs	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhœa and Enteritis (under 2 years)	Total Deaths under 1 year	Certified by Regd. Med. Practitioners.	Inquest Cases	Certified by Coroner after P.M. No Inquest.	Uncertified Causes of Death
England and Wales ...	14·4	0·62	12·3	0·01	0·00	0·05	0·02	0·05	0·06	0·57	0·54	7·1	64	90·9	6·3	1·9	0·9
18 County Boroughs and Great Towns, including London	14·4	0·67	12·2	0·00	0·00	0·06	0·02	0·06	0·08	0·55	0·49	9·4	67	91·0	6·0	2·5	0·5
82 Smaller Towns (Estimated Resident Populations 25,000 to 50,000 at Census 1931).	14·5	0·63	11·0	0·00	0·00	0·04	0·02	0·04	0·04	0·53	0·44	4·9	56	91·7	5·8	1·5	1·0
London	13·2	0·45	12·2	0·00	0·00	0·02	0·02	0·08	0.08	0·51	0·58	11·6	59	88·3	6·3	5·4	0·0
SMETHWICK	**14·4**	**0·53**	**10.8**	—	—	**0·05**	—	**0·03**	**0·01**	**0·38**	**0·53**	**4·0**	**62**	**91.6**	**6.0**	**2·1**	**0·3**

		Puerperal Sepsis.	Others.	Total
Maternal mortality rate for England & Wales	per 1,000 Live Births ...	1·79	2·63	4·42
	,, ,, Total Births ...	1·71	2·52	4·23
Maternal mortality rate for Smethwick	,, ,, Live Births ...	1·63	1·63	3·26
	,, ,, Total Births ...	1·57	1·57	3·15

The total deaths registered in Smethwick numbered 549; of these 12 were non-residents and were transferred to other districts, while 382 Smethwick residents died in other districts and have been added to the number registered in the Borough. The net deaths thus number 919, giving a rate of 10.8 per 1,000 of the population, as against 10.5 in the previous year.

Analysis of the age groups shows a surprisingly great diminution in the percentage of deaths of children under 5 years of age within the past five years, the figures being respectively 17.1, 14.8, 16.0, 13.4 and 11.1 per cent

At the other end of the scale the percentage of deaths of persons who have survived to the age of 65 and over has risen once more to 44.7, compared with 42.7 the previous year. The mean age at death has risen in the past 10 years in a fairly steady manner as follows:—

1924	—	43.8 years	1929	—	**48.0** years
1925	—	45.8 ,,	1930	—	50.5 ,,
1926	—	46.4 ,,	1931	—	49.6 ,,
1927	—	46.7 ,,	1932	—	51.5 ,,
1928	—	50.0 ,,	1933	—	55.1 ,,

The birth-rate continues to fall in Smethwick as in the rest of the country to a disquieting extent. Twenty-five years ago it was 28.1 per 1,000; this fell to 15.2 in 1932, and again to the new low level of 14.4 in 1933.

The infantile mortality for the year was the lowest on record in the town, being 62.0 per 1,000 births. This more than atones for the rather high rate of 78.4 for 1932. The actual number of children who died before attaining the age of one year was 76, as against 101 last year, and 107 the previous year. These figures compare very favourably with those for other industrial towns, and the Smethwick rate for 1933 was the lowest of the South Staffordshire County Boroughs.

The most dangerous period in life continues to be the first four weeks, during which 52% of the infant deaths occurred. This mortality (the neo-natal mortality) was thus 32 per 1,000 births as compared with 50 per 1,000 the previous year.

A table showing the cause of deaths at different age periods will be found in the Appendix to this Report, and a similar table relating to the deaths of Infants under one year appears on page 49.

COMPARISON OF VITAL STATISTICS IN THE VARIOUS WARDS.

Ward	Estimated Population	Total Acreage	Density	Birth-rate.	Infant Mortality rate	Respiratory Diseases Death-rate	General Death-rate
Spon Lane	... 13,449	515	26.1	13.6	65.5	1.5	11.9
Sandwell	... 10,216	411	24.8	19.0	67.0	2.0	10.7
Uplands	. . 10.905	255	42.7	15.8	75.1	1.0	9.5
Bearwood	... 7,758	190	40.8	9.6	—	0.5	9.4
Cape	... 9,298	158	58.8	13.2	40.6	1.9	13.5
Victoria	.. 9,095	176	51.6	12.5	70.1	1.8	12.3
Soho	.. 8,913	224	39.9	14.1	79.3	2.9	13.9
Warley	... 15,036	571	26.3	15.7	63.5	1.2	7.3
Totals	.. 84,670	2,500	33.8	14.4	62.0	1.6	10.8

REVIEW OF VITAL STATISTICS IN SMETHWICK DURING THE PAST 25 YEARS.

Year	Estimated population	Birth rate per 1,000	Death rate per 1,000	Infant mortality rate per 1,000 births	Zymotic death rate per 1,000	Death rates per 1,000 — Respiratory diseases	Pulmonary tuberculosis	Non-pulmonary tub'rculosis	Cancer
1909	... 70,300	28.1	13.4	116	2.23	2.8	0.82	0.38	0.78
1910	... 72,000	27.35	12.42	108	1.3	2.1	0.84	0.33	0.54
1911	.. 70,681	27.8	14.6	140	2.3	2.6	0.94	0.49	0.79
1912	... 73,372	25.8	12.32	111	0.9	2.8	0.9	0.20	0.7
1913	... 72,936	28.1	14.98	127	2.1	3.1	0.8	0.10	0.76
1914	... 72,975	27.5	14.13	106	1.67	3.4	1.26	0.19	0.89
1915	... 72,439	25.88	13.8	109.3	2.13	3.02	1.10	0.21	0.98
1916	... 78,335	22.04	11.08	93.8	0.77	3.33	1.20	0.15	0.84
1917	... 78,335	20.32	11.5	99.8	0.71	3.9	1.30	0.05	0.86
1918	... 76,056	20.28	15.63	102.4	0.6	3.56	1.43	0.16	0.9
1919	... 73,000	22.19	13.00	84.6	0.45	3.2	1.19	0.12	1.03
1920	... 75,027	27.08	11.16	82.18	0.64	2.4	0.81	0.31	0.92
1921	... 77,400	25.46	11.11	88.28	0.69	2.27	0.68	0.22	0.85
1922	... 78,140	21.39	11.22	86.12	0.67	2.31	0.78	0.32	1.13
1923	... 78,450	20.24	10.82	65.49	0.79	1.82	0.93	0.17	1.04
1924	... 78,790	20.19	10.12	74.79	0.41	1.87	0.67	0.17	1.20
1925	... 78,840	18.36	10.36	80.11	0.52	1.91	0.77	0.24	1.10
1926	... 76,940	18.35	10.39	65.86	0.37	1.88	0.79	0.10	1.26
1927	... 76,870	17.0	11.9	78.6	0.61	2.26	0.84	0.05	1.19
1928	... 86,870	17.1	10.0	63	0.28	1.52	0.69	0.10	1.11
1929	... 85,120	17.8	13.4	79.8	0.70	2.58	0.95	0.12	1.23
1930	... 85,120	18.0	10.4	66.4	0.41	1.17	0.67	0.11	1.28
1931	... 85,390	18.0	11.2	69.6	0.57	1.63	0.62	0.10	1.24
1932	... 84,740	15.2	10.5	78.4	0.23	1.36	0.52	0.09	1.53
1933	... 84,670	14.4	10.8	62.0	0.16	1.60	0.62	0.05	1.44

The above figures are very interesting and instructive. They show that the infant mortality has fallen 46% during this period of 25 years, and the death-rate from infectious diseases is only 7% of that of 1909—a spectacular improvement. The decline in the death-rate from tuberculosis will surprise many—a decrease of no less than 56%. The death-rate from cancer has uphappily doubled during this period.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1933.

DISEASE.	TOTAL CASES NOTIFIED.													Cases removed to Hospital.	TOTAL DEATHS.												
	AGE GROUPS.														AGE GROUPS.												
	All ages	0—1	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 and upwards		All ages	0—1	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 and upwards
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	180	1	4	15	14	15	87	26	7	8	2	1	..	78	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	70	3	2	2	3	7	16	10	5	19	2	1	..	56	1	...	...	1	...	...	...	...	...	...	...	...	...
Erysipelas	45	2	1	...	...	...	3	1	2	3	12	15	6	7	2	1	...	...	...	...	...	..	...	...	...	1	...
Puerperal Fever	2	..	...	...	...	.	...	...	...	2	...	.	...	1	2	...	...	...	...	...	...	...	...	2	...	...	...
Puerperal Pyrexia	5	...	...	...	...	...		...	...	5	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	10	10	...	...	...	...	...	...		...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
Cerebro-spinal Fever	...	...	...	...	...	.	...	...	...		...	...	..	1	1	...	...	1	..	...	...	...	...	...	...	...	...
Encephalitis Lethargica	1	1	...	...	...	...	...	...	...	...	...	..	...	1	1	...	...	..	...	...	...	...	...	...	1	...	...
Anterior Poliomyelitis	1	...	...	...	...		1	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Polio-encephalitis	...	...	...	...	...	...	...	.	..	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Primary Pneumonia	149	8	11	7	13	8	21	8	5	24	11	21	12	26	24	1	2	...	...	1	...	..	2	...	3	12	3
Influenzal Pneumonia	36	1	2	...	1	..	3	...	3	5	8	10	3	4	18	...	...	1	...	..	...	1	...	2	3	5	6
Food Poisoning	7	...	2	...	...	...	1	1		...	2	1	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	506	26	22	24	31	30	132	46	22	66	37	49	21	173	49	2	2	3	...	1	...	1	2	4	7	18	9

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

SCARLET FEVER.

The type of disease prevalent during the year continued mild, and no death occurred, but the incidence rose sharply (180 cases compared with 101 in 1932). There were 110 cases in children of school age compared with 67 of the previous year. The incidence was not marked in any particular school.

The percentage of cases admitted to hospital fell from 55% to 43%. This was according to plan, as we now are unwilling to take cases of Scarlet Fever into hospital except in special circumstances. The age incidence of the persons attacked will be found on page 22.

The incidence of, and mortality from Scarlet Fever during the past ten years is as follows:—

Year	Cases notified	Attack rate per 1,000 population	Number of deaths	Case mortality per cent.
1924	126	1.5	—	—
1925	165	2.0	3	1.8
1926	74	0.9	1	1.3
1927	92	1.2	1	1.0
1928	87	1.0	—	—
1929	162	1.9	—	—
1930	259	3.0	2	0.8
1931	140	1.6	—	—
1932	101	1.1	—	—
1933	180	2.1	—	—

DIPHTHERIA.

The number of cases notified (70) was the lowest on record, as was the number of deaths, which fell to the low figure of one. This happy state of affairs is probably due in part to the fact that as the disease runs in cycles, and we were at the crest of the wave in 1929-30, we are now in the trough. As, however, the number of cases is even lower than has been usual in our quiet periods of the past, we are entitled to believe that it is also partly due to our efforts to protect by immunization as many of the children of the borough as possible.

It cannot be too strongly emphasised that the best period in which to take measures to protect the community against this dangerous disease is the period not of epidemics, but between epidemics, that is, in the quiet periods. We have continued, especially in our infant welfare centres, to endeavour to build up an immune population commencing with the youngest children susceptible to the disease. The task has been a difficult one, not because there is or was any serious opposition, but because of apathy and indifference. It is unhappily true that it requires a death in a family to bring home to the average parent the dangers run. Ignorance can never be pleaded; for the parents of every

child born in the borough, and also of every child born outside the Borough of Smethwick, are written to on the first anniversary of its birth, and offered a definite time and place for free immunization. An individual personal letter is sent in each case, and no child has to be brought farther than about a mile to an immunization clinic. The response on the whole has been poor, and only about one-sixth of the children have actually been protected. The actual number of children of one year immunized against diphtheria in 1933 was 94, but in addition 102 children of one to five years were also protected. Special attention is paid to the very young children, but we are now tackling once more the infant departments of the elementary schools.

The case mortality of the patients suffering from diphtheria was very low, being 1.4%.

The number treated in hospitals was 56, or 80 per cent. of the total cases. The age periods of the persons attacked may be found in the table on page 22.

The incidence of, and mortality from Diphtheria during the past ten years is as follows:—

Year	Cases notified	Attack rate per 1,000 population	Number of deaths	Case mortality per cent.
1924	141	1.78	7	4.9
1925	104	1.3	5	4.8
1926	110	1.4	9	8.1
1927	120	1.5	3	2.5
1928	119	1.4	2	1.7
1929	143	1.6	2	1.7
1930	281	3.3	21	7.5
1931	211	2.4	16	7.6
1932	77	0.9	6	7.7
1933	70	0.8	1	1.4

Antitoxin is supplied free to medical practitioners in the borough, 122 phials of 8,000 units being issued during the year, compared with 79 last year, and 288 in 1931.

ENTERIC FEVER.

There were no cases during the year.

OTHER DISEASES.

One case of encephalitis lethargica, seven cases of food poisoning and one case of anterior poliomyelitis were notified. There were no cases of polio-encephalitis, cerebro-spinal fever or smallpox.

As regards smallpox, the Vaccination Officer's return for the twelve months ending 30th June, 1933, and for previous years is given below. It will be noted that less and less use is being made of the obsolete Vaccination Acts, and only 356 children were successfully vaccinated.

While it is an undoubted fact that vaccination does protect against smallpox, it is also true that this latter disease is now so mild as to be almost as neglible as chickenpox. It is certainly a less severe disease than measles, whooping cough and diphtheria, and it is anomalous that a special Act of Parliament should be enforced to deal with one of the mildest of our diseases. This Act requires the appointment of special officers who work in connection with this disease alone, and it is due for repeal. Vaccination is useful, but compulsory universal vaccination is wrong. The general powers possessed under various Acts for the prevention of infectious disease are available in the case of Smallpox; they are usually sufficient.

VACCINATION RETURNS FOR THE PAST TEN YEARS.

Year ending 30th June.	Births.	Vaccinations.	Insusceptible.	Conscientious objectors.	Died unvaccinated.	Postponed by medical certificate.	Gone to other districts.	Gone—no address.	Outstanding.	Percentage of conscientious objections*.
1924	1,448	958	2	**343**	76	13	15	9	32	**25.0**
1925	1,406	866	3	**404**	55	29	7	15	27	**29.9**
1926	1,267	731	2	**414**	62	20	4	6	28	**34.3**
1927	1,158	656	—	**385**	59	12	5	10	31	**35.0**
1928	1,094	577	4	**376**	36	10	5	14	72	**35.5**
1929	996	471	3	**364**	60	14	6	31	47	**38.9**
1930	950	416	4	**377**	53	28	3	26	43	**42.0**
1931	1,256	512	2	**523**	62	66	5	34	52	**48.8**
1932	1,071	454	2	**460**	62	26	7	29	31	**45.6**
1933	915	356	2	**434**	35	25	7	27	29	**49.3**

* In calculating these percentages, the number dying unvaccinated has been deducted from the total number of births.

PNEUMONIA.

The cases of primary pneumonia notified during the year numbered 149, compared with 102 last year. Thirty-six cases of Influenzal pneumonia were reported, against 43 last year. The notifications and deaths for each year since the commencement of the Pneumonia Regulations are as follows;—

Year.	PRIMARY PNEUMONIA Notifications.	Deaths.	INFLUENZAL PNEUMONIA Notifications.	Deaths
1920	97	46	26	10
1921	70	49	8	3
1922	103	37	51	26
1923	141	37	27	14
1924	89	18	32	12
1925	126	38	24	16
1926	116	24	21	17
1927	167	41	66	33
1928	105	35	32	8
1929	278	71	95	51
1930	141	29	15	4
1931	139	33	34	15
1932	102	21	43	13
1933	149	24	36	18

MEASLES AND WHOOPING COUGH.

Both diseases were very prevalent in the first few months of the year, but as neither is notifiable, the actual number of cases is not known. There were five deaths from measles compared with two the previous year, and 12 in 1931. Whooping cough was responsible for three deaths in 1933, as compared with seven deaths in the previous year.

INFLUENZA.

Influenza was prevalent throughout the entire year, and there were 33 deaths, a considerable increase over the previous year. The number of deaths for the past five years has been 33, 17, 24, 10 and 77.

INFECTIOUS DISEASES AND DISINFECTION.

The policy pursued by the department is the same as for the past two years. Immediately on receipt of a notification of infectious disease, the premises are visited by a sanitary inspector. He makes arrangements for the efficient isolation of the patient, or alternately for removal of the patient to the hospital. In many cases, however, this has been done by the practitioner in charge before the arrival of the inspector. The latter notes the circumstances in connection with the case, such as occupation of patient and family, sources of milk supply, etc., probable source of infection, etc. Any insanitary conditions noted are dealt with at once. Leaflets of instruction as to the prevention of spread of infection are left with the householder, and the Education Office notified of all children of school age in infected houses.

On the termination of the illness, the householder is recommended to disinfect the premises by thorough cleaning, using only soap and water. In the case of the commoner infectious diseases, chemical disinfection is neither carried out nor recommended. Exceptions are such diseases as pulmonary tuberculosis and typhoid fever, where thorough chemical disinfection is carried out.

It is felt that the use of disinfectants gives a false sense of security, and does nothing to check the spread of infectious disease; it tends to lead householders in some cases to neglect the more important matters

of thorough washing with soap and water. We are satisfied that the best disinfectants are sunlight, fresh air, soap and water, and advise the householder to place reliance on these agencies, and not on chemical disinfection.

The number of lots of bedding, etc., removed for disinfection during the past year was 197, comprising 1,584 articles. The following table gives a classified list of the reasons for disinfection of premises during the past three years.

	1931	1932	1933
Scarlet Fever	133	25	1
Diphtheria	200	26	—
Tuberculosis	155	155	151
Enteric Fever	2	1	—
Puerperal Fever	5	—	3
Cancer	12	18	22
Schools	3	2	—
Scabies and verminous conditions	12	14	16
Other causes	57	65	101*
	579	306	294

* Unemployed Clubs etc.

BACTERIOLOGICAL EXAMINATIONS.

Arrangements are made for the necessary routine bacteriological examinations to be carried out by the Public Health Laboratory of the University of Birmingham. The number of specimens examined during the year, and the results, are set out below:

Nature of Specimen.	Number.	Positive.	Negative.
Throat Swabs for Diphtheria bacilli—			
Suspects	360	38	322
Contacts	7	—	7
Nasal Swabs for Diphtheria bacilli—			
Suspects	7	1	6
Contacts	3	—	3
Exudate from eyes for Gonococci	4	3	1
Blood for B. Typhosus	4	—	4
Blood for B. Para-Typhosus	4	—	4
Sputum for Tubercle Bacilli	215	35	180
Milk for Bacterial Count	57	—	—
Milk for Tubercle Bacilli	100	13	87
	761	90	614

In connection with the patients in the Tuberculosis Pavilion at Holly Lane Hospital, 15 examinations of sputum were made during the year, 8 giving positive and 7 negative results. Eight examinations of sputum were also made at the Hospital in connection with Dispensary patients, 2 giving positive and 6 negative results.

SMETHWICK & OLDBURY JOINT ISOLATION HOSPITAL.

Statement of Cases Admitted and Discharged During the Year 1933.

	Number of Cases in Hospital on December 31st, 1932.				Number of Cases Admitted during 1933.				Cases Discharged, Died, or Transferred to other Institutions during 1933.				Number of Cases in Hospital on December 31st, 1933.			
	Males.	Females.	Children under 16	Total.	Males.	Females	Children under 16	Total.	Males.	Females.	Children under 16	Total.	Males.	Females.	Children under 16	Total.
SMETHWICK :																
Scarlet Fever	...	...	2	2	...	4	74	78	...	4	69	73	...	...	7	7
Diphtheria	2	...	6	8	5	15	36	56	7	14	38	59	...	1	4	5
OLDBURY :																
Scarlet Fever	...	...	3	3	...	1	59	60	...	1	57	58	...	...	5	5
Diphtheria	...	...	3	3	2	3	11	16	2	2	11	15	...	1	3	4
Totals	2	...	14	16	7	23	180	210	9	21	175	205	...	2	19	21

Tracheotomy was performed in 1 case during the year, which recovered.

ANNUAL REPORT OF THE TUBERCULOSIS OFFICER FOR THE YEAR 1933.

NOTIFICATIONS.

Seventy-one primary notifications were received during the year, 55 of Pulmonary Tuberculosis and 16 of other forms of the disease.

The following table shows the notifications received and the attack-rate for each year since the commencement of the Public Health (Tuberculosis) Regulations, 1912:—

	Notifications received:		Attack Rate per 1,000 of the population.	
	Pulmonary.	Other forms	Pulmonary.	Other forms.
1912	307	—	4.1	—
1913	318	50	4.3	0.68
1914	143	167	1.9	2.2
1915	229	103	3.1	1.4
1916	204	117	2.6	1.4
1917	206	126	2.6	1.6
1918	194	80	2.5	1.0
1919	260	60	3.5	0.8
1920	146	31	1.9	0.4
1921	88	14	1.1	0.18
1922	112	17	1.4	0.2
1923	80	18	1.02	0.2
1924	110	18	1.39	0.2
1925	74	24	0.9	0.3
1926	94	16	1.2	0.2
1927	87	38	1.1	0.49
1928	73	25	0.8	0.29
1929	108	34	1.2	0.4
1930	76	19	0.89	0.22
1931	80	29	0.93	0.33
1932	65	20	0.76	0.23
1933	55	16	0.64	0.19

The deaths from all forms of Tuberculosis during the year numbered 58, of which 3 had not been previously notified. The percentage of non-notifiable cases to the total deaths was 5.1, compared with 8.7, 11.9, 11.9, 5.8 and 4.3 during the five preceding years. One of the three non-notified cases died in an Institution outside the Borough.

The following table shows the total NEW CASES during the year, i.e., all PRIMARY NOTIFICATIONS and also other NEW CASES coming to the knowledge of the Medical Officer of Health from the death returns or otherwise, and also the deaths registered during the year:—

TUBERCULOSIS.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary.		Other forms.		Pulmonary.		Other forms.	
	M	F	M	F	M	F	M	F
0 to 1	—	—	—	—	—	—	—	—
1 to 5	—	—	1	2	—	—	—	1
5 to 10	—	1	4	1	—	2	—	—
10 to 15	—	—	3	2	—	—	1	—
15 to 20	2	6	2	1	1	3	—	1
20 to 25	3	6	1	—	2	3	1	—
25 to 35	6	10	1	1	6	7	—	—
35 to 45	13	4	1	—	7	6	1	—
45 to 55	9	1	—	—	7	1	—	—
55 to 65	2	1	—	—	4	2	—	—
65 upwards	3	—	—	—	2	—	—	—
TOTALS	38	29	13	7	29	24	3	2

The discrepancy between the number of new cases and the number of notifications received is accounted for by the non-notified deaths and cases transferred from other areas.

The number of cases of Tuberculosis remaining on the Register of Notifications at the 31st December, 1933, was 561, viz:—

Pulmonary, Males ...	253	Non-Pulmonary, Males ...	72
Females ...	172	Females ...	64
	425		136

DEATH-RATE FROM TUBERCULOSIS PER 1,000 POPULATION.

Five-Year Period.	Pulmonary.	Other Forms.	All Forms.
1908-1912	0.88	0.42	1.30
1909-1913	0.885	0.375	1.26
1910-1914	0.95	0.34	1.29
1911-1915	1.00	0.31	1.31
1912-1916	1.04	0.24	1.28
1913-1917	1.12	0.18	1.30
1914-1918	1.20	0.15	1.35
1915-1919	1.20	0.14	1.34
1916-1920	1.14	0.17	1.31
1917-1921	1.03	0.20	1.23
1918-1922	0.93	0.24	1.17
1919-1923	0.86	0.25	1.11
1920-1924	0.76	0.26	1.02
1921-1925	0.75	0.24	0.99
1922-1926	0.79	0.20	0.99
1923-1927	0.80	0.15	0.95
1924-1928	0.75	0.14	0.89
1925-1929	0.76	0.12	0.88
1926-1930	0.78	0.10	0.88
1927-1931	0.75	0.10	0.85
1928-1932	0.69	0.11	0.80
1929-1933	0.67	0.10	0.77

The above figures which show the death-rates from tuberculosis in Smethwick for the past 25 years, are very informative. In order to make the results more comparable, and to smooth the curve of inequalities due to non-recurring causes, such as influenza epidemics, the figures shown are for five-yearly periods and not for single years.

MEMO. 37/T (Revised).

Return showing the work of the Dispensary during the year 1933.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.
	Adults.		Children.		Adults.		Children		Adults.		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—NEW CASES examined during the year (excluding contacts):													
(a) Definitely tuberculous ...	29	21	—	1	6	4	3	4	35	25	3	5	68
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	6	4	1	1	12
(c) Non-tuberculous	—	—	—	—	—	—	—	—	57	35	9	9	110
B.—CONTACTS examined during the year:—													
(a) Definitely tuberculous ...	—	—	1	1	—	—	1	—	—	—	2	1	3
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	1	1	2	1	5
(c) Non-tuberculous	—	—	—	—	—	—	—	—	33	41	28	36	138
C.—CASES written off the Dispensary Register as:—													
(a) Recovered	11	12	—	—	1	6	9	3	12	18	9	3	42
(b) Non-tuberculous (including any cases previously diagnosed and entered on the Dispensary Register as tub'rculous)	—	—	—	—	—	—	—	—	94	78	39	45	256
D.—NUMBER OF CASES on Dispensary Register on Dec. 31st:													
(a) Definitely tuberculous ...	154	108	9	11	22	26	40	35	176	134	49	46	405
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	7	5	3	2	17

1.—Number of cases on Dispensary Register on January 1st	438
2.—Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	39
3.—Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	46
4.—Cases written off during the year as Dead (all causes) ...	47
5.—Number of attendances at the Dispensary (including Contacts)	2,536
6.—Number of Insured Persons under Domiciliary Treatment on the 31st December	102
7.—Number of consultations with medical practitioners:—	
(*a*) Personal	53
(*b*) Other	221
8.—Number of visits by Tuberculosis Officers to homes (including personal consultations)	71
9.—Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	2,337
10.—Number of:—	
(*a*) Specimens of sputum, etc., examined	44
(*b*) X-ray examinations made ... ... in connection with Dispensary work	253
11.—Number of "Recovered" cases restored to Dispensary Register, and included in A(*a*) and A(*b*) above	2
12.—Number of "T.B. plus" cases on Dispensary Register on December 31st	147

TABLE SHEWING ADMISSIONS to, and DISCHARGES from, SANATORIA during the Twelve Months ended December 31st, 1933

NAME OF INSTITUTION	Number of Cases in Sanatorium on January 1st, 1933.				Number of Cases admitted during 1933.				Cases discharged or transferred to the Chest Clinic.				Number of Cases in Sanatorium on December 31st, 1933.				Number of Deaths.	
	Males	Females	Children under 15	Total	Males	Females	Children under 15	Total	Males	Females	Children under 15	Total	Males	Females	Children under 15	Total	Males	Females
Holly Lane	11	1	2	14	26	17	...	43	23	11	1	35	11	6	...	17	3	2
Romsley Hill	11	4	..	15	27	20	...	47	31	20	...	51	6	4	...	10	1	..
Knightwick Sanatorium	2	...	...	2	1	2	..	3	3	2	...	5	...	...	...	...	...	...
Creaton Sanatorium, Northants...	1	1	...	2	...	...	...	...	...	1	...	1	...	...	...	...	1	...
Crossley Sanatorium, Cheshire ...	...	...	...	...	1	...	...	1	1	...	...	1	...	...	...	...	...	...
Fairlight Sanatorium, Hastings ...	1	...	...	1	...	...	...	..	1	...	...	1	...	...	...	..	...	...
The Woodlands, Northfield ...	2	...	2	4	...	...	6	6	2	...	7	9	...	...	1	1	...	...
The Forelands, Bromsgrove ...	1	...	6	7	...	...	9	9	1	...	10	11	..	...	5	5	...	...
Royal Cripples' Hospital... ...	...	...	...	...	1	...	...	1	1	...	...	1	...	...	...	...	..	...
Shropshire Orthopædic Hospital	...	1	...	1	...	1	...	1	..	1	...	1	...	1		1	..	...
Children's Hospital, Birmingham	...	...	...	...	...	...	7	7	...	...	7	7	..	...	..	...	...	...
General Hospital, Birmingham ...	...	...	...	...	1	1	..	2	1	1	...	2	...	...	..	...	...	...
Dudley Road Hospital, B'ham ..	...	...	...	...	8	4	...	12	8	4	...	12	...	...	...	...	...	...
Totals	29	7	10	46	65	45	22	132	72	40	25	137	17	11	6	34	5	2

Number of Beds available for the treatment of Tuberculosis on the 31st December, in Institutions belonging to the Council.

Name of Institution.	For Pulmonary Cases.		For Non-Pulmonary Cases.		Total.
	Adults.	Children under 15	Adults	Children under 15	
Holly Lane Sanatorium, Smethwick	22 (and 12 Chalets)	...	...	...	22 (and 12 Chalets).
Romsley Hill Sanatorium, Nr. Halesowen, Worcs. [See Note]	20	...	...	...	20

NOTE.

The particulars shown on the attached return under this heading relate to beds in the Institutions named in respect of which the Council have a definite agreement to retain the use of the number of beds specified, although in no case does the Institution actually belong to the Council.

Holly Lane Sanatorium belongs to the Smethwick and Oldbury Joint Hospital Committee.

Romsley Hill Sanatorium belongs to the Birmingham City Council.

In addition to the above, beds have been used during the year for—
Pulmonary cases at—

Crossley Sanatorium, Frodsham, Cheshire.

Creaton Sanatorium, near Northampton.

Fairlight Sanatorium, Ore, Hastings.

Non-pulmonary cases at—

Shropshire Orthopædic Hospital, Oswestry.

Birmingham Royal Cripples' Hospitals (i.e, the "Woodlands," Northfield; and the "Forelands," Bromsgrove).

Return showing the extent of Residential Treatment and Observation during the year in Institutions (other than Poor Law Institutions) approved for the treatment of Tuberculosis.

		In Institutions on Jan. 1.	Admitt'd during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31
Number of doubtfully tuberculous cases admitted for observation	Adult Males ...	...	1	1	...	...
	Adult Females	...	1	1	...	...
	Children ...	...	...	...	...	...
	Total ...	...	2	2	...	...
Number of definitely tuberculous patients admitted for treatment	Adult Males ...	29	55	62	5	17
	Adult Females	7	39	34	1	11
	Children ...	10	22	25	1	6
	Total ...	46	116	121	7	34
Grand Total		46	118	123	7	34

Return showing the extent of Residential Treatment provided during the year in Poor Law Institutions for persons chargeable to the Council.

		In Institutions on Jan. 1st.	Admitted during the year	Discharged during the year	Died in the Institutions.	In Institutions on Dec. 31st
Number of patients suffering from pulmonary tuberculosis admitted for treatment	Adult Males ...	...	6	6	...	...
	Adult Females	...	5	4	...	1
	Children ...	...	1	1	...	...
	Total ...	...	12	11	...	1
Number of patients suffering from non-pulmonary tuberculosis admitted for treatment	Adult Males ...	...	1	1	...	...
	Adult Females	...	...	...	...	...
	Children ...	...	1	1	...	...
	Total ...	...	2	2	...	...
Grand Total		...	14	13	...	1

Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis.

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	1	1	...	...	...	...	...	...	...	...	...	...	1	1	...
Non-tuberculous...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Doubtful	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	1	1	...	...	...	...	...	...	...	...	...	...	1	1	...

Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals.
			Under 3 months.			3—6 months.			6—12 months.			More than 12 months.			Totals.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Pulmonary Tuberculosis.	Class T.B. minus.	Quiescent	5	2	1	9	1	...	...	...	1	...	...	...	14	3	2	19
		Not quiescent	2	2	...	...	3	...	...	...	...	...	...	...	2	5	...	7
		Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus. Group 1.	Quiescent	...	...	...	2	2	...	2	...	...	1	...	...	5	2	...	7
		Not quiescent	4	1	...	3	1	...	1	...	...	...	...	...	8	2	...	10
		Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus. Group 2.	Quiescent	1	...	...	2	2	...	1	1	...	2	...	...	6	3	...	9
		Not quiescent	5	3	...	5	5	...	3	2	1	1	...	...	14	10	1	25
		Died in Institution ...	1	...	...	2	...	...	...	...	...	...	...	...	3	...	...	3
	Class T.B. plus. Group 3.	Quiescent	...	...	...	2	1	...	1	...	...	...	...	...	3	1	...	4
		Not quiescent	3	4	...	4	1	...	1	...	...	...	...	...	8	5	...	13
		Died in Institution ...	1	...	1	...	1	...	...	...	...	...	...	...	1	1	1	3
Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent	...	...	2	...	...	4	...	...	...	...	1	5	...	1	11	12
		Not quiescent	...	...	6	1	...	1	...	...	2	...	...	1	1	...	10	11
		Died in Institution ...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
	Abdominal	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Not quiescent	...	...	...	...	2	1	...	...	...	...	...	...	...	2	1	3
		Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other Organs.	Quiescent	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	1
		Not quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Peripheral Glands	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Not quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1933 of all Patients remaining on the Dispensary Register ; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the Return relates.			Previous to 1926.					1926.					1927.					1928.					1929.					1930.					1931.					1932.					1933.				
			Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.			
				Group 1.	Group 2.	Group 3.	Total (Cl. T.B. Plus)		Group 1	Group 2.	Group 3.	Total (Cl. T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)
(a) Remaining on Dispensary Register on 31st December.	Disease arrested.	Adults M.	6	3	3	1	7	1	1	2	...	3	3	1	2	...	3	5	1	...	...	1	8	1	...	1	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adults F.	7	2	1	...	3	...	3	...	...	3	...	1	...	...	1	5	3	...	...	3	5	2	...	...	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children ...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Disease not arrested.	Adults M.	3	...	6	1	7	...	...	3	...	3	2	1	3	...	4	...	3	..	...	3	1	3	3	1	7	5	...	4	...	4	11	5	8	...	13	6	3	10	5	18	11	2	9	2	13
		Adults F.	4	1	1	...	2	1	1	1	...	2	...	1	3	...	4	...	...	3	...	2	4	2	4	...	6	4	2	1	...	3	6	4	6	...	10	7	3	2	2	7	3	4	2	4	10
		Children ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	3	...	...	...	...	4	...	...	...	...	2	...	...	...	...
	Condition not ascertained during the year		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total on Dispensary Register at 31st December		22	6	11	2	19	2	5	6	...	11	5	4	8	...	12	12	7	3	...	10	19	8	7	2	17	22	2	5	...	7	20	9	14	...	23	17	6	12	7	25	16	6	11	6	23
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered.	Adults M.	52	4	...	...	4	3	...	...	...	...	1	1	..	...	1	2	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adults F.	99	3	1	...	4	3	1	...	...	1	1	...	...	...	...	3	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children ...	3	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Lost sight of or otherwise removed from Dispensary Register		143	2	6	...	8	44	5	7	1	13	...	2	1	...	3	5	3	1	...	4	13	...	2	...	2	15	1	1	2	4	5	2	2	1	5	5	...	1	...	1	...	...	1	...	1
	Dead	Adults M.	1	8	10	21	39	1	3	6	31	40	1	1	1	21	23	2	2	5	23	30	3	1	9	12	22	5	1	10	10	21	2	...	9	11	20	3	2	6	4	12	...	...	1	3	4
		Adults F.	1	8	7	9	24	...	...	7	16	23	...	1	3	13	17	...	1	3	12	16	2	7	9	12	28	3	2	6	4	12	2	1	4	6	11	1	...	5	1	6	...	...	5	3	8
		Children ...	1	...	...	...	...	1	...	...	2	2	...	...	...	3	3	...	...	...	1	1	...	...	...	1	1	...	...	...	...	...	1	...	1	...	1	...	...	1	...	1	...	...	...	1	1
	Total written off Dispensary Register		301	26	24	30	80	52	9	20	50	79	3	5	5	37	47	12	7	9	36	52	18	8	20	25	53	23	4	17	16	37	10	3	16	18	37	9	2	13	5	20	...	...	7	7	14
GRAND TOTALS			322	32	35	32	99	54	14	26	50	90	8	9	13	37	59	24	14	12	36	62	37	16	27	27	70	45	6	22	16	44	30	12	30	18	60	26	8	25	12	45	16	6	18	13	37

NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1933 of all patients remaining on the Dispensary Register ; and (b) the reasons for the removal of all cases written off the Register.

Condition at the time of the last record made during the year to which the Return relates.			Previous to 1926.					1926.					1927.					1928.					1929.					1930					1931.					1932.					1933.				
			Bones and Joints.	Abdominal	Other Organs	Peripheral Glands	Total.	Bones and Joints.	Abdominal.	Other Organs	Peripheral Glands	Total.	Bones and Joints.	Abdominal.	Other Organs	Peripheral Glands	Total.	Bones and Joints.	Abdominal.	Other Organs	Peripheral Glands	Total.	Bones and Joints	Abdominal.	Other Organs	Peripheral Glands	Total	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands	Total	Bones and Joints	Abdominal.	Other Organs.	Peripheral Glands.	Total	Bones and Joints	Abdominal	Other Organs.	Peripheral Glands.	Total	Bones and Joints	Abdominal	Other Organs.	Peripheral Glands.	Total
(a) Remaining on Dispensary Register on 31st December.	Disease arrested.	Adults M.	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	2	2	...	...	...	...	...	...	...	...	...
		Adults F.	1	...	1	...	2	...	...	...	...	...	2	...	...	...	2	...	...	...	1	1	1	...	1	...	2	1	...	...	...	1	1	...	...	...	1	2	2	...	...	...	...	...	...	...	...
		Children ...	3	...	1	1	5	...	1	...	...	1	2	...	...	...	2	3	...	...	...	3	4	2	...	2	8	3	3	...	2	8	1	1	...	6	8	...	...	...	..	...	...	.	...	...	...
	Disease not arrested.	Adults M.	...	...	1	...	1	...	...	1	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	3	...	...	...	3	4	...	2	...	6	3	1	...	...	4
		Adults F.	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	1	...	1	...	...	1	1	...	...	1	2	1	...	3	3	7	...	1	2	...	3
		Children ...	1	...	1	1	3	1	...	...	...	1	1	...	...	...	1	1	1	...	1	3	1	...	...	...	1	1	...	...	3	4	6	2	...	4	12	4	1	1	1	7	1	1	2	4	8
	Condition not ascertained during the year		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total on Dispensary Register at 31st December		5	..	5	2	12	1	1	1	...	3	6	...	...	1	7	5	1	1	2	9	6	3	1	2	12	6	5	...	5	16	12	3	1	13	29	9	1	6	4	20	4	3	4	4	15
	Transferred to Pulmonary ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered	Adults M.	...	1	...	..	1	2	...	...	1	3	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adults F.	2	1	1	...	4	...	...	...	1	1	3	...	...	1	4	...	...	...	...	...	...	1	...	...	1	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children ...	2	1	2	60	65	2	...	...	..	2	7	4	...	6	17	2	3	...	4	9	...	...	...	1	1	1	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Lost sight of, or otherwise removed from Dispensary Register		1	1	2	22	26	...	...	3	3	6	2	1	1	4	8	2	2	1	1	6	...	1	2	...	3	2	1	...	...	3	...	2	...	2	4	...	...	...	1	1	1	...	...	1
	DEAD.	Adults M.	...	...	...	...	...	...	...	1	...	1	1	...	...	...	1	...	1	1	...	2	...	..	...	...	...	...	...	...	1	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	1
		Adults F.	...	...	2	1	3	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1
		Children ...	2	...	1	1	4	...	...	...	...	...	...	...	3	...	3	...	2	3	...	5	...	1	4	...	5	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...
	Total written off Dispensary Register		7	4	8	84	103	4	...	5	5	14	15	5	4	11	35	4	8	5	5	22	1	3	6	1	11	3	2	1	...	6	...	3	1	2	6	...	1	...	1	2	2	...	...	1	3
GRAND TOTALS of (a) & (b) (excluding those transferred to Pulmonary)			12	4	13	86	115	5	1	6	5	17	21	5	4	12	42	9	9	6	7	31	7	6	7	3	23	9	7	1	5	22	12	6	2	15	35	9	2	6	5	22	6	3	4	5	18

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

It was not necessary to take action under these Regulations during the year.

PUBLIC HEALTH ACT, 1925, Section 62.

It was not found necessary to take action under this Act during the year.

AFTER-CARE WORK.

After-care work has been carried out by the staff at the Chest Clinic, and the following is a summary of the work done during the year:

Patients receiving loan of beds and bedding	15
Patients receiving loan of shelters, including beds ...	11
Advanced cases on domiciliary treatment receiving loans of bed-pans, air-cushions, atomisers ,etc.	70
Cases receiving grants of milk	53

HOME NURSING AND EXTRA NOURISHMENT.

In 53 cases, extra nourishment in the form of grants of milk was given during the year, as against 56 cases in 1932 and 87 in 1931.

DENTAL TREATMENT.

By arrangement with the Education Committee the services of one of the school dentists is available for the dental treatment of tuberculosis patients. Under this scheme 20 patients were dealt with during the year, all being seen at Holly Lane Hospital.

RECREATION.

Contributions of books, periodicals, etc., for the patients' library will be welcomed from anyone reading this report.

Mental Deficiency Acts.

The following is an extract from the Return of Mental Defectives as on 1st January, 1934, submitted to the Board of Control:—

	M	F.	Total
1. Number of Cases in Institutions under "Order" (excluding cases on Licence)	37	26	63
2. Number of Cases in Institutions not under "Order"	7	5	12
3. Number of Cases on Licence from Institutions	4	5	9
4. Number of Cases under Guardianship ...	2	3	5
5. Number of Cases in "places of safety"	—	—	—
6. Number of Cases under Statutory Supervision	103	75	178
7. Number of Cases in receipt of Poor Law Relief:—			
(a) In Institutions	1	6	7
(b) Domiciliary	3	2	5

The above table shows that there is a total of 91 Cases in Institutions, as follows:—

	M	F	Total
Monyhull Colony, Birmingham	23	24	47
Great Barr Park Colony	11	9	20
Erdington House, Birmingham	9	2	11
Ross Poor Law Institution	3	—	3
Inc. of National Institutions for the Care of Feeble-minded, Stoke Park	1	—	1
Dr. Barnado's Home	—	1	1
Besford Court, Worcestershire	1	—	1
	—	—	—
	48	36	84
	—	—	—
In Erdington House (not certified)	1	6	7
	—	—	—
	49	42	91
	—	—	—

Venereal Diseases.

By arrangement, treatment is available for Smethwick patients at the General Hospital, Birmingham. Male and Female Departments are open on the following days:—

CLINICS: Every morning, from 10 a.m. to 12 noon.
Every evening, from 5 p.m. to 7.15 p.m. (excepting Saturdays and Sundays).

INTERMEDIATE TREATMENT:
Week-days, from 8.15 a.m. to 8 p.m.
Saturdays, from 8-15 a.m. to 2 p.m.
Sundays, from 10 a.m. to 1 p.m.

The number of Smethwick residents dealt with at the Centre during the year was 114, compared with 85 last year, 103 in 1931, 110 in 1930, 111 in 1929, 82 in 1928, 85 in 1927, 83 in 1926, 89 in 1925, 64 in 1924, 61 in 1923, 74 in 1922, 73 in 1921, and 120 in 1920.

The Report of the Medical Officer of the Treatment Centre for the year under review shows:—

A. Number of Smethwick patients dealt with during the year, at or in connection with the Out-Patient Clinic for the first time, and found to be suffering from:—

Syphilis	20
Soft Chancre	2
Gonorrhoæ	46
Conditions other than Venereal	46
	114

B. Total Number of attendances at the Out-Patient Clinic of all patients residing in Smethwick 4,353

C. Aggregate number of "In-patient days" of all patients residing in Smethwick 65

D. Number of doses of Arseno-Benzene Compounds given ... 334

Pathological examinations made at the General Hospital during the year 1933 relating to patients residing in Smethwick:—

For detection of Spirochetes	10
For detection of Gonococci	327
Cultures	315
For Wassermann Re-action	309
Blood, Complement Fixation Test ...	130
Blood, Van-den-berg Test	161
Blood for Sigma Test	12
Urines Chemical	80
Cerebral-Spinal Fluid, Cell Count ...	10
Cerebral-Spinal Fluid W.R.	10
Total	1,364

In addition, 105 tests for Wasserman Re-action and one examination for the detection of gonococci were made at the City of Birmingham Bacteriological Laboratory.

General Provision of Health Services in the Borough.

HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY.

(1) Tuberculosis :—

Holly Lane Hospital, Smethwick. 22 beds for advanced and chronic cases, and 12 beds in chalets.

Romsley Hill Sanatorium, near Halesowen. (Birmingham Corporation). 20 beds reserved for Smethwick patients.

King Edward VII. Memorial Sanatorium, Knightwick, near Worcester. Two beds reserved for Smethwick patients.

For Surgical Tuberculosis: Cases are sent to "The Woodlands," Northfield; "The Forelands," Bromsgrove; Lord Mayor Treloar's Cripples Hospital, Alton, Hants, and the Shropshire Orthopaedic Hospital.

(2) Maternity :—

Two beds reserved for cases of Puerperal Fever at the Women's Hospital, Sparkhill, Birmingham.

Under an Agreement between the Smethwick Corporation and the City of Birmingham, Smethwick patients are received in Dudley Road and Selly Oak Hospitals for maternity treatment, on the recommendation of the Medical Officer of Health. The Borough Treasurer collects from the patients such amounts towards the cost of treatment as the circumstances allow, according to a scale approved by the Council.

(3) Children.

The Council make an annual contribution of £100 to the Children's Hospital, Birmingham, in respect of the treatment of pre-school children.

(4) Fever :—

Smethwick and Oldbury Joint Isolation Hospital, Holly Lane, Smethwick (total 44 beds). Diphtheria and Scarlet Fever cases only.

(5) Smallpox :—

South Staffordshire Joint Smallpox Hospital, Moxley, near Wednesbury.

Institutional Provision for Unmarried Mothers, Illegitimate Infants, and Homeless Children :—

Hope Lodge, Edgbaston, Birmingham.

AMBULANCE FACILITIES :—

(a) For Infectious Cases: Smethwick and Oldbury Joint Hospital Committee have two "Morris" Motor Ambulances, which are kept at the Isolation Hospital, Holly Lane, Smethwick. (Telephone: Smethwick 0159).

(b) For Non-Infectious and Accident Cases: A 20 h.p. "Austin," a 20 h.p. and a 30 h.p. " Morris " Ambulance, kept at the Fire Station, Rolfe Street, Smethwick. (Telephone: Smethwick 2222).

CLINICS AND TREATMENT CENTRES.

INFANT WELFARE CENTRES :—

There are eight Infant Welfare Centres in the Borough, and sessions are held on the following days from 2 to 4.30 p.m., with the exception of Cape Centre (9..30. a.m. to 12.30 p.m.).

No. 1. Baptist Hall, Rawlings Road. Mondays and Wednesdays.

No. 2. 95, Soho Street. Tuesdays and Thursdays.

No. 3. St. Stephen's Hall, Sydenham Road. Wednesdays.

No. 4. The Firs Clinic, Coopers Lane. Tuesday and Thursdays.

No. 5. Congregational Church Hall, Oldbury Road. Fridays.

No. 6. St. Gregory's Hall, Wigorn Road. Fridays.

No. 7. St. Chad's Hall, Shireland Road, Wednesdays, 9.30 a.m.—12.30 p.m.

No. 8. St. Mark's Church, Warley Road. Thursdays.

ANTE-NATAL CLINIC :—

Held at The Firs Clinic, Coopers Lane, on Monday afternoons from 2 to 4.30 p.m., on Wednesday, Thursday and Friday mornings from 9.30 to 12.30 p.m. and on Wednesday and Thursday evenings at 6 p.m.

SCHOOL CLINICS :—

Two School Clinics are provided, one at 95, Soho Street, Six Ways, and one at The Firs Clinic, Coopers Lane. The days and times of attendance are as follows :—

Treatment Clinics :—

Six Ways: Monday, Wednesday and Thursday mornings.

The Firs: Wednesday, Thursday and Friday mornings, and Friday afternoon.

Inspection Clinics :—

Six Ways: Tuesday and Friday mornings.

The Firs: Tuesday morning.

EYE CLINIC :—

The Firs Clinic: Monday, 11 to 1, and 2 to 4 p.m., and Wednesday 11 to 1.

IONISATION CLINIC :—

Six Ways: Tuesday morning, 9.30 to 12.30 p.m.

CLEANSING STATION (for Scabies, etc.) :—

Six Ways: Monday and Wednesday afternoons.

DENTAL CLINICS :—

The Firs: Daily (except Tuesday and Thursday afternoons), from 9.30 to 12.30 p.m., and 2 to 5 p.m. by appointment only.

High Street: Daily (except Monday and Wednesday afternoons), from 9.30 to 12.30 p.m., and 2 to 5 p.m., by appointment only.

CHEST CLINIC :—

The Firs: Tuesday from 7 to 9 p.m., Wednesday from 2.15 to 5 p.m. and Friday from 11 to 1 p.m. New cases seen by appointment only.

ULTRA-VIOLET LIGHT CLINIC :—

The Firs: Monday from 9.30 to 12.30 p.m., and Friday from 2.15 to 5 p.m. Other days by appointment.

X-RAY EXAMINATIONS :—

At the Firs Clinic by appointment.

PROFESSIONAL NURSING IN THE HOME :—

The Smethwick District Nursing Association, The Edward Cheshire Nurses' Home, Bearwood Road, Smethwick, has a nurse-matron and two nurses, who undertake general nursing among the poorer inhabitants in the district.

MIDWIVES :—

Sixteen midwives reside in the Borough, and a total of 27 notified their intention to practise in the area during the year.

CHEMICAL WORK :—

This work is undertaken by the Public Analyst for the Borough.

Other Institutions available for the District.

General Hospital, Steelhouse Lane, Birmingham (Central 4001):—
Out-patients' Department open daily at 9 a.m.

Queen's Hospital, Bath Row, Birmingham (Midland 2327):—
Out-patients' Department open daily at 9 a.m. (except Saturday).

Children's Hospital, Ladywood Rd., Birmingham (Edgbaston 2057):—
For children under 12 years of age. Daily from 1-30—2-30 p.m. (except Saturday and Sunday).

Women's Hospital, Sparkhill, Birmingham (Victoria 1101):—
(Out-patients' Department, Upper Priory, Birmingham). Daily (except Saturday and Sunday) from 1—2 p.m.

Eye Hospital, Church Street, Birmingham (Central 6711):—
Out-patients' Department open daily from 8.30—9.15 a.m. (except Sunday).

Skin and Urinary Hospital, John Bright Street, Birmingham (Midland 0263):—
Out-patients' Department open daily from 1.30 p.m. to 3 p.m. (except Saturday and Sunday).

Ear, Nose and Throat Hospital, Edmund Street, Birmingham (Central 4086):—
Out-patients' Department open daily 9.30—11 a.m. (except Saturday and Sunday).

Royal Cripples' Hospital, Broad St., Birmingham (Midland 3804):
Out-patients' Department open daily (except Friday, Saturday and Sunday), from 1.30—2.30 p.m.

Dental Hospital, Great Charles St., Birmingham (Central 3456):—
Daily from 9—10.15 a.m. (except Sunday).

Midland Hospital, Easy Row, Birmingham (Central 3456):—
Out-patients' Department open daily 9 a.m.—5 p.m. except Saturdays, 9—1 p.m.

Maternity Hospital, Loveday St., Birmingham (Aston Cross 2508):—
Out-patients are seen on Monday, Wednesday, Thursday and Saturday at 9 a.m. to 9.30 a.m., and Tuesday and Friday at 1.45 p.m. to 2.15 p.m.

The Birmingham General Dispensary has a branch at Cape Hill, Smethwick (Telephone No. 0659)—surgery hours 9—9.30 a.m. (except Sunday), 2—4 p.m. daily (except Wednesday and Sunday).

Local Acts, Bye Laws, etc., relating to Public Health in force in the County Borough of Smethwick.

LOCAL ACTS.

Smethwick Corporation Act, 1901.

Smethwick Corporation Act, 1927.

Smethwick Corporation Act, 1929.

ADOPTIVE ACTS.

Baths and Wash-houses Acts—Adopted 11th Sept., 1885.

Infectious Diseases (Notification) Act, 1889.

Infectious Disease (Prevention) Act, 1890—Adopted 10th Oct., 1890.

Public Health Acts Amendment Act, 1890—Adopted 14th Nov., 1890.

Private Street Works Act, 1892—Adopted 10th March, 1893.

Public Health Acts Amendment Act, 1907—the following parts adopted 18th Feb., 1908—Part II.; Sections 17 to 33; Part III., Sections 34 to 38, 45 to 47, 49 to 51; Part IV., Sections 52 to 66 and Section 68; Part V., the whole part; Part X., the whole part.

Public Health Act, 1925—the following parts adopted 3rd May, 1926—Part II., Sections 13 to 33, and 35; Parts III., IV., and V., the whole parts.

BYE-LAWS.

Slaughter-houses, 1893.

Nuisances, 1914.

Good Rule and Government, 1921.

New Streets and Buildings, 1926.

Nursing Homes, 1929.

Smoke Abatement, 1930.

REGULATIONS.

Dairies, Cowsheds and Milkshops, 1901.

INFANT MORTALITY DURING THE YEAR 1933.

Cause of Death	0–1 w'k.	1–2 w'ks.	2–3 w'ks.	3–4 w'ks.	Total under 1 m'th.	1–2 m'nths	2–3 m'nths	3–4 m'nths	4–5 m'nths	5–6 m'nths	6–7 m'nths	7–8 m'nths	8–9 m'nths	9–10 m'nths	10–11 m'nths	11–12 m'nths	Total under 1 year
Measles	...	...	...	...	...	1	...	...	...	...	...	...	...	1	..	...	2
Whooping Cough	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	2
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Convulsions	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Mongolian Idiocy	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Suppurative Pericarditis ...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Pneumococcal Meningitis ...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	3
Bronchitis	...	...	.	...	...	2	...	...	1	...	...	...	...	...	...	1	4
Broncho-pneumonia	...	...	2	...	2	2	1	2	1	2	1	1	1	...	1	...	14
Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Diarrhœa and Enteritis ...	...	...	...	1	1	...	...	...	1	2	1	...	...	...	...	...	5
Streptococcal Septicæmia ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Cong. Malformation of Heart...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Other Cong. Malformations ...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	2
Congenital Debility, Marasmus	3	...	...	1	4	1	...	1	...	...	...	...	...	...	...	...	6
Icterus Neonatorum	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Premature Birth	19	1	1	1	22	...	...	...	...	...	...	...	...	...	...	...	22
Injury at Birth	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2
Atelectasis	3	...	1	...	4	...	...	...	...	...	...	...	...	...	...	...	4
Asphyxia (Food)	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Overlaying	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Totals ...	29	1	7	3	40	8	1	4	4	5	3	3	3	3	1	1	76

Births Registered during the Year	Legitimate	1,195.	Deaths Registered during the Year	Legitimate	70.	Rate per 1,000 Births	Legitimate	58·5
	Illegitimate	29.		Illegitimate	6.		Illegitimate	206·8
	Total	1,224.		Total	76.		Total	62·0.

MATERNITY AND CHILD WELFARE.

SUMMARY OF STATISTICS FOR THE YEAR 1933.

BIRTHS.

Registered: (1) Legitimate, 1,195; (2) Illegitimate, 29; (3) Total, 1,224.

Notified within 36 hours of birth, including transferred notifications, (1) Live Births, 1,208; (2) Stillbirths, 41; (3) Total, 1,249.

(1) By Midwives, 842; (2) By parents and doctors, 407.

The number of stillbirths *registered* during the year was 45.

INFANT DEATHS.

Number: (1) Legitimate, 70; (2) Illegitimate, 6; (3) Total, 76.
Rate per 1,000 Births: (1) Legitimate, 58.5; (2) Illegitimate, 206.8; (3) Total, 62.0.

MATERNAL DEATHS.

Number of women dying in, or in consequence of, childbirth: (1) From Sepsis, 2; (2) From other causes, 2.

The Maternal death-rate is 3.26 per 1,000 births, compared with 5.43 in 1932, 1.95 in 1931, 4.5 in 1930, 5.2 in 1929, 4.2 in 1928, 3.0 in 1927, 3.5 in 1926, 4.1 in 1925, 3.7 in 1924, 6.9 in 1923, 2.3 in 1922.

The rate for England and Wales for 1933 was 4.42 per 1,000 births.

OPHTHALMIA NEONATORUM.

Number of cases notified, 10.
Cases treated by Health Department nurses, 7.
Cases treated at Birmingham and Midland Eye Hospital, 3.
Cases resulted in impaired vision, none.
Exudate from the eyes was examined in 4 instances and gonococci found in 3 cases.
Visits paid to cases of Ophthalmia Neonatorum by the nurses during the year numbered 71.

Notifications for the past ten years:—

1924	27	1929	13
1925	15	1930	21
1926	11	1931	18
1927	9	1932	12
1928	21	1933	10

MATERNAL MORTALITY.

There were four maternal deaths during the year, two from sepsis and two from other causes, giving a mortality rate of 3.26 as against 5.43 for the previous year.

The deaths for the past five years were as follows:—

1929	8
1930	7
1931	3
1932	7
1933	4

The number of maternal deaths in 1933 was comparatively low, but it must be borne in mind that in spite of all the agencies at work, ante-natal clinics, health visiting, improved midwifery service, etc., there will always be deaths attributable to this cause.

The attendances at our ante-natal clinics have increased since last year, but there are still a few women who refuse to have a medical examination during pregnancy.

STILLBIRTHS.

The stillbirth-rate for the year was 0.53 per 1,000 of the population, as against 0.59 for the preceding year. The rate continues to be lower than that of the country as a whole.

INFANTS DEATHS.

The number of deaths of infants under 1 year of age during 1933 was 76, a figure considerably lower than that for 1932, when 101 deaths were recorded.

The following figures show the number of deaths in each of the four quarters of the year, and it will be observed that the winter months take the highest toll of infant life. This is chiefly due to the prevalence of respiratory diseases.

1st quarter	25
2nd ,,	15
3rd ,,	16
4th ,,	20
	76

It is encouraging to note from the table on page 49 that only 5 infants died from intestinal disorders in spite of the hot and prolonged summer. Thanks to improved sanitation and better methods of feeding, the effect of diseases of this kind on the death statistics has now become negligible.

It will be also observed that 52% of the infant deaths occurred within the first four weeks of life—still a very high proportion.

Many of the deaths are entirely unavoidable, but more could be prevented by better ante-natal care, and a higher standard of education in mothercraft on the part of the mother.

There is every reason to believe that our efforts in this direction will in the near future show their effect by bringing about a definite improvement.

The 76 infants who died during the year have been divided into two groups; those who attended one of our Welfare Centres, and those who did not attend. The table below shows that although approximately four-fifths of the babies of the town attend an Infant Clinic, yet over 76.4% of the deaths occur from among the fifth who do not attend, and 23.6% from those who do.

INFANT DEATHS.

Did not attend Centre ...	...	58
Attended a Centre ...	...	18
		76

Of the 18 who attended only 9 attended more than twice.

HEALTH VISITORS.

In practice the town is divided into nine districts, to each of which one Health Visitor is allotted. Her duties include:—

School visiting, attendance at medical inspection and following up certain cases until treatment is completed.

Attendance at the Infant Welfare Centre of her district, and the home visiting of children who are attending.

Routine visiting of new births notified.

Routine visiting of children from 1 to 5 years.

Attendance in rotation at the Cleansing Station.

Attendance at the Ante Natal Clinic.

Visiting expectant mothers.

Visiting and treatment of cases of Ophthalmia Neonatorum.

Routine inspection of midwives.

Investigation of applications for grants of milk in necessitous cases

Visiting in connection with non-notifiable infectious diseases, i.e. Measles, Whooping Cough, Chickenpox, etc.

Visiting of Public Assistance Cases, Boarded-out Children, and Children's Act cases.

The total number of visits paid by the Health Visitors during the past five years is as follows:—

1929	26,415	1930	32,974
1931	29,260	1932	32,764
	1933	30,346	

INFANT WELFARE CENTRES.

The attendances at the Infant Welfare Centres have this year shown a remarkable increase. In September an extra session was held at "The Firs" Clinic in order to deal with the numbers more effectively. This arrangement has increased the popularity of this clinic but has not decreased the numbers attending the original session. Thanks to

the excellent team work on the part of the staff, and the voluntary workers, there is seldom evidence of overcrowding at this centre. Of the remaining centres all except one show an increased average attendance.

There are now eight centres in the Borough, three of which are open on two half-days weekly, and five on one half-day per week. The ante-natal clinic is open on six half-days per week, making a total of 17 sessions weekly.

A lady medical officer attends at each session, and the Health Visitor for the district is in charge of the centre assisted by a second nurse and voluntary workers.

The average weekly attendances during the year were 777 as against 642 in 1932. The names of 1,452 children were added to the rolls, compared with 1,443 the previous year. The average and total attendances for the past 5 years are as follows:—

	Average Attendances.	Total Attendances.
1929	496	25,783
1930	522	27,170
1931	615	30,770
1932	642	31,662
1933	777	36,638

The days and times of meeting, and the average attendance at each Centre are set out below:—

Centre.	Day and Time of Meeting.	Average Attendance. Under 1 year.	1—5 years	Total.
1. Rawlings Road	Monday, 2 p.m.	27	24	51
Ditto	Wednesday, 2 p.m.	25	31	56
2. 95, Soho Street	Tuesday, 2 p.m.	29	30	59
Ditto.	Thursday, 2 p.m.	31	35	66
3. Sydenham Road	Wednesday, 2 p.m.	32	47	79
4. Firs Clinic	Tuesday, 2 p.m.	55	55	110
Ditto. (from 21/9/33)...	Thursday, 2 p.m.	22	20	42
5. Oldbury Road	Friday, 2 p.m.	31	33	64
6. Warley	Friday, 2 p.m.	38	42	80
7. Cape	Wednesday, 9.30 a.m.	23	38	61
8. Londonderry	Thursday, 2 p.m.	35	74	109

Each year the effects of the Maternity and Child Welfare Scheme become more apparent. The intensive education of the mother has resulted not only in more frequent attendances at the centres, but also in an intelligent appreciation of their functions. Although dried milk, cod liver oil, etc., may be purchased at cost price the idea that the centre is merely a "cheap shop" has almost completely died out.

VOLUNTARY WORKERS.

Once again one has to pay tribute to the excellent work performed by these ladies. Their services are much appreciated by the staff and mothers alike.

EXAMINATION OF TODDLERS.

The scheme which was put into operation in January, 1929, in connection with the welfare of the pre-school child has met with a fair measure of success. As each child attains the age of 4 years a note is sent to the parent inviting him or her to bring the child to the nearest Infant Welfare Clinic for a medical examination. A definite appointment at a definite place is offered in each case, and the examination given is on the lines of the school medical inspection. The responses to the invitations are not as numerous as one would like, and it is difficult to convince the parents of the need of a pre-school medical examination. School Medical Inspection records show that about one out of every four children who attend the elementary schools is found at the first medical examination to be suffering from some disease or defect which requires treatment and these defects which are preventable or curable at an early age usually develop between the ages of 2 and 5. The results of our efforts during the year are as below:—

INSPECTION OF TODDLERS, 1933.

	Called up.	Examined.	Referred for Treatment.	Treated.
1st quarter	175	90	26	5
2nd ,, ...	188	86	27	10
3rd ,, ...	207	99	43	35
4th ,, ...	216	90	29	12
	786	365	125	62

An analysis of the defects found is as follows:—

Defects.	Referred for Treatment.	Defects Treated.
Dietetic Errors	8	3
Nits	2	2
Teeth	87	37
Tonsils and Adenoids	18	4
Enlarged Glands	1	1
Bronchitis & Bronchial Catarrh	5	2
Defective Vision	5	3
Blepharitis & Conjunctivitis ...	1	1
Phlyctenular Ulcer	1	1
Otorrhœa	1	1
Rickets	10	5
Other Defects	13	3
	152	63

ANTE-NATAL CLINICS.

The ready use of the facilities provided by the Ante-Natal Clinics is evident by the increase in the attendances in 1933.

Since the establishment of the first Ante-Natal Clinic in 1920 the total attendances have been as follows:—

1920	42	1927	1,079
1921	107	1928	1,465
1922	127	1929	2,253
1923	241	1930	3,760
1924	275	1931	3,859
1925	537	1932	3,509
1926	1,015	1933	3,771

In 1933 the attendances represented 75.6% of all births registered in Smethwick including babies born in the area of outside authorities. These attendances are made very regularly and the number of mothers failing to keep their appointments is remarkably low. Absentees are methodically followed up by the Health Visitors so that no expectant mother is lost sight of. In addition to the Ante-Natal Clinics, two Breast Feeding Clinics were held weekly at "The Firs" Clinic during 1933. There were 72 attendances. It has been found that the needs of the nursing mothers can be effectively dealt with at the ordinary Infant Welfare sessions, and by home visitation, and this Clinic has therefore been closed. Eighty-two expectant mothers received treatment by our dentists.

MIDWIVES.

During the year 27 midwives gave notice of their intention to practise in the area. Of these 22 were trained and 5 were bona fide midwives.

A total of 659 births were attended solely by midwives, being 51.9 per cent. of the births notified.

The standard of midwifery service in the borough continues to improve and there is close co-operation between the midwives and the Ante-Natal Clinics. The midwives realise and appreciate the value of this co-operation both to themselves and to their patients. In all cases a written report is sent to the midwife so that she shall have all necessary information to assist her with the patient's confinement.

The post-graduate education of the midwives is a matter to which I am giving considerable attention. During the year the majority of the midwives resident in the borough attended the post-graduate courses held at the Birmingham Maternity Hospital.

In addition to their registers the midwives now keep records of the ante-natal, natal and post-natal condition of their patients in the new comprehensive books recently issued by the Central Midwives Board.

Routine inspection of midwives is carried out quarterly, their bags and instruments are examined, and their records and registers are inspected. Midwives are also interviewed at the Health Department when necessity arises.

The number of cases in which medical aid was summoned by midwives was 235 as against 242 the previous year.

The doctors' fees were paid by the Corporation in 212 cases. Of these 212 cases 127 were insured under the Council's scheme, by which an expectant mother on payment of 5s. before the 7th month of pregnancy may insure against the possibility of a doctor being called in.

From an actuarial point of view the insurance fee would require to be almost double to make the scheme financially sound, but as our object is to reduce maternal mortality and morbidity the money expended is really a useful investment.

The number of cases in which medical aid was summoned during the last four years was as follows:—

1930	302
1931	289
1932	242
1933	235

The complications for which medical aid was sought were as follows:

Mother.—	Torn Perineum	45
	Obstructed labour	6
	Prolonged labour	40
	Breech Presentation	6
	Abnormal presentation	6
	Placenta Prævia...	3
	Adherent placenta	3
	Abortion	5
	Inertia	4
	Hæmorrhage	15
	Convulsions	1
	Rise of temperature	12
	Albuminuria	9
	Other causes	30
Child.—	Impacted Head	6
	Malformation	4
	Jaundice	3
	Stillbirth	3
	Cyanosis	1
	Inflamed eye	9
	Discharging eye	9
	Rash	1
	Feebleness	7
	Phimosis	1
	Convulsions	1
	Premature Birth	2
	Other causes	3
	Routine Visits paid to midwives	193
	Number of notices received re:—	
	Intention to practise	27
	Sending for Medical Help	235
	Attendance at Stillbirths (under C.M.B. Rules) ...	13
	Attendance at Stillbirths (under Notification of Births Acts)	41
	Cessation of Breast Feeding	7
	Liability to be a Source of Infection	11
	Laying out Dead Baby	—
	Death of Child	11

NURSING HOMES (REGISTRATION) ACT, 1927.

Two nursing homes were registered during the year. They are inspected periodically and found to be run on satisfactory lines.

HOME HELPS.

In order to provide for the care of the family during the mother's absence in hospital or during the lying-in period, the Council in 1931 inaugurated a scheme for the provision of Home Helps. A panel of 10 suitable women was formed and the rate of pay was fixed at 7/6d. per day for not more than 12 days (excluding Sundays). The Maternity and Child Welfare Committee approved a scale of charges for the services of Home Helps and part of the cost is recovered from the families assisted according to this scale.

The services of the Home Helps are not in great demand in Smethwick. It is found that most women prefer to have a neighbour or friend to run their houses rather than a total stranger. Last year there were 5 cases and the previous year there were also 5 cases.

SUPPLY OF MILK TO EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN. (MATERNITY AND CHILD WELFARE ACT, 1918).

The acuteness of the trade depression in the town caused a further increase in the number of applications for free milk, the number of cases dealt with showing an increase of 68 over the previous year.

Grants of milk free or at reduced price are made to:—

(a) Nursing mothers who are actually suckling their infants.

(b) Expectant mothers during the last two months of pregnancy.

(c) Children up to three years of age.

(d) Exceptionally to children from three to five years on the certficate of the doctor;

in cases where the family income (after deducting the rent) falls below a certain limit.

Ordinarily milk is only supplied on a recommendation by the Assistant Medical Officers for Maternity and Child Welfare, and all children are expected to attend the nearest clinic if milk is granted. In exceptional cases where the mother is unable to bring the child to the centre the milk is allocated at the Health Office.

	1931.	1932.	1933.
Cases receiving assistance during the year	379	599	667
Total Cost	£628 5 8	£971 17 2	£1,807 7 8
Average cost per case	£1 13 2	£1 12 5	£2 14 2
Average duration of case ...	20 weeks.	20 weeks.	34 weeks.

CHILDREN ACT, 1908—PART I.

1. Number of foster parents on the Register:—
   (*a*) At the beginning of the year 14
   (*b*) At the end of the year 17

2. Number of children on the Register:—
   (*a*) At the beginning of the year 14
   (*b*) At the end of the year 19
   (c) Died during the year ... ... Nil.

3. New cases during the year 9

4. Number of children:—
   (a) Returned to their parents 2
   (b) Transferred to other Local Authorities 0
   (c) Taken over by Adoption Society 1
   (d) Admitted to a Children's Home 1

The Children Act, 1908, has been recently amended by the Children and Young Persons Act, 1932 and 1933, and the sections dealing with foster-children have been considerably altered. The local authority now supervises the care of these children up to the age of nine years. Inspection of foster-homes is carried out every 2 months by the Infant Life Protection Visitors and the children are kept under the closest supervision.

On the whole, the homes are of a good standard, and the foster-mothers care for the children conscientiously and intelligently.

Artificial Light Treatment.

During the period under review 519 individual cases received treatment at the Light Clinic, as follows:—

Tuberculosis Cases	28
Babies and Toddlers	270
Children of School Age	221
Total	519

These patients made a total of 7511 attendances during the year:—

Tuberculosis Cases	692
Babies and Toddlers	3058
Children of School Age	3761
Total	7511

The above figures compare with 592 cases and 9460 attendances for the year 1932, and 645 cases and 10,656 attendances for the year 1931.

The following tables show the classes of case treated during the year, together with a summary of results:—

Table I.—TUBERCULOSIS CASES.

Disease.	Total Cases Treated	Number Discharged	Condition on Discharge.				Continuing Treatment.
			Very much Improved	Improved	In Statu Quo.	Course not completed.	
Abdominal	2	2	...	2	...	...	...
Hilar Glands	1	...	...	...	...	...	1
Lupus	4	3	..	2	1	...	1
Peripheral Glands	17	12	4	4	...	4	5
Pre-tuberculous	4	...	...	...	...	...	4
Total ...	28	17	4	8	1	4	11

Table II.—BABIES AND TODDLERS.

Disease.	Total Cases Treated.	Number Discharged	Condition on Discharge.				Continuing Treatment.
			Very much Improved	Improved	In Statu Quo	Course not completed.	
Adenitis	11	10	1	6	...	3	1
Alopecia	2	1	...	...	...	1	1
Bronchitis and "colds" ...	31	30	6	14	1	9	1
Debility	69	66	3	30	7	26	3
Delayed Dentition ...	33	31	2	14	2	13	2
Malnutrition	11	11	3	6	1	1	...
Nervous	4	4	...	3	...	1	...
Rheumatism	1	1	...	...	...	1	...
Rickets	75	75	11	39	4	21	...
Skin	3	3	...	1	...	2	...
Tonsillitis	1	1	...	1	...	...	...
Whooping Cough	29	29	17	4	3	5	...
Total ...	270	262	43	118	18	83	8

Table III.—CHILDREN OF SCHOOL AGE.

Disease.	Total Cases Treated	Number Discharged	Condition on Discharge.				Continuing Treatment.
			Very much Improved	Improved	In Statu Quo.	Course not completed.	
Adenitis	11	10	1	7	1	1	1
Alopecia	11	10	7	1	...	2	1
Anaemia	2	2	1	1	...	...	...
Blepharitis, Conjunctivitis, etc.	15	12	5	7	...	...	3
Bronchitis & Bronchial Catarrh	69	62	16	36	1	9	7
Cervical Glands	6	5	...	3	...	2	1
Chilblains	2	1	...	...	...	1	1
Chorea	1	1	...	1	...	...	...
Corneal Ulcers	2	2	...	2	..	...	...
Debility	68	65	11	44	1	9	3
Nervous Conditions	11	11	2	6	1	2	...
Rheumatism	9	7	1	5	...	1	2
Rickets	1	1	...	1	...	...	...
Skin	3	3	1	2	...	...	...
Tabes Mesenterica	1	1	...	1	...	...	...
Whooping Cough	9	9	4	5	...	...	...
Total ...	221	202	49	122	4	27	19

Report of the Chief Sanitary Inspector.

SANITARY ADMINISTRATION.

I beg to submit my report on the Sanitary Administration of the borough for the year 1933.

In spite of the intensive slum clearance drive which has been proceeding throughout the greater part of the year, the standard of general sanitary administration has been well maintained, and whilst the total number of visits paid by the Sanitary Inspectors, viz.: 18,014 was one thousand below the figure for last year, it has to be borne in mind that seven thousand of these visits were in connection with housing work and that this work is more exacting, and absorbs more time per visit than any other branch of our work.

Attention must again be drawn to the valuable use which has been made of Section 49 of the Smethwick Corporation Act, 1929, which enables me to serve a notice to clear or repair a blocked or defective drain within 24 hours. This section has been made use of in 180 cases during the year.

The supervision given to the town's food supplies has not been allowed to relax, and the visits paid to slaughterhouses numbered 1,362, an increase of 220 over last year's figure. The total number of animals examined was 6,070 as compared with 4,950 last year.

Certain sections of the work have necessarily had to be neglected to some extent. This temporary neglect has been in respect of the less important matters. For example, only four canal boats were inspected, and the visits paid re ashes accommodation dropped from 4,645 last year, to 2,094 this year.

SLUM CLEARANCE.

Dr. Paul has included in the introduction to his report a very comprehensive survey of Smethwick's slum clearance activities during the year under review. Nevertheless, it would not be fitting if I closed my short preamble without some brief reference to a subject which has filled so large a part of my time and thoughts during the year.

The progress made up to the time of writing this report will, I feel sure, be sufficient justification of the decision which the Council made early in 1933 to deal with Smethwick's slums in two years instead of five and to deal with them by the method recommended by the Health Committee on the strong representation of the Medical Officer of Health and myself.

By the end of the year, nine months after the campaign had been actively launched, 476 houses had been represented by the Medical Officer of Health as unfit for habitation under Section 19 of the Housing Act, 1930, and 15 houses as a "Clearance Area" under Section 1 of the Act. Within the same period the owners of 343 houses had been interviewed by the Health Committee, some of them several times, 172 Demolition Orders had been made and 117 undertakings to render houses fit for habitation accepted. Forty appeals had been heard by the County Court Judge and not a single one of these appeals had been upheld. Twelve of them were dismissed, sixteen withdrawn, and in twelve cases adequate undertakings were presented and accepted in Court.

At the time of writing this report—i.e., in June, 1934, the position is exceedingly satisfactory. Every house remaining on the 1919 schedule of unfit houses has been represented, viz.: 531 under Section 19 and 15 under Section I. The number of houses in respect of which owners have been interviewed by the committee is 525. Demolition Orders have been made in 231 cases and undertakings to reconstruct houses so as to render them habitable have been accepted in 264 cases. Two hundred and fifty families have been moved from former slums to the housing estates and over one hundred families are ready to move into the new houses now in course of erection. The quotation of mere figures, showy as they may be, can give no conception of the enormous amount of work that has devolved upon the department. The primary and subsequent detailed inspections of the houses concerned, the preparation of reports and representations for Committee, the many extra attendances at Committees, the interviews on the properties with the owners and their representatives, the examination of plans of reconstruction schemes, the preparation in every accepted scheme of a specification of works to be carried out (this is in every case prepared by myself) and the following up and supervision of works in progress have all made enormous demands upon the inspectorial staff of the department as well as upon a section of the clerical staff. Added to this has been the vast amount of exacting detailed work involved in the preparation of the cases for the forty County Court appeals.

In November, I was given an extra assistant inspector, but until that date the work had proceeded with the normal staff. It may be asked, how has it been possible to accomplish all this extra work and still keep the normal services of the department going?

The answer is that only unremitting sacrifice on the part of everyone who has had to take a part in the work has made the accomplishment possible. A large amount of this sacrifice has been made by the members of the Health Committee, who have had to meet many times every month, sitting often until a late hour interviewing owners; by the Medical Officer of Health who has had to visit every house for the purpose of his representation and, where appeals have been lodged, revisit them; visits and revisits have been made to the houses dealt with by the district inspectors and myself to the number of 7,280 in the year and it must be said here that from the moment the campaign was launched the inspectors have responded valiantly to the extra

demands made upon them and have pursued the ideal of a slumless Smethwick with almost fanatical zeal. Every member of the staff has been willing to work without reference to any clock, and it has been no uncommon thing for inspectors and clerks of my department to leave the office only time enough to go straight to bed. Whole week-ends and even holidays have been given up so that the work could proceed at the pace which had been set. These facts are only mentioned lest it should be thought that such exceptional results as have been achieved during the last year and more could continue indefinitely. To expect this would be asking for superhuman service. When the work is finished and the slums finally abolished the staff will have earned the right to a resumption of normal activity.

I cannot close this resumé without paying the highest possible tribute to the Town Clerk for his exceedingly efficient contribution to the work. From the moment the campaign started he has evinced the keenest interest in every aspect of it and his quick grasp of detail, in the practical as well as the legal aspects of each case, has been a great support to me and to the Health Committee. To him must be given the bulk of the credit for the successful results in our County Court Appeals and the Ministry of Health enquiry into the Smethwick (No. 3) Clearance Order. Had it not been for his complete mastery of the law relating to Public Health and Housing, his enthusiasm for the work and his consummate skill as an advocate, coupled with the fact that every fight was to him a cause as well as a case, the result might have been very different indeed.

Another very pleasing aspect of the successful prosecution of the campaign has been the consistent and effective support given by the Chairman of the Health Committee to every suggestion of the Medical Officer of Health and myself, support in which he has been ably backed up by a loyal and enthusiastic Committee.

Perhaps, in this year's special circumstances, I may be excused for expressing with more fervour than it is customary to find in official pronouncements my heartfelt thanks to all those who have taken any part whatever in the intensive campaign which has enabled me to bring within reach of early realisation the almost chimerical dream of 15 years.

The list is a long one and must include every individual member of the Smethwick Town Council of whatever shade of political opinion and especially the Chairman and members of the Health Committee; the Town Clerk and his staff; Dr. Paul, the Medical Officer of Health; the Borough Engineer and Surveyor and the Borough Architect; the Borough Treasurer; the Estates Manager; and last, but not least the enthusiastic and efficient staff of Sanitary Inspectors and clerks on whom has fallen the heavy burden of routine work and who experience but little of the glory, save in the satisfaction derived from witnessing the metamorphosis of the black spots in the districts for which they are severally responsible.

JOHN H. WRIGHT,

Chief Sanitary Inspector.

Sanitary Circumstances of the Area.

WATER SUPPLY.

The Borough continues to be supplied by the South Staffordshire Waterworks Co. with a supply of water of excellent quality with a hardness of about 20 parts per 100,000. The quantity and quality have been adequately maintained throughout the year. We are rapidly approaching the time when it will be possible to say that every house in the town possesses a separate piped supply laid on in the house.

DRAINAGE AND SEWERAGE.

There have been no works of major importance carried out in connection with sewerage during the period.

RIVERS AND STREAMS.

A few cases of pollution have been reported and appropriate steps taken to remove the causes.

CLOSET ACCOMMODATION.

With the exception of some three or four houses, closet accommodation in the town is now entirely on the water carriage system. During the year a number of houses which were hitherto served by pail closets have been demolished in the course of the town's slum clearance programme. This programme has also been responsible for the demolition of a number of houses which formerly shared a common water closet and the reconstruction of a number of houses in such a way as to provide to each house a separate water closet either within the house or adjoining it. In all houses dealt with under Section 17 of the Housing Act, 1930, one of the requirements of the Notices served now is that a separate water closet shall be provided for the sole use of the occupants of the house, where this does not already exist.

PUBLIC CLEANSING.

There has been no change during the year in the methods employed for refuse collection work, but minor improvements have been carried out at the Refuse Destructor with a view to increasing the burning capacity.

Sanitary Inspection of the Area.

SUMMARY OF INSPECTIONS.

The total visits paid by the Sanitary Inspectors to the various premises for all purposes are summarised below, together with the defects found. The visits numbered 18,014 as compared with 19,256 in the previous year. A drop of over one thousand visits on the 1932 figure, which was a peak year so far as inspections were concerned, is attributable to the fact that a large amount of the Inspectors' time has been occupied in inspections for the purpose of slum clearance operations and these inspections, owing to the exacting and comprehensive character of the data required to be collected, occupy considerably more time than any other type of inspection.

TABLE I.

	Visits paid.	Defects found.
Housing Act, 1930	932	9293
Special Housing Act Visits	237	—
Revisits *re* Housing Act	5082	—
Special Housing Act Revisits	183	—
Visits to Housing Work in Progress	846	—
On Complaint	1725	2756
Infectious Disease	376	6
Slaughterhouses	1362	1
Private Slaughter	50	—
Meat and Food Shops	495	8
Meat Regulations	52	—
Factories	58	3
Workshops	79	12
Outworkers	13	—
Bakehouses	62	19
Dairies and Milkshops	253	—
Tents, Vans and Sheds	5	—
Drains Tested	47	4
Revisits *re* Notices served	2707	—
Markets	113	1
Rats and Mice Destruction Act ...	119	—
Visits *re* Ashes Accommodation ...	992	676
Revisits *re* Ashes Accommodation ...	1102	—
Picture Houses	5	—
Cowsheds	17	2
Pigsties	20	6
Smoke Observations	23	8
Canal Boats	4	—
Food Sampling	231	—
Food Poisoning	5	—
Schools	1	—
Fairs	1	—
Ice-cream Vendors	1	—
Miscellaneous	716	—
	18014	12795

INSPECTIONS ON COMPLAINT.

A Register of Complaints is kept in the office in which are entered all complaints made to me either in writing or verbally. The complaints registered during the year numbered 760 as compared with 698 in the previous year. A further 965 complaints were received from other sources, most of these being made verbally to the Inspectors on the district. The total number of dwelling houses visited for the investigation of complaints was thus 1,725 compared with 1,496 in the previous year. The investigation of these complaints revealed the existence of 2,756 defects and these defects are set out in the table below. Sixteen instances of defective water fittings were reported to the South Staffordshire Waterworks Co. and eleven defects in connection with sewers, street gullies, dangerous buildings, etc., reported to the Borough Engineer and Surveyor. For the rest, Preliminary Notices were served on the owners or occupiers of the premises and, where these were not complied with, followed by Statutory Notices.

DEFECTS REVEALED IN HOUSES VISITED ON COMPLAINT.

TABLE II.

Dirty Premises	347
Roofs, Spouting and Eaves Gutters Defective	315
Yard and W.C. Drains Blocked	237
Yard Surfaces Defective	42
Defective Sinks and Sink Waste Pipes	56
Accumulations of Offensive Matter	29
Defective Plaster of Walls and Ceilings	285
W.C.'s without proper Flushing Arrangements	66
Ashbins or Ashplaces Defective	57
Water Closets Defective	109
Insufficient Lighting and Ventilation	128
Water Fittings Defective	28
Smoke Nuisance	3
Breach of Bye-laws	6
Dampness	131
Rat Infested Premises	7
Defective and Insufficient Drainage	48
Defective Washboilers	79
Defective External Brickwork	146
Defective Floors	153
Defective Firegrates	135
Stairs and Handrails Defective	21
Defective Rainwater Cisterns	17
Defective Woodwork of Doors, Windows, etc.	169
Defective Pail-closets	1
Overcrowding	26
Waste Water Closets Defective	4
Rats and Mice Destruction Act	6

Insufficient Water Supply	27
Animals kept so as to be a nuisance	4
Dangerous Buildings	8
Inadequate Food-store Accommodation	2
Lack of Washing Accommodation	1
Miscellaneous	63
	2756

SUMMARY OF DEFECTS.

The following table gives an analysis of the various defects encountered and dealt with in the course of visits to all premises for all purposes, and includes inspections on complaint which are separately summarised in the preceding table. The defects were dealt with by the service of Notices under the Housing Acts, Public Health Acts or other appropriate enactments. The total number of defects was 12,795, the number last year being 10,538.

TABLE III.

	Defects found.
Dirty Premises	1029
Defective Roofs and Eaves Gutters	849
Blocked Yard and W.C. Drains	259
Yard and Passage Surfaces Defective	490
Defective Sinks and Sink Waste Pipes	245
Accumulations of Offensive Matters	41
Defective Plaster of Walls and Ceilings	867
W.C.'s without proper Flushing Arrangements	107
Ashbins or Ashplaces Defective	985
Water Closets Defective	361
Insufficient Lighting and Ventilation	877
Water Fittings Defective	36
Dampness	772
Smoke Nuisances	13
Dangerous Buildings	9
Defective Washboilers	284
Defective and Insufficient Drainage	361
Defective External Brickwork	797
Defective Floors	703
Defective Firegrates	560
Defective Stairs and Handrails	695
Defective Rainwater Cisterns	25
Defective Woodwork of Doors, Windows, etc.	729
Rat-Infested Premises	13
Breach of Bye-laws	12
Pail Closets Defective	1
Animals kept so as to be a nuisance	4
Inadequate Food-store Accommodation	489
Overcrowding	38

Waste Water Closets Defective	27
Insufficient W.C. Accommodation	138
Houses without Sinks	102
Insufficient Water Supply	292
Foul Urinals	2
Lack of Washing Accommodation	1
Lack of W.C. Accommodation	1
Miscellaneous	671
	12795

TABLE IV.

LETTERS AND NOTICES SENT OUT.

Letters	1478
Preliminary Notices (Public Health Acts)	868
Secondary Notices (Public Health Acts)	108
Statutory Notices (Public Health Acts)	160
Statutory Notices (Section 36, Public Health Act, 1875, *re* Ashes Accommodation)	143
Statutory Notices (Section 49, Smethwick Corporation Act, 1929)	180
Statutory Notices (Section 17, Housing Act, 1930) ...	401
	3338

SMOKE ABATEMENT.

Smethwick can justly claim to be one of the least smoky of the industrial towns in the district, largely due to the enterprise of manufacturing concerns and their readiness to co-operate with the Public Health Department by the improvement of faulty or obsolete boiler plant. It has not been necessary during the year to take any proceedings for the enforcement of the Public Health (Smoke Abatement) Act. During the year, twenty-three formal half-hour observations of factory chimney stacks were made and eight nuisances recorded. In each case of nuisance the matter was taken up with the offending firm and suitable measures for preventing any recurrence of the nuisance were taken.

PROSECUTIONS UNDER THE PUBLIC HEALTH ACTS, ETC.

There have been no proceedings instituted under the Public Health Acts, or Public Health (Meat) Regulations during the year under review.

HOUSING.

STATISTICS FOR THE YEAR, 1933.

TABLE V.

1. INSPECTION OF DWELLING HOUSES DURING THE YEAR.

(1) (*a*) Total number of dwelling houses inspected for Housing defects (under Public Health or Housing Acts)	4,359
(*b*) Number of inspections made for the purpose ...	14,229
(2) (*a*) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ...	932
(*b*) Number of inspections made for the purpose ...	6,014
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	491
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	335

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	1,117

3. ACTION UNDER STATUTORY POWERS DURING THE YEAR.

A.—Proceedings under Section 17, 18 and 23 of the Housing Act, 1930:—

(1) Number of dwelling houses in respect of which notices were served requiring repairs	401
(2) Number of dwelling houses which were rendered fit after service of formal notices:—	
(*a*) By owners	281
(*b*) By Local Authority in default of owners ...	14

B.—Proceedings under the Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	483
(2) Number of dwelling houses in respect of which defects were remedied after service of formal notices:—	
(*a*) By owners	345
(*b*) By Local Authority in default of owners ...	14

C.—Proceedings under Sections 19 and 21 of the Housing Act, 1930:—

(1) Number of dwelling houses in respect of which Demolition Orders were made	172
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	25
(3) Number of undertakings accepted to render dwelling houses fit for habitation	117
(4) Number of undertakings not to use dwelling houses for human habitation	2

D.—Proceedings under Section 20 of the Housing Act, 1930:—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil

E.—Proceedings under Section 3 of the Housing Act, 1925:—

(1) Number of dwelling houses in respect of which notices became operative requiring repairs	Nil
(2) Number of dwelling houses which were rendered fit after service of formal notices:—	
(*a*) By owners	122
(*b*) By Local Authority in default of owners ...	Nil
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	Nil

Inspection and Supervision of Food.

(a) MILK SUPPLY.

Dairies, Cowsheds and Milkshops.

The number of dairymen on the register at the end of the year was 506 as compared with 480 in the year 1932. The number of cowsheds was 5.

Examinations of Milk for Bacterial Count.

The examinations of milk for Bacterial Count and for the presence of Tubercle Bacilli have been fewer during the last two years than the former average. This reduction was brought about owing to the necessity for reducing estimates during the financial crisis.

During the year 57 samples of milk were submitted to the Birmingham University, Public Health Laboratory for examination for Bacterial Count. These samples have comprised milks of all Grades, i.e., Certified, Grade "A" (T.T.), Pasteurised, Grade "A" and raw milk. The percentage of samples showing a Bacterial content exceeding 100,000 per c.c. was 14 which represents a considerable increase on last year's percentage of 6.

Milk (Special Designations) Order, 1923.

Examinations of Milk for the Presence of Tubercle Bacilli.

During the year under review 100 samples of the town's milk supply were examined for the presence of Tubercle Bacilli and of this number 13 samples gave a positive result. This is the highest percentage since the systematic examination of milk for Tubercle Bacilli was commenced. In my last report I drew attention to the steady decline in the percentage of positive samples, from 12.30 in 1930 to 10.08 in 1931, and 7.54 in 1932. I attributed this decline to the weeding out of diseased animals from the herds of cows in Shropshire and Staffordshire which are the main source of Smethwick's milk supply. It must be remembered that until last year we were examining samples at the rate of 400 per annum, and it may well be that the reduction in the rate of sampling to 100 samples per annum during 1931 and 1932 is responsible for the rise in the percentage of positive samples. Allowance has been made in the estimates for the year 1934-1935 for 200 samples to be taken.

Tuberculosis Order, 1925.

During the year the following licences under the Milk (Special Designations) Order were in force in the borough.

TABLE VI.

Two dealer's licences to sell Certified Milk.
Sixteen dealer's licences to sell Grade "A" Milk.
One licence to bottle Grade "A" Milk.
Eleven dealer's licences to sell Grade "A" (T.T.) Milk.
Two licences to bottle Grade "A" (T.T.) Milk.
One dealer's licence to sell Grade "A" (Pasteurised) Milk.
Ten dealer's licences to sell Pasteurised Milk.
Two licences to Pasteurise Milk.

There have been no outbreaks of tubercle among herds of cows kept in the borough during the year. In thirteen instances reports have been sent to the Medical Officers of Health of Districts from which tubercle infected milk was being consigned to the Borough and on these reports action under the Tuberculosis Order has been taken in the several districts concerned.

(b) MEAT AND OTHER FOODS.

There are fourteen slaughterhouses in the Borough, nine of which are licenced and five registered. These are regularly visited during the hours of slaughter and all meat killed and dressed in the town receives inspection before it is offered for sale. The provisions of the Public Health (Meat) Regulations, 1924 requiring every person to give at least three hours notice before proceeding to the slaughter of an animal for human consumption applies also to pigs which are killed on private premises for home consumption and these pigs are, in every case, carefully examined. Incidentally, the back-garden pig is usually remarkably free from disease and it is a rarity to find any such pigs affected with tubercle. The visits to slaughterhouses have again increased to 1,362 for the year under review as compared with 1,142 in the year 1932, and 872 in 1931. In 1930 the number of visits was 790 and in 1929, 305. Meat and food shops have received 495 visits and markets 113 visits. The following is a summary of the animals and carcases examined during the year. The total number of animals examined was 6,072 as compared with 4,950 last year and 2,889 in 1931.

TABLE VII.

NUMBER AND CLASSIFICATION OF ANIMALS AND CARCASES EXAMINED.

	Before Slaughter.	During Slaughter.	After Slaughter.	Total
Oxen	224	85	533	842
Cows	45	18	255	318
Calves	9	6	51	66
Sheep	1259	354	1838	3451
Pigs	132	217	959	1308
Pigs (Private Premises)	—	2	83	85
	1669	682	3719	6070

TABLE VIII.

LIST OF ANIMALS AND ARTICLES OF FOOD WHICH WERE FOUND TO BE DISEASED OR UNSOUND, AND WERE EITHER SEIZED OR SURRENDERED AND DESTROYED.

Thirty-three Beasts' Livers—Distoma Hepatica ...	437	lbs.
One Beast's Liver—Distoma Hepatica and Abscesses	14	„
Three Beasts' Livers—Tuberculosis	35	„
Two Beasts' Livers—Echinococcus Veterinorum ...	27	„
Three Beasts' Livers—Distoma Hepatica and Cirrhosis	62	„
Four Beasts' Livers—Abscesses	43	„
Fifteen Beasts' Livers—Cirrhosis	165	„
One Beast's Liver—Bacillary Necrosis	14	„
One Beast's Liver—Fatty Degeneration and Cysts ...	10	„
One Beast's Liver—Fatty Infiltration	12	„
One Beast's Liver—Hydatid Cysts	12	„
One Beast's Liver and Lungs—Tuberculosis	25	„
One Beast's Tongue—Glossitis	3	„
One Beast's Lungs—Tumours	10	„
Eight Beasts' Lungs—Echinococcus Veterinorum ...	123	„
Sixteen Beasts' Lungs—Tuberculosis	149	„
Two Beasts' Lungs—Pneumonia	25	„
Three Beasts' Lungs—Abscesses	34	„
One Beast's Lungs—Pneumonia and Oedema ...	8	„
One Beast's Lungs—Congestion	14	„
Two Beasts' Lungs and Hearts—Tuberculosis ...	37	„
One Beast's Lungs, Stomach and three pounds Beef Trimmings—Tuberculosis	27	„
Five Beasts' Heads—Tuberculosis	150	„
One Beast's Head and Lungs—Tuberculosis	36	„
One Beast's Heart—Tubercular Pericarditis ...	6	„
One Beast's Hindquarter—Unsound and Unwholesome	150	„
One Beast's Pleura and Lungs—Pleurisy	1½	„
One Beast's Hindquarter—Putrefaction	156	„
One Beast's Chuck—Tuberculosis	45	„
One Beast's Right Hindquarter—Tuberculosis ...	113	„
One Beast's Liver, Lungs, Mesentery and two Briskets —Tuberculosis	50	„
Sixteen Sheep's Livers—Distoma Hepatica	22¾	„
Twelve Sheep's Livers—Calcified Cysts	14½	„
One Sheep's Liver—Necrosis	1	„
Eight Sheep's Livers—Cirrhosis	14	„
One Sheep's Liver—Fatty Degeneration	1	„
Ten Sheep's Lungs—Strongylus Rufescens	7	„
One Sheep's Right Lung—Pleurisy	1	„
One Sheep's Left Lung—Congestion	1	„
One Sheep's Lung—Hydatid Cysts	1	„
One Sheep's Lungs—Pneumonia	1	„
Three Sheep's Lungs—Echinococcus Veterinorum ...	3	„
One Sheep's Neck, Shoulders, Ribs and Loin— Oedema and Hæmorrhage	30	„

Two Sheep's Carcases and Offals—Moribund and Fevered	90 „
One Sheep's Carcase—Abscesses and Oedema ...	50 „
Eight Pigs' Livers—Cirrhosis	18¾ „
One Pig's Liver—Echinococcus Veterinorum	4 „
One Pig's Liver—Soiled	1½ „
One Pig's Liver—Necrosis	2 „
One Pig's Lungs—Congestion	2 „
One Pig's Lungs—Pleurisy	2 „
Twenty-four Pigs' Heads—Tuberculosis	234 „
Three Pigs' Heads and Frys—Tuberculosis	56 „
One Pig's Fry and Portions of Neck, Loin and Leg —Tuberculosis	25 „
One Pig's Mesentery—Tuberculosis	½ „
One Pig's Head, Mesentery, Stomach and Intestines —Tuberculosis	18 „
One Pig's Head, Neck, Neck and Shoulder and Fry— Tuberculosis	46 „
One Pig's Ribs and Pluck—Pleurisy and Peritonitis	20 „
Two Pigs' Kidneys—Hydronephrosis	2 „
One Pig's Carcase and Organs—Generalised Tuberculosis	90 „
One Pig's Head, two Necks, Fry and Portion of Loin —Tuberculosis	36 „
One Pig's Fry—Congestion	4 „
Two Pigs' Frys—Pneumonia	7 „
Four Pigs' Frys—Tuberculosis	27 „
One Pig's Carcase and Organs—Swine Erysipelas ...	95 „
One Box of Fillets of Codfish—Decomposition ...	14 „
Eighteen Cases of Canary Tomatoes—Decomposition	259 „
One Box of Codfish—Putrefaction	24 „
	3,218½ lbs.

SLAUGHTER OF ANIMALS ACT, 1933.

The Slaughter of Animals Act, 1933, was placed on the Statute Book in August, 1933 and came into force on 1st January, 1934. This Act provides that, in general, every animal to be slaughtered in a slaughterhouse or knackers yard must be instantaneously slaughtered or stunned so as to be instantaneously rendered insensible to pain till death supervenes, by a mechanically propelled instrument or an electrical stunning device in proper repair. Sheep are exempted from the operation of the Act unless, or until, the Local Authority decide by resolution that these animals shall be included. The Act further requires that all slaughtermen must be licensed by the Local Authority. Licences may only be granted to persons of eighteen years and upwards who are in the opinion of the Local Authority fit and proper persons to hold such a licence. A fee of 2/- may be charged by the Local Authority for each licence and a fee of 1/- for every renewal of the licence.

In November of the present year, I arranged a demonstration of humane slaughtering at two slaughterhouses in the town to which were invited all the butchers and slaughtermen, together with the members of the Health Committee and certain officials. A number of bovine animals, pigs and sheep were stunned and slaughtered by the old conventional methods and by each of the modern approved types of humane method, including three types of electrical stunning device. It was demonstrated, satisfactorily I think to the majority of those present, that the electrical stunner used on pigs and sheep was the most humane method of preparing animals for slaughter. It was obviously entirely painless and caused no apprehension to the animal. I regret that none of the local butchers have adopted this method, no doubt owing to the high initial cost of the necessary equipment. The appliance adopted by the majority of the Smethwick butchers is the "Cash Captive-bolt Pistol." This is the appliance strongly recommended by the Royal Society for the Prevention of Cruelty to Animals.

(c) ADULTERATION, ETC.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

During the year, 276 samples were purchased or procured and submitted to the Public Analyst for analysis. This number compares with 293 samples in 1932. The number of samples reported to be not genuine was 8, and the percentage of adulteration 2.90. All the non-genuine samples were milk. The percentage of adulteration has shown a gradual decline from the year 1924 to the present time, with a slight rise last year to 4.77.

Legal proceedings were instituted in respect of two of the samples of milk which were supplied by the same farmer and were deficient in fat to the extent of 20.00 per cent. and 13.33 per cent. respectively. The prosecution introduced evidence to show that the farmer had been in the habit of only partially milking each cow and allowing two calves which he was rearing to complete the milking, with the result that the bulk of the milk supplied to the market was deficient in fat. The defence relied on the case of Grigg v. Smith in which it was established that the sale of milk deficient in fat from a cow which has not been fully milked out does not constitute an offence. Both cases were dismissed. In the remaining six deficiencies, letters of warning were written by the Town Clerk to the vendors of the samples.

TABLE IX.

SUMMARY OF ARTICLES OF FOOD AND DRUGS SUBMITTED TO THE PUBLIC ANALYST, AND THE RESULTS OF THE ANALYSES.

Article Analysed.	Total Samples.	Genuine.	Not Genuine.
Milk	133	125	8
Milk—Condensed	5	5	—
Sweets	1	1	—
Cheese	13	13	—
Margarine	12	12	—
Butter	14	14	—
Chutney	2	2	—
Lard	12	12	—
Tea	14	14	—
Egg Substitute	2	2	—
'Flu Powder	1	1	—
Custard Powder	3	3	—
Mixed Pickle	9	9	—
Pea Flour	1	1	—
Herrings	2	2	—
Peas	3	3	—
Cake—Plain	1	1	—
Flour	1	1	—
Econocream	1	1	—
Ground White Pepper	2	2	—
Ground Cloves	1	1	—
Cornflour	2	2	—
Mustard	3	3	—
Rice Flakes	1	1	—
Mint Sauce	1	1	—
Black Pudding	1	1	—
Dried Mint	1	1	—
Sauce	2	2	—
Coffee with Chicory	1	1	—
Lobster Creme	1	1	—
Sild in Tomato	1	1	—
Cod Liver Oil	1	1	—
Nutticrunch	1	1	—
Biscuits	1	1	—
Cochineal	1	1	—
Nutmegs	1	1	—
Cream	1	1	—
Sausage	6	6	—
Fruit Cake	6	6	—
Sardines	5	5	—
Chocolate	6	6	—
	—	—	—
	276	268	8
	—	—	—

TABLE X.

PUBLIC HEALTH (PRESERVATIVES IN FOOD) REGULATIONS.

The following articles submitted to the Public Analyst were also examined for the presence of preservatives. In no cases was the presence of preservatives or thickening substances detected.

Articles examined.	Total samples.
Milk	133
Milk—Condensed	5
Cheese	13
Margarine	12
Butter	14
Lard	12
Herrings	2
Peas	3
Econocream	1
Black Pudding	1
Cream	1
Sausage	6
Fruit Cake	6
Sardines	5
	214

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

The Borough Analyst is Mr. Joseph Lones, F.I.C., F.C.S., of 41, Vicarage Road, Smethwick, and he carries out chemical analyses of food and drugs purchased under the Food and Drugs (Adulteration) Act, 1928. Mr. Lones also undertakes the examination of foods for the presence of preservatives as well as chemical analyses of samples of water and air.

Bacteriological examinations of food, including examinations of samples of milk for bacterial count and bacillus coli and biological examinations of milk for the presence of tubercle bacilli, are carried out by Professor Lewis at the Birmingham University, Public Health Laboratory, Great Charles Street, Birmingham.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

During the year, 27 samples of fertilisers and feeding stuffs were submitted to Mr. Joseph Lones, F.I.C., F.C.S., Borough Agricultural Analyst, all of which were found to be genuine. This number compares with 6 samples submitted during the previous year.

FACTORIES AND WORKSHOPS.

The number of visits paid to factories, workshops, etc., during the year was 137 as compared with 175 visits last year. There were 13 visits paid to outworkers' premises. No Notices were received from H.M. Inspector of Factories drawing attention to Sanitary Defects in factories. Fifteen instances of nuisances were, however, observed in the course of inspection and of these fourteen were remedied before the end of the year.

1.—INSPECTIONS OF FACTORIES, WORKSHOPS & WORKPLACES.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

	Number of		
	Inspections. (1)	Written Notices. (2)	Prosecutions (3)
FACTORIES ... ... (Including Factory Laundries)	58	—	—
WORKSHOPS ... ... (Including Workshop Laundries)	79	3	—
WORKPLACES ... ... (Other than Outworkers' premises)	—	—	—
TOTAL	137	3	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Number of Defects.			Number of Prosecutions (5)
	Found. (2)	Remedied (3)	Referred to H.M. Inspector (4)	
*Nuisances under the Public Health Acts :—**				
Want of cleanliness	6	6	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	5	4	—	—
Sanitary accommodation — insufficient ...	1	1	—	—
Sanitary accommodation — unsuitable or defective	2	2	—	—
Sanitary accommodation — not separate for sexes	1	1	—	—
Offences under the Factory and Workshop Acts :—				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Other offences ... ... (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.)	—	—	1	—
TOTAL	15	14	1	—

*Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

INSPECTIONS OF CANAL BOATS.

I regret to have to report that in this work the record lowest figure of only 4 boats boarded and inspected was reached. This is accounted for to some extent by the diminution in canal traffic. The principle reason is, however, that the inspection of canal boats is one of those branches of the work which involves considerable waste of Inspectors' time. It is frequently necessary to wait on the tow-path for an hour or more in order to intercept one boat. In view of the continuous demands made upon the time of the Inspectors by the intensive slum clearance campaign which has been proceeding during the year, it has been utterly impossible to spare any considerable amount of time for this futile waiting. Having in mind the fact that canal boat inspections are carried out in neighbouring towns situate on the same canals as Smethwick, I do not feel that this temporary lapse in the number of inspections for one year will be productive of any serious consequences.

Causes of Death at Different Periods of Life in the County Borough of Smethwick.

1933.

CAUSES OF DEATH.	Sex.	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	M	485	46	5	7	11	19	21	35	55	86	105	95
	F	434	30	5	9	9	11	19	23	47	70	96	115
1 Typhoid and paratyphoid fevers	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
2 Measles	M	2	...	1	...	1	...	...	...	...	...	...	...
	F	3	2	...	1	...	...	...	...	...	...	...	...
3 Scarlet fever	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
4 Whooping cough	M	2	2	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	1	...	...	...	...	...	...	...	...
5 Diphtheria	M	1	...	...	1	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
6 Influenza	M	15	...	...	2	...	...	1	3	2	1	1	5
	F	18	...	...	...	1	1	1	...	3	2	4	6
7 Encephalitis lethargica	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	...	...	...	...	1	...	...	...	...
8 Cerebro-spinal fever	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	1	...	...	...	...	...	...	...	...
9 Tuberculosis of respiratory system	M	29	...	...	...	...	3	6	7	7	4	2	...
	F	24	...	...	...	2	6	7	6	1	2	...	...
10 Other tuberculous diseases system	M	3	...	...	...	1	1	...	1	...	...	...	...
	F	2	...	1	...	...	1	...	...	...	...	...	...
11 Syphilis	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
12 General paralysis of the insane, tabes dorsalis	M	4	...	...	...	...	...	...	1	1	2	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
13 Cancer, malignant disease	M	68	...	...	...	...	1	2	3	11	20	20	11
	F	64	...	...	...	...	...	...	3	13	26	17	5
14 Diabetes	M	2	...	...	...	...	...	...	...	...	...	1	1
	F	8	...	...	...	...	...	...	...	4	3	1	...
15 Cerebral haemorrhage, etc.	M	25	...	...	...	...	...	...	...	2	3	9	11
	F	28	...	...	...	...	...	...	...	5	2	10	11
16 Heart disease	M	97	...	...	...	...	3	3	6	6	17	30	32
	F	96	...	...	...	1	2	4	5	8	10	27	39
17 Aneurysm	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	..	1	...	...	...	...	...	...	...
18 Other circulatory diseases	M	25	...	...	...	...	...	1	...	...	4	10	10
	F	16	1	...	...	...	...	...	1	...	2	3	9
19 Bronchitis	M	27	2	...	...	...	...	...	...	4	5	8	8
	F	24	2	1	...	...	...	...	...	...	3	5	13
20 Pneumonia (all forms)	M	53	12	4	2	...	4	2	4	7	13	2	3
	F	30	6	2	4	...	...	...	...	4	4	9	1
21 Other respiratory diseases	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	2	...	...	...	...	...	1	...	...	...	1	...
22 Peptic ulcer	M	9	...	...	...	...	...	...	2	3	...	3	1
	F	1	...	...	...	...	...	...	...	...	...	...	1
23 Diarrhoea, etc.	M	4	4	...	...	...	...	...	...	...	...	...	...
	F	3	1	...	...	...	...	1	...	...	...	...	1
24 Appendicitis	M	2	...	...	...	...	1	...	1	...	...	...	...
	F	1	...	...	...	...	...	...	...	...	...	1	...
25 Cirrhosis of liver	M	3	...	...	...	...	...	...	...	2	...	1	...
	F	3	...	...	...	...	...	...	...	1	1	1	...
26 Other diseases of liver, etc.	M	1	...	...	...	...	...	...	...	...	1	...	...
	F	3	...	...	...	...	...	...	...	...	1	...	2
27 Other digestive diseases	M	11	...	...	1	1	2	...	...	1	2	3	1
	F	12	...	...	1	1	...	...	2	1	1	2	4
28 Acute and chronic nephritis	M	14	...	...	...	...	2	...	1	...	...	10	1
	F	15	...	...	...	...	...	1	...	...	6	4	4
29 Puerperal sepsis	F	2	...	...	...	...	1	1	...	...	...	...	...
30 Other puerperal causes	F	2	...	...	...	...	...	1	1	...	...	...	...
31 Congenital debility, premature birth, malformations, etc.	M	22	22	...	...	...	...	...	...	...	...	...	...
	F	15	15	...	...	...	...	...	...	...	...	...	...
32 Senility	M	3	...	...	...	...	...	...	...	...	...	...	3
	F	16	...	...	...	...	...	...	...	...	...	2	14
33 Suicide	M	11	...	...	...	...	...	...	3	4	4	...	...
	F	4	...	...	...	...	...	...	...	2	1	1	...
34 Other violence	M	21	1	...	...	5	1	4	1	3	...	1	5
	F	9	1	...	1	...	...	...	1	...	2	2	2
35 Other defined diseases	M	31	3	...	1	3	1	2	2	2	10	4	3
	F	28	2	1	...	3	...	2	3	5	4	5	3
36 Causes ill-defined, or unknown	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	...	...	...	...	...	...	...	1	...