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Contributors

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OXFORD



County Borough of Smethwick.

The
Health of the Borough
in
1940.

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.,

Chief Sanitary Inspector.





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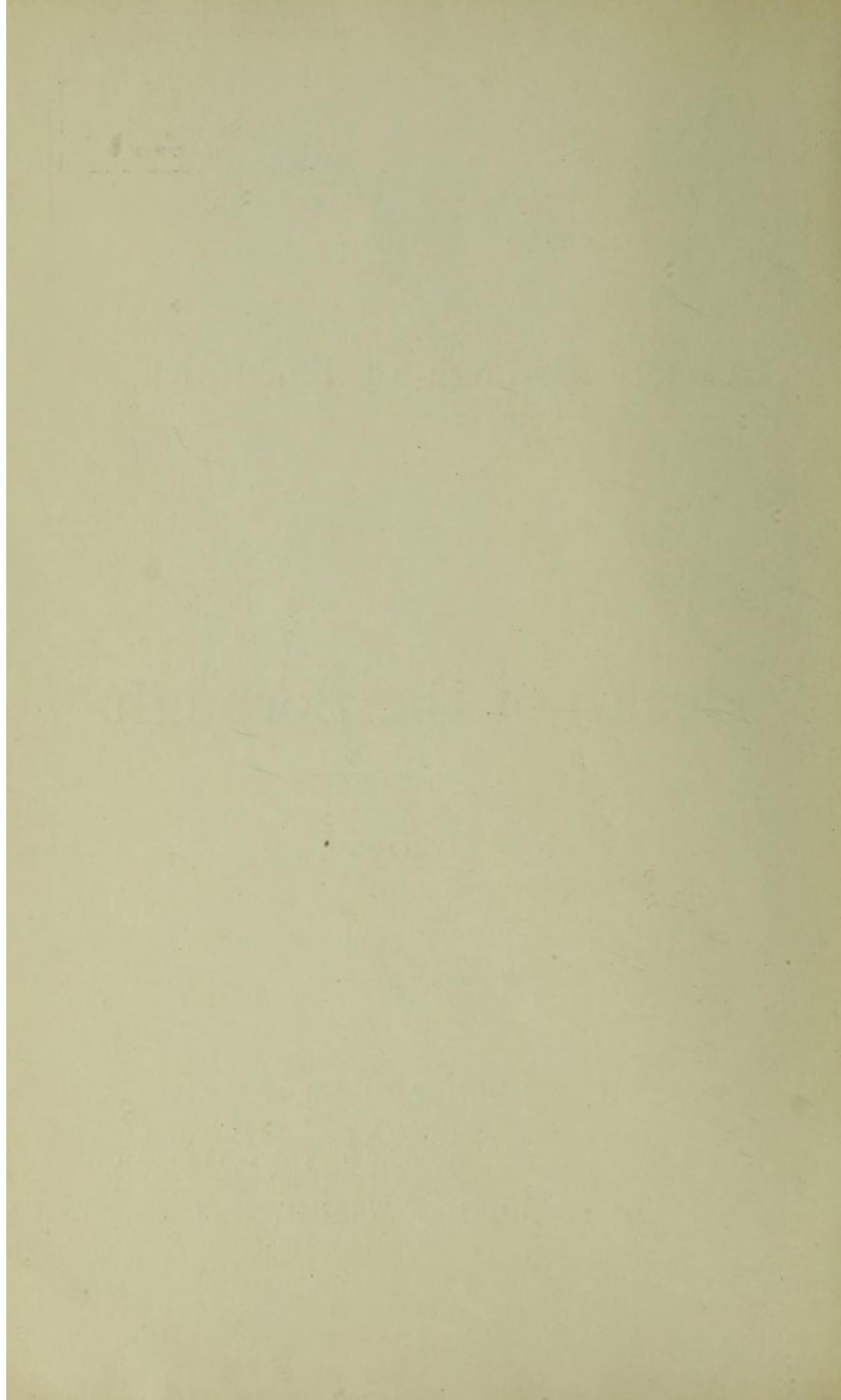
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County Borough of Smethwick.

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

September, 1941.

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

Mr. Mayor, Ladies and Gentlemen,

The year under review has been a surprisingly healthy one, and with one or two notable exceptions, all sections of the community seem to have maintained their pre-war standard of health, or even to have improved on it.

The infant mortality was not only the lowest on record, but was lower than in any previous year by a substantial margin. Two years ago 76 infants under one year died in Smethwick; in 1939 this figure fell to 63 and in 1940 only 46 died. This gives a rate of 42 per 1,000 births, and it is earnestly to be hoped that this low figure will not be exceeded during the remaining years of the war.

The birth rate was 15.3, a little higher than in 1939, and higher than might have been expected. The death rate was greater than in previous years, but many deaths were due to enemy action.

The maternal mortality rate also declined from 3.28 in 1939 to 2.64 in 1940. It should be lower; sometime, one hopes, it will be nil.

With the exception of cerebro-spinal fever and whooping cough, which were both epidemic during the year, there was very little infectious disease. There were no deaths from scarlet fever for the third year in succession, the incidence of diphtheria was the lowest on record, being less than one quarter of the usual figure, and there were no deaths from measles.

On the other hand, deaths from respiratory diseases, cancer and tuberculosis increased.

DEATH RATE

The death rate (uncorrected) for 1940 was 14.0 per 1,000, the highest figure since the last war. Even if one excludes the deaths due to enemy action, the death rate is still appreciably higher than that of recent years. This is inevitable, and a higher death rate in the future must be expected, not because life is becoming more dangerous and uncertain—apart from war risks, the reverse is the case—but because death is the only "disease" which cannot be prevented; it can only be postponed.

The average death rate in Smethwick for the past 11 years was 11.1. If such a rate was continued indefinitely, it would mean that the average length of life is exactly 90 years. But we know that the average citizen does not live to be 90 years of age; the actual figure is less than two-thirds of this. This rate of 11.1 is therefore artificial, and only occurs, because owing to the increase in the standard of living, to improved conditions of public health and social well being, a number of lives have been "saved," i.e., death has been postponed. A child, who has been protected against diphtheria will not get this disease, and therefore will not swell the diphtheria rate at some subsequent date. But this is not true of lives which have been "saved." If a child who might have died of malnutrition, or an adult who might have died of tuberculosis or cancer, is cured of his complaint, his life may be counted as saved, but nevertheless, he will eventually die, and his death will in the fulness of time swell the death rate in some subsequent year. The death rate can only be lowered by an amount corresponding to the improvement in the expectation of life, and this expectation of life for the higher age groups has altered very little.

OPTIMUM HEALTH

The statistics set out above show that the health of the people is on the whole good; that it is improving and that it is likely to improve still further. But this should not induce a feeling of complacency. For a couple of generations, the social services have striven to improve the physical standards of the weakly, to eradicate social diseases, such as tuberculosis, venereal disease and rickets, to prevent epidemics of disabling disorders, and to remove barriers to health. But this is only the beginning, and there are more grounds for restless dissatisfaction than for congratulation. The grosser forms of disease have been reduced in intensity and the standard of fitness has been greatly raised, but there is still a tendency to believe that health is merely the absence of disease. It is not. Health is, or ought to be, a positive conception, and the country cannot be satisfied to have citizens whose claim to health lies merely in the fact that no actual disease is present. The state of nutrition of the average individual is below the optimum; indeed, only a very small proportion enjoys optimum health, and it is a question whether mental health is even as good as it was a generation ago. Good health may be based on the foundation of good food, good housing and the absence of physical disease, but something more is needed to secure contentment. Even the execrable doctrine practised in the only slave state in Europe—Nazi Germany—might conceivably in the fulness of time provide the food and housing necessary to prevent disease in its slaves, but most of the world would prefer to starve to death rather than accept such physical self-sufficiency. The mind cannot exist in a state "empty, swept and garnished"; it must have spiritual and mental nourishment. Happiness and contentment are necessary for optimum health and these two qualities are not physical.

THE USE OF LEISURE

The coming of the seven or eight hour day produces its own problems of health in these days of mass production and unskilled labour. An eight hour day leaves much time for leisure, but what means exist for the utilisation of that leisure? The average healthy man, woman or child cannot spend long hours of leisure in enforced idleness without exhibiting signs of irritability and dissatisfaction. Further, many industrial processes are so mechanical that they call for little or no skill, for considered thought or judgment, and therefore create no pride of workmanship in the worker. This is probably inevitable in our present state of industrial development, but the mind must have exercise as well as the body, and if it has no suitable outlet, exotic and undesirable results must inevitably supervene. "Satan finds some mischief still for idle hands to do" was written by a psychologist. Leisure must be provided for. Mental nourishment is as necessary as physical.

What outlets were available for the use of leisure before the war, and what facilities will exist after the war? There were the picture theatres, the football matches, the football pools and the radio. There were also the organized excursions to the country, and the bicycle. Many persons, especially those who were well to do, and could therefore make a wide choice of interests, or those who were specially trained in some branch of work, which was inherently satisfying, looked down in mingled pity and disgust on the simple amusements, and scores of social reformers thundered about the decline of a race which spent so many millions of pounds in the lottery and gambling called football pools. But have these reformers realised that to a very large number of intelligent citizens, the football pool is the *only* interesting mental occupation open to them? If their work calls for no great mental effort, they must use the mental gifts Providence has given them in some other way. If they do not, they must inevitably become introspective and unbalanced. The mind must be exercised or it will become diseased.

The cinema and the football match and the radio provide an interest, and although the last named may have driven some persons nearly insane, they must in the aggregate daily provide comfort for tired bodies and an interest for idle minds. But none of these is constructive and none

fills the definite need of the average healthy person to *do* something constructive. The value of the cinema is transient. The construction of an article of furniture, the digging of a plot of ground, the painting of a picture or a wall, give deeper satisfaction, the satisfaction of successful creative effort.

There is therefore an urgent need in the future for the provision of outlets for the creative instincts of man, for the utilisation of leisure in constructive work.

After the war, perhaps some considerable time after the end of the war, there will be abundant leisure for large sections of the community. If this leisure is not catered for, there will be disastrous ill-health—mental ill-health.

DEPRESSED CLASSES

There are two classes among the community who carry on an existence, which contains little happiness. These are the working housewife with a large family, and the old age pensioner.

The working housewife with several children is usually too busy to be miserable and has no time to complain of her lot, but it is a hard one. She has no leisure at all, and she is fully occupied both physically and mentally. Her work, while partly drudgery, is also in many respects very satisfying. What she lacks most is a period of freedom each day when she can be completely free of her home and children, preferably which she may spend in the company of other women of similar interests. This can only be provided by community centres, designed as clubs, where there is a crèche, where her babies may be parked and a refreshment room where she may enjoy the local gossip with a friend over a cup of tea.

The male old age pensioner is a pathetic figure. He may or may not be able out of the pension he receives and from his savings, to be financially independent of outside help, but with his work interest gone and nothing to take its place he is prone to despondency, is often merely tolerated, and still more often patronised in a superior way by the younger members of the household, who regard him as an effete relic of a barbarous and stilted past. Having spent a lifetime in arduous work, he does not require constructive work to occupy his mind; his pleasures are mainly contemplative, and he needs the society of persons of his own age and outlook, in whose company he can live once more the glorious past and build in words a better and more gracious world. In Smethwick, the useful organisation, the Sons of Rest, has provided him with premises in which he can meet old cronies, chat and play draughts and chess, games which he regretfully notes are out of fashion in an age when, as he sees it, deep thought is at a discount, and many an old man daily blesses the public-spirited citizens who have ministered to his needs.

The needs of these two classes, the harassed mother, and the granddad of leisure, can be met in the same building—the local community centre in which, in addition to the mothers' room, there is a room for these worthies who have given their best in the service of their country, and who now have earned rest and ease.

HOME INFLUENCE

It may be argued that a great extension of these club-like community centres would interfere with or even destroy the integrity of the most sacred and valued of our national institutions, namely, family life. This is not so; indeed, the reverse is true. The citizen does not think less of his home because he leaves it for a week in the summer on holiday, and home life would be rendered more enjoyable and would be more appreciated if it were not a 24-hour pleasure, and if some relief could be given to its trials and tedium. Husband and wife are more likely to be happy together, if the former comes home to a wife who has had an hour or two of rest, rather than to an irritated and irritable woman whose nerves have been frayed by the cries of fractious children, and whose body is worn by excessive toil. The children, too, will be both physically and mentally better, if they spend some of their time playing with their peers, rather than ordering about their mothers all their waking hours.

INDUSTRIAL FATIGUE

The war has brought many problems and has solved others, and the dangers are not only those caused by enemy action. One of the greatest is indeed the result of excessive zeal and patriotism and a very creditable desire to do everything physically possible to improve industrial output. But excessive work is not only harmful to the worker; it is unnecessary, harmful to the State and actually produces a lower output. It was proved in the last war that the maximum amount of work was produced by a certain number of hours worked each week, this number varying with age and sex. Any increase in this optimum number produced fatigue, and the output fell instead of rising. After Dunkirk, the country by enormous and determined exertions produced a miraculous output, but those who believed that this could continue indefinitely were asking for a miracle. The long-distance runner may be able to run a hundred yards in eleven seconds, but he knows that if he tries to maintain this rate for a mile, he will not be able to stay the course, and it is staying power which industry wants and needs. The attempt to keep up the post-Dunkirk standard failed, because so many persons, employers and employed, did not recognise the presence of physiological laws. The result was a rise in absenteeism; men and women just stayed away for one day a week. The fault was not theirs; they could not continue to run their hundred yards in eleven seconds, and with the best will in the world, they failed to keep up the pace. It is now being realised, as it was realised at the end of the last war, that men, like machines, can only safely endure a certain amount of strain; beyond that, they will snap, break down or go slow. It may be necessary for certain war purposes that a seven-day week should be worked at special times in special jobs by special people, but the average man must not and cannot work seven days a week, and further, he must have a yearly holiday of at least a week. The plea that "the work must be done" is not an excuse nor a reason. The work will *not* be done by adding a seventh day to the working week, nor by increasing substantially the amount of overtime. Indeed, in many cases, output will be increased by reducing the number of hours.

An intermission in the morning's work of five or ten minutes for a cigarette or a cup of tea will often result in higher output.

CONSCIENCE AND RIGHTS

Health is purchasable, and the country may have as much health as it is willing to pay for, provided the citizens will accept it. Prevention of diphtheria costs only a few shillings, while the cure of tuberculosis may cost some hundreds of pounds. The country is willing to buy freedom from diphtheria to an unlimited extent, but many of its citizens will have none of it, and will still run the risk, usually from apathy, but sometimes because of conscientious objection.

What is conscience, and how far ought it to be allowed to operate to the detriment of society? All through the ages there has been a conflict between individual rights and the right of the State, and the higher and more complex the civilisation the more difficult it is to decide upon the dividing line.

In the earliest days of nomadic life, the problem was easy. If one tribe wished to act in a way which a neighbouring tribe considered unfriendly or irritating, the matter was settled either by fighting or by one of the tribes—the weaker—moving to a different part of the country. But as tribes developed into larger communities and as these developed into nations, more precise definitions of what is and is not allowable had to be agreed. It has never been the case in any highly-populated society, that the individual had an untrammelled right to do what he liked irrespective of the effects on his neighbours. It has never been agreed in any society that an individual had a prescriptive right to obey his own conscience in all matters.

History supplies us with many instances where strong groups of men have gained the power to inflict their conscience on their neighbours. The

most outstanding example of this is probably the Spanish Inquisition, where well-meaning and conscientious inquisitors, convinced that it was their duty to do so, burned and tortured the bodies of those members of the community who disagreed with them. Indeed, they considered they were carrying out a public duty in doing so.

In the reign of the later Tudors the same thing occurred in England. When the Protestants were in power, they burnt the Catholics—on grounds of conscience. Queen Mary was a Catholic, and the policy was reversed, and Protestants were burned to satisfy the conscience of the Catholic rulers.

For the past two hundred years or more, it has been the custom for the State to say the amount of exercise of conscience, which it will allow its citizens. The Nazis have settled the question in a very simple manner by deciding that the citizen has no rights whatever; this is very simple, and may work in a nation of slaves, but it does not suit a democratic country. A truly democratic country will allow its citizens the maximum possible amount of freedom of conscience, and will only restrict it, when its exercise would be anti-social. An unlimited right of conscience could only exist in a community of one.

A conscientious objection to the payment of income tax would scarcely be allowed in any country!

The conscience question has always been a bone of contention in public health matters. It is compulsory for parents to allow their children to be vaccinated in infancy, but if the parents object on the grounds of conscience they need not have their children done. This clause has been invoked to such an extent that about two-thirds of the children now born in this country escape vaccination under the conscience clause. Anyone who has studied the question will realise that in the majority of cases of parents who sign the exemption form, the matter is not one of conscience at all, but of convenience or apathy. The average parent who refuses vaccination for his child does so, either because he does not want to have the trouble, or because he does not want the child to suffer the temporary discomfort or illness which vaccination usually causes. This is a very understandable and human attitude to take, but it has nothing to do with conscience. The parent would offer the same objection if the material used for vaccination were not calf lymph, but some chemical like aspirin, taken by the mouth. The "Anti" societies object to vaccination because they claim that it is wrong therapeutically, and that it does not in fact protect against smallpox. The average objector does not dispute the efficiency of the operation; he objects to the pain and suffering, and if he were convinced that calf lymph taken by the mouth would effect the same results and would be painless, his objection would go.

The situation as regards diphtheria is rather different. There is no compulsion here, and the difficulty public health departments are up against is apathy and indifference. Conscience plays only a very minor part. Unlike vaccination against smallpox, which does usually produce pain and illness, the immunisation against diphtheria rarely causes the slightest pain, and does not cause any illness. Parents fail to have their children immunised because they are not sufficiently aware of the awful risk their children run from an attack of diphtheria. When this danger comes, it is usually too late. The dead cannot be resurrected by vain regrets.

Some people object on grounds of conscience to the injection of a serum as vaccine for the prevention of disease, but in my 25 years' experience of fever hospitals, I have never known a parent object to his or her child, who had contracted diphtheria, having a large dose of serum for the *treatment* of the disease.

Conscience may be a venal quality. If it costs nothing it will be claimed. If the life of a loved one is at stake, the conscientious objection must be very deep before it is exercised.

But it is commonly claimed of conscience that it may be invoked at the expense of others. A parent might suffer from a chronic infective

condition (such as scabies) and refuse all treatment. If he refuses to be examined, no doctor can certify that he suffers from the disease, and therefore he cannot be compelled to accept treatment; but his children will contract the disease and will continue to suffer from it. They may be cured, but they will re-infected, and they will suffer as long as he insists upon his rights. He has his rights; his children suffer. This is not a theoretical case.

Occasionally, an obstinate parent when pressed to have his child protected against diphtheria, will claim that he does not believe in it, and that he will take all responsibility if his child contracts the disease. What exactly does he mean by saying that he will accept all responsibility? Not the pain, for he suffers none; the agony of the child, the pain, the weakness, the lingering illness with its paralysis and depression, these the child bears. If the child is one of the 3,000 who die each year from this disease, it is not the parent who will die. No, he lives on. If the disease is the laryngeal type, it is the child who undergoes the operation, or who coughs up in pain and misery the lining of the throat in gangrenous lumps, or who slowly suffocates and dies.

But does the parent accept the responsibility of the treatment of his child? No, he doesn't. The country pays the cost of his neglect, and not one penny of the large sum of money for hospital treatment is borne by him. Does he, can he, accept responsibility for ensuring that other members of his family do not contract the disease? A man cannot deliberately strangle his child, but it is his right so to neglect him that he dies a more painful and slower death. Parenthood gives rights; there are also duties and responsibilities.

RHEUMATISM AND RIGHTS

The Hollies was opened as a residential institution for the treatment of sub-acute rheumatic fever in children. In this disease, the heart is often affected and prolonged rest in bed, sometimes for over a year, is required in order to prevent permanent damage to the heart. Once the damage to the heart becomes organic, it is incurable, and although the sufferer may return to society and lead a more or less normal, if sedentary life, death will supervene, sometime in a year or two, but almost always before middle life.

It is therefore literally a matter of life and death to the patient, that he should remain at rest in the institution until the heart condition is completely cured. This is usually very tedious to the child, and more so to the mother. The parent of such a child has a perfect right to withdraw that child at will, even against the urgent representations of the doctor, and it is unfortunately true that in some cases this right is exercised.

It might be possible to proceed against the parent under the Children's Act, but a conviction would be unlikely. The doctor could not swear either that the child will definitely die if withdrawn, or that he will recover completely if he is allowed to remain. In most cases the utmost that he can say is that the child stands an excellent chance of recovery if he remains, but that he will very probably die of organic heart disease if he leaves.

The parent has both responsibilities and rights; he can in such circumstances as the above exercise his rights at the cost of the life of the child. At what stage should this right of life and death be denied him? When does the abrogation of this right to withdraw his child cease to be an unwarrantable interference with the rights of the citizen?

The question as to whether the time is opportune to introduce legislation making it compulsory on parents to have their children immunised against diphtheria is a highly debatable one, but it really boils down to this. Which is of the greater value to the community, the right of the parent to decide whether or not his child shall be exposed to the risk of diphtheria, the cost in pain being borne by the child and in money by the municipality, or the right of the community to be free from a deadly, dangerous and crippling disease? Half measures of

legislation will be more than useless; they will be harmful. It would be as sensible to bring in a bill making diphtheria immunisation compulsory, but allowing a conscience clause, as it would be to introduce a conscience clause into the Income Tax laws.

HEALTH IS PURCHASABLE

Within certain definite limits, it is probably true to say that the most powerful curative medicine, and the greatest agent in the enhancement of health is that much abused but much sought after commodity—money. The absence of money, or the absence of a sufficient amount of it, i.e., poverty, breeds disease very directly, and without any other healing agencies, most of the poverty diseases, such as tuberculosis, would decline in incidence and in mortality merely by raising the standard of living of the poorly-paid worker. It cannot be gainsaid that the virtual eradication of gross rickets within the past generation has been as much due to improvements in the national standard of living as to maternity and child welfare work. The rapid decline in tuberculosis is largely due to the same cause. This improvement, however, is still patchy, and the standard of living of the worker with a large family is still much below the optimum. It is true to say that the average unskilled worker with more than two young children cannot afford to buy sufficient food of high biological value to maintain them in perfect health. This is being widely recognised and recent legislation shows that the Government have it in mind, in spite of the pressure of war work. The granting of a pint of milk per day free or at a low cost to all expectant mothers and children is a very useful and valuable piece of public health administration. Meals and milk for school children is another example, the application of which might well be extended. Communal meals at schools, in works' canteens, etc., have been increasingly advocated during the war, partly to secure economy, and partly to conserve supplies. It is to be hoped that the application of this idea will be still more widespread in peace time.

TUBERCULOSIS

During the Great War of 1914-18, the curve of mortality from tuberculosis was reversed, and instead of fewer deaths, there was actually an increase during these war years of no fewer than 25,000 deaths from this disease. This huge increase was mainly confined to young persons between the ages of 15 and 24, and was particularly marked in the case of young women.

The causes of this large increase in mortality from tuberculosis were many and varied, but the two most important were undoubtedly the greater industrial employment of women and the lessened amount of food available. These are present in this war to an even greater extent, and there are also other factors which predispose to increased mortality, which were not present in 1914-18, such as the black-out of light and ventilation, shelter life in crowded conditions, and an acute shortage of sanatorium and hospital beds.

The increased earnings going into the houses of large sections of the industrial population occurred in the last war, and history is repeating itself. But there are large sections of the public whose real income has fallen, such as the families of those in the armed services, and those engaged pre-war in work which has now become reduced or redundant.

The food supply during the present war has been wonderfully organised, and for most of the public the dietetic changes have resulted in at least as good health as before, and for large sections have actually improved health. For the tuberculosis patient, however, the shortages are tragic. The diet of such persons should contain a high proportion of first-class proteins, such as milk, cheese, eggs and butter, and all these are in short supply.

The inevitable result is that the death rate from tuberculosis has increased in 1940, but fortunately, in Smethwick the increase has been small. In 1939 there were 40 deaths; in 1940 there were 44. Notifications of tuberculosis have, rather surprisingly, declined

substantially. Increases in the future in both incidence and mortality must, however, be expected.

The advent of tuberculosis in a household is an unrelieved tragedy, whether it is the wage earner or his wife who is the victim. Apart from the suffering, the tragedy lies in the fact that the family cannot afford financially to have the disease. In the case of the bread-winner, the wages at once stop, and the sick pay granted is insufficient to keep the family in health. The patient may be, and usually is, transferred to sanatorium, where he receives all the care, including food and warmth, that he needs. What he does not receive is relief from anxiety, anxiety about his wife and children, anxiety because he knows his absence means poverty in the home. He is usually therefore tempted to return home too soon, and to resume work before he is fit. He breaks down again and a vicious cycle is set up.

But his condition is far worse when he returns home from the sanatorium, and obeys his doctor's advice not to work. He receives—for a time—sick pay, and his wretched wife has the double task of caring for a sick husband and children, and doing it on a greatly reduced income. He is fattened up in sanatorium, and is then sent out with good advice on diet, to a home where it is impossible to carry it out! If ever there was a period when a tuberculous man needs full and generous wages, it is on discharge from sanatorium. He needs more money than a healthy family, not less. As the financial distress affects the whole family, the contacts who ought to be looked after especially well, are also less generously fed, and therefore more likely to develop the disease.

Health is purchasable, but in a tuberculous household it is very expensive; and the health can only be bought early on in the disease. Later, money brings only relief.

The financial problem is however only one aspect of the problem. Even if the tuberculous patient on return, convalescent, from a sanatorium were to receive full and generous wages, his life at home, in enforced idleness, would still be tragic. The problem of useful employment of the tuberculous patient has been discussed by many bodies, and the only practical solution so far tried out is the provision of colonies, like Papworth, where the patient lives permanently with his wife and family and is taught a trade. He exercises this trade in the colony and the finished articles are sold commercially.

Such colonies are very expensive to maintain. Can the country afford to provide them for all who need them? Can the country afford not to provide them? These two questions are very difficult to answer; they are not medical, but economic questions, and it is doubtful if any one person has sufficient expert knowledge and data to supply reasoned replies.

MATERNITY AND CHILD WELFARE

As was to be expected, the attendances at the infant welfare centres have fallen considerably since the war started. The fall amounts to about one-third of the pre-war figures. The reduction has not been so great in the case of children under one year of age, the figures for 1938 and 1940 being respectively 19,914 and 15,553, but the attendances of children from one to five years has fallen to one half, namely, from 18,841 to 9,069.

The chief reasons for these smaller attendances are probably that more women are doing war work; that the black-out starts early in winter-time and the mothers wish to do their shopping in the hours of daylight, and finally, the increased amount of time which is now being spent by mothers in shopping. Food shortage means more time in seeking shops in which to buy non-rationed articles. Queues waste much time.

On the other hand, the attendances at the ante-natal clinics have been fully maintained; the 1940 figures actually exceeding those of 1938. There were 1,106 births in the borough; there were 6,336 attendances at ante-natal clinics.

The post-natal work which was being slowly developed just before the war is just being maintained. There were 322 cases in 1938 and 317 in 1940.

These ante-natal and post-natal figures are a tribute to the municipal midwifery service, which maintains a very high standard of efficiency.

ADMINISTRATION

The problem of staff gets more acute each month, and the difficulty of replacing those who have joined His Majesty's Forces is becoming impossible. On the medical side, we are moderately well off, only one doctor having been called up, but the great amount of work in connection with civil defence means that all our pre-war activities cannot be maintained. On the other hand, the organisation of the casualty and E.M.S. services are now fairly well advanced, and although these still remain our chief pre-occupation, a much greater proportion of the time of the senior officers is now being devoted to public health activities.

The acute shortage of nurses, and especially of entrants to the profession is catastrophic. Owing to lack of junior staff, it became necessary to close down the tuberculosis pavilion at the isolation hospital, and for some months it has only been possible to maintain two infectious diseases pavilions. It is true that these two pavilions have been adequate to deal with all urgent cases of infectious disease, but the absence of institutional accommodation for advanced cases of tuberculosis has caused grave problems, which have proved in some cases difficult and in others impossible to resolve. The home conditions of some of the patients, who should have been removed to an institution, have been extremely distressing.

To attempt to deal with this pressing difficulty, the Ministry of Health have formed the Civil Nursing Reserve, and have staffed this new branch with some of their most capable, energetic and enthusiastic officers. In spite of their painstaking labour, the results are distinctly poor, not because of any failure on the part of the organisers, but because the young women of this country are not interested in the nursing of infectious diseases. There are thousands of patriotic women who are weekly taking up work of national importance, and the girl who joins the A.T.S. or who fills shells, or who drives an ambulance feels, and rightly feels, that she is doing her bit for her country, and doing it well. But if every male citizen had been offered his choice of joining the Navy, Army, Air Force, A.F.S., or A.R.P. services, the country would have had an enormous Navy, a huge force of air pilots, but a small Army and A.F.S.

But every male citizen was not offered his choice.

The clerical staff of the department have done an immense amount of work under difficult conditions, and have done it cheerfully and competently. Their work is not spectacular, but it is extremely valuable.

The work of the various members of the Casualty Services—almost all unpaid—is beyond praise. Their keenness, enthusiasm and efficiency have welded together an organisation which has proved more than adequate in all the air raids on this town. The borough has every reason to be proud of this great voluntary service.

In conclusion, I would like to express my sincere thanks for the help which I have been given by all members of the Council, especially the Chairman of the Health Committee, Alderman Kempton; by my colleagues in other departments, and by the unstinted work of every member of my own staff, in hospitals, at the office and in the field.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

HUGH PAUL, M.D., D.P.H.,

Medical Officer of Health.

Annual Report, 1940.

GENERAL STATISTICS.

AREA: 2,500 acres.

POPULATION: Census, 1931—84,406.
Estimate Mid-Year, 1940—71,900.

NUMBER OF INHABITED HOUSES: 1931—20,180.
1940—21,374.

NUMBER OF FAMILIES OR SEPARATE OCCUPIERS: 1931—21,446

RATEABLE VALUE (October, 1940): £402,342.

ESTIMATED PRODUCE OF A PENNY RATE: £1,565.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1940.

	Totals.	Males.	Females.
BIRTHS: Legitimate	1,077	609	468
Illegitimate	29	19	10
	<u>1,106</u>	<u>628</u>	<u>478</u>

BIRTH RATE: 15.3 per 1,000 of the population.

DEATHS: 1,007. Males, 537; Females, 470.

DEATH RATE: 14.0 per 1,000 of the population.

DEATHS OF INFANTS under one year of age: Total, 46. Males, 20,
Females, 26.

INFANT MORTALITY RATE per 1,000 births: Total, 41.9. Legitimate, 40.8;
Illegitimate, 68.9.

DEATHS FROM:—	Number	Rate per 1,000 of Population
Enteric Fever	—	—
Measles	—	—
Whooping Cough	5	0.07
Diarrhoea and Enteritis (under 2 years)	3	0.04
Diphtheria	2	0.02
Scarlet Fever	—	—
Influenza	18	0.25
Cancer	134	1.86
Respiratory Diseases	196	2.72
Pulmonary Tuberculosis	44	0.61
Other Forms of Tuberculosis	5	0.07
Cerebro Spinal Fever	9	0.12
Road Traffic Accidents	12	0.16

**BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF
MORTALITY, MATERNAL MORTALITY AND CASE RATES FOR
CERTAIN INFECTIOUS DISEASES IN THE YEAR 1940.**

	Smethwick.	England and Wales.	126 County Boro's and Great Towns including London.	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London Administra- tive County.
Rates per 1,000 Civilian Population :—					
BIRTHS :—					
Live	15.3	14.6	16.0	15.7	13.7
Still	0.48	0.55	0.64	0.55	0.44
DEATHS :—					
All Causes	14.0	14.3	15.8	12.8	17.8
Typhoid and Paratyphoid	—	0.00	0.00	0.00	0.00
Scarlet Fever	—	0.00	0.00	0.00	0.00
Whooping Cough	0.07	0.02	0.02	0.02	0.00
Diphtheria	0.02	0.06	0.07	0.05	0.01
Influenza	0.25	0.32	0.29	0.30	0.18
Smallpox	—	—	—	—	—
Measles	—	0.02	0.02	0.02	0.01
Rates per 1,000 Live Births :—					
Deaths under 1 year of age	41.9	56	61	54	50
Deaths from Diarrhoea and Enteritis under 2 years of age	2.7	4.6	5.9	4.4	5.8
* Rates per 1,000 Civilian Population :—					
NOTIFICATIONS :—					
Enteric	0.07	0.07	0.06	0.10	0.06
Cerebro Spinal Fever	0.33	0.32	0.33	0.29	0.28
Scarlet Fever	1.96	1.63	1.53	1.57	0.82
Whooping Cough	8.12	1.34	1.29	1.35	0.22
Diphtheria	0.61	1.16	1.29	1.21	0.61
Erysipelas	0.51	0.33	0.36	0.30	0.35
Smallpox	—	0.00	—	—	—
Measles	0.86	10.24	9.23	9.99	1.78
Pneumonia	2.19	1.20	1.37	1.00	0.87
Rates per 1,000 Total Births (Live and Still) :—					
MATERNAL MORTALITY (excluding Abortion) :—					
Puerperal Infection (No. 147)	0.88	0.52	Not available		
Others	1.76	1.64			
Total	2.64	2.16			
NOTIFICATIONS :—					
Puerperal Fever	24.69	11.96	13.90	9.73	3.34
Puerperal Pyrexia					13.30
					including Puerperal Fever.

* A dash (—) signifies that there were no deaths.

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 mor- tality rate per 1,000 births	Zymotic death rate per 1,000	Death rates per 1,000			
						Respiratory diseases	Pulmonary Tuberculosis	Non- Pulmonary Tuberculosis	Cancer
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
1934	83,600	15.7	10.6	56.9	0.22	1.60	0.57	0.14	1.20
1935	82,600	14.7	11.1	60.9	0.31	1.10	0.59	0.06	1.56
1936	81,300	15.5	10.5	59.9	0.18	1.60	0.54	0.02	1.47
1937	80,380	14.6	11.5	52.5	0.27	1.64	0.70	0.02	1.35
1938	79,670	15.3	11.0	62.2	0.25	1.28	0.70	0.10	1.59
1939	78,290	14.8	10.7	54.5	0.26	1.04	0.52	0.05	1.79
1940	71,900	15.3	14.0	41.9	0.14	2.72	0.61	0.07	1.86

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1940.

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	5	...	...	...	...	...	...	...	2	3	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...		
Scarlet Fever	141	2	1	3	7	11	44	42	9	16	6	...	...	67	...	...	...	...	...	...	...	...	...	...	...	...	...		
Diphtheria	44	...	1	4	2	2	16	6	6	6	1	...	...	47	2	1	...	...	...	1	...	...	...	...	...	...	...		
Erysipelas	37	...	...	1	...	...	...	...	2	5	11	12	6	5	...	...	...	...	...	...	...	...	...	...	...	...	...		
Puerperal Pyrexia	28	...	...	...	...	...	...	...	1	22	5	...	...	21	1	...	...	...	...	...	...	...	1	...	...	...	...		
Ophthalmia Neonatorum	6	6	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...		
Cerebro-spinal Fever	24	3	1	...	...	...	3	1	1	6	1	7	1	22	9	3	1	...	...	...	...	1	3	...	...	1	...		
Encephalitis Lethargica	1	...	...	...	...	...	...	...	...	...	...	1	...	1	3	...	...	...	...	...	...	1	1	...	...	...	...		
Anterior Poliomyelitis...	3	...	1	1	1	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...		
Polio-encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Dysentery	3	1	1	...	...	...	...	...	...	...	...	...	1	3	1	...	...	...	...	...	...	...	...	...	...	...	1		
Pneumonia	158	6	13	5	10	...	9	4	10	23	17	43	18	66	52	8	3	...	...	...	...	2	2	2	17	18	...		
Whooping Cough...	584	44	75	60	89	61	240	11	1	2	...	...	1	15	5	1	3	...	...	1	...	...	...	...	...	...	...		
Measles	62	2	4	3	8	6	24	2	10	3	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...		
TOTALS	1096	64	97	77	117	80	336	66	42	86	41	63	27	260	73	12	8	...	...	2	...	4	7	2	19	19	...		

SMETHWICK & OLDBURY JOINT ISOLATION HOSPITAL.
STATEMENT OF CASES ADMITTED AND DISCHARGED DURING THE YEAR 1940.

	In Hospital 31/12/39.				Admitted during 1940.				Discharged, etc., during 1940.				In Hospital 31/12/40.			
	M.	F.	Ch.	T.	M.	F.	Ch.	T.	M.	F.	Ch.	T.	M.	F.	Ch.	T.
SMETHWICK:																
Scarlet Fever ...	...	...	1	1	6	13	50	69	6	11	51	68	...	2	...	2
Diphtheria ...	...	...	1	1	6	9	32	47	6	9	23	38	...	...	10	10
Tonsillitis ...	...	...	...	...	1	...	...	1	1	...	...	1	...	...	...	...
Erysipelas ...	...	...	...	...	2	2	1	5	2	2	1	5	...	...	...	...
Cerebro Spinal Meningitis ...	...	...	...	...	10	2	12	24	9	2	11	22	1	...	1	2
Measles ...	...	...	...	...	...	3	...	3	...	3	...	3	...	...	...	...
Puerperal Pyrexia ...	...	...	...	...	...	2	...	2	...	1	...	1	...	1	...	1
Polio-Encephalitis ...	...	...	...	...	...	1	2	3	...	1	1	2	...	...	1	1
Scabies ...	...	...	...	...	...	1	...	1	...	1	...	1	...	...	...	...
Broncho-Pneumonia ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhoid ...	...	...	...	...	3	1	1	5	...	...	1	1	...	...	...	...
Whooping Cough ...	...	...	...	...	1	...	14	15	1	...	10	11	...	...	4	4
Chicken-pox ...	...	...	...	...	...	...	7	7	...	...	7	7	...	...	...	...
Dysentery ...	...	...	...	...	...	...	3	3	...	...	3	3	...	...	...	...
Streptococcal Infection ...	...	...	1	1	...	...	...	...	...	...	1	1	...	...	...	...
OLDBURY:																
Scarlet Fever ...	...	...	...	...	...	4	21	25	...	4	20	24	...	...	1	1
Diphtheria ...	...	...	5	5	4	4	43	51	4	2	39	45	...	2	9	11
Erysipelas ...	1	...	...	1	...	1	...	1	1	1	...	2	...	...	...	...
Polio-Encephalitis ...	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	...
Whooping Cough ...	...	...	...	...	...	...	4	4	...	...	3	3	...	...	1	1
Cerebro-Spinal Meningitis ...	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	...
COVENTRY:																
Diphtheria ...	...	...	...	...	1	...	...	1	1	...	...	1	...	...	...	...
TIPTON:																
Diphtheria ...	...	...	...	...	...	...	2	2	...	...	2	2	...	...	...	...
DUDLEY:																
Scarlet Fever ...	...	...	...	...	1	...	3	4	1	...	3	4	...	...	...	...
Diphtheria ...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	1
Totals	1	...	8	9	35	43	199	277	35	38	179	252	1	5	28	34

SCARLET FEVER.

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

Year	Cases notified	Attack rate per 1,000 population	Number of deaths	Case mortality per cent.
1936	220	2.7	2	0.9
1937	117	1.4	2	1.7
1938	177	2.2	—	—
1939	111	1.41	—	—
1940	141	1.96	—	—

Sixty-seven patients or 47.5% of the notified cases were treated in hospital.

DIPHTHERIA.

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

Year	Cases notified	Attack rate per 1,000 population	Number of deaths	Case mortality per cent.
1936	142	1.74	3	2.1
1937	210	2.61	8	3.8
1938	183	2.29	11	6.0
1939	115	1.46	10	8.7
1940	44	0.61	2	4.5

The number of children immunised during the year under review was:—

At Infant Welfare Centres	...	...	440
Schoolchildren	...	...	112
			—
Total			552
			—

OTHER NOTIFIABLE DISEASES.

There were 37 cases of Erysipelas during the year compared with 28 of the previous year. Five cases of Enteric Fever, 24 cases of Cerebro-spinal Fever, 1 of Encephalitis Lethargica and 3 of Anterior Poliomyelitis were notified. There were 584 cases of Whooping Cough and 62 of Measles.

TUBERCULOSIS.

NOTIFICATIONS.

Sixty-six primary notifications were received during the year, 49 of Pulmonary Tuberculosis and 17 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
1934	72	19	0.85	0.22
1935	95	19	1.15	0.23
1936	81	21	0.99	0.25
1937	77	4	0.95	0.04
1938	78	20	0.97	0.25
1939	89	15	1.11	0.19
1940	52	15	0.72	0.20

The deaths from all forms of Tuberculosis during the year numbered 48, all of which had been previously notified. This compares with 44 deaths last year, all of which had been previously notified.

The following table shows the total NEW CASES during the year, i.e., all PRIMARY NOTIFICATIONS and also 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	—	—	2	1	—	—	—	1
5 to 10	—	—	—	—	1	—	—	—
10 to 15	—	1	2	—	1	—	1	—
15 to 20	3	4	1	1	1	3	—	—
20 to 25	5	5	3	3	3	4	—	—
25 to 35	5	9	1	2	3	6	1	—
35 to 45	12	3	—	1	4	5	—	—
45 to 55	6	1	—	—	4	2	—	—
55 to 65	5	1	—	1	4	1	—	—
65 upwards	2	1	1	1	2	1	—	—
TOTALS	38	25	10	10	23	22	2	1

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

The number of cases of Tuberculosis remaining on the Register of Notifications at the 31st December, 1940, was 621, viz. :—

Pulmonary, Males ...	272	Non-Pulmonary, Males...	69
Females ...	210	Females ...	70
	—		—
	482		139
	—		—

MENTAL DEFICIENCY ACTS.

The following is an extract from the Return of Mental Defectives as on 1st January, 1941, submitted to the Board of Control:—

	M.	F.	Total
1. Number of Cases in Institutions under " Order " (excluding cases on licence)	47	21	68
2. Number of Cases in Institutions not under " Order "...	5	5	10
3. Number of Cases on Licence from Institutions ...	2	4	6
4. Number of Cases under Guardianship ...	3	6	9
5. Number of Cases in " places of safety "	—	—	—
6. Number of Cases under Statutory Supervision ...	115	83	198
7. Number of Cases in receipt of Poor Law Relief:—			
(a) In Institutions...	3	3	6
(b) Domiciliary ...	7	7	14

VENEREAL DISEASES.

By arrangement, treatment is available for Smethwick patients at the General Hospital, Birmingham, and given below, is the report received from the Medical Director of the V.D. Department, for the year ended the 31st December, 1940:—

" There has been a marked decrease in attendances at Out-patient Clinics during the year. In view of the prevailing conditions in the district, this might, perhaps, have been expected; air raids, transport difficulties, evacuation and conscription of the younger male population for the services, have no doubt been the chief causes. I believe also, that since the advent of Sulphonamide drugs, Gonorrhœa is more frequently treated by the General Practitioner. We have tried as far as possible to meet the needs of patients, as far as hours of attendance are concerned. In the Summer months the Clinics were kept open with a Medical Officer in attendance, until 9 o'clock on certain evenings in the week, and also on Sunday mornings. It was found, however, that as the evenings grew darker patients would not attend at late hours, and during the Winter months the evening clinics have been opened at 4 p.m., instead of 5 o'clock. I think it probable that a number of defaulters will return—in many cases houses have been evacuated or destroyed, and letters returned with ' gone away ' or ' not known. '

" As far as In-patients are concerned, our policy has been to admit as few as possible for the shortest period which has been considered safe.

" The clinics have co-operated with the Army, Navy and Air Force, as requested in Circular letter No. 2181 - 23.10.40."

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	...	...	...	...	...	...	8
Soft Chancre	...	...	...	...	...	...	—
Gonorrhœa	...	...	...	...	...	...	30
Conditions other than Venereal	...	...	...	...	...	...	32
							70
B. Total Number of attendances at the Out-Patient Clinic of all patients residing in Smethwick							
...	...	...	...	...	...	...	2,079

ST. CHAD'S HOSPITAL.

STATISTICS RELATING TO THE PERIOD ENDED 31st DECEMBER, 1940.

(A) IN-PATIENTS.

1. Total number of admissions (including infants born in Hospital)	...	...	...	...	...	...	2,206
2. Number of women confined in Hospital	...	...	...	...	...	...	380
3. Number of live births	...	...	...	...	...	...	363
4. Number of still births	...	...	...	...	...	...	26
5. Number of deaths among the newly-born (i.e., under four weeks of age)	...	...	...	...	...	...	14
6. Total number of deaths among children under one year (including those given under 5)	...	...	...	...	...	...	14
7. Number of maternal deaths among women admitted to hospital for confinement	...	...	...	...	...	...	1
8. Total number of deaths	...	...	...	...	...	...	156
9. Total number of discharges (including infants born in hospital)	...	...	...	...	...	...	2,054
10. Duration of stay of patients included in 8 and 9 above.							
Number of cases whose total stay was for the following periods:—							
(a) Under four weeks	...	...	...	...	...	...	1,794
(b) Four weeks and under thirteen weeks	...	...	...	...	...	...	383
(c) Thirteen weeks or more	...	...	...	...	...	...	33
11. Number of beds occupied (excluding cots in maternity wards). (a) average during the year 104.4; (b) highest 133 on November 22nd; (c) lowest 70, on December 26th.							
12. Number of surgical operations under general anæsthetic (excluding dental operations)	...	...	...	...	...	...	637

(B) OUT-PATIENTS

There is at present no out-patient department in connection with St. Chad's Hospital.

CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED
FROM OR WHO DIED IN THE INSTITUTION DURING THE YEAR
ENDED 31st DECEMBER, 1940.

Disease Groups.				Children (under 16 years of age.)		Men and Women.	
				Dis- charged.	Died.	Dis- charged.	Died.
A.	Acute Infectious Disease	...	...	4	—	18	4
B.	Influenza	...	...	—	—	2	1
C.	Tuberculosis :—						
	Pulmonary	...	...	—	—	5	—
	Non-Pulmonary	...	...	—	1	4	—
D.	Malignant Disease	...	...	—	—	30	15
E.	Rheumatism :—						
	(1) Acute Rheumatisms (Rheumatic Fever) together with sub-acute Rheumatism and Chorea	...	...	5	2	7	1
	(2) Non-articular manifestations of so-called "rheumatism" (mus- cular rheumatism, fibrositis, lumbago and sciatica)	...	...	2	—	7	—
	(3) Chronic Arthritis	...	...	—	—	5	—
F.	Venereal Disease	...	...	—	—	—	1
G.	Puerperal Pyrexia, including cases classified (in London) as puerperal fever :—						
	(a) Women confined in Hospital	...	...	—	—	19	—
	(b) Other cases	...	...	—	—	—	—
H.	Other Diseases and Accidents connected with pregnancy and child-birth	...	...	—	—	96	1
I.	Mental Diseases :—						
	(a) Senile Dementia	...	...	—	—	—	—
	(b) Other	...	...	—	—	—	—
J.	Senile Decay	...	...	—	—	—	—
K.	Accidental Injury and Violence	...	...	45	1	138	11
	In respect of cases not included above :—						
L.	Diseases of the Nervous System and Sense Organs	...	...	29	—	33	20
M.	Diseases of the Respiratory System	...	...	34	2	88	14
N.	Diseases of the Circulatory System	...	...	11	—	70	22
O.	Diseases of the Digestive System	...	...	207	5	267	26
P.	Diseases of the Genito-Urinary System	...	...	8	1	79	6
Q.	Diseases of the Skin	...	...	5	—	16	—
R.	Other Diseases	...	...	12	22	51	—
S.	Mother and Infants Discharged and not included in above figures :—						
	Mothers	...	...	—	—	368	—
	Infants	...	...	351	—	—	—
T.	Any persons not falling under any of the above headings			13	—	25	—
Totals				726	34	1,328	122

2,210

INFANT MORTALITY DURING THE YEAR 1940.

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'ths	2-3 m'ths	3-4 m'ths	4-5 m'ths	5-6 m'ths	6-7 m'ths	7-8 m'ths	8-9 m'ths	9-10 m'ths	10-11 m'ths	11-12 m'ths	Total under 1 year
Whooping Cough ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Influenza ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Cerebro-Spinal Fever ...	...	...	...	...	...	...	1	...	...	1	...	...	1	...	...	...	3
Meningitis ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Cerebral Haemorrhage ...	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2
Otitis Media ...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	2
Bronchitis ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Broncho-Pneumonia ...	...	1	...	1	2	...	1	...	1	1	...	...	...	...	...	...	6
Lobar Pneumonia ...	1	1	...	...	2	...	1	...	1	...	...	...	...	...	...	...	3
Gastro-Enteritis ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2
Pyelitis ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Spina Bifida ...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1
Other Cong. Malformations ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Premature Birth ...	12	2	...	...	14	...	...	...	...	...	...	...	...	...	...	...	14
Injury at Birth ...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Atelectasis ...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Deb. Marasmus ...	1	...	2	...	3	...	...	...	...	...	...	...	...	...	...	...	3
Asphyxia ...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	2
Totals ...	18	5	2	2	27	5	6	...	3	3	1	...	1	...	...	...	46

BIRTHS REGISTERED DURING THE YEAR	Legitimate 1,077.	Illegitimate 29.	DEATHS REGISTERED DURING THE YEAR	Legitimate 44.	Illegitimate 2.	RATE PER 1,000 BIRTHS	Legitimate 40.8	Illegitimate 68.9
Total	1,106.		Total	46.		Total	41.9.	

MATERNITY AND CHILD WELFARE.

SUMMARY OF STATISTICS FOR THE YEAR 1940.

BIRTHS.

The number of births notified during the past five years under the Notification of Births Act, 1907, and Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications, was as follows:—

	1936	1937	1938	1939	1940
Live Births ...	1,298	1,185	1,197	1,157	1,041
Stillbirths ...	45	51	38	40	36
Total	1,343	1,236	1,235	1,197	1,077
Notified by Midwives	917	832	787	739	653
Notified by doctors and parents ...	426	404	448	458	424

Comparison with the return of the local Registrar shows that very few births escape notification.

HEALTH VISITING.

The Council employ a Superintendent and thirteen health visitors who are also School nurses, the equivalent of seven whole-time visitors being engaged in Maternity and Child Welfare work. The number of visits paid during the year was:—

(i) To Expectant Mothers ...	First Visits ...	650
	Total Visits ...	1,429
(ii) To Nursing Mothers ...	Total Visits ...	4,269
(iii) To children under one year of age ...	First Visits ...	1,091
	Total Visits ...	4,757
(iv) To children between the ages of 1 and 5 years ...	Total Visits ...	8,847

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

1936.....	23,579	1938.....	18,899
1937.....	25,882	1939.....	23,942
1940.....	23,507		

INFANT WELFARE CENTRES.

The number of Centres provided and maintained by the Council is seven with fourteen sessions weekly; the total number of attendances during the year was 24,622. The total number of children who first attended the Centres during the year was 1,141, of whom 907 were under one year of age, and 234 were between the ages of one and five years. The number of individual children on the registers at the end of the year was 2,776, of whom 755 were under one year of age, and 2,021 over one year of age. The number of children under one who attended for the first time during the year equalled 87.12% of the notified births.

The following table shows the total attendances at the centres during the past five years:—

	Under 1 year	1—5 years	Total
1936 ...	18,538	18,379	36,917
1937 ...	18,149	17,647	35,796
1938 ...	19,194	18,481	37,675
1939 ...	18,049	14,909	32,958
1940 ...	15,553	9,069	24,622

OPHTHALMIA NEONATORUM.

Number of cases notified, 6.

Cases treated by Health Department nurses, 5.

Cases treated at Birmingham and Midland Eye Hospital, 2.

Cases resulted in impaired vision, none.

Visits paid to cases of Ophthalmia Neonatorum by the nurses during the year numbered 91.

Notifications for the past ten years:—

1931.....	18	1936.....	23
1932.....	12	1937.....	9
1933.....	10	1938.....	14
1934.....	19	1939.....	5
1935.....	22	1940.....	6

ANTE-NATAL CLINIC.

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

1920	...	42	1930	...	3,760
1921	...	107	1931	...	3,859
1922	...	127	1932	...	3,509
1923	...	241	1933	...	3,771
1924	...	275	1934	...	4,412
1925	...	537	1935	...	5,169
1926	...	1,015	1936	...	5,044
1927	...	1,079	1937	...	5,201
1928	...	1,465	1938	...	6,226
1929	...	2,253	1939	...	6,739
	1940	...		...	6,336

POST-NATAL CLINIC.

The attendances at this Clinic during the year totalled 795. The number of individual patients attending was 317 representing 29% of the total births notified in the Borough during the year.

MIDWIVES.

The following figures show the work done by the Municipal midwives during the year:—

Number of bookings	...	673
Ante-Natal visits paid (excluding ineffective)...	...	3,047
Births attended	...	615
Nursing visits	...	13,244

The number of cases in which medical aid was summoned in 1940 and the previous four years is set out below. These figures include all midwives, Municipal and independent.

1936	...	288
1937	...	253
1938	...	241
1939	...	267
1940	...	213

MATERNAL DEATHS.

Number of women dying in, or in consequence of, childbirth:—

(1) From Sepsis, 1; (2) From other causes, 2.

The Maternal death-rate is 2.64 per 1,000 live births compared with 3.46 in 1939, 3.28 in 1938, 2.54 in 1937, 2.36 in 1936, 3.29 in 1935, 5.31 in 1934, 3.26 in 1933, 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 1940 was 2.16.

REPORT OF THE CHIEF SANITARY INSPECTOR.

SANITARY ADMINISTRATION.

In submitting my Annual Report for the year 1940 I have to point out with regret that the record of the year's work is the lowest so far reached. The Minister of Health has again requested that reports shall be brief and if there is any consolation to me in presenting a report in which I can take no pride it is in the fact that I am required to do it in the fewest possible words.

Since my last report there have been further staff depletions and changes. My deputy, Mr. W. E. Shaw, has secured an appointment with the Lichfield Rural District Council, thus creating a permanent reduction in the Inspectorial staff. Mr. G. J. Allen, a clerk who had latterly been able to give me useful assistance on the district, has been received into the Royal Navy and is already afloat on an aircraft carrier somewhere in the Middle East. Mr. J. V. Perrins, who, at the time of my last report was with an infantry regiment, has now been accepted as a pilot in the R.A.F.; thus members of the staff are now serving in all four arms of the Forces—the Navy, Army, Air Force and Civil Defence. The demands of the latter service continue to take up a good deal of my time, as well as the time of my two remaining Inspectors, Messrs. F. Caddick and S. Sadler. To add to our difficulties the disinfecter, caretaker, storekeeper and handyman, C. Russell, was called up just over a month ago.

Early in this year, i.e., 1941, a new duty was placed upon us, that of providing for the treatment of foods which may become contaminated by poison gas, and I had to prepare a scheme for the Ministry of Food. This involved the earmarking and adaptation of premises, equipment and vehicles and the recruitment and training of personnel. The scheme is now complete and has been commended by the Ministry.

SANITARY INSPECTION OF THE AREA

The total number of visits paid to all premises for all purposes compares unfavourably with any previous figure since the last war, being 6,204 as against 10,665 for 1939 and 19,946 for 1938.

The Inspections are analysed in the following table, which also shows the number of defects revealed.

TABLE I.				Visits	Defects
				Paid.	Found.
House-to-house visits for purposes of					
measuring	...	...	...	74	—
Housing Act (Routine Visits)	...	...	...	10	46
Revisits <i>re</i> Housing Act	...	...	...	96	—
Visits to Housing Work in Progress	...	...	...	5	—
On Complaint	...	...	...	1,263	1,638
Revisits <i>re</i> Notices served	...	...	...	2,804	—
Ashes accommodation inspections	...	...	...	245	173
Revisits <i>re</i> ashes accommodation	...	...	...	164	—
Infectious Disease	...	...	...	283	—
Slaughterhouses	...	...	...	67	—
Meat and Food Shops	...	...	...	88	—
Private Slaughtering	...	...	...	7	—
Markets	...	...	...	11	—
Dairies and Milkshops	...	...	...	8	—
Ice Cream vendors	...	...	...	1	—
Bakehouses	...	...	...	5	—
Food Sampling	...	...	...	227	—

	Visits Paid.	Defects Found.
Factories	123	2
Pigsties	6	—
Rats and Mice (Destruction Act)	28	—
Smoke Observations	5	—
Drains tested	18	—
Fertilisers and Feedings Stuffs	33	—
Food Poisoning	5	—
Water Sampling	4	—
Overcrowding	33	—
Tents, Vans and Sheds	2	—
Rest Centres	17	—
Scabies	18	—
Miscellaneous	554	—
	6,204	1,860

Letters written and notices served in connection with sanitary matters are summarised in the following table.

TABLE II.

Letters	265
Preliminary Notices (Public Health Acts)	608
Secondary Notices (Public Health Acts)	38
Statutory Notices (Public Health Acts)	196
Statutory Notices (Section 75, Public Health Act, 1936, <i>re</i> Ashes Accommodation)	19
Statutory Notices (Section 49, Smethwick Corporation Act, 1929)	319
Statutory Notices (Section 47, Public Health Act, 1936)	2
Preliminary Notices (Housing Act)	8
	1,455

SMOKE ABATEMENT.

Little can be said under this heading except that manufacturers have responded readily to the appeal to produce rather than consume industrial smoke. The response in some cases has been, if anything, too generous.

INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.

Thirty-five samples of milk were examined for bacterial content and 35 for the presence of tubercle bacilli. The number of licences in force to sell specially designated milks in the borough was 42.

(b) MEAT AND OTHER FOODS.

The total number of animals inspected before, during and after slaughter was 272. The percentages of diseased animals were as follows:

Diseases other than Tuberculosis:—

Cattle (excluding cows)	...	...	...	...	9.89%
Cows	...	...	...	...	13.00%
Calves	...	...	...	...	nil
Sheep and Lambs	...	...	...	...	nil
Pigs	...	...	...	...	5.83%

Tuberculosis only:—

Cattle (excluding cows)	..	...	...	...	3.29%
Cows	...	...	...	...	8.69%
Calves	...	...	...	...	nil
Sheep and Lambs	...	...	...	...	nil
Pigs	...	...	...	...	5.00%

(c) ADULTERATION.

The number of samples of food and drugs submitted for analysis was 338. The percentage of adulteration was 3.25. No unlawful additions of preservatives or colouring matter were discovered.

(d) FOOD CONDEMNED.

The total weight of meat and other foods condemned by reason of disease or unsoundness was 257½ lbs.

Condemned as the result of damage due to enemy action, 1,771 lbs.

In conclusion, I wish to thank the Chairman and members of the Health Committee for their support and encouragement during a year of unprecedented difficulty; to Dr. Paul for his continued friendly co-operation; and to the Chief Officers and Staffs of all other Corporation Departments. The endurance of the remaining members of my own Staff has been tried at times to breaking point, but their loyalty has been unflagging. I have good reasons for believing that the absent members also are living up to the same traditions of loyalty in the several spheres to which they have been called.

JOHN H. WRIGHT,

Chief Sanitary Inspector.

Public Health Department,
Hales Lane, Smethwick.
14th August, 1941.



