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County Borough of Smethwick

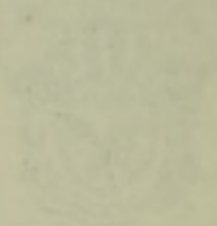
The
Health of the Borough
in
1951

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

Medical Officer of Health,
Tuberculosis Officer and
School Medical Officer.

JOHN H. WRIGHT, M.B.E., F.S.I.A.

Chief Sanitary Inspector.



County Borough of Southwick

The Health of the Borough

in
1951

NICHOLAS M.D. D.O.

JOHN H. WRIGHT M.B. B.S.

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*With the Compliments of the
Medical Officer of Health*

PUBLIC HEALTH DEPARTMENT
"THE UPLANDS"
HALES LANE
SMETHWICK

County Borough of Smethwick

COMMITTEES—1951-1952

Health Committee:

Chairman: ALDERMAN MRS. E. M. FARLEY, O.B.E., J.P.

Vice-Chairman: ALDERMAN W. H. PERRY.

THE MAYOR (Councillor Hugh G. Pinner, J.P.)	COUNCILLOR E. T. BROWN
ALDERMAN A. BRADFORD, J.P.	COUNCILLOR W. G. MASON
ALDERMAN F. W. PERRY, J.P.	COUN. R. L. PRITCHARD

Co-opted Members for the purpose of Maternity and Child Welfare:

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MISS I. M. STAPHNILL

MRS. A. B. STANFORD

MISS S. C. WRIGHT

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All members of the Health Committee.

MISS L. N. BROOK

Welfare Sub-Committee:

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ALDERMAN MRS. E. M. FARLEY,
O.B.E., J.P.

ALDERMAN F. W. PERRY,
J.P.
ALDERMAN W. H. PERRY

The Hollies and Day Nurseries Sub-Committee:

Chairman: ALDERMAN MRS. E. M. FARLEY, O.B.E., J.P.

ALDERMAN A. BRADFORD, J.P.
ALDERMAN F. W. PERRY, J.P.

ALDERMAN W. H. PERRY
COUNCILLOR E. T. BROWN

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Representing Health Committee:

ALDERMAN MRS. E. M. FARLEY, O.B.E., J.P. ALDERMAN F. W. PERRY, J.P.
ALDERMAN W. H. PERRY

Representing Education Committee:

ALDERMAN C. H. MARRIOTT, J.P. COUNCILLOR MRS. M. KIMBERLEY
MR. H. O. HUGHES, M.A., B.Sc.

Health and Housing Joint Sub-Committee:

Representing Health Committee:

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COUNCILLOR G. H. ALDRIDGE

ALDERMAN MRS. E. M. FARLEY,
O.B.E., J.P.

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HUGH PAUL, M.D., B.Ch., B.A.O., D.P.H.

Assistant Medical Officers:

MARGARET E. McLAREN, M.B., Ch.B., D.P.H.

JOHN S. OWEN, M.B., Ch.B., D.P.H.

DOREEN E. GEORGE, M.B., Ch.B.(Locum).

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Deputy Chief Sanitary Inspector: (def) R. G. EVANS

Sanitary Inspectors:

(de) L. G. FRANCIS

(defg) A. E. SIGGERS

(de) E. F. KELLY

(d) G. E. HAYNE

(de) J. K. INMAN (to 26.8.51)

(d) H. H. BOWES

(defg) N. W. E. COX

Administrative Staff:

Secretary: (d) GEORGE H. ROE

h T. RYDER, Chief Clerk.

A. J. WARD, Senior Clerk (to 7.1.51).

W. E. LLOYD, Senior Clerk (1.3.51 to 30.12.51).

FRANCES K. CALLARD, (i/c M.C.W.).

FLORENCE E. HOWLETT, (i/c S.H.S.).

EVELYN M. SMITH, (M.O.H's. Secretary).

KATHLEEN L. WHISTON.

LILLIAN GREGORY, (C.S.I's. Secretary).

MARY L. WHITEHOUSE.

M. H. CRITCHLEY.

BARBARA R. EDGINGTON.

F. A. COLLETT

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JOAN WOTHERSPOON

T. A. GROSVENOR

ANNE ASTON

MONICA G. PARKES.

IDA FAULKNER.

MARGARET MORRIS

CLAIRE YARNELL

T. P. JONES (H.M.F. 24.4.50).

P. OWEN (to 31.5.51).

R. BAYLEY (from 7.8.51).

Duly Authorised Officer: (i) W. A. HARNDEN

Nursing Staff:

Superintendent Health Visitor: (abc) MISS E. WILLIAMS

Health Visitors:

(abc) MISS J. E. ACKERS	(abc) MISS M. P. O'KEEFFE.
(abc) MISS M. WAINWRIGHT	(abc) MISS E. A. ROBERTS (to
(abc) MISS M. JOSE (to 31.10.15)	10.6.51).
(abc) MISS M. E. CURRAN	(abc) MRS. D. GRAINGER
(abc) MISS D. HUNT	(abc) MISS M. ADAMS
(bc) MISS G. MAY	(abc) MISS F. HUGHES
(abc) MISS W. KENNY	(bc) MISS M. RITCHIE

Student Health Visitor:

(ab) MRS. E. M. LAMBERT (from 2.9.51)

Clinic Nurses:

(ab) MRS. B. E. SMITH. (m) MRS. H. M. WARNER.

The work of these Health Visitors and Nurses is divided between the Health and Education Committees.

Municipal Midwives:

(ab) MRS. A. GROSVENOR	(ab) MISS M. A. KING
(ab) MISS L. CHATWIN	(ab) MRS. M. S. FLETCHER
(ab) MISS L. JACQUES (to 22.9.51)	(ab) MISS I. BANNER
(ab) MISS B. EWINGS	(ab) MISS W. B. ROWE

Home Nurses:

Superintendent: (abc) MISS J. HIGH

(b) MRS. H. M. DAVIS (died 24.11.51) (b) MRS. M. A. WORRALL.
(m) MRS. E. B. WEAVER

Part-time Home Nurses:

(a) MRS. E. G. WINNETT	(aj) MRS. S. F. HUTCHINSON
(am) MRS. M. L. BEVAN	(b) MRS. M. SLATER
(from 1.10.51)	(from 1.11.51).
(m) MRS. M. A. H. JONES (from 12.11.51)	

Chiropodists:

(k) MISS A. M. DOBSON (k) J. BEAUMONT

Matron: "The Hollies,"

(ab) MISS A. M. ROBINSON	(b) MISS D. MONCASTER
(to 30.11.51)	(from 19.11.51).

Matron Edgbaston Road Day Nursery: (b) MRS. G. M. LITTLER

Matron Norman Road Day Nursery: MRS. E. MILWARD

Ambulance Officer: A. F. BEACON.

Assistant Ambulance Officer: C. R. TWYCROSS.

Public Analyst: F. C. D. CHALMERS, M.A., B.Sc., F.I.C.

- a* State Certified Midwife.
- b* State Registered Nurse.
- c* Health Visitor's Certificate.
- d* Sanitary Inspector's Certificate of the R.S.I. and S.I.E. Joint Board.
- e* Meat and Food Inspector's Certificate of the R.S.I.
- f* Smoke Inspector's Certificate of the R.S.I.
- g* Certificate in Sanitary Science.
- h* Diploma in Public Administration.
- i* Certificate of the Poor Law Examinations Board.
- j* Registered Sick Children's Nurse.
- k* Member of the Chiropody Service.
- l* Registered Fever Nurse.
- m* State Enrolled Assistant Nurse.

County Borough of Smethwick

PUBLIC HEALTH DEPARTMENT,
"THE UPLANDS,"
HALES LANE,
SMETHWICK.

SEPTEMBER, 1952.

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

MADAM MAYOR, LADIES AND GENTLEMEN,

The year 1951 was a vintage year and once again we have broken a number of records. It may appear monotonous to speak year after year of a reduction in such items as infant mortality and diphtheria morbidity, but the monotony of the repetition merely emphasises the greatness of our victories, and the success of our continued efforts.

An infant mortality rate of 26.9 was recorded in Smethwick for last year, and this is not only the lowest figure which we have ever reached but shows a state of affairs which would have been considered utterly impossible only a generation ago. The greatness of the fall may be realised when we compare it with a rate of 64.5 as recently as 1943.

The number of illegitimate children born in the town was 36 and for the first time in our history not one of these babies died. Incidentally it is pleasing to note that the figure of 36 illegitimate births is rather less than for the previous year.

Tuberculosis is declining and the death rate in Smethwick is once again the lowest in our history. The number of cases notified rose for several years mainly because of improved methods of diagnosis, and above all, the use of mass radiography, but it is pleasing to note that even with better diagnosis the number of cases notified is now falling. It is of considerable interest to note that the reduction in tuberculosis is very much more marked in the case of females than in the case of males, and the attention of members is drawn to the table on page 39.

Scarlet fever, diphtheria, typhoid fever, paratyphoid fever, measles and infantile diarrhoea between them did not kill one single person, and in the case of diphtheria this is the fifth successive year without a death.

I have on a number of occasions alluded to the fact that on the 5th July, 1948, vaccination officers just ceased to exist, and as dawn broke on that date there was no scheme in Smethwick for the protection by vaccination of infants against smallpox. Compulsory vaccination was also abolished on that date. Since then we have adopted the same scheme for vaccination of infants against smallpox as has been so successful in the case of diphtheria, and it is pleasing to note that although the new scheme was only three years old in 1951 we have already surpassed the percentage vaccinated in pre-1948 days. Of infants under one year of age 42.5% were vaccinated in Smethwick in 1951 and preliminary figures for 1952 are still better.

An increasing proportion of the services of the Health Department staff is being given to welfare and the Council has every reason to be proud of its far-sighted, comprehensive and generous scheme for helping those in the twilight of life who apply to them for help. The standard of comfort in "Hill Crest" and "Park Hill," and the kindly and humane way in which they are administered are a credit to the Council and a source of great satisfaction to your officers. It is pleasing to receive so many continued expressions of gratitude from the residents in these Homes.

This Annual Report is edited by me, but the main bulk of compiling the statistics and collating them has been carried out by the members of the headquarters staff of the department, under the guidance of Mr. Roe. To them I offer my grateful thanks for their loyal co-operation and help during the year.

Smethwick is particularly fortunate in the excellent relations which exist between members of the Council and the officers, and if there be any merit in the health services of the Borough it is due to the team work of the members of the Council and the officials who work together in friendly harmony to achieve the greatest possible good for the greatest possible number. I am very happy to work in a town where this friendly relationship exists and I express my thanks and the thanks of my staff to all members of the Committee, and especially to my Chairman, Alderman Mrs. E. M. Farley, for the encouragement and help which they have so freely given us during the past years.

I am, Madam Mayor, Ladies and Gentlemen,

Your obedient Servant,

HUGH PAUL,

Medical Officer of Health.

PROLOGUE.

The resounding victories of the forces of public health during the past century are too close to us in time for their grandeur and magnificence to be appreciated at their true worth. Since the first medical officers of health were appointed, in Liverpool in 1847 and in London in 1848, one hundred years of dazzling brilliance have led at last to decisive victory. At first, the main successes of public health were in the realm of environmental diseases; cholera and typhoid in particular were heavily reduced in incidence by attention paid to proper disposal of sewage and the provision of clean and pure water supplies. The second half of the century saw its greatest triumphs in the realm of personal health, in the reduction of infant mortality, the virtual eradication of diphtheria and the mighty attacks on the power of most of the other infectious diseases.

By 1948 the victory over communicable disease was as complete as that of Alexander the Great at Issus, of Marlborough at Blenheim and of Montgomery at El Alamein. The victory of the 8th Army in North Africa is too recent to be forgotten, and in many respects its success follows the pattern of the public health campaign since 1848. Montgomery's victory was more rapid but perhaps less permanent. In Tunis when the army had attained its object and achieved its glorious victory, the forces of the Allies were re-grouped and poised for a further effort in another sphere; so in the same way, in 1948 the forces of public health, having virtually achieved the objects which they had been seeking during the century, became due for re-grouping, and are now poised for the next attack. It is unlikely that the determined attacks on ill health and invalidity to be made by the local authority services during the next 100 years will be as spectacular as in the past, but it is probably true to say that never in our long and proud history has the public health service been presented with greater opportunities for a more brilliant future. As with Montgomery, we have our difficulties and possibly the greatest of these are caused within our own ranks by defeatists. It has been said repeatedly during the past four years that the National Health Service Act, 1946, sounded the death knell of public health. It did no such thing. It certainly removed from local authorities some functions for which they were ill-suited, as well as others for which they were well suited, but on the whole the country was due for a change and the country had it. Fortunately the defeatists amongst the public health profession are mainly confined to the elderly and within a brief period these will retire to enjoy the fruits of their past endeavours and to bemoan in divine discontent the passing of the "good old days."

FUTURE TRENDS

Social surveys have shown that about one in every four of the population suffers from some illness each month. Diseases such as gastric ulcer, coronary disease and neuroses are far more frequent than they were or than they ought to be. When it is realised that 14,000 persons died as the result of accidents in 1950 with a vastly larger number disabled, with approximately the same number of persons dying from tuberculosis each year, and when the housing conditions under which a substantial proportion of the community live and work are contemplated, it is difficult to understand how any intelligent person can suggest that the future of those engaged in the prevention of disease is bleak.

After such a conspicuous victory as has been achieved during the past century it is understandable there should be some confusion about the future, and it is all to the good that as many persons as possible should give earnest thought to the new tasks awaiting the large army of public health workers. Professor Leslie Banks, of Cambridge, in a thought-provoking paper read to the British Medical Association in Dublin in July, 1952, suggested that a substantial proportion of these workers might be demobilised and much of what remained of their duties passed to the hospitals. In view of the immense tasks before the public health profession it would be as unwise to talk of demobilisation as it would have been for our military advisers to consider the disbanding of the armed forces in Tunis without a thought of Sicily, Naples, Caen and the Ardennes. On the other hand, at a time of national stress and difficulty there is no justification whatever for the retention of idle workers even in such a glorious profession as that of public health, and local authorities would have no warrant to retain one single person whose work could not be amply justified. It is suggested however with some confidence that, especially in a time of stress and poverty, the man-power (and woman-power) of this country could be more economically allocated to the prevention of disease than to its cure.

MATERNAL AND CHILD WELFARE

Profound changes occurred in the local authority's work in connection with maternal care as a result of the coming into force of the National Health Service Act in 1948. The changes in some cases were good and in others definitely bad. It will be universally agreed that the care of an expectant mother is best carried out by the same team acting through pregnancy, labour and the puerperium. Before 1948 in many cases the ante-natal work was done by the local authority officers and the actual confinement by a hospital doctor who was unaware of the previous history. This however, was not universal and many authorities,

including Smethwick, had arranged for the same obstetrician to conduct the local authority clinics in the district, to act as supervisor of midwives and to be responsible for the confinement in hospital. Since 1948 the trend has been still further in this direction and it is a desirable trend. The general practitioner, however, a very important person in the care of the mother, is taking an increasing interest in ante-natal work and much of the local authority maternal care is passing to him. This trend has both its advantages and disadvantages. The family doctor caring for the mother in sickness and in health is admirably suited to care for the health of the mother when she becomes pregnant, but in practice, at any rate, in the industrial towns where the average general practitioner has a big list of patients, he is unable to devote to her the amount of time she used to receive in the local authority clinic, and he is apt to think more in terms of the absence of obstetric abnormalities than of the necessity for careful and prolonged teaching and training of the mother in care of her child while in the womb and after it is born. This educative aspect of maternal care has always been regarded by local authorities as one of its most important functions and it can be claimed with some confidence that much of the spectacular reduction in infant mortality during the past generation has been the result of education of mothers at the ante-natal and infant welfare clinics, and in the home by the health visitors.

The future of the care of the child is a subject on which there is much difference of opinion and it is within this sphere, perhaps above all others, that suggestions would be welcomed from all branches of the medical profession as well as from instructed laymen. The health service is fortunate in this connection in having its attention stimulated by the thoughtful and provocative arguments of such experts in the realm of child care as Moncrieff and Spence and in its wider aspects by the views of Professor Leslie Banks and others. The care of the infant under five years is not the monopoly of any one organisation however efficiently that organisation has operated in the past, and as the health of the child should be the only consideration, contributions towards the solution of the problem from all sides is welcome. The case for the ad hoc infant welfare clinic is so strong as to be almost impregnable but nevertheless those of us who have spent our professional lives in elaborating this system are beginning to wonder if it cannot be substantially improved in many directions. The function of the infant welfare clinic is primarily educative; indeed it is its only true function. This cannot be emphasised too strongly. The infant welfare clinic is not an outpatient department of a hospital, it is not a centre for the treatment of ailments, major or minor, it has never sunk to cure, and it would be a waste of the time of highly skilled medical educationalists to

devote their services merely to the repair of bodies. This can be carried out quite efficiently in hospitals by clinicians with greater technical skill and equipment, but who have little or no appreciation of normal health.

The education of the mother in the nurture of her child cannot however, be the complete monopoly of the infant welfare centre for although the attendances at any one session are kept relatively small and the atmosphere is both friendly and personal, and although the mothers attending them enjoy the social contacts of their friends and are able to exchange experiences—and inexperience—nevertheless, the mother and baby are units in a family, and there is much to be said for their education in health being given in part, at least, by the family doctor. This is being done in many districts and a number of general practitioners are now conducting their own infant welfare clinics, giving advice to persons on their lists. This tendency is to be commended and indeed, in theory is the perfect solution to the problem of the education of the mother in health. Nevertheless there are many difficulties in the way, the most important of which are, first that in industrial areas the general practitioner has too many persons on his panel to give the time and thought necessary for this education and secondly, the majority of general practitioners, especially the older ones have not been trained to give the advice which has hitherto been given in local authority clinics. The second point, namely the training of the general practitioner, is being dealt with in all the provincial universities, and increasing attention is being given in the undergraduate course, to teaching students the importance of the maintenance of health and the prevention of disease. The difficulties experienced by general practitioners with lists of over 3,000 are insuperable under present conditions, but with an increasing number of doctors coming on to the Register each year it will be possible gradually to reduce doctors' lists until they are sufficiently small to enable them to give each person the attention in health which he now gives in illness, and which is so much more important. The general practitioner, however, may be rather uneasy on this score realising that a substantial reduction of the number of persons on his lists will reduce his income and thereby seriously imperil his standard of living. He realises that the amount of money from public funds given to doctors in the health service in this country cannot reasonably be increased but an equitable solution to the difficulty would be to reduce the amount payable to consultants by about one quarter and re-distribute this amongst the general practitioners as their panels are reduced in number. At present the best brains of the profession are attracted by the glamour of the work and by the emoluments into that branch of medical service which contributes least to the welfare of the community, namely the clinicians in hospitals. By the suggested financial adjustment, the most important

section of the medical profession, the general practitioners, would have attracted to their ranks more men of the brilliance of Lewis, McKenzie and so forth, with increasing benefit to the community. The glamour of the hospital ward, the operating theatre, and the intricate machinery of the technical departments will still attract enough doctors to carry out the more spectacular but less useful work in institutions. It need scarcely be said that the merit awards should either be abolished and the money distributed amongst general practitioners or preferably given only to those medical men in any branch of the profession who have rendered outstanding services to humanity.

The idea of the general practitioner caring for the members of the family in health and sickness is an attractive one, but it is doubtful if even the more widely trained doctor of the future will be able to supply to the mother all that the welfare clinic gives at present, and for very many years to come the local authority educative clinic for mothers and children will continue its valuable work either in its present form or in some other guise.

TUBERCULOSIS.

Apart from the spectacular success of the public health profession in the eradication of most of the infectious diseases, no section of the service has been more consistently successful than tuberculosis officers, and the system in operation before 1948 was not only a magnificent example of how a medical service should be run but was a model for all other branches of medical work. The system started by Sir Robert Philip in Edinburgh in 1887 and brought to such a high state of efficiency by Lissant Cox in Lancashire, and others in the years between the two wars, combined the use of hospital beds and sanatoria with the dispensary and home nursing and teaching and associated them all with the other social services, especially housing. The pre-1948 tuberculosis officer did not regard his patient as an entity existing only when he came within his ken and ceasing to exist when he had sent him home from an institution. The Goodenough Committee reporting in 1944 criticised the ordinary hospital consultant in the poignant words "in the training of students the attention of both teachers and students is concentrated as a general rule on the stages of diseases seen between the time a patient first appears in hospital and the time he is discharged from hospital." If this be true in teaching hospitals how much more true in the smaller general hospitals. The tuberculosis officer never made this mistake. To him, a patient sent for an opinion on his chest was always a living and human unit potentially capable of transmitting his illness to others in the community; an individual whose needs had to be assessed in the widest and most liberal manner. After a diagnosis

of tuberculosis had been made, the whole environment was studied, the home was visited, in most cases by the doctor himself, but in all cases by the tuberculosis nurse. The contacts, especially the children, were examined, Mantoux tested, X-rayed and if necessary examined for the tubercle bacillus by a stomach wash-out. If the housing conditions were unsatisfactory his local government contacts gave him influence with the housing committee. If he felt that the children of the household were in danger of contracting the disease through poverty he was able to recommend the granting of additional nourishment, especially in the form of milk. He had at his disposal chalets which he could arrange to be erected in the patient's garden, if such existed. He could provide bedclothes and bedding if these were necessary to enable the patient to sleep alone. Combined with these preventive measures he had the care of the patient in hospital and sanatorium, and in his daily rounds to his hospitals he knew personally and intimately the homes to which his patients would be discharged and he acted accordingly. Surely this system of combined prevention and cure could, with advantage, be adopted in relation to other diseases, but surprisingly tuberculosis appears to be the only disease in which this is done. Frequently the social conditions in which the patient lives is the most important factor in his illness, and as such, should be familiar to the physician and surgeon personally and not merely through the report of another worker.

The Regional Hospital Boards have shown commendable wisdom in continuing the system of tuberculosis care which they inherited in 1948 and the good work continues. It will not be the fault of either the Regional Boards themselves or its administrative staff if this system is adversely altered, but many of us are a little uneasy at the tendency for the post of tuberculosis officer, or as he is now called, chest physician, to be glamourised and for stress to be laid on the technique of **cure** rather than the vastly more important aspect of prevention. Within the past half-dozen years a number of new drugs have been introduced to the medical profession by the manufacturing chemist and spectacular results have been achieved for the first time in history in the **cure** of tuberculosis. It will be highly unfortunate if these welcome advances detract from the much more spectacular results achieved by the less glamorous measures of prevention. It is known within narrow medical circles that while tuberculosis killed 25,539 persons in 1938, the number of deaths in 1951 had been reduced to 13,810, a reduction to almost half. Most of this reduction, which was merely an accelerated continuation of our experience of the past 50 years, is due to preventive and social measures, and only a trivial amount can be attributed to modern antibiotics. It must be realised that other things being equal,

a person who is **prevented** from contracting tuberculosis leads a much fuller and more useful life than the tuberculosis patient who is cured by streptomycin and other modern drugs, but whose lungs have been damaged by the disease. The Chief Medical Officer of the Ministry of Health spoke wisely when he drew attention to this factor in the following words:—

“ But, in the spate of new methods of treatment, medical, surgical and chemical, there lies a danger of neglecting the fundamental principles of rest, both physical and mental, diet and close understanding of the patient as an individual. These, as well as certain forms of collapse therapy, may, in favourable circumstances, be carried out in the home of the patient who is awaiting admission to a sanatorium. Equally, on the preventive side, any tendency to regard B.C.G. vaccination as a sovereign prophylactic and so to neglect such commonsense methods as contact examination, education of the public, providing safe milk and segregating the infective patient, must be resisted.”

PREVENTION AND TREATMENT COMPARED.

An example of the public's sensational reaction to news about tuberculosis may be given by showing the effect of the use of streptomycin in the treatment of tuberculous meningitis. Before the introduction of this drug, proved cases of tuberculous meningitis were invariably fatal. There is no indisputable evidence of alleged exceptions, but in an analysis of cases by the Ministry of Health in 1949 and 1950, the records of 450 patients suffering from this type of tuberculosis were examined; of these, 369 cases were proved by bacteriological methods to be cases of tuberculous meningitis, and these latter patients were observed for periods varying from ten to twenty-two months. It was found that of 369 patients, 104 survived and a mortality of well-nigh 100% was reduced to 72% and to 51% for early cases. Of those who survived, nearly 98% were clinically fit and well, and in nearly 40% of the early cases the patient made a complete recovery. Of the 104 survivors who were followed up to the end of a further year, while all were still alive, 88% were clinically fit and well; of 16 who were not fit and well, six were mentally retarded, two were suffering from genito-urinary tuberculosis, one had optic atrophy and was registered as a blind person, two were paralysed and incontinent and two were emotionally unstable, one of them being almost deaf.

Treatment by the new antibiotics is still in its early stages and no doubt better results will be achieved in future, but one cannot help feeling a deep sense of gratitude that streptomycin was not discovered 50

years ago. Had this drug been in use at the beginning of the century we would have larger numbers of mentally retarded, emotionally unstable, blind and deaf, and the attention given to the clinical aspects has had such spectacular results during this half-century. It would scarcely be disputed that the drug treatment of the disease is ever likely to contribute to its eradication one tithe of the results which social measures have achieved in the past.

It must also be remembered that a child who is protected from contracting tuberculous meningitis is not likely, other things being equal, to suffer from blindness, deafness, mental retardation, genito-urinary tuberculosis or emotional instability.

FUNCTION OF THE HEALTH SERVICES.

It is perhaps typical of the British character that the health and medical services of this country have grown piece-meal and by miscellaneous accretions from the practice of barber-surgery to the present complicated medical service which was codified and developed in the National Health Service Act, 1946. It is however, rather strange that at no period in our island history has the medical profession gone to the trouble of finding out what exactly a health service should comprise, and no statesman has ever attempted to pass new legislation on an ideal system of health services rather than by the utilisation of grafting and budding. The resulting service is confusing, elaborate and contradictory but like most British institutions it works. It is however, creaking at every joint and in spite of the numerous doses of the oil of goodwill the creaking will continue. Let us therefore consider for a moment what type of service the country needs.

We may begin on a non-controversial note by saying that it is more important to prevent persons from becoming ill than to cure them. Sir John Simon, the eminent medical administrator of the 19th century, stated that "notwithstanding all that medicines can achieve to succour the body as it struggles against actual disease . . . all past experience and every transaction of our daily practice confirm the popular adage that prevention is better than cure." Sir George Newman, the architect of the personal health services in the inter-war years, wrote that "the first duty of medicine is not to cure disease but to prevent it," and more recently the World Medical Association points out that "the primary aim must be to create healthy conditions of living—for example, housing, nutrition, clothing, recreation and working conditions."

The architects of the National Health Service Act, 1946, obviously had this conception of the duty of the State very prominently in mind when they began to design that Act. That opening section lays down in unmistakable language the first duty of the health service and is worthy of reproduction here as well as of inscription in every doctor's surgery, on the portals of every hospital and every local authority building. The section reads "It shall be the duty of the Minister of Health to promote the establishment in England and Wales of a comprehensive health service designed to secure improvement in the physical and mental health of the people of England and Wales." The section goes on to define the further duties of the Minister in connection with the prevention, diagnosis and treatment of illness. This first sentence is a magnificent conception but unfortunately the architects forgot that there is an interval between conception and the birth of a baby, and as a result the remaining sections of the Act contain little reference to health and many references to disease, and the offspring of their conception was born with what in modern jargon would be called schizophrenia. Unlike the true schizophrenic this baby was born not with a dual personality but with a triple personality, and is living with each of these three personalities acting in a state of arrhythmia with the others.

In justice to the architects of the Act they probably felt that the health services were adequately catered for by previous public health legislation and in particular by the Public Health Act of 1936, and probably they were as surprised as the rest of the community at the results of the division of the health service into three sections. Of these three sections, it is possible for one,—the hospitals—to act in complete and splendid isolation and, in actual fact, this has been their traditional attitude. As has been stated above, the Goodenough Report points out that the clinicians in hospital have been interested in the patient only from his first appearance in the hospital until he is discharged. The general practitioner is more concerned with co-operation, as he realises to an increasing extent the assistance which he can receive from and indeed give to the hospitals and to the local authority service. The third section, the local health authority, cannot exist without very close co-operation with the other two sections and on the local authority officers, and practically on them alone is laid the responsibility of integrating the three sections and avoiding the natural tendency for the others to adopt isolationist policies.

If we are to consider, and there will be little opposition on this point, that prevention is better than cure, then it logically follows that the health services ought to be directed primarily to the maintenance and enhancement of health. This would appear to be almost a platitude, but the astonishing fact remains that of the three sections, the hospitals

which are concerned solely with patch-repair, spend about 65% of the total cost of the health services, whereas the local authority services, which are mainly preventive, are allocated 7% of the available money. The remainder is devoted to the general practitioner services, to ophthalmic, pharmaceutical and dental services and cannot easily be split up, as regards costs, into prevention and cure.

EXAMPLES FROM INDUSTRY.

This particular allocation of funds creates little comment and little interest among the general public because it has always been so and the commonplace is not news, but were any other business or organisation to be brought into being, or to be designed on such lines, it would be killed at birth by the sardonic laughter with which its launching would be greeted. Let us take one or two examples from industry and commerce. No doubt the builders of the three liners, **Queen Elizabeth**, **Queen Mary** and **United States** went to some considerable trouble to design machinery for their vessels which would give uninterrupted service over a period of years. They undoubtedly employ a large number of persons whose sole duty is to maintain the machinery in first class condition and they expect that the maintenance work of these persons will ensure that the liner will not break down in mid-ocean. But, should a series of mishaps occur or any items of the machinery show signs of weakness, the directors of the firms would not consider that the building of a huge service repair department on A, B, C, and D decks would be an adequate answer to their troubles. Undoubtedly, there **is** a workshop in the ship devoted to patch repair and equally, this section is regarded as of some importance, but certainly it is not regarded as the most important section in the ship. The owners would regard the increasing enlargement of the service-repair departments as a sign of failure and would take such steps as would ensure that they could be cut to as small a size as possible. Were it possible for them to reduce the repair department in their liners to almost nil, they would not apologise for this but would boast of it.

If British Motors, Ltd., accepted delivery of some thousands of intricate lathes and machine tools under urgent conditions and were compelled to leave a number of them in the open air, these valuable machines would rust and deteriorate. What action would they take? It is scarcely an exaggeration to suggest that they would **not** build a vast workshop equipped with the latest designs of de-rusting apparatus. They would instead use the new shops for protecting the machinery from the weather and the personnel for maintaining them in good condition. They

would be surprised if one of their senior executives suggested that the staff should be used for de-rusting the machines rather than for attending to those which had not yet deteriorated, and a senior executive who made such a suggestion would soon be out of work. But this is exactly the attitude which the nation is adopting with regard to the most valuable machines it possesses, and it must be remembered that while a liner may be built in 4 to 5 years, and an intricate lathe in a few months, the shortest period of time in which a human machine can be prepared for industry is 15 years and the cost is exceedingly high. The architects of the framework of the health service rather unconvincingly justify their action by two claims. The first of these is that the hospitals require the staff which they employ to deal with urgent medical and surgical repairs, and they cannot carry out the job which has been entrusted to them with fewer workers, unless by subjecting them to sweated conditions of labour; and the second claim is that while it is all very well to talk of the prevention of disease, no-one knows what measures to take to secure a reduction in the incidence of illness. They would point out that the eradication of cholera and other intestinal diseases, the wiping out of diphtheria and the great reduction in the incidence of tuberculosis and other infectious diseases were effected only in relation to those illnesses where the cause was a micro-organism and where the methods of dealing with them were known. There is some force in the first of these arguments, but the second is incredibly stupid. The cause of cholera was not known when John Snow showed how it could be suppressed. The organism responsible for other intestinal diseases was unknown at a time when they were ceasing to be a major cause of death in this country; but the suggestion that because the remedy for a problem is not immediately available nothing should be done, is not merely stupid; it is defeatist, and contrary to the spirit and practice of Englishmen in every other walk of life.

It will be recalled that during the early days of the Second World War, the Germans dropped a number of magnetic mines in our main shipping lanes and almost brought the commerce of these islands to a standstill. Had the attitude of the designers of the health service operated in these fateful days, the country would have been faced with the building of immense dockyards for the repair of thousands of disabled ships. The answer to the magnetic mine was not known and indeed German scientists of the highest skill and those concerned with its manufacture had told their leader that there was no answer and no remedy and that the menace to British shipping could not be averted. It was averted. British scientists, at an early stage, obtained one of these mines unexploded, took it to pieces and within an incredibly short space of time every merchant ship was sent on its way immune to the menace of the magnetic mine. Would that this spirit prevailed in the

health service and that the problems of the major diseases afflicting the people of this country were tackled in the same spirit and with the same faith !

THE FOCAL POINT.

So far, the problem has been discussed on non-controversial lines and the views expressed, namely that prevention is better than cure and that the curative services are allotted a fantastically high proportion of the money spent on the health services, will be generally accepted. There will be less agreement about the course the future ought to take.

The splitting of the health and medical services of this country into three sections is almost universally admitted to have been a mistake, and most observers would agree that unification is the most pressing medical problem before us at the present time; the question at issue is what type of body, organisation or corporation should be responsible for the unified service. Let us consider for a moment the claims and qualifications of the three existing sections, namely the local executive council, the local authority and the hospital boards.

One may rule out at once the local executive council. These bodies are entirely administrative and have no medical function, and have been set up solely to deal with one special branch of medical practice.

The local authorities would appear, at first glance, to be ideally suited to undertake all the functions of a comprehensive health authority. Except for general practice they have had many years of experience of administering a unified service with control of all types of hospitals as well as of the preventive services. They have a proud history of useful service to the community, especially in the eradication of infectious diseases, and as has been stated earlier have achieved resounding victories. In the realm of hospital administration their success between 1929 and 1948 was considerable and the standards of the old poor law hospitals were raised during these years out of all recognition. By 1948 the best municipal hospitals compared favourably with the best voluntary hospitals. Nevertheless, although history repeats itself, its repetition is usually unsatisfactory and progress is seldom made by returning to a discarded technique, and both the shortcomings and difficulties of the local authorities were obvious. In the first place, the local authorities were never responsible for the voluntary hospitals and it is doubtful if some of them could ever have gained the goodwill, co-operation and friendship of the workers in the voluntary hospitals had the latter been transferred to them. In the second place, the local authorities vary enormously in size, in efficiency and in financial resources. It is difficult to organise a uniform system of health administration in units which

vary in size from the London County Council with its three and a half million of inhabitants, to the County of Rutland with only 19,000. The County Boroughs of Birmingham and Canterbury have exactly the same powers and same duties in relation to health. Again, the complexity of modern medical administration calls for units of fairly considerable size and although the ideal population of a local health authority has never been determined, it is most certainly not under 100,000, a figure which is a common one amongst county boroughs. A further point is that the efficiency of the pre-1948 local authorities, and indeed the present-day ones, is extremely patchy, and one may have, side by side, a local health authority carrying out its functions with vision and efficiency and next door an authority of similar type lacking a sense of responsibility and with services a generation behind the times. This is very true of one or two of the agricultural counties, where for example, the standard of the tuberculosis service in 1948 was a disgrace to the community. We may therefore eliminate local authorities as at present constituted.

Let us now return to the hospitals.

The hospitals are so numerous and their organisation so large that one might think that the grafting on of services which at present cost less than 10% of the money which they yearly expend would create little difficulty and that they could take them in their stride. Furthermore let us concede at once that the regional hospital boards since 1948 have shown a high and commendable degree of initiative in the improvement of their institutions and that a spirit of helpful co-operation characterises their work. It is probably true to say that the average patient going into hospital today is more rapidly and efficiently treated than at any other time in history. In quantity also, the hospitals have provided additional services where they were inadequate before 1948 and particularly in the realm of consultant services have made available to the citizen the highest skill in cure quickly and efficiently.

This improvement in the technical skill of the hospitals and in the efficiency of their organisation is probably the factor which has influenced so many people to suggest that not only are the hospitals the largest and most important units in the health services but that they ought to be the focal point of the new service. There is however, another side to the picture. The hospitals are infinitely the most costly and probably the most extravagant section of the health service, and their increasing demands for staff in the very short period since 1948, particularly of non-professional staff, has been highly alarming. Furthermore the regional organisation of hospitals violates the one cardinal principle of efficiency, namely that there must be an incentive if efficiency combined with economy is to be achieved. Efficiency yes,

economy no. The obvious reason for this is to be found in an appreciation of human nature. A non-profit-making organisation or service administered by a non-elected body is largely immune from irritative criticism, and this is abundantly true of the regional hospital boards. In the olden days the dissatisfied customer, i.e. a patient returning from hospital could, and usually did, get in touch with his representative on the local council, and the latter, realising that his continuance as a councillor depended on his satisfying his constituents, usually went to some trouble to investigate the complaint, and in most cases, if the complaint were justified, it could be quickly remedied. But the local authority had a still more important incentive. The councillors who were running the hospital, had to find the money and had to justify the expense to the ratepayers. The regional hospital board does not need to do this. It may be objected that because of this desire to keep down the rates, in some areas the local authority hospital services were poor in the years before 1948. The reply to this is easy when one stands back and examines the financial history of the regional hospital boards since they took over four years ago. The increase in cost of these institutions in each successive year has been so great that within the brief period of a decade from the present time, if the present trends continue, there will be no hospital service because it will have been completely disrupted by its own demands. The £250 million which is the present cost of the hospitals would soon be doubled and within a few further years would be quadrupled. Let there be no mistake about it, if every keen and conscientious consultant were to have made available to him the facilities which he considers necessary to provide a satisfactory service for his specialty in the hospitals, the cost would be so great that the cry of the country would not be "guns or butter" but "hospitals or butter." Even at the present moment we are approaching the stage when public alarm has made it necessary to place a limit on the expenditure which may be incurred on the medical services. This can only be remedied by making the authority which finds the money, responsible for its spending. Human nature does not permit a body to exercise the greatest economy with someone else's money.

Last but not least, the chief objection to the hospitals as a focal point of the health service is that it is wrong in principle. It would be ridiculous to suggest that the focal point of a big manufacturing concern should be in its repair shops. It cannot be too frequently emphasised that the outlook of the hospital authorities is curative and not preventive. This can be shown by a further example.

A large fruit-picking concern finds that a number of the workers have developed a dermatitis from contact with the fruit bushes, and sends the sufferers to hospital. The first thought of the clinician in the hos-

pital is to cure the dermititis and in a number of cases he would get fairly complete satisfaction or find out a satisfactory cure for this condition. Furthermore he would neither know nor be interested in the **cost** of the medicines which he would use. The first thought of a public health worker would not be the cure of the sufferer; it would be to provide all the other workers with protective gloves.

Another example may not be out of place in this connection. The railways of this country employ a large army of maintenance men, who not only keep the permanent way under constant review but examine carefully and thoroughly every coach and every engine which pulls into a terminus. During the period between runs, the engines are cared for, cleaned, oiled and greased and similar attention is given to the coaches. When the train is connected together to undertake a further journey, it is inspected once more. Now the railway companies **might** have inaugurated a different system. They might have employed only, say 7% of the existing maintenance staff and utilised the remaining 93% in the repair shops. Had they done so, the repair shops would have had exactly the same history as the hospitals are having at the present time, i.e. they would become larger and larger and larger, they would call for more and more and more staff and if the Board were to keep them from being as large a drain on public funds as the health services are now, they would of necessity be compelled to revert to the old system. This comparison may be thought fantastic and it must be agreed that no person in the employment of British Railways would for a moment consider that the change which I have outlined would be anything but stupid and idiotic. But nevertheless it **is** the system under which the present health services are run and it is only tolerated because it always **has been** the system.

A SUGGESTED SOLUTION.

We have now eliminated the local executive council, the existing local authorities and the hospitals. To whom then shall we entrust implementation of the duty laid on the Minister of Health by the National Health Service Act in Section I of promoting "the establishment in England and Wales of a comprehensive health service designed to secure improvement in the physical and mental health of the people of England and Wales and the prevention, diagnosis and the treatment of illness?"

A corporation of the type of the B.B.C. would be too vast and too impersonal to deal with the service, the essence of which is human contact with individuals within their homes, at their work, in health and in sickness. A board such as the Midland Electricity Board would be unsuitable because its efficiency could not be measured at the end of

each year in pounds, shillings and pence. The new body must be an elected body. We have suggested that the weakness of the existing elected bodies, the local authorities, is their varying size and varying efficiency. The larger the unit the more likely it is to be efficient; but its very size reduces the human contacts. As there are no means of obtaining this personal contact and at the same time having an organisation sufficiently large to deal efficiently with large and mighty projects, the obvious answer is a reform of local government using the two-tier system. The disadvantages of the two-tier system of government as at present seen in the counties, is that the long suffering public are called upon to take an interest in two elections and that many of the local problems are resolved by members of the county council who know little of public affairs on the other side of their shire. May I suggest a method by which the advantages of the two-tier system could be retained without its disadvantages? The following organisation is put forward as the basis for discussion.

The population of the country is about 44,000,000 and it could be divided into 40 parts, each of which might be called a region, a county, or a local government health area. The name does not matter, but let us call these divisions counties. The population of each would average a little over a million but would be smaller in the more sparsely populated parts of the country and would be about 2,000,000 around the conurbations. London is excluded from this scheme as its problems are special ones. Each of these areas, having an average population of about a million, might be divided into four or five parts which we might call County Boroughs. Let us assume that the local council of the county borough would consist of, say, 24 members, who would be elected exactly as at present. The County Council comprising four or five such authorities would consist of all the councillors of the four or five county boroughs. The result therefore would be that each county borough would be administered for some of its functions by these members who would also take an intimate part in the work of the county council when considering the major matters entrusted to the latter. In order to secure co-operation and liaison between the four or five county boroughs within the county council, each of them might be asked to appoint one of their members to serve on the councils of each of the other three or four boroughs. Each of these county councils would operate as the supreme health authority in its area administering the preventive services as well as the curative. The special interest of the various professions, especially the medical profession, would be cared for by co-option both at county borough and county level.

So much for the controlling body. The regional hospital boards would be dissolved and their work handed on to the new county councils,

with a proportion of the hospitals in the existing regions allocated to each county. It would not be necessary for each hospital to be actually situated in the area it serves; many of them are at present many miles from the districts from which they draw their patients. The prime duty of these health authorities would be the maintenance of health and they would have constantly before them the knowledge that their foremost function was to reduce the number of beds in hospitals by reducing the need for their occupation. The organisation of the staffs of these authorities would be so arranged that every member would clearly understand that his first duty was to reduce the incidence of illness. The medical officer of health, whatever title he may receive in the future, should, as Professor Leslie Banks has so sensibly suggested, be closely associated with the hospital as well as with the district and should take an intimate part in the study of the sociology of disease and in the study of the influence of the home and the working environment on the patient. All professional workers in the hospital should spend only part of their time there and the remainder on the district. The hospital consultant would be expected to spend more time in the homes of the people and in the workshops and factories and would even be expected to have a working knowledge of occupational conditions in such places as coal mines. The medical-social worker—the health visitor—should go round the hospital with the consultant, study the home problems of patients and visit them on the district. She should be able to bring to the physician or surgeon in charge, when the patient first goes to hospital, a picture of the background to his disability, and when he is discharged, she should be in a position to arrange for him to have such assistance as would help to prevent a return or recurrence of his illness.

The service in this country can never be completely satisfactory until the controlling body, whatever its name, views its duties and responsibilities as a whole. At present when a regional board puts forward a scheme for the provision of, say, a block of 24 beds at the cost of £100,000, the suggestions are considered solely on their medical merits on the existing demand for these beds. Might it not be more useful if the controlling body were in a position to study alternative methods of dealing with this need? Would it be possible by using a similar sum to make other and perhaps non-medical provision which would reduce the number of sufferers? Would the building of a small estate of 75 houses at the same cost be more economical from the point of view of the community than the construction of the hospital unit? Tuberculosis is rapidly declining but over 300 persons die each week from this disease. Would it be cheaper to provide 3 houses for tuberculosis contacts and so check the spread of infection than to build and equip one hospital bed? Has it ever been estimated whether a pint of milk drunk daily by a tuberculosis contact would cost more or less than the streptomycin which

would be used in his cure ? In 1949, peptic ulcers killed almost 5,000 persons and hundreds of articles have been written in the medical press on the treatment of such ulcers. Would it be more or less efficient to equip and pay for a study group on the district to find out if there are social means available of lessening the incidence of these diseases ? How many fewer beds and how many fewer nurses would be required if pasteurisation of all the milk in this country were compulsory, or if, as is the case in Denmark and the United States all the dairy herds in the country were tubercle free.

These are only a few of the problems which call for study; there are hundreds of others. Is it not time that those who control the health services in this country should for the first time in history study their problems as a whole instead of leaving it to different sections to work in splendid isolation. The prospects of success in such teamwork are alluring, and would extend the frontiers of health to horizons now unseen. Economic and financial pressure will, one is happy to know, compel the powers that be to give their minds to this problem at some time in the future. The problem will be faced finally. Why not now?



Annual Report for 1951

GENERAL STATISTICS.

AREA: 2,500 acres.

POPULATION: Census, 1951—76,397.

Estimated pre-war: 78,290.

Estimated civilian population mid-year 1951: 76,290.

RATEABLE VALUE: April, 1952: £440,733.

ESTIMATED PRODUCT OF A PENNY RATE: £1,740.

RATES IN THE £: 17/6d.

ESTIMATED NUMBER OF HOUSES IN THE BOROUGH: 21,738.

EXTRACTS FROM VITAL STATISTICS.

		1950	1951
BIRTHS: Males	...	612	574
Females	...	582	578
		<hr/> 1,194	<hr/> 1,152
Illegitimate Births included in above			
total	...	40	36
Birthrate per 1,000 population	...	15.4	15.1
Comparability Factor (Births)	...	0.98	0.98
Birth-rate as adjusted by Factor	...	<hr/> 15.1	<hr/> 14.8
DEATHS: Males	...	483	500
Females	...	402	458
		<hr/> 885	<hr/> 958
Death-rate per 1,000 population	...	11.4	12.5
Comparability Factor (Deaths)	...	1.06	1.05
Death-rate as adjusted by Factor	...	<hr/> 12.0	<hr/> 13.2
INFANT DEATHS: Males	...	21	22
Females	...	15	9
		<hr/> 36	<hr/> 31

Mortality per 1,000 births:				1950	1951
Legitimate Infants	...	...	...	30.3	27.7
Illegitimate Infants	...	...	...	25.0	Nil
All Infants	...	...	...	30.0	26.9
Deaths of Infants under 4 weeks				22	18
Neo-Natal Mortality	...	...	...	18.4	15.6

				No.	1950 Rate per 1,000 population	No.	1951 Rate per 1,000 population
DEATHS FROM:							
Enteric Fever	...	...	...	—	—	—	—
Measles	...	...	...	—	—	—	—
Whooping Cough	...	...	...	—	—	1	0.01
Diarrhoea and Enteritis (under 2 years)	...	...	...	4	0.05	—	—
Diphtheria	...	...	...	—	—	—	—
Scarlet Fever	...	...	...	—	—	—	—
Influenza	...	...	...	9	0.11	25	0.32
Cancer	...	...	...	161	2.08	162	2.12
Respiratory Diseases	...	...	...	112	1.44	116	1.50
Pulmonary Tuberculosis	...	...	...	44	0.56	37	0.48
Other forms of Tuberculosis	...	...	...	2	0.02	3	0.03
Cerebro-Spinal Fever	...	...	...	—	—	1	0.01
Acute Poliomyelitis	...	...	...	5	0.06	2	0.02
Acute Infective Encephalitis	...	...	...	2	0.02	2	0.02
Road Traffic Accidents	...	...	...	6	0.07	5	0.06
Suicide	...	...	...	7	0.09	6	0.07
Other violent causes	...	...	...	10	0.12	11	0.14

BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1951

	Smethwick	England and Wales	126 County Boro's and Great Towns including London	148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census)	London Administra- tive County
Rates per 1,000 Home Population:					
BIRTHS:					
Live Births	15.1	15.5	17.3	16.7	17.8
Still Births	0.27	0.36	0.45	0.38	0.37
DEATHS:					
All Causes	12.5	12.5	13.4	12.5	13.1
Typhoid and Paratyphoid	—	0.00	0.00	0.00	—
Whooping Cough	0.01	0.01	0.01	0.01	0.01
Diphtheria	—	0.00	0.00	0.00	0.00
Tuberculosis	0.52	0.31	0.37	0.31	0.38
Influenza	0.32	0.38	0.36	0.38	0.23
Smallpox	—	0.00	0.00	0.00	—
Acute Poliomyelitis (including Polioencephalitis)	0.02	0.00	0.01	0.01	0.00
Pneumonia	0.56	0.61	0.65	0.63	0.61
NOTIFICATIONS (Corrected):					
Typhoid Fever	—	0.00	0.00	0.00	0.01
Paratyphoid Fever	0.11	0.02	0.03	0.02	0.01
Meningococcal Infection	0.01	0.03	0.04	0.03	0.03
Scarlet Fever	1.22	1.11	1.20	1.20	1.10
Whooping Cough	5.57	3.87	3.62	4.00	3.11
Diphtheria	—	0.02	0.02	0.03	0.01
Erysipelas	0.18	0.14	0.15	0.12	0.15
Smallpox	—	0.00	0.00	0.00	—
Measles	18.99	14.07	13.93	14.82	14.64
Pneumonia	1.40	0.99	1.04	0.96	0.72
Acute Poliomyelitis (including Polioencephalitis)					
Paralytic	0.06	0.03	0.03	0.03	0.02
Non-paralytic	0.04	0.02	0.02	0.03	0.02
Food poisoning	0.05	0.13	0.15	0.08	0.23
Rates per 1,000 Live Births:					
DEATHS:					
All causes under 1 year of age	26.9	29.6	33.9	27.6	26.4
Enteritis and Diarrhoea under 2 years of age	—	1.4	1.6	1.0	0.7
Rates per 1,000 Total (Live and Still) Births:					
NOTIFICATIONS (Corrected):					
Puerperal Fever and Pyrexia	2.55	10.66	13.77	8.08	14.90

(a) Per 1,000 related live births

MATERNAL MORTALITY

Intermediate List No. and cause	Number of Deaths		Rates per 1,000 Total (Live & Still) Births	Rates per million women aged 15-44 years.
	Smethwick	England & Wales	England & Wales	
A115 Sepsis of pregnancy, childbirth and the puerperium	—	70	0.10	0.00
A116 Abortion with toxæmia	—	3	0.00	0.00
A116 Other toxæmias of pregnancy and the puerperium	—	167	0.24	—
A117 Haemorrhage of pregnancy and childbirth	—	91	0.13	—
A118 Abortion without mention of sepsis or toxæmia	—	37	0.05	4
A119 Abortion with sepsis	—	66	0.09	7
A120 Other complications of pregnancy, child- birth and the puerperium	—	125	0.18	—

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

Year	Death rate per 1,000							
	Birth rate per 1,000	Death rate per 1,000	Infant mor- tality rate per 1,000 births	Zymotic death rate	Respiratory diseases	Pulmonary Tuberculosis	Non- Pulmonary Tuberculosis	Cancer
1927.....	17.0	11.9	78.6	0.61	2.26	0.84	0.05	1.19
1928.....	17.1	10.0	63.0	0.28	1.52	0.69	0.10	1.11
1929.....	17.8	13.4	79.8	0.70	2.58	0.95	0.12	1.23
1930.....	18.0	10.4	66.4	0.41	1.17	0.67	0.11	1.28
1931.....	18.0	11.2	69.6	0.57	1.63	0.62	0.10	1.24
1932.....	15.2	10.5	78.4	0.23	1.36	0.52	0.09	1.53
1933.....	14.4	10.8	62.0	0.16	1.60	0.62	0.05	1.44
1934.....	15.7	10.6	56.9	0.22	1.60	0.57	0.14	1.20
1935.....	14.7	11.1	60.9	0.31	1.10	0.59	0.06	1.56
1936.....	15.5	10.5	59.9	0.18	1.60	0.54	0.02	1.47
1937.....	14.6	11.5	52.5	0.27	1.64	0.70	0.02	1.35
1938.....	15.3	11.0	62.2	0.25	1.28	0.70	0.10	1.59
1939.....	14.8	10.7	54.5	0.26	1.04	0.52	0.05	1.79
1940.....	15.3	14.0	41.9	0.14	2.72	0.61	0.07	1.86
1941.....	15.09	13.9	60.0	0.18	2.10	0.84	0.06	1.89
1942.....	17.2	12.0	54.5	0.16	1.81	0.70	0.08	1.92
1943.....	18.6	13.08	64.5	0.24	2.03	0.84	0.05	2.15
1944.....	20.6	12.2	45.0	0.26	1.14	0.80	0.07	2.05
1945.....	18.6	12.8	50.4	0.08	1.53	0.79	0.08	1.99
1946.....	20.09	12.28	50.1	0.18	1.62	0.73	0.05	1.94
1947.....	21.2	11.7	42.9	0.11	1.33	0.67	0.13	1.75
1948.....	18.8	10.98	28.9	0.02	1.32	0.62	—	2.03
1949.....	17.1	12.6	41.3	0.14	1.66	0.58	0.06	2.06
1950.....	15.4	11.4	30.0	0.05	1.44	0.56	0.02	2.08
1951.....	15.1	12.5	26.9	0.01	1.50	0.48	0.03	2.12

INCIDENCE OF INFECTIOUS DISEASE.

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.
1947	89	1.17	—	—
1948	119	1.54	—	—
1949	113	1.46	—	—
1950	99	1.28	—	—
1951	93	1.22	—	—

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.
1947	13	0.17	—	—
1948	4	0.05	—	—
1949	12	0.15	—	—
1950	—	—	—	—
1951	1	—	—	—

The last two columns of this table are very comforting.

The number of children immunised during the past four years is as follows:—

	1948	1949	1950	1951
Under five years of age ...	1,132	1,087	627	1,308
From five to fifteen years	808	943	121	166
	<hr/> 1,940 <hr/>	<hr/> 2,030 <hr/>	<hr/> 748 <hr/>	<hr/> 1,474 <hr/>

In addition 701 children received reinforcing injections during the year. The campaign to wipe out diphtheria was intensified in 1951, and the results are proving fairly satisfactory. Parents who do not bring their children for protection to their own doctors or to our clinics are followed up in their homes by the district health visitor, who is equipped with the necessary materials to give the immunising injections at once if the parent agrees. At the end of the year 63% of the child population under five had received protection, and 97% of school children.

TYPHOID AND PARATYPHOID FEVER.

There were ten notifications of paratyphoid fever in 1951; of these, nine were confirmed. They were spread fairly evenly over the various wards of the borough and over several months of the year. The incidents formed part of one or two smouldering epidemics in Birmingham and South Staffordshire and the control of these was a matter of teamwork between the medical officers of the various local authorities concerned. The bulk of the burden fell on Dr. Miller of Birmingham, whose helpful co-operation was most valuable.

MENINGOCOCCAL MENINGITIS.

Five notifications of this disease were received, but in only one of them was the diagnosis confirmed.

INFECTIVE ENCEPHALITIS.

One case was notified; he died. There was a second death attributed to this condition, the illness and death occurred outside the borough, and no notification was received.

WHOOPING COUGH AND MEASLES.

There was an increase in the number of cases of whooping cough notified during the year, the attack-rate being 5.57 per 1,000 of the population, compared with 3.87 in the whole country. There was one death. The notifications of measles showed a very steep rise with an attack-rate of 18.99 per 1,000 compared with 14.07 per 1,000 for England and Wales. There were no deaths.

	Cases Notified.			Attack-rate		
	1949	1950	1951	1949	1950	1951
Whooping Cough	222	347	425	2.86	4.48	5.57
Measles ...	1,009	321	1,449	13.03	4.14	18.99

FOOD POISONING.

There were no epidemics of this condition, but four isolated notifications were received during the year.

DYSENTERY.

There were seven cases in 1951. They were all mild, and recovered.

POLIOMYELITIS.

Eight persons were notified as suffering from poliomyelitis, and of these, two died. There were no features in the epidemiology of the disease which call for comment, and there was no history in any case of inoculation or injection within the previous month.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1951.

Disease	TOTAL CASES NOTIFIED										TOTAL DEATHS						
	Age Groups										Age Groups						
	All ages	0 to 1	1 to 3	3 to 5	5 to 10	10 to 15	15 to 25	25 to 45	45 to 65	65 and over	All ages	0 to 1	1 to 5	5 to 15	15 to 45	45 to 65	65 and over
Smallpox ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ..	9	—	—	2	3	3	1	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ..	93	—	6	15	47	19	3	3	—	—	—	—	—	—	—	—	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ..	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ..	3	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever ..	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis ..	1	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—
*Acute Poliomyelitis ..	8	—	2	2	—	3	—	1	—	—	2	—	—	2	—	—	—
Malaria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	7	—	1	—	—	4	—	2	—	—	—	—	—	—	—	—	—
Acute Pneumonia ..	107	3	4	6	7	2	3	25	36	21	43	6	—	—	3	—	31
Whooping Cough ..	425	30	130	136	124	2	1	2	—	—	—	—	—	—	—	—	—
Measles ..	1449	58	371	440	565	9	4	1	1	—	—	—	—	—	—	—	—
Food Poisoning ..	4	—	—	—	—	1	1	1	1	—	—	—	—	—	—	—	—
Totals ..	2121	91	514	601	747	44	14	41	44	25	47	6	—	2	4	4	31
*Paralytic ..	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-paralytic ..	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

VACCINATION.

The Council's scheme under Section 26 of the National Health Service Act, 1946, provides for the performance of vaccination by general practitioners taking part in the Authority's scheme, as well as for special sessions for infant vaccination to be held at Child Welfare Centres or other centres if found necessary.

Three hundred and forty primary vaccinations were carried out by private practitioners, and two hundred and sixty eight primary vaccinations were carried out by the Department's medical officers at the clinics and Child Welfare Centres.

The following is a record of the vaccinations carried out during the years 1949, 1950 and 1951:—

	Primary Vaccinations.			Re-Vaccinations.		
	1949	1950	1951	1949	1950	1951
Children under one year	438	348	499	—	—	—
Children aged 1—4 years	26	38	40	2	1	1
Children aged 5—14 years	9	20	30	2	—	1
Persons over 15 years of age	14	34	39	90	46	74
	—	—	—	—	—	—
	487	440	608	94	47	76
	—	—	—	—	—	—

For some little time after the "appointed day" the demand for vaccination was very small, but there are signs of the numbers increasing again. Steps are being taken to ensure that the advisability of vaccination is brought to the notice of the parents of newly-born children, and the latest figures show that the acceptance rate is now (June, 1952) over 44 per cent.

VENEREAL DISEASES.

Returns from the treatment centre at the General Hospital, Birmingham, show the number of Smethwick patients dealt with for the first time as under:—

	1947	1948	1949	1950	1951
Syphilis	19	21	11	17	9
Gonorrhoea	26	38	26	13	19
Conditions other than Venereal	107	106	101	90	69
	—	—	—	—	—
	152	165	138	120	97
	—	—	—	—	—

TUBERCULOSIS.

NOTIFICATIONS.

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

		Notifications received:		Attack Rate per 1,000 of the population:		Deaths		Death-rate	
		Pulmon-ary	Other forms	Pulmon-ary	Other forms	Pulmon-ary	Other forms	Pulmon-ary	Other forms
1913	..	318	50	4.3	0.68	64	20	0.87	0.27
1914	..	143	167	1.9	2.2	84	14	1.15	0.19
1915	..	229	103	3.1	1.4	79	15	1.09	0.21
1916	..	204	117	2.6	1.4	91	12	1.16	0.15
1917	..	206	126	2.6	1.6	103	6	1.31	0.07
1918	..	194	80	2.5	1.0	97	11	1.27	0.14
1919	..	260	60	3.5	0.8	87	9	1.19	0.12
1920	..	146	31	1.9	0.4	62	24	0.81	0.31
1921	..	88	14	1.1	0.18	53	17	0.68	0.22
1922	..	112	17	1.4	0.2	61	25	0.78	0.32
1923	..	80	18	1.02	0.2	73	14	0.93	0.17
1924	..	110	18	1.39	0.2	53	14	0.67	0.17
1925	..	74	24	0.9	0.3	61	19	0.77	0.24
1926	..	94	16	1.2	0.2	61	8	0.79	0.10
1927	..	87	38	1.1	0.49	65	4	0.84	0.05
1928	..	73	25	0.8	0.29	59	9	0.69	0.10
1929	..	108	34	1.2	0.4	81	11	0.95	0.12
1930	..	76	19	0.89	0.22	57	10	0.67	0.11
1931	..	80	29	0.93	0.33	53	9	0.62	0.10
1932	..	65	20	0.76	0.23	44	8	0.52	0.09
1933	..	55	16	0.64	0.19	53	5	0.62	0.05
1934	..	72	19	0.85	0.22	48	12	0.57	0.14
1935	..	95	19	1.15	0.23	49	5	0.59	0.06
1936	..	81	21	0.99	0.25	44	2	0.54	0.02
1937	..	77	4	0.95	0.04	57	2	0.70	0.02
1938	..	78	20	0.97	0.25	56	8	0.70	0.10
1939	..	89	15	1.11	0.19	40	4	0.52	0.05
1940	..	52	15	0.72	0.20	44	5	0.61	0.07
1941	..	83	10	1.15	0.14	61	5	0.84	0.06
1942	..	102	28	1.40	0.38	51	6	0.70	0.08
1943	..	92	20	1.27	0.27	61	4	0.84	0.05
1944	..	126	17	1.74	0.23	58	5	0.80	0.07
1945	..	151	26	2.1	0.37	57	6	0.79	0.08
1946	..	149	16	2.00	0.21	55	4	0.73	0.05
1947	..	165	12	2.18	0.15	51	10	0.67	0.13
1948	..	216	14	2.80	0.18	48	—	0.62	—
1949	..	182	15	2.35	0.19	45	5	0.58	0.06
1950	..	179	11	2.31	0.14	44	2	0.56	0.02
1951	..	154	15	2.01	0.19	37	3	0.48	0.03

TUBERCULOSIS.

The following table shows the total NEW CASES, i.e. all PRIMARY NOTIFICATIONS and also NEW CASES coming to the knowledge of the Medical Officer of Health from the death returns, transfers from other areas, etc.

AGE PERIODS	1950						1951						1952					
	Pulmonary			Other forms			Pulmonary			Other forms			Pulmonary			Other forms		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
0 to 1	1	1	2	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
1 to 5	8	6	14	1	2	3	5	10	15	—	—	—	—	—	—	—	—	—
5 to 10	25	19	44	1	—	1	16	15	31	—	1	1	—	4	4	—	—	—
10 to 15	7	7	14	—	1	1	5	6	11	4	—	4	—	1	5	3	—	—
15 to 20	6	5	11	—	—	—	8	10	18	1	1	2	—	4	6	2	2	4
20 to 25	6	11	17	—	1	1	5	6	11	—	1	1	—	6	12	2	1	3
25 to 35	11	16	27	—	3	3	7	10	17	2	1	3	—	12	25	—	2	5
35 to 45	13	4	17	2	—	2	9	3	12	1	—	1	—	7	11	2	2	4
45 to 55	7	4	11	—	—	—	18	8	26	—	—	—	—	8	12	—	1	3
55 to 65	16	2	18	—	—	—	13	3	16	1	—	1	—	7	10	1	1	2
65 to 75	7	1	8	—	—	—	2	—	2	—	1	1	—	1	2	—	1	2
75 upwards	1	1	2	1	1	2	—	—	—	1	—	—	—	—	—	—	—	—
TOTALS	108	77	185	6	8	14	88	71	159	10	5	15	47	39	86	10	10	20

The deaths from tuberculosis during 1950 and 1951 are shown as follows:—

AGE PERIODS	1950				1951			
	Pulmonary		Other Forms		Pulmonary		Other Forms	
	M	F	M	F	M	F	M	F
0 to 1	—	—	—	—	—	—	—	—
1 to 5	—	—	—	1	—	—	1	—
5 to 15	—	—	—	—	1	—	—	—
15 to 45	14	8	—	—	6	5	1	—
45 to 65	16	3	—	—	18	4	—	—
65 upward	3	—	—	1	3	—	1	—
TOTALS	33	11	—	2	28	9	3	—

The number of cases remaining on the Dispensary Register on 31st December, 1951, was 1,068.

Pulmonary—Males	334	Non-Pulmonary—Males ...	17
Females	240	Females	19
Children	350	Children	108
	<hr/>		<hr/>
	924		144
	<hr/>		<hr/>

Attendances at the Chest Clinic were as under:—

	1948	1949	1950	1951
Total attendances	6,395	7,348	8,010	6,907
First Examinations	970	1,005	1,050	1,029
Re-examinations	3,101	2,648	2,659	3,034
Consultations	2,324	3,695	4,301	2,844
Mantoux Tests	239	318	374	415
Artificial-pneumothorax	1,295	1,016	861	948
Gold Treatment	52	6	10	20
Number of X-ray examinations ...	2,468	2,313	2,512	2,611

Visits to patients at home:—

(a) By Health Visitor	650	850	950	785
(b) By Clinical T.O.	208	198	175	163
Patients admitted to Sanatoria ...	125	105	138	133
Patients discharged from Sanatoria	120	94	98	115
Patients died in Sanatoria	20	17	9	12
Patients remaining in Sanatoria at end of year	45	39	70	44

RETURN SHOWING THE WORK OF THE DISPENSARY DURING THE YEAR 1951.

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. (1) Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the Year ..	338	240	149	155	16	21	60	49	354	261	209	204	1028
(2) Transfers from Authorities of areas outside that of the Council or Board during the Year ..	6	2	1	—	—	—	—	—	6	2	1	—	9
(3) Lost sight of cases returned during the Year ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B. Number of New Cases diagnosed as tuberculous during the Year	16	17	24	30	—	—	—	—	16	17	24	30	87
(1) Class T.B. minus ..	33	16	—	—	—	—	—	—	33	16	—	—	49
(2) Class T.B. plus ..	—	—	—	—	4	2	2	1	4	2	2	1	9
(3) Non-pulmonary ..	—	—	—	—	—	—	—	—	—	—	—	—	—
C. Number of cases included in A. and B. written off the Dispensary Register during the Year as:	18	14	—	4	3	3	—	1	21	17	—	5	43
(1) Recovered ..	32	14	—	—	—	—	2	—	32	14	2	—	48
(2) Dead (all causes) ..	9	7	3	2	—	1	1	—	9	8	4	2	23
(3) Removed to other Areas ..	—	—	—	—	—	—	—	—	—	—	—	—	—
(4) For other reasons ..	—	—	—	—	—	—	—	—	—	—	—	—	—
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the Year ..	334	240	171	179	17	19	59	49	351	259	230	228	1068

Dr. Russell has furnished the following report on the work of the Chest Clinic during 1951:—

“During 1951 a large volume of work was carried through at the Chest Clinic. At the end of the year there were 1,068 cases on the register, a slight increase over the previous year's figure of 1,028. There were 48 deaths, the same as in 1950, and 43 patients were discharged off the register as recovered; 1,029 new patients were examined and 2,611 X-ray films taken.

“This work was performed in spite of staffing difficulties. In February, we were unfortunate enough to lose the services of Miss Underhill whose health broke down. To fill her place we had several part-time shorthand typists and part-time radiographers. At the end of November our Nurse, Miss Sharp, left and I went to Walsall as Consultant Chest Physician. Only Miss Allibone of the permanent staff remained at the Clinic at the end of the year.

“At Holly Lane Hospital, there were also staff difficulties, most of the trained staff leaving to take up other posts. Most of the 38 beds for tuberculosis patients were occupied throughout the year, but the infectious diseases side was closed down. The Regional Hospital Board plans to make Holly Lane Hospital a Neuro-Surgical Unit and intends to make alterations to the buildings, so that eventually it will be an up-to-date hospital for the treatment of nervous diseases by modern specialised surgical methods. It is expected that only 22 beds will remain for treatment of tuberculosis cases.

“At the end of the year, the waiting list for admission to Sanatorium was very small, only patients requiring thoracic surgery having to wait any length of time. Yardley Green Hospital has continued to accept cases suitable for chest surgical treatment with a waiting period of 6 to 9 months. Full use has been made of the Ministry of Labour rehabilitation and training course and many patients, when considered fit enough, have undergone training in new and more suitable occupations. During the year, Dr. J. Hughes of the Medical Research Council has started the scheme for the trial of B.C.G. vaccine for adolescent school ‘leavers,’ visiting Smethwick quarterly. These children are Mantoux tested, have chest X-ray examination and if suitable, some are inoculated with B.C.G. It is hoped to follow up these children for the 5 years after they leave school and thus assess the value of B.C.G. In 1952 it may be possible to start using B.C.G. in other suitable children; this scheme to be organised from the Chest Clinic. It is also hoped that during the year 1952, routine Mantoux testing of children joining school at age 5 will be carried out by the School Medical

Staff, so that the families with a child showing evidence of infection can be fully investigated at the Chest Clinic. Nearly every child with 'primary infection' recovers, but we are hoping to find all these children and, through them, discover the unsuspected source of their infection. The Smethwick doctors work in happy co-operation with the Chest Clinic and fully utilise the diagnostic services available, knowing that, with all the modern drugs and other methods of treatment available, an early diagnosis means an early cure.

"Probably the most important part of the care and preventive service provided by the Smethwick Council is the free milk scheme which is mainly used for children with 'primary infection' and has been of inestimable benefit to such children. Housing conditions are slowly improving and during the year many tuberculosis families have been rehoused; another valuable preventive measure.

"Early in 1951, two parties of Smethwick children with 'primary infection' were fortunate enough to have four months in Switzerland. The first party of 15 went in January through the hospitality of the Swiss Red Cross and the second party of 23 went in May through the efforts of the Mayor, Alderman W. H. Perry. Both groups of children enjoyed their stay and were greatly benefited in mind and body, as was evident when they were examined on their return.

"In 1952, it is expected that a modern X-ray plant will be installed at the Chest Clinic and that the staffing difficulties will be resolved. I would like to pay tribute to the 'old' staff, Miss Sharp and Miss Allibone for their wholehearted help throughout, and thank the 'new' staff, especially Mrs. Hastings for her X-ray work in the latter six months of the year."

INFANTILE MORTALITY DURING THE YEAR 1951.

CAUSE OF DEATH	0-1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	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
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Bronchitis ..	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2
Broncho-pneumonia ..	—	—	—	1	1	—	2	2	—	1	—	1	—	—	—	—	7
Lobar-pneumonia ..	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Toxaemia, lung abscess ..	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Otitis Media ..	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Congenital heart disease ..	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	2
Premature Birth ..	8	1	—	—	9	—	—	—	—	—	—	—	—	—	—	—	9
Injury at Birth ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Cerebral Haemorrhage ..	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	2
Pulmonary Atelectasis ..	3	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	3
Erythroblastosis ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
TOTALS ..	15	1	1	1	18	1	5	2	1	2	—	1	1	—	—	—	31

MOTHERS AND CHILDREN.

NOTIFICATION OF BIRTHS.

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

	1947	1948	1949	1950	1951
Live Births ...	1,605	1,465	1,327	1,197	1,160
Still Births ...	43	31	27	21	23
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	1,648	1,496	1,354	1,218	1,183
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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

ANTE-NATAL CLINICS.

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

1920	42	1936	5,044
1921	107	1937	5,201
1922	127	1938	6,226
1923	241	1939	6,739
1924	275	1940	6,336
1925	537	1941	7,221
1926	1,015	1942	8,526
1927	1,079	1943	8,988
1928	1,465	1944	10,093
1929	2,253	1945	7,452
1930	3,760	1946	9,755
1931	3,859	1947	10,766
1932	3,509	1948	11,599
1933	3,771	1949	8,935
1934	4,312	1950	7,325
1935	5,169	1951	5,398

During the year 1951, 944 individual women attended the clinic (43 for the first time), compared with 943 in 1950, 1,224 in 1949, 1,506 in 1948 and 1,667 in 1947.

POST-NATAL CLINIC.

Statistics for the past five years show:—

	1947	1948	1949	1950	1951
Individual patients attending	580	592	403	303	Nil
Percentage of notified births	35.2	39.5	29.3	24.8	do.
Total Attendances	1,078	1,426	746	414	do.

MIDWIFERY AND MATERNITY SERVICES.

The Council employs eight municipal midwives, and these undertake all the domiciliary cases in the area. During the year they attended 451 cases; in 347 cases as midwives and in 104 cases as maternity nurses. Statistics for the past five years are as under:

	1947	1948	1949	1950	1951
Number of bookings ...	751	677	598	496	500
Ante-natal visits ...	3,379	4,089	3,973	2,975	2,412
Cases attended ...	734	632	531	459	451
Nursing visits ...	15,782	14,990	12,738	11,544	10,444

The number of cases in which medical aid was sought during 1946 was 184; in 1947, 184; in 1948, 163; in 1949, 80; in 1950, 37, and in 1951, 22.

All our midwives are qualified to administer gas and air analgesia; nine sets of apparatus are available, and were used in 276 cases during the year. The midwives administered Pethedine in 217 cases during the year.

Pupil midwives taking Part II training at St. Chad's Hospital are received on the district by four midwife-teachers on the staff of the Department for periods of three months domiciliary training. Fifteen such pupils were received during the year.

Every expectant mother taken to hospital by ambulance is accompanied by one of our municipal midwives.

A substantial proportion of the midwives' time is spent in paying visits to mothers discharged from hospital before the 14th day.

DENTAL TREATMENT.

Dental Service provided under Section 22 (N.H.S. Act) for the year ending 31st December, 1951.

(a) Number provided with Dental Care

Patient	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers.. ..	173	148	54	51
Children under five.. ..	554*	437	266	261

* Includes 265 inspections at Day Nurseries

(b) Forms of Dental Treatment provided

Patient	Extractions	Anaesthetics		Fillings	Scalings and/or Gum Treatments	Silver Nitrate Treatments	Dressings	X-Rays	Dentures	
		Local	General						Complete	Partial
Expectant & Nursing Mothers	197	—	53	42	13	—	6	—	7	5
Children under five	712	—	236	31	1	—	5	—	—	—

Number of Sessions—Inspection of Day Nurseries ... 8

Treatment (including Inspection of Expectant and Nursing Mothers) ... 126

Mr. Haley Goose has furnished the following report on the treatment of expectant and nursing mothers and young children during the year.

“During 1951, 66 sessions were devoted to the inspection and treatment of expectant and nursing mothers, and to children under five; 173 mothers and 289 children were inspected. This was less than in 1950 in both cases.

“The attendance of mothers for dental treatment is very discouraging, as only a few attend and in general those that do will only submit to extractions and dentures, and not to fillings. However, it must be

remembered that many mothers in the Borough may attend dental practitioners in the National Health Service, and we probably have mainly those who have not, in the past, made arrangements for regular dental care, and therefore the picture appears blacker than it is. In these cases, I think, the main purpose of the treatment should be to remove sepsis due both to infected gums and bad teeth, and to repair, as much as possible, masticatory efficiency.

“The table below gives details of treatment carried out during the year:—

Referred for treatment	Total attendances	Fillings	Extractions	Other Operations
148	292	42	197	57*

* Including 12 dentures

“The number of dentures made is fewer than in 1950, which is surprising since one would have thought that the charge instituted under the National Health Service, in June, for dentures would have caused some increased attendance in our service for this type of work. However, we may notice this more during the ensuing year.

“The pre-school children were seen both during routine inspections of Day Nurseries and ‘casually,’ that is, brought up by their parents owing to toothache or dental sepsis. There were 265 inspections made at the Day Nurseries, and only 161 children found dentally sound. This, combined with the fact that an average of almost three teeth were extracted per child of those actually treated, makes one realise the need for more accurate knowledge of the causation of dental decay and the means of putting new knowledge into practice early in the life of the child.

“In conclusion, I wish to thank the Staffs of the Public Health Department, Welfare Centres, Ante-Natal Clinics and Day Nurseries for their kind help and assistance during the year.”

INFANT WELFARE CENTRES.

The number of centres provided and maintained by the Council is seven, with ten sessions weekly; the total attendances during the past five years were:—

			Under 1 year	1—5 years	Total
1947	...	...	22,279	3,606	25,885
1948	...	...	21,755	3,326	25,081
1949	...	...	19,180	3,032	22,212
1950	...	...	17,879	3,766	21,645
1951	...	...	15,845	4,854	20,699

			1950	1951
Number of children attending for the first time	Under 1 year	...	978	967
	1—5 years	...	91	102
			—	—
			1,069	1,069
			—	—
Number of children on the registers at end of year	Under 1 year	...	789	774
	1—5 years	...	1,305	1,302
			—	—
			2,094	2,076
			—	—

The number of children under one year who attended for the first time equalled 82.7 per cent. of the live births in 1947, 81.8 per cent. in 1948, 81.5 per cent. in 1949, 81.77 per cent. in 1950 and 83.9 per cent. in 1951.

CARE OF PREMATURE INFANTS.

During the year 1951 notification was received of 87 babies who weighed $5\frac{1}{2}$ lbs. or less at birth. Of these 41 were born at home and 46 in hospital. Thirty of those born at home survived at the end of one month; eleven were transferred to hospital. Of the babies born in hospital 38 survived at the end of one month; 2 died during the first 24 hours, 5 between the second and seventh day and 1 between the eighth and twenty-eighth day.

Special provision is made for the conveyance of premature infants to hospital by the Borough Ambulance Service.

The follow-up of infants discharged from hospital is secured through the Obstetrics Officer in St. Chad's Hospital, who is also Medical Supervisor of Midwives, and who, as a member of the Public Health Department Staff, is also in close touch with the Health Visitors whom he instructs.

CARE OF ILLEGITIMATE INFANTS.

The Council has an arrangement with the Smethwick Branch of the Birmingham Diocesan Council for Moral Welfare, and makes a financial grant. The local authority and the Diocesan Council work very closely together, and the scheme provides for complete liaison. Nineteen cases were dealt with during the year.

OPHTHALMIA NEONATORUM.

	1948	1949	1950	1951
Number of cases notified	10	6	2	—
Cases treated by health visitors ...	—	1	—	—
Number of cases treated at Eye Hospital	9	1	2	—
Cases resulting in impaired vision ...	—	—	—	—
Home visits	29	7	7	—

Notifications during the past ten years:—

1942	8	1947	9
1943	8	1948	10
1944	9	1949	6
1945	8	1950	2
1946	16	1951	—

HEALTH VISITING.

The establishment comprises a Superintendent and nineteen health visitors, who are also school nurses, but staff shortage has continued during the year and only fourteen were actually employed at the end of the year, devoting to health visiting (all classes) the equivalent of the whole-time services of $8\frac{3}{4}$ health visitors.

The student health visitor who was trained last year qualified and joined the permanent staff during 1951. One further student entered a course of training during the year.

The number of visits paid during the year was:—

1. To Expectant Mothers	First visits ...	434
	Total visits ...	688
2. To Children Under One year of age ...	First visits ...	1,099
	Total visits ...	8,536
3. To Children Between One and Five ...	First visits ...	1,376
	Total visits ...	13,701
4. To Other Classes	First visits ...	1,574
	Total visits ...	3,323

The total number of visits paid by the nurses in 1938 and in each of the last five years is as follows:—

1938	...	...	18,899	1949	...	...	15,616
1947	...	...	15,987	1950	...	...	27,117
1948	...	...	19,017	1951	...	...	27,915

DAY NURSERIES.

The nursery at Brasshouse Lane School was closed on 31st October, 1951 and the premises used returned to the Education Committee. The nurseries at Edgbaston Road and Norman Road have continued and the 84 places provided have proved quite adequate for the priority cases which it is the Committee's policy to cater for.

The total attendances during the year show a decrease at 26,413, a daily average (excluding Saturdays) of 110.6 compared with 28,793, an average of 114 in 1950, and 32,165, an average of 126 in 1949. The number of individual children on the registers at the end of the year was 91; 18 under two years of age and 73 between 2—5 years.

Nursery	No. of Places	Total Attend- ances 1950	Average daily Attend- ances	Total Attend- ances 1951	Average daily Attend- ances
Brasshouse Lane	... 45	8,784	35	7,451	36
Edgbaston Road	... 49	11,160	44	11,498	46
Norman Road	... 35	8,849	35	7,464	30
	—	—	—	—	—
	129	28,793	114	26,413	110.6
	—	—	—	—	—

“ THE HOLLIES.”

This home for children, situated in Coopers Lane, combines prevention, care and after-care. Children from one to twelve years are received, especially those who are predisposed to disease, and those convalescing after hospital treatment.

The home has thirty beds, and is staffed by a Matron, Sister, one trained and four untrained nurses. Those children of school age who are fit to attend school, go to the Firs Open-Air School, adjoining “ The Hollies,” but take their meals and sleep in the home.

Children are usually referred by the Doctors at our clinics, or direct from the hospitals. Recommendations from the family doctor are also welcomed.

Details of admission and discharges during the year 1951 are shown below:—

Condition	In-Patients 1/1/51	Admitted		Discharged		Re- main- ing 31/12/51
		Under School Age	School Age	Under School Age	School Age	
Rheumatism	1	—	1	—	2	—
Chorea	1	—	1	—	2	—
Debility	1	—	8	1	4	4
Malnutrition	2	—	—	1	1	—
Asthma	—	—	1	—	1	—
Bronchitis	1	2	2	3	2	—
Pre-tuberculous ...	3	5	10	4	6	8
Convalescence ...	—	—	3	—	2	1
Others	2	2	2	1	4	1
Cases admitted on behalf of Children's Committee ...	10	22	15	20	19	8
Other authorities ...	3	2	18	—	20	3
	24	33	61	30	63	25

Residence in the Hollies represented 9,350 patient days during the year, a daily average of 25.6 compared with 8,917 patient days, a daily average of 24.4 in the previous year and 7,689 patient days, a daily average of 21 in 1949.

CARE OF CHILDREN.

Miss M. J. Abbott, the Children's Officer, has kindly supplied the following report on the work of her Committee on behalf of the children coming under their care:—

"During the year 1951 a steady advance has been made in finding homes for children deprived of a normal home life. Existing foster-homes have been preserved, foster-parents encouraged and children suffering from adversity helped and guided. Smethwick's first Children's Home was opened this year, and has proved to be a very successful addition to the children's services.

"This year has seen a slight increase in the total number of children under care as the following tables indicate:—

	Dec. 1948	Dec. 1950	Dec. 1951
1. CHILDREN UNDER CARE:			
Children deserted by their parents ...	7	10	8
Children who are part of homeless families	3	19	34
Children whose parents are incapable of caring for them	19	30	34
Children whose parents are ill ...	6	13	6
Children whose parents are dead ...	5	11	12
Children who come from unsatis- factory homes	—	9	2

2. COMMITTED TO THE CARE OF THE LOCAL AUTHORITY:—

	1948 Dec.	1950 Dec.	1951 Dec.
Committed because of neglect by parents	21	18	24
Committed because of child's unsatis- factory behaviour	4	6	12

“ These figures, however, do not give an indication of the total number of families dealt with, as almost as much time is spent in keeping children out of care as taking them in. Parents will often make their own arrangements if they are helped and encouraged to do so. Relatives will assist, and children who can be minded at night have been admitted to Day Nurseries, through the kind co-operation of the Public Health Department. In the same way Home Helps have been used to keep little families together, and in one case the combined efforts of the Public Health Department, National Assistance Board, the Welfare Department of a Smethwick firm and the Children's Department enabled a mother of indifferent health to care for her two little children very successfully when the father had deserted them.

“ Children taken under care are either admitted to a Home or boarded-out, partly according to their circumstances and partly according to the accommodation available. It is our aim to find children, who are permanently deprived of the love and care of their own parents, as good a substitute home as possible. This takes time, and the child may spend a waiting period in a Home before happy arrangements can be made for him.

“ Accommodation has been provided for children at the Wolverhampton Cottage Homes, Dr. Barnardo's Homes, ‘ The Hollies ’ and ‘ The Towers ’ Children's Home. If accommodation is available, a period in a Home will often solve the problem of temporary care, for instance, when the mother is away from home in hospital, or a family has been evicted.

“ The following is a table of the accommodation provided:—

	Dec. 1948	Dec. 1950	Dec. 1951
Children boarded-out	37	61	72
Children in Local Authority Homes	26	33	36
Children in Voluntary Homes ...	13	22	15
Children in Special Schools	—	—	6
Children in Mental Hospitals ...	—	—	3

"We are much indebted to the Public Health Department for accommodating 47 of our children at 'The Hollies' during the year. The children are very happy there and when we come to board them out, adapt themselves more readily to their new surroundings than children coming straight from their own homes.

'THE TOWERS' CHILDREN'S HOME.

"'The Towers,' which was opened in July, 1951, has met, most successfully, an urgent need. It has proved to be a friendly, happy home where children can lead as near a normal life as is possible. The staff consists of a Foster-mother and Father with two Assistants and domestic help. The average number of children resident in 'The Towers' has been 15, consisting of boys and girls up to the age of 14.

"The children go out to school and every effort is made to keep them in touch with the wider life of the community by means of the Church, Scouts and Guides, and the encouragement of 'aunts and uncles' as well as regular visits from parents.

BOARDING-OUT.

"Boarding-out with foster-parents, next to adoption, has proved to be quite the best way of helping deprived children. The children become part of the new family, gather round themselves grandparents, aunts, uncles, brothers and sisters, and in time forget the past. Foster-parents learn to look upon the child as their own, and officials of the Children's Department visit the family, as a family, and not the child as a 'deprived child.' Christmas presents are given to the family, holidays are spent with the family, and there is even a Home Office Circular which arranges for the foster-child to pay for School Meals in the same way as his 'brothers and sisters.'

"Good foster-homes are so very valuable that no pains are spared to find them. It is found that the most useful help in this search comes from the recommendations of existing foster-parents. Closely linked, therefore, with the expansion, is the preservation of foster-homes. As may well be imagined, children who have suffered misfortune and have been deprived of normal love and care do not come through unscathed. Behaviour problems come to the fore sooner or later, and cause distress and consternation to foster-parents in many cases. Lying, stealing, bed-wetting and behaviour, thought by the ordinary decent mother to be disgusting, are common problems which have to be faced. It is to the great credit of our foster-parents that such difficulties have been faced and overcome.

" Another foster-parent virtue which is valued most highly is disinterestedness. In addition to fourteen foster-parents who will accept babies for care in temporary emergencies, several give loving care to children who will be returning to their parents at some future date. They face up to their difficulties with no hope of reward except the well-being of the child.

" Sixty-six children, including 44 babies under the age of three, have been temporarily boarded-out during the year.

" Foster-parents are paid an adequate maintenance allowance for the children. This includes provision for clothes, holidays, birthdays, and can be increased to cover such diverse necessities as High School uniforms, tools for apprentices or necessary equipment for handicapped children.

ADOPTION.

" Adoption is one step better than boarding-out, as its effects are permanent; it is at the same time, however, more dangerous as a mistake cannot be undone once the Adoption Order is granted, for then the child becomes a legal member of the family, no payment is made to the adoptive parents and no supervision is exercised. Recently, three cases have come to light where the adoptive mother has cast off the child as unwanted and unloved after eight or nine years. The remedy lies in very careful placing, and the new Adoption Act of 1950, which makes three months' supervision by the local authority compulsory before an Order can be granted, is a step in the right direction. Eighteen Adoption Orders have been granted by the Court during the year 1951.

SPECIAL CARE.

" Voluntary Agencies of many kinds have continued to help with older children who need special guidance and training, and Dr. Barnardo's Homes have given their care to some of our homeless and physically handicapped children. Most of these children, together with children under care who live at residential Special Schools, come back to foster-homes in Smethwick for holidays.

PARENTS.

" Parents problems form no small part of our work. We are most concerned to see that whenever advisable and possible, children return to their parents, and that during their period under care they are re-

united regularly. The Council have the power to deprive bad parents of their rights over the children. This is never done without careful investigation, but once decided upon frees the children for a new and happier life.

“ Good or bad, parents have the duty of contributing towards the maintenance of their children in care. The Children’s Committee have agreed upon a basis of assessment which has proved to be acceptable to most parents. The average amount collected per child per week by Smethwick is 4/-, which compares favourably with the overall average of the country, which is 2/5.

JUVENILE COURT.

“ During the twelve months ending with December, 1951, home reports have been presented before the Juvenile Court Magistrates in 143 cases. The helpful and timely co-operation of the Education Department has resulted in enlightening school reports being presented at the same time, to the ultimate benefit of many a delinquent or needy child.

“ As a result of these cases, 9 children have been discharged, 12 committed to the care of the Local Authority, 46 fined, 35 placed on Probation, 7 sent to Approved Schools, one spent 28 days at a Remand Home, and 25 were ordered to report at the Attendance Centre, newly set up under the Criminal Justice Act, 1948.

CHILDREN NEGLECTED.

“ The new Children’s Welfare Committee set up in March, 1951, under a Joint Circular from the Home Office, Ministry of Health and the Ministry of Education, has proved to be a useful way of pooling general knowledge about children in danger of being neglected or ill-treated.

“ Although immediate action is always taken by the appropriate Department or Voluntary Body in an emergency, without prior reference to the Committee, general discussion of problem family circumstances at regular intervals can give rise to preventive action, which will benefit the child concerned and may ultimately save the ratepayers considerable expense.

CONCLUSION.

“The Staff of the Children's Department have always to be prepared for sudden emergencies. Confronted with parents or children in trouble, they must patiently sift through muddled thinking, overcome tears and despair and arrive at a practical solution. On the brighter side they must be ready to welcome and encourage children and parents who look to them as friends. This work cannot be done without a firm team spirit and a happy mutual confidence. It is through the goodwill and wide understanding of the Chairman and Members of the Children's Committee that such service is made possible and I should like to thank them for their unfailing help and support.”

OTHER PUBLIC HEALTH SERVICES.

MENTAL HEALTH.

On the 5th July, 1948, all duties relating to mental treatment and mental deficiency, together with care and after-care of persons suffering from mental illness and defectiveness, were taken over by the Health Department. One Duly Authorised Officer was appointed and a member of the administrative staff acts as his deputy.

After-care work is undertaken in respect of male patients by the Duly Authorised Officer, and in respect of female patients by one of the Health Visitors. The number of discharges from mental hospitals during the year was 82; of these, 38 accepted after-care, 19 declined after-care and 12 did not reply to our invitation. Eight returned to hospital for further treatment and 5 left the area. During the year 301 visits were made by the department's officers.

The following table gives details of the admission and discharges of mental patients during the year:—

Hospital	No. of Patients 31/12/50	Admissions		Deaths	Discharges	No. of Patients 29/12/51
		Certified	Voluntary			
St. Matthews, Burntwood	193	5	—	8	6	184
Winson Green, Birmingham	8	1	15	1	19	4
St. Edwards, Cheddleton	10	1	—	1	1	9
Highcroft Hall, Birmingham	45	56	33	15	50	69
St. George's, Stafford...	1	—	—	—	—	1
Burghill, Hereford ...	10	—	—	—	—	10
Goodmayes, Essex ...	5	—	—	—	—	5
Park Prewett, Basing- stoke, Hants. ...	1	—	—	—	—	1
Fulborn, Cambridgeshire	1	—	—	—	1	—
St. Cadoc's, Caerlon, Mon.	1	—	—	—	—	1
Broadgate, Beverley ...	1	—	—	—	—	1
Rubery, Birmingham ...	1	—	—	—	—	1
Hollymoor, Birmingham	1	1	7	—	4	5
Barnsley Hall ...	—	1	—	—	1	—
	—	—	—	—	—	—
	278	65	55	25	82	291
	—	—	—	—	—	—

MENTAL DEFICIENCY ACTS, 1913—1938.

The following is an extract from the Return of Mental Defectives as on 1st January, 1952:—

1. PARTICULARS OF CASES REPORTED DURING 1951.

	During 1951				Totals as at			
	Under age 16		Aged 16 and over		1st January, 1952.		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944):—								
(i) Under Section 57(3) ...	4	5	—	—	—	—	—	—
(ii) Under Section 57(5):—								
On leaving special schools ...	—	—	3	3	—	—	—	—
On leaving ordinary schools ...	1	1	—	—	—	—	—	—
(b) Cases referred by the police or by the Courts under Section 8(1)(a) (or as a result of other action by the Courts) ...	—	—	—	—	—	—	—	—
(c) Other defectives reported during 1951:—								
(i) found "Subject to be dealt with" ...	1	1	3	3	—	—	—	—
(ii) not at present "subject to be dealt with" ...	—	—	—	—	—	—	—	—
TOTAL number of cases reported during the year	6	7	6	6	—	—	—	—

2. DISPOSAL OF CASES.

- (a) Those found "subject to be dealt with":—
- (i) Placed under Statutory Supervision ...
 - (ii) Placed under Guardianship ...
 - (iii) Taken to "Places of Safety" ...
 - (iv) Admitted to Institutions ...
 - (v) Died or removed from area ...
 - (vi) Action not yet taken ...

...	5	4	6	6	15	9	92	72
...	—	—	—	—	1	—	3	7
...	—	1	—	—	—	—	—	—
...	1	1	—	—	6	6	47	43
...	—	1	—	—	—	—	—	—
...	—	—	—	—	1	—	—	—

	During 1951				Totals as at 1st January, 1952.			
	Under age 16 M.	Under age 16 F.	Aged 16 and over M.	Aged 16 and over F.	Under age 16 M.	Under age 16 F.	Aged 16 and over M.	Aged 16 and over F.
(b) Those not at present "subject to be dealt with":—								
(i) Placed under Voluntary Supervision ...	—	—	—	—	—	—	34	26
(ii) Later found not to be defective ...	—	—	—	—	—	—	—	—
(iii) Died or removed from area ...	—	—	—	—	—	—	—	—
(iv) Action unnecessary ...	—	—	—	—	—	—	—	—
(v) Action not yet taken ...	—	—	—	—	—	—	—	—
TOTAL of item 2 ...	6	7	6	6	23	15	176	148

3. CLASSIFICATION OF DEFECTIVES IN THE COMMUNITY ON 1.1.52.

(a) Cases included in item 2(a) (i) to (iii) above in need of institutional care:—

(1) In urgent need of institutional care:—

(i) cot and chair cases ...	—	—	—	—	—	1	1	—
(ii) ambulant low grade cases ...	—	—	—	—	—	—	—	—
(iii) medium grade cases ...	—	—	—	—	—	—	—	—
(iv) high grade cases ...	—	—	—	—	—	—	—	—

	Totals as at			
	During 1951		1st January, 1952.	
	Under age 16 M.	Aged 16 and over F.	Under age 16 M.	Aged 16 and over F.
...	—	—	—	—
(i) cot and chair cases ...	—	—	—	—
(ii) ambulant low grade cases ...	—	—	—	—
(iii) medium grade cases ...	—	—	4	—
(iv) high grade cases ...	—	—	—	—
TOTAL of item 3(a) ...	—	—	4	1

(2) Not in urgent need of institutional care:—

(i) cot and chair cases ...	...
(ii) ambulant low grade cases ...	...
(iii) medium grade cases ...	...
(iv) high grade cases ...	...
TOTAL of item 3(a) ...	...

	During 1951		Totals as at	
	1st January, 1952.		1st January, 1952.	
	Under age 16 M.	Aged 16 and over F.	Under age 16 M.	Aged 16 and over F.
...	—	—	—	—
(i) cot and chair cases ...	—	—	—	—
(ii) ambulant low grade cases ...	—	—	—	—
(iii) medium grade cases ...	—	—	—	—
(iv) high grade cases ...	—	—	—	—
TOTAL of item 3(b) ...	—	—	—	—

(b) Of the cases included in item 3(a), number in need of institutional care **only** because of poor environment:—

(i) medium grade cases ...	...
(ii) high grade cases ...	...
TOTAL of item 3(b) ...	...

(c) Of the cases included in items 2(a) (i) and (ii) and 2(b) (i), number considered suitable for:—

(i) occupation centre ...	...
(ii) industrial centre ...	...
(iii) home training ...	...
TOTAL of item 3(c) ...	...

(d) NUMBER OF CASES RECEIVING TRAINING ON 1.1.52:—

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
(i) in occupation centre	—	—	—	—
(ii) in industrial centre	—	—	—	—
(iii) at home	—	—	—	—
Total of item 3(d)				
	—	—	—	—

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1951, who have ceased to be under any of these forms of care during 1951.

	M.		F.		T.
(a) Ceased to be under care	3	3	6
(b) Died, removed from area, or lost sight of	3	3	6
Total					12

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1951	...	...	...	...	1
(b) Number who have married during 1951	...	...	...	Males 2	Females 4

AMBULANCE SERVICE.

The Council maintains a fleet of seven ambulances and two sitting-case cars operated from the Borough Ambulance Station, Highway Garage, Londonderry Lane (Telephone SME 0674). A full day and night service is available to all Smethwick residents, without charge.

Particulars of the vehicles are as follows:—

Reg. No.	Make	H.P.	Type	Capacity	Year
GHA 919	Austin	18	Converted	2 stretchers	1937
GDG 55	Wolseley	25	Converted	2 stretchers	1938
FHA 384	Morris	26	Coachbuilt	2 stretchers	1939
HOJ 818	Austin	16	Coachbuilt	2 stretchers	1948
MHA 18	Austin	16	Coachbuilt	2 stretchers	1949
OHA 30	Daimler	27	Coachbuilt	2 stretchers	1949
MHA 396	Austin	16	Utility	3 seats	1949
OHA 500	Daimler	27	Coachbuilt	2 stretchers	1950
OHA 554	Standard	16	Saloon	3 seats	1950

A Morris 5 cwt. van is available for maintenance purposes.

The whole-time staff, under the direction of the Medical Officer of Health, comprises an Ambulance Officer, Assistant Ambulance Officer, nine drivers and attendants, three whole-time and one part-time telephonist and necessary domestic staff.

The service is manned by the paid staff from 6.30 a.m. until 7.30 p.m. During the night and at week-ends the vehicles are manned by volunteer drivers and attendants who are members of the British Red Cross Society and the St. John Ambulance Brigade; these volunteers are most punctual and regular in their attendance, and the standard of their service is exceptionally high. Our thanks are due to them for their public-spirited work.

The following table gives details of the work of the Ambulance Service during the year 1951:—

		Sitting Case		
		Cars	Ambulances	Total
Number of journeys	...	2,552	5,434	7,986
Patients carried	... ..	4,035	15,030	19,065
Miles travelled	... ..	29,842	56,734	86,576
Motor spirit consumed	...	1,833	5,689	7,522
		gallons	gallons	gallons

HOME NURSING SERVICE.

The Council employs three whole-time and three part-time nurses for the nursing of patients in their own homes. The service is based on the Edward Cheshire Nurses' Home in Bearwood Road. One of the senior health visitors is engaged in the supervision of the service, along with the domestic help service.

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

Number of patients under care on 31.12.50	...	75
New patients attended during the year	...	641
Number recovered or transferred to hospital	...	510
Number of deaths	...	108
Number of patients under care 31.12.51	...	98
Visits paid by the nurses during the year	...	13,999

DOMESTIC HELP SERVICE.

It has been possible to expand still further the service for providing help in the home during the year. At the end of the year we had twelve whole-time and twenty-six part-time domestic helpers.

One hundred and eighty-three cases were assisted, some for long periods. The conditions of patients for whom domestic help was provided are set out below:—

Ante-natal	...	2
Confinement	...	32
Aged	...	47
Aged blind	...	3
Arthritis	...	17
Cerebral Haemorrhage, Hemiplegia and Thrombosis	...	19
Heart Disease	...	13
Respiratory Diseases	...	13
Post Operative	...	9
Tuberculosis	...	5
Carcinoma	...	4
Injuries	...	4
Others	...	15
		183

CHIROPODY SERVICE.

Two fully trained chiropodists—one male and one female—are employed whole-time at the Cape Clinic. There is no charge for treatment, which is available to Smethwick residents of all ages.

The total attendances during 1951 were as follows:—

Children under 5 years of age ...	...	...	6
Children of school age ...	...	...	218
Expectant and nursing mothers ...	...	...	1
Other patients: Males ...	...	...	1,149
Females ...	...	...	6,496
<hr/>			
Total ...	...	...	7,870
<hr/>			

CONVALESCENT TREATMENT.

Convalescent treatment was provided during the year for 39 patients on the recommendation of the hospital or family doctor, as under:—

Condition of Patient.	Men	Women	Children	Total
Post Operative ...	5	8	1	14
Debility ...	3	6	—	9
Following Respiratory Infections	2	5	1	8
Nervous Disorders ...	1	3	—	4
Pernicious Anaemia ...	1	1	—	2
Chronic Gastritis ...	—	1	—	1
Thyrototoxicosis ...	—	1	—	1
<hr/>				
	12	25	2	39
<hr/>				

The undermentioned homes were used, the normal period of stay being two weeks:—

Gable House, Droitwich ...	10 cases
Clevedon—"The Belmont" Home for Women ...	8 "
—"The Victoria" Home for Men ...	7 "
Llandudno Convalescent Home ...	5 "
Rest Haven, Exmouth ...	2 "
St. Luke's Home, Exmouth ...	1 "
Grange-over-Sands Convalescent Home ...	2 "
"The House Beautiful," Bournemouth ...	1 "
Lloyd Kimpton Home, Exeter ...	1 "
Wordsworth Home of Rest, Swanage ...	1 "
Evelyn Devonshire Home, Buxton ...	1 "
<hr/>	
	39
<hr/>	

LOAN OF SICK-ROOM EQUIPMENT.

In accordance with the Council's scheme under Section 28 of the National Health Service Act, 1946, sick-room equipment is available for needy cases from a store maintained at the Edward Cheshire Nurses' Home, Bearwood Road. Issues were made during the year to 325 persons, 507 articles being loaned as under:—

Air Rings ...	...	...	...	...	...	79
Bed Cradles ...	...	...	...	...	...	11
Bed Pans ...	...	...	...	...	...	112
Bed Rests ...	...	...	...	...	...	83
Bed Screen ...	...	...	...	...	...	1
Bed Tables ...	...	...	...	...	...	3
Beds, Hospital ...	...	...	...	...	...	5
Blankets ...	...	...	...	...	...	14
Bolsters, Dunlopillo ...	...	...	...	...	...	15
Breast Pumps ...	...	...	...	...	...	3
Commodes ...	...	...	...	...	...	5
Crutches ...	...	...	...	...	...	1
Douche Cans ...	...	...	...	...	...	1
Dressing Gown ...	...	...	...	...	...	1
Draw Sheets ...	...	...	...	...	...	5
Dunlop Rings ...	...	...	...	...	...	2
Feeding Cups ...	...	...	...	...	...	5
Invalid Wheel Chairs ...	...	...	...	...	...	18
Mackintosh Sheeting ...	...	...	...	...	...	83
Mattresses ...	...	...	...	...	...	10
Pillows ...	...	...	...	...	...	9
Pyjamas ...	...	...	...	...	...	3
Sheets ...	...	...	...	...	...	2
Sputum Mugs ...	...	...	...	...	...	1
Syringes ...	...	...	...	...	...	—
Urinals ...	...	...	...	...	...	34
Walking Sticks ...	...	...	...	...	...	1
						—
						507
						—

WELFARE SERVICES.

The administration of the Council's Schemes under Sections 21, 29 and 30 of the National Assistance Act, 1948, is generally the responsibility of the Medical Officer of Health, and the work is carried out by Officers of the Public Health Department, integrated wherever possible with their duties under the Council's proposals for the administration of services under Part III of the National Health Service Act, 1946.

RESIDENTIAL ACCOMMODATION FOR AGED AND INFIRM PERSONS.

On the "appointed day" there was no accommodation provided by the Council, there being no existing Poor Law Institution within the Borough. Arrangements existed, however, with the County Borough of Wolverhampton for the reception of Smethwick residents in the "Poplars" and "Bromley House" to a maximum of seventy, and with the County Borough of Walsall for a small number to be received at "Beacon Lodge." These arrangements have been continued, and individual cases have been admitted from time to time to accommodation provided by the City of Birmingham and other local Authorities.

A large house known as "Hill Crest," in Little Moor Hill, Smethwick (the generous gift of Mr. Arthur Mitchell) which had been used for some little time as a home for aged persons, was taken over with the consent of the Minister of Health for the purposes of Section 21 of the Act, and plans were prepared for an extension to give accommodation for twelve additional residents.

The new building was completed and furnished early in 1952 and is now occupied; those residents in the old house who desired to move being accommodated in the extension. The present accommodation at Hill Crest provides for 30 residents. There is ample dining room and a large lounge on the ground floor of the old house. The kitchen equipment is being augmented and a servery provided. There are residential quarters for the matron and her assistant. The premises are centrally heated by a low pressure hot water system. There is a large garden with spacious lawns, and a kitchen garden. The house is situated in a quiet residential district.

The Council also purchased a large house in Park Hill, Moseley, Birmingham, in September, 1949, and converted it into a home for nineteen aged persons of both sexes. Fortunately the amount of structural alteration was not large, consisting mainly of the provision

of additional baths and sanitary accommodation with additions to the cooking facilities. There is a large and very pleasant garden. The house was in excellent condition, and the purchase of existing carpets, curtains and other fittings facilitated the furnishing and equipping of the home. There is a dining room and large lounge on the ground floor, and six bedrooms, one of which is also on the ground floor. Three of the bedrooms have two beds, two have three beds, and one (formerly the billiards room) has seven beds. On the second floor are bed-sitting rooms for the matron and assistant matron-cook; other domestic staff are non-resident. The hall and dining room, and the largest bedroom, are heated by anthracite stoves, the lounge by a coal-coke fire, and the other bedrooms by electric convection heaters. As with "Hill Crest," this house is capable of extension. The need is not urgent, but schemes of this kind take many months to complete and I shall ask the Committee to give early consideration to planning further accommodation.

There was an increase in the number of persons for whom accommodation was provided during the year, and on 31st December, 1951, 85 persons were in residence. This number is considerably less than the number estimated to require accommodation at the time our schemes were formulated. The reasons for this are multiple, but an important factor is doubtless full employment.

The following table gives details of admissions to and discharges from residential accommodation during the year 1951:—

Accommodation	No. of Residents 1/1/51	Admission from Hospital Home		Discharges to Hospital Home		Deaths	No. of Residents 31/12/51
Hill Crest, Smethwick ...	14	3	9	4	4	1	17
Park Hill, Moseley	16	4	5	3	3	1	18
The Poplars, Wolverhampton ...	39	7	5	12	1	2	36
Bromley House, Wolverhampton ...	4	—	—	1	—	—	3
Beacon Lodge, Walsall ...	1	1	—	—	—	—	2
Summer Hill Homes, Birmingham ...	—	—	2	—	—	—	2
Birmingham Infirmary ...	1	—	—	—	1	—	—
" Icknield," Birmingham ...	—	—	1	—	—	—	1
Witton Hall, Birmingham ...	1	—	—	—	1	—	—
Quinton Hall, Birmingham ...	2	—	—	—	—	1	1
Highbury Hall, Birmingham ...	—	1	—	1	—	—	—
Solihull, Warwickshire ...	1	1	—	—	—	—	2
Stratford-on-Avon, Warwickshire ...	1	—	—	—	—	—	1
" Tegfan " Glamorgan C.C. ...	—	—	1	—	—	—	1
David Lewis Epileptic Colony, Manchester ...	1	—	—	—	—	—	1
	—	—	—	—	—	—	—
	81	17	23	21	10	5	85
	—	—	—	—	—	—	—

TEMPORARY ACCOMMODATION.

Temporary accommodation for persons in urgent need, e.g. following fire, flooding, or eviction, is available only at "The Poplars," Wolverhampton. In a number of cases temporary accommodation in "The Poplars" was refused, and the applicants (generally sub-tenants turned out of their rooms because of the needs of the tenant's family) eventually succeeded in securing further accommodation in rooms. Most of the cases coming to our notice were, in fact, housing cases, whose needs could only satisfactorily be met by a family house.

CARE OF AGED PERSONS IN THEIR OWN HOMES.

The Domestic Help service and the Home Nursing service are largely used by old people, for whom, of course, all the appropriate activities of the Health Department are freely available. A register of aged persons has been compiled and it is gratifying to find that the great majority have satisfactory accommodation and are able to look after themselves or are receiving all necessary attention from relations. The survey has, however, revealed quite a number of cases where assistance by the Department was helpful and appreciated. During the year the Health Visitors paid 1,390 visits to 782 individual aged persons.

The call for residential accommodation has not been so great as was anticipated when the Act came into operation, but during the past year there has been an increase in the number of applications received. Old people very naturally cling to their own homes as long as possible and every effort is made to enable them to continue housekeeping as long as they are fit to do so.

The Housing Committee of the Council has made very generous provision for aged couples in ninety-eight bungalows on the Municipal Housing Estates, and further accommodation is planned. In addition there are seventeen alms-houses in Coopers Lane managed by the Harborne Parish Lands Trust.

The Sons of Rest have flourishing establishments in West Smethwick Park, Victoria Park, Lewisham Park and Lightwoods Park, within the Borough, and a "Darby and Joan Club" is held weekly at the old Vicarage of Holy Trinity Church.

REMOVAL OF PERSONS IN NEED OF CARE AND ATTENTION.

It was not found necessary during the year to take action under Section 47 of the Act. The Department is always reluctant to invoke these powers and they are not used if there is even a slender chance of ameliorating the conditions under which an old person is anxious to end his days.

PROTECTION OF PROPERTY.

Action under Section 48 of the Act to provide temporary protection for property of persons admitted to institutions was taken in five cases during the year. There were no cases calling for action last year.

BURIAL OF THE DEAD.

In six cases during the year the Department took action under Section 50 of the Act for the burial of persons where no suitable arrangements had been made. There were only two such cases in 1950.

WELFARE OF BLIND PERSONS.

The Council have made arrangements with the Birmingham Royal Institution for the Blind for promoting the welfare of blind persons for whom they are responsible. The institution maintains the Register of Blind Persons and provides all services, including home teaching, workshop employment, home employment, marketing of produce and general social welfare.

The classification of the Register as at 31st December, 1951, was as follows:—

	Males.	Females.	Total.
Children at School—Day	2	—	2
Children at School—Resident	1	—	1
Adults in Training—Day	2	1	3
Workshop Workers	13	4	17
Workers in Industry	3	1	4
Other Blind Employees	1	—	1
Unemployables at Home	29	41	70
Unemployables in Regional Board Hospitals	2	3	5
Unemployables in Welfare Department Homes	1	1	2
	<hr/> 54 <hr/>	<hr/> 51 <hr/>	<hr/> 105 <hr/>

WELFARE OF OTHER HANDICAPPED PERSONS.

The Council has under consideration a Scheme for the provision of appropriate welfare services for classes of handicapped persons other than the blind and partially-sighted, and conversations have taken place with other neighbouring authorities in this connection. Information as to the number and needs of such persons is being sought through various channels. Large numbers of these persons have, of course, benefited from the appropriate services provided by the Department under Part III of the National Health Service Act and from the activities of various voluntary bodies serving the district; in particular crippled persons have continued to receive treatment and care from the Smethwick Orthopaedic Clinic, a former voluntary body now taken over by the Birmingham Regional Hospital Board.

Mentally handicapped persons receive care and supervision from Officers of the Health Department, and physically handicapped children are the concern of the Maternity and Child Welfare and School Medical services of the Council.

CLINICS AND TREATMENT CENTRES.

There are two comprehensive clinics, one at "The Firs," Coopers Lane, and the other at Cape Hill in premises formerly belonging to the Birmingham General Dispensary. Both are staffed by doctors, dentists, nurses and other workers, and are open for the various services, as follows:—

Infant Welfare Centres.

"The Firs," Coopers Lane	... Mon. and Thurs.	2—4 p.m.
Cape Hill	... Tuesday	2—4 p.m.
	... Wednesday	9—12 noon
Warley: St. Gregory's Church Hall, Wigorn Road	... Friday	2—4 p.m.
Londonderry: Community Hall, Hurst Road	... Tuesday	2—4 p.m.
Sandwell: St. Stephen's Church Hall, Cambridge Road	... Wednesday	2—4 p.m.
Oldbury Road: Oldbury Road Schools	... Friday	2—4 p.m.

Ante-Natal Clinics.

"The Firs":	Tuesday	2—4 p.m.
	Wednesday	9—12 noon and 2—4 p.m.
	Thursday	2—4 p.m.
	Friday	2—4 p.m.

Dental Inspection.

For Expectant and Nursing Mothers.

Cape Hill:	Tuesday	11.30 a.m.
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All new Ante-Natal patients are inspected by the Dental Surgeon on Tuesday mornings, and appointments are made for treatment.

School Clinics.

Inspection Clinic.

"The Firs":	Tuesday	9.30—12 noon.
Cape Hill:	Friday	9.30—12 noon.

Treatment Clinic.

"The Firs":	Tuesday	9.30—12 noon.
	Wednesday	9.30—12 noon.
	Thursday	9.30—12 noon.
	Friday	9.30—12 noon.
Cape Hill:	Monday	9.30—12 noon.
	Tuesday	9.30—12 noon.
	Wednesday	2—4 p.m.
	Thursday	9.30—12 noon.
	Friday	2—4 p.m.

Dental Clinic.

"The Firs": Monday to
Friday 9—12 noon and 2—5 p.m.

Gas Sessions Tuesday and Friday mornings.

Casual patients seen from 9.15 to 10.15 a.m. Monday, Wednesday and Thursday.

Cape Hill: Monday to
Friday: 9—12 noon.

Gas Sessions Wednesday and Friday mornings.

Casual patients seen from 9.15 to 10.15 a.m. on Monday and Thursday.

Eye Clinic.

"The Firs": Monday 2—4 p.m.
Thursday 2—4 p.m.
(By appointment).

Skin Treatment and Cleansing Clinic.

"The Firs": Tuesday 2—4 p.m.
Wednesday 2—4 p.m.
Friday 2—4 p.m.

Ultra-Violet Light Clinic.

"The Firs": Monday 9—12 noon.
Thursday 9—12 noon.

Chest Clinic.

"The Firs": Monday 6—8 p.m.
Tuesday 10—12 noon (Children).
Wednesday 2—4 p.m.
Thursday 10—12 noon. (Treatment Clinic A.P.
refills only)
Friday 2—4 p.m.

The Monday evening clinic is intended for those whose work prevents them attending at the afternoon sessions.

Children coming for the first time should be brought on Tuesday morning.

REPORT OF THE CHIEF SANITARY INSPECTOR.

SANITARY ADMINISTRATION.

INSPECTIONS.

The volume of work handled by the sanitary inspectorate may be assessed by a glance at Table I, which summarises the inspections made to all types of premises for all purposes. The total for the year under review is 26,104. Advantage continues to be taken of the facilities existing in the department for the investigation of complaints. These may be made either in writing, by telephone or in person, and the number of complaints made during the year under review was 2,494. The average number of complaints during the ten pre-war years was 788. Since the end of the war it has increased steadily to the present figure. A comparison of Table I with the same table in the previous year's report shows that the number of re-visits that it was necessary to make in connection with notices served was fewer by over 3,000; that is to say, whilst 15,284 re-visits were made in 1950, only 12,183 were necessary in 1951, despite the fact that the number of sanitary defects found and remedied closely approximates to those found and remedied in the previous year. The exact position is as follows:—

	1950	1951
Sanitary defects found	6,840	6,663
Sanitary defects remedied	7,523	7,356

This comparison indicates that there is now less time lag between the service of notices and their compliance and that arrears are being overtaken. The corollary is that there are also less notices outstanding at any given time.

LEGAL PROCEEDINGS.

It has been necessary to take legal proceedings under the Public Health Act, 1936, in respect of 78 premises, because of failure by the owners to comply with abatement notices. In more than half of these cases the work was executed before the date of hearing, and in the remainder the Court made Abatement Orders which were ultimately complied with either by the owners themselves, or (in 12 cases) by the Corporation in default.

FOOD INSPECTION AND FOOD HYGIENE.

A reference to Table II will show that an increasing amount of attention has been paid to the question of the purity, cleanliness and

fitness for consumption of the people's food supplies. The total number of visits paid for this purpose is 2,168, made up as follows:—

Dairies and Milkshops	...	...	...	...	...	93
Visits to Markets	...	...	...	...	...	157
Actual Inspection of Food Commodities	...	...	...	...	...	456
Visits to Food Premises	...	...	...	...	...	750
Ice Cream Vendors	...	...	...	...	...	203
Food Sampling	...	...	...	...	...	348
Bakehouse Inspections	...	...	...	...	...	67
Slaughterhouses and Private Slaughtering	...	...	...	...	...	66
Food Hawkers	...	...	...	...	...	28
						<hr/> 2,168 <hr/>

The proprietors of cafes, restaurants, snack bars, etc., and the managers of works' canteens have evinced a commendable willingness to comply with all the suggestions of the Department, including provision for the proper cleansing of personnel and utensils, involving the installation of arrangements for constant hot water and the provision of soap, towels, etc. No difficulty has been experienced in securing compliance with the new Food Handling Byelaws. It would appear that food handlers, as well as the general public, are becoming educated to the need for the observance of elementary precautions where food is concerned. The Council has not thought it necessary to institute any special intensive campaign, but education is constantly going on by the inspectors in the course of their visits and, during the year, a number of talks have been given by various members of the staff to groups of food handlers gathered together for the purpose. In this work of food hygiene education, it must also be acknowledged that we have received considerable assistance from the general Press.

There has been no case in the town during the year of disease contracted from infected milk requiring action under Section 20 of the Milk and Dairies Regulations, 1949.

ICE CREAM.

The amount of ice cream consumed appears to be steadily increasing and, due to the release of sufficient quantities of the essential ingredients, the average quality of this article is now higher than at any time since before the war.

When the Ice Cream (Heat Treatment) Regulations, 1947, came into force everyone who had been a manufacturer of ice cream, in how-

ever small a way, was anxious to continue as a manufacturer and a good deal of money was enthusiastically expended by the smaller traders in order to comply with the Regulations. Since that time most small manufacturers have realised that they are unable to compete, either on economic grounds or in the matter of purity and quality, with the large manufacturer who, by means of elaborate up-to-date and costly machinery, is able to turn out an article consistent in quality, beyond suspicion as to purity, and packed in attractive containers or wrappings, which prevent contamination between the factory and the consumer. We have now only six registered premises where ice cream is manufactured by the hot mix process and twenty who manufacture by the complete cold mix method, out of a total of 213 premises which are registered to sell ice cream.

STAFF.

Except for one district inspector, Mr. Inman, who left the Department on the 26th August to take up an appointment in Tanganyika, and whom we have not yet been able to replace, the staff remained during the year at eight inspectors, including the Deputy Chief Sanitary Inspector, Mr. R. G. Evans. My thanks are due to them for the continuance of their loyalty and enthusiasm, and also to my secretary, Mrs. Gregory, formerly Miss Parish, who, although she married during the year, has elected to remain in the service of the Council. Finally, I wish to acknowledge gratefully the support I have always received from the Chairman and members of the Health Committee, as well as from every member of the Council. A happy feature of the work has also been the friendly collaboration that there has always been between the Medical Officer and myself and the willing assistance that has always been forthcoming, whenever it has been needed, from the officers of all other departments.

JOHN H. WRIGHT,

Chief Sanitary Inspector.

SANITARY INSPECTION OF THE AREA.

SUMMARY OF INSPECTIONS.

The total number of visits paid to all premises for all purposes was 26,104. These inspections are summarised in the following table:—

TABLE I.

Inspections on Complaint	...	...	...	...	3,814
Re-visits re Notices Served	...	...	...	...	12,183
Inspection re Ashes Accommodation	...	...	...	...	1,472
Re-visits re Ashes Accommodation	...	...	...	...	829
Housing Act Inspections	...	...	...	...	3
Housing Work in Progress	...	...	...	...	6
Housing Act Re-visits	...	...	...	...	47
Dairies and Milkshops	...	...	...	...	93
Overcrowding	...	...	...	...	392
Infectious Diseases	...	...	...	...	357
Markets Inspected	...	...	...	...	157
Food Inspections	...	...	...	...	456
Meat and Other Food Premises	...	...	...	...	750
Ice Cream Vendors	...	...	...	...	203
Food Sampling	...	...	...	...	348
Bakehouses Inspected	...	...	...	...	67
Hairdressers' Premises	...	...	...	...	120
Workplaces	...	...	...	...	6
Factories	...	...	...	...	181
Outworkers	...	...	...	...	38
Canal Boats	...	...	...	...	6
Waste Water Closets	...	...	...	...	27
Drains Tested	...	...	...	...	86
Prevention of Damage by Pests Act	...	...	...	...	1,586
Slaughterhouses Inspected	...	...	...	...	5
Pigsties and Stables	...	...	...	...	71
Insect Pests and Vermin	...	...	...	...	185
Private Slaughtering	...	...	...	...	61
Smoke Observations	...	...	...	...	52
Visits re Smoke Abatement	...	...	...	...	164
Food Hawkers	...	...	...	...	28
Water Sampling	...	...	...	...	14
Miscellaneous	...	...	...	...	2,297
					<hr/> 26,104 <hr/>

SUMMARY OF DEFECTS.

The following table gives a summary of the various defects encountered in the course of visits paid to all types of premises, together with the number of defects remedied under each heading:—

TABLE II.

	Found	Remedied
Dirty Premises	284	340
Defective Roofs, Spouting, etc.	983	1,109
Blocked Drains	340	373
Defective or Insufficient Paving	36	43
Defective Sinks and Wastepipes	58	64
Accumulation of Offensive Matter	36	37
Defective Plaster of Walls and Ceilings	595	671
Defective Ashbins or Ashplaces	1,094	1,107
Defective W.C.'s	191	203
Inadequate Coal Storage	—	3
Insufficient Light and Ventilation	274	320
Overcrowding	27	45
Animals kept so as to be a nuisance	—	4
Defective Water Fittings	25	38
Inadequate Food Storage	4	3
Dampness	284	309
Inadequate Water Supply	11	11
Dangerous Buildings	18	27
Defective or Insufficient Drainage	260	320
Defective Washboilers	32	32
Defective External Brickwork & Chimneys	345	427
Defective Floors	148	172
Defective Firegrates	106	114
Defective Stairs and Handrails	48	49
Insufficient Heating	1	—
Defective Woodwork of Doors, Windows, etc.	256	309
Defective Rainwater Cisterns	9	17
Rats—Surface Infestations	238	238
Rats—Sewer Infestations	928	928
Smoke Nuisances	1	4
Miscellaneous	31	39
	6,663	7,356

WATER SUPPLY.

The Town's water is supplied by the South Staffordshire Waterworks Company and has been satisfactorily maintained both as regards quantity and quality.

The Company regularly make bacteriological and chemical analyses of the water both prior to treatment and going into supply.

No cases of contamination were reported during the year.

The number of houses in the town sharing a common water supply remains at approximately 1.1 per cent. and the position with regard to water is set out below:—

	Houses	Population	Percentage
Internal water supply ...	20,953	76,432	96.04
Separate outdoor supply ...	625	2,125	2.86
Communal water supply ...	243	840	1.10

WORK CARRIED OUT BY THE CORPORATION IN THE OWNERS' DEFAULT.

During the year under review the Corporation has executed work at the cost of the owner, and in default of his compliance with Notices, as follows:—

- (1) Cleansing or repair of blocked or defective drains and repairs to defective W.C.'s under Section 49 of the Smethwick Corporation Act, 1929 ... 349 cases
- (2) The supply of galvanised iron ashbins with covers, under Section 75 of the Public Health Act, 1936 ... 13 cases
- (3) Abatement of nuisances in default of compliance with Orders of the Court, Section 95, Public Health Act, 1936 ... 12 cases
- (4) Repair of defective roofs under Section 49 of the Smethwick Corporation Act, 1948 ... 46 cases

During the year the Corporation instituted a bin provision scheme, in accordance with Section 75(3) of the Public Health Act, 1936. Under this scheme 1,000 bins were provided during the year and the owners were charged the Statutory five shillings with the rate demand.

HOUSING ACT., 1936.

UNFIT HOUSES.

During the year two houses were represented as unfit for human habitation and incapable of repair at reasonable cost. Notices of time and place were served on the owner and demolition orders made.

OVERCROWDING.

At the close of the year 88 cases of overcrowding remained on the register. The number of cases of overcrowding abated during the period under review was 41, 16 of which were abated by the Corporation providing alternative accommodation for the overcrowded family.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The number of premises cleared of rats and mice during the year was 238.

Two maintenance treatments of the town's sewers were undertaken, a total of 928 manholes being baited. 25 complete takes and 344 partial takes were recorded. This compares with 61 complete takes and 703 partial takes out of a total of 1,194 manholes baited during 1950, and indicates that the maintenance treatments have considerably reduced the rat population in the sewers.

LEGAL PROCEEDINGS.

During the year under review legal proceedings were instituted in respect of 78 premises, consequent upon the failure of the owners to comply with notices served under the Public Health Act, 1936. The results of the cases were as follows:—

- | | | | | | | |
|--|-----|-----|-----|-----|-----|----|
| (i) Cases withdrawn, the work having been completed prior to the hearing of the case | ... | ... | ... | ... | ... | 46 |
| (ii) Cases in which abatement orders were made | ... | ... | | | | 32 |

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

The number of samples submitted for bacteriological examination was 133. The results of the examinations are summarised in the following table:—

TABLE III.

Type of Milk	No. of Samples	Tests Applied.	Satisfactory	Unsatisfactory
Pasteurised	61	Phosphatase	55	6
	40	Methylene Blue	38	2
Tuberculin Tested	48	Phosphatase	44	4
(Pasteurised)	32	Methylene Blue	31	1
Sterilised	15	Methylene Blue	15	—
	24	Turbidity Test	24	—

SUMMARY.

Milk examined for keeping quality (Methylene Blue)—3.4 per cent. unsatisfactory. Milk examined for efficiency of pasteurisation (Phosphatase test)—7.5 per cent. unsatisfactory.

MEAT AND OTHER FOODS.

The articles of food which it has been found necessary to condemn for diseased or unsound conditions are summarised in the table below. In all cases the food was surrendered and destroyed or was so disposed of as to prevent its use for human food.

TABLE IV.

	Tons	Cwts.	Qrs.	Lb.	Ozs.
Meat	3	5	—	13	3
Fish	—	4	1	9	5
Fruit	2	7	—	13	—
Vegetables	1	14	3	21	12
Fats	—	8	2	22	12
Miscellaneous Foods	1	18	3	21	15
	—	—	—	—	—
	9	19	—	17	15
	—	—	—	—	—

All butchers' meat sold for human consumption in the town is distributed from the City Meat Market and Abattoir in Birmingham. The only slaughtering carried on in the borough is of cottagers' pigs, for home consumption, details of which are given in the following table. A reference to this table shows that these pigs continue to be remarkably healthy, only 2 pigs out of 47 being affected with tuberculosis. Two pigs showed evidence of non-tubercular disease.

TABLE V.

Number of pigs killed	...	...	...	...	...	47
Number of pigs inspected	...	...	...	...	...	47
Number found diseased:—						
(a) All diseases except Tuberculosis:—						
(i) Carcases of which some part or organ was condemned	...	...	...	...	...	3
(ii) Percentage of number affected with disease other than T.B.	...	...	...	...	...	6.3
(b) Tuberculosis only:—						
(i) Carcases of which some part or organ was condemned	...	...	...	...	...	2
(ii) Percentage of number affected with Tuberculosis	...	...	...	...	...	4.2

ICE CREAM.

At the close of the year 213 premises were registered for the manufacture and/or sale of Ice Cream. This compared with 176 registrations in 1950. All these premises have been regularly visited and the provisions of both the Ice Cream (Heat Treatment) Regulations, 1947, and the Food and Drugs Act, 1938, Section 13, are being observed.

The registered premises are as follows:—

For manufacture and sale (Hot Mix Process)	...	...	6
For manufacture and sale (Complete Cold Mix)	...	...	20
For sale only	...	...	187
			—
			213
			—

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

The Borough Analysts, Messrs. Bostock, Hill and Rigby, of Birmingham, carry out chemical analyses of food, drugs, water, air, etc., and bacteriological examination of Ice Cream.

Bacteriological examination of food, including examination of milk for methylene blue reduction test, bacterial count, phosphatase test, and the presence of B. Coli, as well as the biological examination of milk for the presence of Tubercle Bacilli, were undertaken at the Public Health Laboratory and the City Analyst's Laboratory, Great Charles Street, Birmingham.

TABLE VI.

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

Articles Analysed	Total Samples	Genuine	Not Genuine
Milk	29	29	—
Herbs, Spices, Flavourings, etc.	13	13	—
Drugs and Laxatives	12	10	2
Confectionery	17	17	—
Custard Powder	6	6	—
Sauces, Relishes, Pickles, etc. ...	8	8	—
Sausages, Savouries, etc. ...	30	25	5
Meat and Fish Pastes	7	7	—
Cereals	2	2	—
Coffee and Chicory, etc. ...	4	4	—
Condiments	5	5	—
Dried Fruit	1	1	—
Cake Mixture, Leavening Agents, etc.	11	10	1
Ice Cream	16	12	4
Coconut	1	—	1
Bread	1	1	—
	—	—	—
	163	150	13
	—	—	—

1. INSPECTIONS OF FACTORIES.
INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS.

PREMISES	Number on Register	NUMBER OF			Occupiers prosecuted
		Inspections	Written notices		
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	17	49	1		—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	171	132	10		—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—		—
TOTAL	188	181	11		—

2. CASES IN WHICH DEFECTS WERE FOUND.

PARTICULARS	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7):					
(a) insufficient	—	—	—	—	—
(b) unsuitable or defective	11	14	—	5	—
(c) not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	11	14	—	5	—

APPENDIX.

Causes of Death at different Periods of Life in the
County Borough of Smethwick, 1951.

CAUSES OF DEATH		Sex	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES ..		M	500	22	4	6	6	22	157	138	145
		F	458	9	—	2	1	18	102	135	191
1. Tuberculosis, respiratory	..	M	28	—	—	1	—	6	18	2	1
		F	9	—	—	—	—	5	4	—	—
2. Tuberculosis, other	..	M	3	—	1	—	—	1	—	—	1
		F	—	—	—	—	—	—	—	—	—
3. Syphilitic disease	..	M	1	—	—	—	—	—	—	1	—
		F	—	—	—	—	—	—	—	—	—
4. Diphtheria	..	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
5. Whooping Cough	..	M	1	1	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	..	M	1	—	1	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	..	M	2	—	—	2	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
8. Measles	..	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	..	M	1	—	—	—	—	1	—	—	—
		F	2	—	—	—	—	—	1	1	—
10. Malignant neoplasm, stomach	..	M	15	—	—	—	—	—	9	3	3
		F	12	—	—	—	—	—	3	6	3
11. Malignant neoplasm, lung, bronchus	..	M	29	—	—	—	—	1	17	9	2
		F	7	—	—	—	—	—	4	2	1
12. Malignant neoplasm, breast	..	M	—	—	—	—	—	—	—	—	—
		F	11	—	—	—	—	—	6	3	2
13. Malignant neoplasm, uterus	..	M	—	—	—	—	—	—	—	—	—
		F	9	—	—	—	—	—	4	5	—
14. Other malignant and lymphatic neoplasms	..	M	41	—	—	—	—	1	18	13	9
		F	38	—	—	—	—	1	14	12	11
15. Leukaemia, aleukaemia	..	M	2	—	—	1	—	—	1	—	—
		F	2	—	—	—	—	—	2	—	—
16. Diabetes	..	M	2	—	—	—	—	1	—	1	—
		F	4	—	—	—	—	1	1	2	—
17. Vascular lesions of nervous system	..	M	51	—	—	—	—	—	12	21	18
		F	67	—	—	—	—	—	14	26	27
18. Coronary disease, angina	..	M	66	—	—	—	—	—	30	17	19
		F	36	—	—	—	—	—	8	11	17
19. Hypertension with heart disease	..	M	14	—	—	—	—	—	2	5	7
		F	23	—	—	—	—	—	6	8	9
20. Other heart disease	..	M	66	—	—	—	—	1	14	18	33
		F	101	—	—	—	—	3	10	25	63
21. Other circulatory disease	..	M	13	—	—	—	—	—	2	5	6
		F	13	—	—	—	—	1	2	3	7
22. Influenza	..	M	9	—	—	—	—	1	2	4	2
		F	16	—	—	—	—	1	5	2	8
23. Pneumonia	..	M	29	4	—	—	—	3	3	10	9
		F	14	2	—	—	—	—	—	3	9
24. Bronchitis	..	M	44	1	1	—	—	1	12	14	15
		F	24	1	—	—	—	—	3	8	12
25. Other diseases of respiratory system	..	M	4	1	—	—	—	—	2	—	1
		F	1	—	—	—	—	—	—	—	1
26. Ulcer of stomach and duodenum	..	M	10	—	—	—	—	1	5	4	—
		F	4	—	—	—	—	—	1	1	2
27. Gastritis, enteritis and diarrhoea	..	M	2	—	—	—	—	—	1	—	1
		F	2	—	—	—	—	1	—	1	—
28. Nephritis and nephrosis	..	M	2	—	—	—	2	—	—	—	—
		F	4	—	—	—	—	1	1	1	1
29. Hyperplasia of prostate	..	M	2	—	—	—	—	—	—	—	2
		F	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion	..	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
31. Congenital malformations	..	M	2	2	—	—	—	—	—	—	—
		F	1	—	—	—	—	1	—	—	—
32. Other defined & ill-defined diseases	..	M	47	13	1	1	2	1	6	7	16
		F	49	6	—	1	1	3	9	12	17
33. Motor vehicle accidents	..	M	4	—	—	—	1	1	1	1	—
		F	1	—	—	—	—	—	—	1	—
34. All other accidents	..	M	7	—	—	1	1	2	1	2	—
		F	4	—	—	1	—	—	1	1	1
35. Suicide	..	M	2	—	—	—	—	—	1	1	—
		F	4	—	—	—	—	—	3	1	—
36. Homicide and operations of war	..	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—

