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Contributors

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County Borough of Smethwick

The
Health of the Borough
in
1953

HUGH PAUL, M.D., D.P.H.
Medical Officer of Health,
Tuberculosis Officer and
Principal School Medical
Officer.

W. L. KAY, F.S.I.A., M.R.San.I.
Chief Sanitary Inspector.

2382



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County Borough of Smethwick

COMMITTEES—1953-1954

Health Committee:

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

Vice-Chairman: COUNCILLOR R. L. PRITCHARD

THE MAYOR (ALD. E. T. BROWN, J.P.) ALD. W. H. PERRY

ALD. A. BRADFORD, J.P.

COUN. H. HAMILTON, M.R.C.S., L.R.C.P.

ALD. F. W. PERRY, J.P.

COUN. W. G. MASON

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

MRS. E. E. JONES

MRS. I. M. STAPHNILL

MRS. D. A. MURPHY

MISS S. C. WRIGHT

Mental Health Sub-Committee:

All members of the Health Committee:

MR. J. M. ADAIR

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

Welfare Sub-Committee:

All members of the Health Committee

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

The Hollies and Day Nurseries Sub-Committee:

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

THE MAYOR (ALD. E. T. BROWN, J.P.)

ALD. W. H. PERRY

ALDERMAN A. BRADFORD, J.P.

COUN. R. L. PRITCHARD

Health and Education Joint Sub-Committee:

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:

COUN. MRS. M. KIMBERLEY

COUNCILLOR D. SHUKER

MR. H. O. HUGHES, M.A., B.Sc.

OBITUARY

COUNCILLOR MRS. M. KIMBERLEY

Died 15th July, 1953.

HEALTH DEPARTMENT STAFF:

Medical Officer of Health, Tuberculosis Officer and Principal School Medical Officer:

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

Senior Assistant Medical Officer:

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

Assistant Medical Officers:

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

SHEILA M. DURKIN, M.B., Ch.B., D.P.H.

Chest Physician (part-time):

A. WILSON RUSSELL, M.D., Ch.B., D.P.H.

Obstetrics Officer (part-time):

T. DOUGRAY, M.B., Ch.B., M.R.C.O.G.

Chief Sanitary Inspector:

(de) JOHN H. WRIGHT, M.B.E., F.S.I.A. (to 18.4.53)

(defgno) WILLIAM L. KAY, F.S.I.A., M.R.San.I. (from 9.4.53)

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

Sanitary Inspectors:

(de) H. H. BOWES (to 10.5.53)

(d) K. H. J. GREEN (from 12.1.53)

(d) D. G. BUSH (from 5.1.53)

(de) G. E. HAYNE (to 30.6.53)

(de) L. G. FRANCIS

Pupil Sanitary Inspector: T. P. JONES

Administrative Staff:

Secretary: (d) GEORGE H. ROE

R. M. MARTIN, Chief Clerk
(to 30.9.53)

G. O. ELLIS, Chief Clerk
(from 2.11.53.)

(h) W. D. FODEN, Senior Clerk
(31.5.53.)

D. L. JONES, Senior Clerk
(from 20.7.53.)

F. A. COLLETT,
Welfare Assistant

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

FLORENCE E. HOWLETT,
i/c S.H.S. (to 14.10.53.)

R. WOOLLEY, i/c S.H.S.
(from 1.12.53.)

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

KATHLEEN L. WHISTON

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

R. BAYLEY, (H.M.F. 3.6.53.)

JUNE M. BRAMBLE
(27.5.53.—21.8.53.)

M. H. CRITCHLEY

N. J. DAVIS

DAPHNE F. DYKE
(from 29.6.53.)

IDA FAULKNER

MARIE E. FROST

PATRICIA M. HALL

MARGARET MORRIS

MONICA G. PARKES

GLENYS M. PERRINS
(from 7.9.53.)

OLIVE J. SALMON

J. SMALLWOOD (from 8.6.53.)

A. H. WHEATCROFT

MARY L. WHITEHOUSE

Duly Authorised Officer:

(i) W. A. HARNDEN (to 31.5.53)

(h) W. D. FODEN (from 1.6.53)

Nursing Staff :

Superintendent Nursing Officer: (abc) MISS M. WAINWRIGHT

Health Visitors:

(abc) MISS J. E. ACKERS	(abc) MISS M. ADAMS
(abc) MISS D. HUNT	(bc) MISS M. RITCHIE (to 30.9.53)
(abc) MISS M. P. O'KEEFFE	(abc) MISS I. BANNER (from 1.9.53)
(abc) MRS. D. GRAINGER	

Student Health Visitors:

(ab) MISS I. BANNER (to 31.8.53)	(ab) MISS E. L. FARMER (from 1.9.53)
(ab) MISS M. B. ALDERTON (from 1.9.53)	(ab) MRS. H. M. HOY (from 1.9.53)
	(ab) MISS V. I. JONES (from 1.9.53)

Clinic Nurses:

(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) MRS. D. G. HEPBURN
(ab) MISS M. A. KING	(ab) MISS M. E. LAMBERT (from 2.11.53)
(ab) MISS N. O. SCRIVEN (to 30.9.53)	(a) MISS M. J. O'BRIEN (from 9.11.53)
(ab) MISS W. B. ROWE (to 30.9.53)	

Home Nurses:

Superintendent: (abc) MISS J. HIGH

(b) MRS. M. A. WORRALL	(ab) MRS. A. M. DAVIES (from 13.4.53)
(a) MRS. E. G. WINNETT	(b) MRS. C. E. SMITH (from 2.9.53)
(m) MRS. M. A. H. JONES	(ab) MRS. J. R. BRIDLE (from 8.12.53)
(m) MRS. E. B. WEAVER	(b) MRS. M. SLATER (to 8.6.53)
	(b) MRS. M. SMITH (to 31.7.53)

Chiropodists:

(k) MISS A. M. DOBSON	(k) J. BEAUMONT
Matron, "The Hollies"	(b) (p) MISS D. MONCASTER
Matron, Edgbaston Road Day	
Nursery (closed 31.7.53)	(b) MRS. G. M. LITTLER
Matron, Norman Road Day	
Nursery	(p) MRS. E. MILWARD
Matron, "Hill Crest"	MRS. W. E. STEEDS
Matron, Park Hill	(b) MISS V. M. SKELLY (to 13.6.53)
	MISS C. C. BRUXBY (from 29.6.53)
Superintendent, Occupation Centre	MRS. P. E. FOWKES

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 Society of Chiropodists
- l* Registered Fever Nurse.
- m* State Enrolled Assistant Nurse.
- n* Liverpool University Meat Inspector's Diploma.
- o* Liverpool School of Hygiene Smoke Inspector's Certificate.
- p* Diploma of National Society of Childrens Nurseries.

County Borough of Smethwick

PUBLIC HEALTH DEPARTMENT,

"THE UPLANDS,"

HALES LANE,

SMETHWICK.

APRIL, 1954.

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

MR. MAYOR, LADIES AND GENTLEMEN,

The year 1953 was notable in the Health Department in Smethwick in a number of ways, some favourable and some unfavourable. The birth rate of 14.3, the lowest in our history, suggests that babies do not like to be born in Smethwick, but the extremely low death rate of 9.0, which also was the lowest in our history, suggests that our residents are just as loth to leave it. Indeed the decrease in deaths during the last two or three years has been spectacular. In 1951 there were 958 deaths; the following year this figure fell to 837, and last year it was 687, an amazingly small number, and of these two out of every three were over 65, and one out of every three over 75 years of age!

Again on the favourable side our neo-natal mortality rate (12.9) and our infant mortality rate (22.1) were also the lowest on record. These figures are lower than a few years ago would have been considered possible. In 1952, 28 of our babies died under the age of four weeks; last year the number was exactly half this figure. The illegitimate births at 67, however, were higher than for some years. In 1951 there were 36.

The picture of infectious diseases in Smethwick is, on the whole, very satisfactory; there were no deaths from enteric fever, measles, whooping cough, infantile diarrhoea, diphtheria or scarlet fever and there were no cases of diphtheria or typhoid fever. The number of notifications of scarlet fever, whooping cough and measles was on the high side but these diseases were mild in character and, as has been stated, killed no one. It is interesting to note that there were 3 cases of malaria notified during the year. Food poisoning was rather more prevalent than usual and 64 cases were notified but all were of a mild type. Pneumonia still exacts its toll but 19 of the 32 deaths from this

disease occurred in persons over 65 years of age. It is pleasing to note a considerable reduction in the number of deaths on the roads from 10 in 1952 to 3 last year; this is exactly 3 deaths too many. Fourteen persons committed suicide compared with 18 the previous year.

VACCINATION AND IMMUNISATION.

Our efforts to persuade parents to protect their children against smallpox and diphtheria still encounter heavy weather but the situation is, on the whole, not unsatisfactory. Compulsion was abolished in the case of vaccination against smallpox in 1948 and it is pleasing to note that we succeeded in securing the vaccination of a higher proportion of our infants under a voluntary scheme than we did under compulsion. We vaccinated 45% of our babies in 1953. The campaign against diphtheria is in some ways more difficult but this is probably because of the absence of the disease from the town for so long. Mothers are no longer frightened by the occurrence of this disease in neighbouring houses or neighbouring streets and it is therefore more difficult to persuade them to protect their children against a disease which is not now present in the neighbourhood. Nevertheless we have protected 58.2 per cent. of the child population under 5 and 83.3 per cent. of school children.

TUBERCULOSIS.

The situation in regard to tuberculosis is rather peculiar. For many years the death rate has been steadily decreasing and now the deaths number fewer than a quarter of those 25 years ago. The non-pulmonary type of the disease is disappearing even more rapidly. The number of notifications of tuberculosis, however, continues to be high, almost twice as many as in the years immediately preceding the Second World War. It is important not to draw incorrect conclusions from these figures which are common to the country as a whole because there is more than one factor involved. The use of mass radiography and the careful and conscientious examination of all contacts has had the expected results of bringing to light a number of cases of the disease who formerly would have escaped our notice and there appears little doubt that the increase in notifications is largely due to this factor. It does not appear, however, to be the only factor and we note with anxiety that no fewer than 29 of the 169 notifications occurred in persons over the age of 55. It is only a few years since the new drugs such as streptomycin have been used and one cannot help coming to the conclusion that the use of these drugs, while keeping large numbers of persons out of the grave, is resulting in larger numbers of tuberculous persons in the community. This would be a matter of little importance if we could be sure that these persons remain free from infection and do not transmit the disease to others and if we were also sure that the use of the drugs restored to

them a large measure of the health and happiness of which the disease had previously deprived them. There is no doubt about the efficiency of these drugs in saving life and many persons are alive today who but for their discovery would have died. One cannot help feeling disquieted, however, at the fact that there appear to be increasing numbers of infectious cases in the community; the remedy for this state of affairs is not easy but the presence of the problem underlines the necessity for accentuation of the preventive measures which have been so successful in reducing both the morbidity and the mortality in the past. General measures of prevention have done much more toward the eradication of tuberculosis than any form of treatment and we are indeed fortunate that streptomycin was not discovered at the beginning of the century. We are now engaged in the building up of our schemes of immunisation against tuberculosis by B.C.G. vaccination but up to the present have mainly confined our efforts to immediate contacts of infectious cases. It is proposed now to carry out as extensively as is possible vaccination of children between 13 and 14 years of age in the schools and we are hoping by this means to do something to give a further degree of protection to this susceptible age group in the population. While, however, this method of vaccination is one which the medical profession wholeheartedly recommend and which will probably save many lives, we must not forget that it is only one of the numerous weapons which we must employ against this disease and that it is not the most important weapon. By far the most important measures which can be taken to reduce the incidence of tuberculosis are improvements in housing and in the general standard of living.

HEALTH VISITING.

During the year under review the number of health visitors on our staff fell to lower figures than at any time during the past quarter of a century and at one time our entire health visiting staff numbered only 7. This low figure should be viewed in the light of the fact that in Smethwick the health visitors act also as school nurses and as welfare visitors. There has been a substantial improvement during the early months of 1954 and when the health visitors whom we have in training join our staff we will have more health visitors than we have had since 1938. This will enable us to do much work which in 1953 was sadly neglected. The health visitor is probably the most important member of the public health staff and though her work lacks the glamour of her more sheltered colleagues in hospital her unassuming efforts in the homes of the people and at the school and infant welfare centres is of inestimable value and has contributed much towards the improvement of the health of the people; this is recorded year by year in these reports. In Smethwick for the past three or four years these health visitors have been paying visits

to the aged in the town but until a month or two ago the number of visits which could be paid was very small. It is hoped that during the present year (1954) we will be able to bring assistance and sympathy into the homes of many of the aged infirm.

This is the age of co-operation and with the increase in our health visiting staff we hope to be of greater assistance to the general practitioners in their social work and to the hospitals in the after-care of their patients.

AMBULANCE SERVICE.

The work of the Ambulance Service quietly creeps up in amount year by year. We thought we had a fairly comprehensive service in 1948 but the work done in 1953 shows a considerable increase over the 1948 figures. The total number of journeys has increased by about a half and the number of patients carried has doubled. Our vehicles covered over 91,000 miles compared with 70,000 miles in 1948. The two sitting-case cars which were purchased some time ago have been of great value in reducing the cost of transport and the Committee are proposing this year to purchase a $1\frac{1}{2}$ litre vehicle which can carry 10 sitting cases or alternatively two stretchers. This should help further to reduce our costs.

In 1954, a new hospital commenced operations in Smethwick. The Holly Lane Isolation Hospital which for two generations has served the Boroughs of Smethwick and Oldbury has been closed for infectious diseases for two or three years because of lack of custom. The tuberculosis patients remain but the remainder of the hospital is being altered and developed to form a regional neuro-surgery unit which will be one of the most modern in the country. This hospital is now accepting patients and when it is used to its full capacity there will be an increase in the calls on the municipal ambulance service.

MENTAL HEALTH.

The Occupation Centre which was opened on the 7th January, 1952, has now been in operation for over two years and has proved of great value. At the present time there are 36 persons on the register and the average attendance is about 22. The Occupation Centre is closely associated with the after-care work in the town as the Supervisor is also responsible for the supervision and care of those persons who because of special difficulties are unable to attend the Occupation Centre. The Centre opens at 9.30 a.m. and closes at 3.30 p.m. A mid-day meal is provided through the courtesy and co-operation of the Education Committee and is cooked at the Cape School canteen on the other side of Durban Road. The majority of the children are brought by their

parents or relatives or by other children to the Centre but an increasing proportion is being carried daily to and from the Centre by the Ambulance Service. Plans are being considered for the building of a permanent Occupation Centre in the Cape district.

WELFARE.

The duties of the local authority under Part III of the National Assistance Act are carried out by the health department for the Welfare Committee, the composition of which is the same as the Health Committee. The same Chairman presides over both these Committees. This sensible arrangement solves a number of problems and enables the staff to co-ordinate the various activities in relation to handicapped persons. We try as far as possible to reduce the number of visitors dealing with the social problems in one family whether these problems relate to a newly born child or to the distress of an aged and infirm relative. The advantages of having the School Health Service work, the National Health Service duties and Welfare in one department are so obvious as to need no emphasising and it has always been a matter of astonishment that this scheme has not been adopted more widely.

CHIROPODY.

From 5th July, 1948, we have employed two full-time chiropodists working at the Cape Clinic. They serve the entire population of Smethwick of all ages from 0—100 or over irrespective of social circumstances, age or sex. There is no charge and no conditions attached except residence in Smethwick and a need for the service. No recommendation is asked for from doctors or others and anyone who wishes may call direct at the Clinic and book an appointment for a definite day and time to have his or her feet attended to. This comprehensive and smoothly running scheme is, I understand, unique in this country. The chiropodists pay special attention to the aged and pay regular visits to our two old people's homes.

JOHN HENRY WRIGHT.

It would be remiss of me to finish a report for 1953 without referring to the services rendered by Mr. Wright who retired in April after 42 years' service. Mr. Wright during most of two generations has been as much a part of Smethwick as the Council House. He has been a friend and an inspiration to many thousands of people in the town and a warning to many others, particularly those careless persons who gave scant consideration to the welfare of their properties.

Mr. Wright was no ordinary official. He had and still has a vivid personality, and was usually either in the heights or in the depths, either

skimming the clouds and their silver linings in glamorous optimism or sunk to the depths in the forbidding shades of the nether world. He was more than a colleague; he was a personal friend to most of us and his retirement last year left a gap in the health department which will not easily be filled. He was known in his own Association as one of the leaders of his profession and achieved high office and maintained high esteem amongst his colleagues. In these days when the training of sanitary inspectors has been so much criticised and when the standard of the curriculum has been so fiercely attacked it is pleasing to be able to retort that a system which produces men like Mr. Wright cannot have many failings.

We wish him success, happiness and contentment in his retirement if the word retirement has any possible meaning for a man of his activity and restlessness.

In conclusion I would like to thank my Chairman, Alderman Mrs. Farley, and the members of the Health Committee and Welfare Subcommittee for their continued support, encouragement and sympathy. It is indeed a privilege and pleasure to be associated with such a progressive Council and I am fortunate also in having a loyal, hard-working and devoted staff without which it would be impossible to achieve any measure of success. My colleagues in the other departments are always ready to help and their friendliness and assistance are greatly valued. I offer them my thanks.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

HUGH PAUL,

Medical Officer of Health.

Annual Report for 1953

GENERAL STATISTICS.

AREA: 2,500 acres.

POPULATION: Census, 1951—76,397.

Estimated pre-war: 78,290.

Estimated civilian population mid-year 1953: 75,620.

RATEABLE VALUE: April, 1954: £441,716.

ESTIMATED PRODUCT OF A PENNY RATE: £1,750.

RATES IN THE £: 21/6 (April, 1954).

ESTIMATED NUMBER OF HOUSES IN THE BOROUGH: 21,885.

EXTRACTS FROM VITAL STATISTICS.

		1953	1952
LIVE BIRTHS:	Males	545	602
	Females	537	531
		1,082	1,133
	Illegitimate Births included in above total	67	51
	Birth-rate per 1,000 population	14.3	14.8
	Comparability factor (Births) ...	0.98	0.98
	Birth-rate as adjusted by Factor	14.0	14.5
STILL BIRTHS:	Males	15	13
	Females	13	5
		28	18
	Illegitimate still births included in above total	3	2
	Still Birth-rate per 1,000 popula- tion	0.37	0.23
	Rate per 1,000 total births ...	25.2	15.6
DEATHS:	Males	376	455
	Females	311	382
		687	837
	Death-rate per 1,000 population	9.0	10.9
	Comparability Factor (Deaths)	1.05	1.05
	Death-rate as adjusted by Factor	9.5	11.5

INFANT DEATHS:	Males	11	23
	Females	13	18
		—	—
		24	41
		—	—

Mortality per 1,000 births:

Legitimate Infants	...	20.3	35.1
Illegitimate Infants	...	29.8	58.8
All Infants	...	22.1	36.1
Deaths of Infants under 4 weeks		14	28
Neo-Natal Mortality Rate	...	12.9	24.7

DEATHS FROM:	No.	1593	No.	1952
		Rate per 1,000 population		Rate per 1,000 population
Enteric Fever	—	—	—	—
Measles	—	—	1	0.01
Whooping Cough	—	—	—	—
Diarrhoea and Enteritis (under 2 years)	—	—	1	0.01
Diphtheria	—	—	—	—
Scarlet Fever	—	—	—	—
Influenza	12	0.15	2	0.02
Cancer	135	1.78	131	1.71
Respiratory Diseases	99	1.30	119	1.56
Pulmonary Tuberculosis	19	0.25	21	0.27
Other forms of Tuberculosis	1	0.01	1	0.01
Cerebro-Spinal Fever	1	0.01	2	0.02
Acute Poliomyelitis	1	0.01	—	—
Acute Infective Encephalitis	—	—	—	—
Road Traffic Accidents	3	0.03	10	0.13
Suicide	14	0.18	18	0.23
Other violent causes	11	0.14	16	0.21

BIRTH-RATES, DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1953.

	Smethwick	England and Wales	160 County Boro's and Great Towns including London	160 Smaller Towns (Resident Population 25,000 to 50,000 at 1951 Census)	London Administrative County
Rates per 1,000 Home Population:					
BIRTHS:					
Live Births	14.3	15.5	17.0	15.7	17.5
Still Births	0.37	0.35	0.43	0.34	0.38
	25.2 (a)	22.4 (a)	24.8 (a)	21.4 (a)	21.0 (a)
DEATHS:					
All Causes	9.0	11.4	12.2	11.3	12.5
Typhoid and Paratyphoid	—	0.00	0.00	—	—
Whooping Cough	—	0.01	0.01	0.00	0.00
Diphtheria	—	0.00	0.00	0.00	—
Tuberculosis	0.26	0.20	0.24	0.19	0.24
Influenza	0.15	0.16	0.15	0.17	0.15
Smallpox	—	0.00	0.00	0.00	—
Acute Poliomyelitis (including Polioencephalitis)	0.01	0.01	0.01	0.01	0.01
Pneumonia	0.42	0.55	0.59	0.52	0.64
NOTIFICATIONS (Corrected):					
Typhoid Fever	—	0.00	0.00	0.00	0.01
Paratyphoid Fever	—	0.01	0.01	0.01	0.01
Meningococcal Infection	0.01	0.03	0.04	0.03	0.03
Scarlet Fever	2.90	1.39	1.50	1.44	1.02
Whooping Cough	6.36	3.58	3.72	3.38	3.30
Diphtheria	—	0.01	0.01	0.01	0.00
Erysipelas	0.06	0.14	0.14	0.13	0.12
Smallpox	—	0.00	0.00	0.00	—
Measles	16.1	12.36	11.27	12.32	8.09
Pneumonia	0.66	0.84	0.92	0.76	0.73
Acute Poliomyelitis (including Polioencephalitis)					
Paralytic	0.01	0.07	0.06	0.06	0.07
Non-paralytic	—	0.04	0.03	0.04	0.03
Food poisoning	0.84	0.24	0.25	0.24	0.38
Puerperal Pyrexia	3.60 (a)	18.23 (a)	24.33 (a)	12.46 (a)	28.61 (a)
Rates per 1,000 Live Births:					
DEATHS:					
All causes under 1 year of age	22.1 (b)	26.8 (b)	30.8	24.3	24.8
Enteritis and Diarrhoea under 2 years of age	—	1.1	1.3	0.9	1.1

(a) Per 1,000 Total (Live and Still) Births
(b) 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 and Wales	Smethwick	England and Wales	
A115 Sepsis of pregnancy, childbirth and the puerperium	—	68	—	0.10	1
A116 Abortion with toxæmia	—	7	—	0.01	
Other toxæmias of pregnancy and the puerperium	—	166	—	0.24	3
A117 Haemorrhage of pregnancy and childbirth	—	90	—	0.13	
A118 Abortion without mention of sepsis or toxæmia	—	30	—	0.04	4
A119 Abortion with sepsis	—	39	—	0.06	
A120 Other complications of pregnancy, childbirth and the puerperium	1	125	0.90	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
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
1952.....	14.8	10.9	36.1	0.02	1.56	0.27	0.01	1.71
1953.....	14.3	9.0	22.1	—	1.30	0.25	0.01	1.78

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.
1949	113	1.46	—
1950	99	1.28	—
1951	93	1.22	—
1952	140	1.83	—
1953	220	2.90	—

The history of scarlet fever during the past few years has been on the whole monotonous. There have been no deaths and the type of case notified has been mild. As the organism which causes scarlet fever is the same as that which causes sore throat and quinsy, it is difficult to say what advantage we have received from the notification of cases of scarlet fever, in view of the fact that we have no information about sore throats.

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.
1949	12	0.15	—
1950	—	—	—
1951	1	—	—
1952	—	—	—
1953	—	—	—

It is very pleasing to note that we have had only one case of diphtheria during the past 4 years, especially in view of the fact that within the present generation we have had as many as 400 within a twelvemonth. The price of safety, however, is continued vigilance, and there is little doubt that diphtheria would return if we relaxed our efforts to immunise a large proportion of the susceptible population.

TYPHOID AND PARATYPHOID FEVER.

There was no notification of either of these diseases during the year.

MENINGOCOCCAL MENINGITIS.

There was only one Smethwick resident who contracted this disease, but he, a school child, died.

WHOOPING COUGH.

The number of cases of this disease has been rising fairly constantly during the past 5 years, and it now remains one of our greatest problems in infectious diseases. The disease, however, has been mild, and there have been no deaths in the Borough.

The Council have now adopted a scheme of immunisation against this disease, and during 1954 we are immunising children of under one year of age with the combined Whooping Cough/Diphtheria Vaccine. It is hoped in this way to reduce the incidence of whooping cough to that of diphtheria.

		1949	1950	1951	1952	1953
Cases notified	...	222	347	425	389	487
Attack rate	...	2.86	4.48	5.57	5.10	6.36

MEASLES.

There are no ways known to medical science of preventing outbreaks of measles, although in individual cases it is possible to protect a contact who is in special danger. Measles, however, has a biennial incidence, which is clearly shown from the table set out below. Although the incidence was high, there was no death.

		1949	1950	1951	1952	1953
Cases notified	...	1,009	321	1,449	329	1,218
Attack rate	...	13.03	4.14	18.99	4.31	16.10

POLIOMYELITIS.

There was one case of poliomyelitis which occurred in an adult man of 26 years of age. He died. The circumstances were rather tragic as the patient was in the full vigour of manhood and in excellent health when attacked. He engaged in strenuous exercise on the first day of his illness, a fact which, undoubtedly, was responsible for the severity of the ensuing paralysis. He was admitted to the Infectious Diseases Hospital, but died within 5 days.

DYSENTERY.

There were six cases of dysentery. All were mild and recovered.

FOOD POISONING.

A substantial outbreak of food poisoning occurred in February, 1953, in a large works canteen. The first notification was received on the morning of Friday, 13th February, and an immediate visit was paid by the Medical Officer of Health and the Deputy Chief Sanitary Inspector, who interviewed 41 workers who had experienced symptoms of food poisoning. From the investigation, it appeared that the diners who partook of the faggots and peas lunch on the previous Wednesday, and the sausage lunch on the following day, were the only persons affected. Some diners had both lunches, and in these the illness was more severe. On the whole the outbreak was a mild one and all patients made rapid recoveries.

Preliminary investigations strongly suggested that the outbreak was due to staphylococcal food poisoning, and nasal swabs were taken from all the canteen staff, and these, together with specimens of sausage, minced meat and minced meat tart from the Thursday lunch, were submitted to the Public Health Laboratory, Birmingham, for examination. Physical examinations were also made in order to find out if any persons were suffering from skin infections, or other evidence of staphylococcal disease. On Monday, 16th February, the Laboratory reported that no food poisoning organisms had been found in the samples submitted. Of the thirty-five nasal swabs submitted, seven showed the presence of staphylococcus pyogenes. In the absence of more concrete evidence, it was assumed that one or other of these seven workers had been responsible for the outbreak. It should be mentioned that the cashier attached to the canteen was suffering from a boil on her neck, and, although she did not frequent the kitchen, she used the same toilet facilities as the kitchen staff.

The examination of the kitchen arrangements, however, showed that the refrigerator was a possible element in the causation of the outbreak. It was situated in the kitchen, the temperature of which was very high. It was constantly being opened and closed, and although mechanically it was working properly, this frequent use resulted in the inside temperature being high. A test with the maximum/minimum thermometer for a period of several hours gave a minimum reading of 32°F., and a maximum of 56°F. During this week there had been a heavy fall of snow, and at the time of the tests the outside temperature was lower than the temperature achieved inside the refrigerator. A recommendation was made to the management that the refrigerator should be moved from the kitchen to cooler premises, and this was immediately done. There were no further cases, and the outbreak died out at once.

The preliminary cause of the outbreak was never completely proved. It is obvious that the outbreak was staphylococcal food poisoning, but when the first notifications were received, it was impossible to ascertain exactly which member of the staff was the primary infector. The standard of hygiene in the canteen was very high, and the management were very willing and indeed, anxious, to carry out any suggestions made.

There were three factors of importance: first, the presence of a carrier harbouring a coagulase-positive staphylococcus; the second, the fact that prepared food had been left over from the previous day, and the third, that the refrigerator was failing to reduce the temperature to a degree which would prevent the organisms from multiplying.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1953.

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 ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ..	220	—	18	45	141	12	2	2	—	—	—	—	—	—	—	—	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ..	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ..	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ..	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
*Acute Poliomyelitis ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ..	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	6	—	1	1	1	—	2	1	—	—	—	—	—	—	—	—	—
Acute Pneumonia ..	51	—	2	3	7	2	2	8	17	1	32	6	—	—	—	3	19
Whooping Cough ..	481	43	107	151	168	9	1	2	—	—	—	—	—	—	—	—	—
Measles ..	1218	61	294	373	475	6	7	2	—	—	—	—	—	—	—	—	—
Food Poisoning ..	64	—	2	2	2	—	7	22	25	4	—	—	—	—	—	—	—
Totals ..	2056	106	424	575	795	29	23	44	45	15	34	6	—	1	5	3	19
*Paralytic ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-paralytic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

VACCINATION AND IMMUNISATION.

VACCINATION.

Since the repeal of the Vaccination Acts efforts to secure the vaccination of infants have been attended with a greater measure of success than was achieved under the old system, amounting to 40—45% of live births against 25—30% in pre-war years. Most of these vaccinations are carried out by the general practitioners, but special sessions have been arranged at the Infant Welfare Centres which have attracted a good number of mothers. During the last two years, in order to avoid the delay occasioned by waiting for a sufficient number of "consents" to make a special session practicable, we have substituted individual vaccination at **any** session of an Infant Welfare Centre.

Publicity is given by posters in the Infant Welfare Centres and in the surgeries of general practitioners. The health visitors, during their domiciliary visits, urge the importance of vaccination.

The following is a record of the vaccinations carried out during the years 1951, 1952 and 1953.

	Primary Vaccinations.			Re-Vaccinations.		
	1951	1952	1953	1951	1952	1953
Children under one year	499	448	487	—	2	—
Children aged 1—4 years	40	23	17	1	3	3
Children aged 5—14 yrs.	30	4	9	1	2	1
Persons over 15 years of age	39	12	7	74	52	17
	—	—	—	—	—	—
	608	487	520	76	59	21
	—	—	—	—	—	—

IMMUNISATION.

The national publicity campaign has been supplemented by posters and leaflets in the centres and at the Health Office, by personal talks at the centres, and by the health visitors in the homes. "Birthday Greetings" are posted to each child attaining the age of one year.

The co-operation of general practitioners has been helpful, and an increasing number of children is being immunised by them. Immunisations are carried out by our own medical officers at the Infant Welfare Centres, and also by the health visitors in the children's own homes.

A separate record of births (compiled monthly) is kept by each health visitor and these are followed up until immunisation has been secured or a succession of definite refusals is received from the parents.

"Booster" doses are normally given when the immunised child attends school, and again at the age of ten years, and efforts are made to persuade the parents of school children who have not previously been protected to have the child immunised in school.

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

		Children under 5 years of age.	Children from 5—15 years.	Total.
1949	...	1,087	943	2,030
1950	...	627	121	748
1951	...	1,308	166	1,474
1952	...	1,111	366	1,477
1953	...	779	113	892

During the year 1953, 825 children received reinforcing injections. At the end of the year 58.2% of the child population under five had received protection, and 83.3% of school children.

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:—

	1949	1950	1951	1952	1953
Syphilis	11	17	9	10	15
Gonorrhoea	26	13	19	32	25
Conditions other than Venereal	101	90	69	86	91
	138	120	97	128	131

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:—

Year	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
1952	129	15	1.69	0.19	21	1	0.27	0.01
1953	169	13	2.23	0.17	19	1	0.25	0.01

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	1953						1952						1938					
	Pulmonary			Other forms			Pulmonary			Other forms			Pulmonary			Other forms		
	M		F	M		F	M		F	M		F	M		F	M		F
	M	F		M	F		M	F		M	F		M	F		M	F	
0 to 1	—	1	..	—	—	—	2	—	—	—	—	—	1	—	—	—	—	—
1 to 5	6	10	..	1	1	1	12	4	—	—	—	1	—	—	—	—	—	—
5 to 10	6	15	..	1	2	2	11	10	—	1	—	—	—	4	—	—	—	—
10 to 15	3	6	..	1	—	—	3	4	—	1	1	—	—	1	—	3	—	—
15 to 20	7	5	..	1	2	2	6	5	—	1	1	1	6	4	—	2	2	—
20 to 25	5	5	..	—	1	1	4	8	—	—	—	3	5	6	—	2	1	—
25 to 35	9	12	..	—	1	1	11	6	—	1	—	—	12	12	—	—	2	—
35 to 45	16	6	..	—	—	—	4	3	—	3	1	—	7	4	—	2	2	—
45 to 55	24	5	..	—	—	—	15	7	—	1	—	—	8	3	—	—	1	—
55 to 65	15	—	..	—	—	—	10	1	—	—	—	—	7	5	—	1	1	—
65 to 75	8	1	..	1	1	1	4	1	—	—	—	—	1	—	—	—	1	—
75 upwards	3	1	..	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
TOTALS	102	67	..	5	8	8	84	49	—	8	7	7	47	39	—	10	10	—

The deaths from tuberculosis during 1952 and 1953 are shown as follows:—

AGE PERIODS	1953				1952			
	Pulmonary		Other Forms		Pulmonary		Other Forms	
	M	F	M	F	M	F	M	F
0 to 1	—	—	—	—	—	—	—	—
1 to 5	—	—	—	—	—	—	—	—
5 to 15	—	—	1	—	—	—	—	—
15 to 45	5	1	—	—	3	4	—	1
45 to 65	6	2	—	—	9	—	—	—
65 upward	5	—	—	—	3	2	—	—
TOTALS	16	3	1	—	15	6	—	1

The number of cases remaining on the Dispensary Register on 31st December, 1953, was 1,089.

Pulmonary—Males	351	Non-Pulmonary—Males ...	14
Females	248	Females	19
Children	347	Children	110
	—		—
	946		143
	—		—

Attendances at the Chest Clinic were as under:—

	1950	1951	1952	1953
Total Attendances	8,010	6,907	5,170	10,106
First Examinations	1,050	1,029	817	1,128
Re-examinations	2,659	3,034	3,134	3,125
Consultations	4,301	2,844	1,219	2,993
Mantoux Tests	374	415	191	721
Artificial pneumothorax	861	948	1,326	1,351
Gold treatment	10	20	—	—
Number of X-ray examinations ...	2,512	2,611	2,449	3,075
Visits to patients at Home:—				
(a) By Health Visitor	950	785	745	1,383
(b) By Clinical T.O.	175	163	55	50
Patients admitted to Sanatoria ...	138	133	74	115
Patients discharged from Sanatoria	98	115	68	113
Patients died in Sanatoria	9	12	4	4
Patients remaining in Sanatoria at end of year	70	44	46	44

RETURN SHOWING THE WORK OF THE DISPENSARY DURING THE YEAR 1953.

DIAGNOSIS	PULMONARY			NON-PULMONARY			TOTAL			Grand Total
	Adults		Children	Adults		Children	Adults		Children	
	M	F		M	F		M	F		
A. (1) Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the Year ..	373	260	387	20	23	111	393	283	498	1174
(2) Transfers from Authorities of areas outside that of the Council or Board during the Year ..	5	5	1	—	—	—	5	5	1	11
(3) Lost-sight-of cases returned during the Year ..	—	—	—	—	—	—	—	—	—	—
B. Number of New Cases diagnosed as tuberculous during the Year										
(1) Class T.B. minus	20	22	49	—	—	—	20	22	49	91
(2) Class T.B. plus	41	9	—	—	—	—	41	9	—	50
(3) Non-pulmonary	—	—	—	3	3	5	3	3	5	11
C. Number of cases included in A. and B. written off the Dispensary Register during the Year as:										
(1) Recovered ..	33	32	80	7	5	4	40	37	84	161
(2) Dead (all causes) ..	36	4	—	—	—	2	36	4	2	42
(3) Removed to other Areas ..	12	9	10	—	1	—	12	10	10	32
(4) For other reasons ..	7	3	—	2	1	—	9	4	—	13
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the Year ..	351	248	347	14	19	110	365	267	457	1089

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

“ In 1953 there were 10,106 attendances at the Chest Clinic, and of these 1,128 were new patients. The new X-ray plant came into operation at the end of January, and in the succeeding eleven months 3,075 patients were radiographed. The low death rate of 1952 was not maintained. The number of deaths was 42, a more normal figure. While 163 new cases were added to the register it was possible to discharge 161 so that the number on the register at the end of the year was 1,089, a decrease over 1952.

“ A feature of tuberculosis in recent years in Smethwick has been the gradual rise in its incidence in middle aged and older men, and a decreased incidence in females. In 1953 only 9 new female cases who had positive sputum tests were found. The effect of this is shown by the waiting time for Sanatorium treatment. A female patient can be admitted immediately on diagnosis but a man has now to wait six months. This delay is due to reduction in the number of beds available for Smethwick patients, and not to any serious increase of tuberculosis. Prior to the introduction of the National Health Service approximately 70 adult beds were available but by 1953 when Holly Lane Hospital started to assume its new function the beds for tuberculosis patients were reduced to a total of 44.

“ This has resulted in the necessity of treating male cases in their own homes, making use of the new drugs. The great help of the general practitioners and district nurses in the town has been very much appreciated, but in many cases of overcrowding and difficult home circumstances it has meant that men who should have been sent to hospital have had to be treated at home.

“ At the end of 1953 there were 128 cases known to have a positive sputum test in the last 6 months of the year. Of these, 25 males and 12 females were in hospital, and at home there were 56 men and 20 women; 12 men and 3 women had died in this group. Thus while 37 cases were in hospital for treatment aimed at making them non-infectious there remained in their own homes a ‘reservoir’ of 76 cases known to be potentially infectious to others. It would be an important preventive measure to be able to give institutional treatment for these patients but in the present bed shortage this is not possible.

“ Rather a disquieting feature of the year has been the rise in incidence of meningitis cases in children; there were 7 such cases. One child was sent to Denmark for treatment under the Anglo-Danish Society

Scheme, one child was sent to Switzerland through the Mayor of Smethwick, and one adult went to Switzerland under the Health Service Swiss Scheme. These patients were still away at the end of the year but they should be greatly improved before they return.

"During 1953 B.C.G. Vaccination was carried out at the Chest Clinic on 73 children, all contacts, and in the cases so far vaccinated, all have 'taken,' as shown by tuberculin testing after vaccination.

"During the year full use was made of the Smethwick Council's free milk scheme especially for children and patients under treatment at home. The National Assistance Board Officers gave all the monetary help within their power in supplementing the sickness benefit under the National Insurance Act. Some convalescent patients underwent rehabilitation training courses for more suitable occupations through the Ministry of Labour Scheme but fewer than in previous years. This is probably due to the rising incidence of tuberculosis in older men who do not take kindly to training for new work.

"The volume of work done at the Chest Clinic is steadily growing, and the figures for 1953 speak for themselves. This work could not have been carried through without the willing co-operation of the Clinic Staff. Nurse Evans has overtaken the arrears of home visiting, making nearly twice the visits done in recent years, and in addition helped at all Clinic Sessions. Arrears of clerical work have been undertaken by Miss Underhill since she came back to duty in May, with the assistance of Miss Adams who came in August as Junior Clerk. Mrs. Hastings, our part-time radiographer, has had to work very hard to take our record number of X-ray films. Without the help of these ladies the work could not have been accomplished, and I must record my appreciation of their loyal service. I would also like to acknowledge the help of Dr. Owen in the care of the patients in Holly Lane Hospital until the end of 1953."

INFANTILE MORTALITY DURING THE YEAR 1953.

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
Bronchitis	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	2
Broncho-Pneumonia ..	1	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	2
Primary Pneumonia ..	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	—	3
Meningomyelocele ..	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Hydrocephalus ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Patent ductus arteriosus ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Congenital heart disease ..	—	1	—	—	1	—	—	—	—	1	1	—	—	—	—	—	3
Multiple cong. deformities ..	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2
Atelectasis	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2
Cerebral haemorrhage ..	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2
Premature Birth	4	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	4
Marasmus	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
TOTALS	12	1	1	—	14	—	2	1	1	2	2	1	—	—	1	—	24

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:—

	1949	1950	1951	1952	1953
Live Births ...	1,327	1,197	1,160	1,124	1,076
Still Births ...	27	21	23	17	26
	1,354	1,218	1,183	1,141	1,102

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

EXPECTANT AND NURSING MOTHERS.

One Ante-Natal Clinic is provided at the "Firs," Firs Lane. Two sessions each week are conducted by the obstetrician and two sessions each week by the midwives. All primary examinations of hospital booked cases are made at St. Chad's Hospital, Hagley Road, Birmingham. The number of individual women attending the Ante-Natal Clinic in 1953 was 1,060 and there were 3,724 attendances.

For many years prior to the "appointed day" the Council had two Ante-Natal Clinics, one at the "Firs" Clinic and one at the Cape Clinic. Nine sessions were held weekly. In 1948, 1,506 individual women attended and made 11,599 attendances.

The numbers in succeeding years have been as follows:—

	Individual Women.	Total Attendances.
1949	1,224	8,935
1950	943	7,325
1951	944	5,398
1952	850	4,172
1953	1,060	3,724

The two main reasons for this falling off are (a) the obstetrics officer, who was and continues to be employed jointly between the Clinic and St. Chad's Hospital (formerly the Council's municipal hospital) has gradually withdrawn his patients to the hospital, and (b) an increasing number of women are receiving ante-natal care from their private doctor.

Post-natal cases, formerly seen at special clinic sessions, are now seen by the obstetrics officer at the hospital.

Domiciliary cases are seen by the general practitioners, that is, in "booked cases," and there is an arrangement by which the Local Executive Council notifies the Medical Officer of Health of the names and addresses of women who have failed to keep appointments with their private doctor. These women are visited by a health visitor and urged to attend without delay.

In regard to unmarried mothers, there is a very active branch of the Diocesan Council for Moral Welfare in the Borough, and very close liaison is maintained between its officers and those of the local health authority. The Council makes a grant of £200 annually to their funds, and the Chairman of the Health Committee, a lady Assistant Medical Officer and the Superintendent Nursing Officer attend the meetings.

All facilities provided by the Department are, of course, freely available to unmarried mothers. Confinements usually take place in one of the Birmingham hospitals. Before and after the birth of her baby, the mother may spend some time in the Diocesan Council home in Smethwick, but the Council also pays for the stay of a number of mothers in similar homes in other areas; five such cases were assisted during the year.

DOMICILIARY MIDWIFERY.

The authority employs seven domiciliary midwives, who undertake all the home confinements either as midwives or as maternity nurses. There are no private midwives in domiciliary practice. The work done during the past five years is as follows:—

	1949	1950	1951	1952	1953
Number of bookings ...	598	496	500	508	451
Ante-natal visits ...	3,973	2,975	2,412	1,888	1,549
Deliveries attended ...	531	459	451	467	414
Nursing visits ...	12,738	11,544	10,444	10,952	9,473

The necessary apparatus for giving gas and air analgesia to women in labour is available for our midwives, six of whom have been trained in its administration. This treatment was given in 316 cases in 1953.

Applications for the services of the municipal midwives are made to the Health Department, and are allocated to the appropriate midwife by the Superintendent Nursing Officer. Each midwife undertakes the ante-natal supervision of her allotted cases.

The lower birth rate has eased the problem of securing the admission of patients into hospital for their confinements, and indeed the percentage of institutional births is now high. When the housing situation is better, it will be possible to reduce this proportion. In Smethwick, as stated above, the Obstetrics Officer to the Corporation is also consultant in charge of the maternity wards of the hospital to which the patients are admitted, and is also Medical Supervisor of Midwives. Apart from those women whom he admits for medical reasons, a number are admitted for social reasons, and on their behalf a visit is made by a health visitor and a report sent to the Obstetrics Officer giving an account of the home conditions and a recommendation as to the patient's admission to hospital or confinement at home. This works very satisfactorily.

DENTAL TREATMENT.

Dental Service provided under Section 22 (N.H.S. Act) for the year ending 31st December, 1953.

(a) Number provided with Dental Care

Patient	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers.. ..	103	96	83	74
Children under five.. ..	256	225	212	212

(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	344	5	76	77	34	3	30	11	12	22
Children under five	623	1	204	20	5	58	4	—	—	—

Mr. Halley Goose, the Senior Dental Officer, has furnished the following report on the treatment of expectant and nursing mothers and young children during the year:—

“ This year 96 sessions were devoted to the inspection and treatment of expectant and nursing mothers and to children under five. It

may be somewhat misleading to express it in this manner, since our patients are treated in the same surgeries and on the same days as the school children, and not in sessions especially reserved for the purpose. This has the effect of making our work more varied and interesting.

"One of our part-time dental officers, Miss Davies, has been helping this year with the ante-natal patients, and I am pleased to note that the number accepting conservative work has increased, as shown by the doubling of the fillings done. We have been using rather more efficient drills this year, constructed of tungsten carbide steel which are much harder than previous types. This renders preparation of teeth for filling rather easier and less uncomfortable for the patient.

"The number of ante-natal patients we see is still rather small (103), and I presume it is because many of them see their own dental surgeon if in need of treatment. The toddlers treated this year were fewer in number than last, but not significantly so.

"We were fortunate in having a new surgery available at the Cape Clinic in place of our old one in the Cape School, and this has facilitated our arrangements for treatment of patients under nitrous oxide anaesthesia.

"May I, in conclusion, thank the staffs of the Public Health Department, Welfare Centres and Ante-natal Clinics, as well as my own, for their considerable help and co-operation during this year."

WELFARE CENTRES.

The authority maintains six child welfare centres at which eight sessions are held weekly. Three of these centres are held in establishments owned by the authority and three in church or assembly halls.

The proximity to the town of the specialist teaching hospitals in Birmingham and the readiness with which these establishments receive our cases makes the maintenance of special clinics unnecessary.

Since the "appointed day" several general practitioners with large multiple practices (often including a woman doctor) have set aside one or more afternoons each week to receive mothers and children on their lists at a special consultant session.

The Medical Officer of Health would like to allocate one or more health visitors to assist general practitioners in these special child

sessions, but so far shortage of staff has prevented anything being done in this direction.

Each session at the local authority's Centres is staffed by one of the Assistant Medical Officers, two nurses and four or five voluntary workers. Every mother is interviewed separately by a nurse and the baby is weighed. In the case of first attendances, the history is recorded and is kept up-to-date on subsequent visits. All infants are examined by the doctor on the first visit and subsequently if the child's condition or progress warrants this.

The total attendances during the past five years were:—

			Under 1 year	1—5 years	Total
1949	...	...	19,180	3,032	22,212
1950	...	...	17,879	3,766	21,645
1951	...	...	15,845	4,854	20,699
1952	...	...	13,491	5,170	18,661
1953	...	...	14,039	5,493	19,532

The number of children attending the Centres for the first time during the year and who were under one year of age at their first attendance was 896. This number represents 82.8 per cent. of live births in 1953 compared with 80.0 per cent. in 1952, 83.9 per cent. in 1951, 81.7 per cent. in 1950, 81.5 per cent. in 1949 and 81.8 per cent. in 1948.

For about a quarter century it has been the custom in Smethwick to call up for examination, by invitation to its mother, each child on attaining the age of one year, two years, three years, and four years. These children are called to the ordinary infant welfare clinics and are given a definite time and place for attendance. They receive a comprehensive examination. This service was interrupted by the war, but has since been resumed, and is proving of great value.

The numbers examined during the past year were:—

Age one year	...	...	322
Age two years	...	...	102
Age three years	...	...	495
Age four years	...	...	32

SUPPLY OF DRIED MILKS, ETC.

Facilities have been given to the Ministry of Food for the distribution of welfare foods at all the Council's infant welfare centres. Formerly clerks from the local Food Office attended each session at the centres, but in 1950, with the assistance of the Health Visitors, a panel of voluntary workers was recruited to undertake such distribution. These ladies are additional to the voluntary workers already assisting the nurses at the centres.

Since the "appointed day" the authority's arrangements for the sale of other dried milks, etc., have continued. There has been a considerable reduction in the sales of proprietary brands of dried milk, the total for 1949 being 18,742 lbs., for 1952 7,838 lbs., and 1953 6,995 lbs. A wide variety of infant foods, other than dried milk, is also sold at the centres.

CARE OF PREMATURE INFANTS.

No separate provision is made for the domiciliary care of premature infants, which is undertaken during the first 14 days by the midwife in attendance, and later by the health visitor, who pays daily visits, if necessary, until the satisfactory progress of the infant is established.

Special provision is made for the conveyance of premature infants to hospital by the Borough Ambulance Service—two sets of equipment are kept at the Ambulance Station.

No difficulty is experienced in securing the immediate admission to hospital of a premature infant. The follow-up of infants discharged from hospital is arranged through the Obstetrics Officer at St. Chad's Hospital, who is also Medical Supervisor of Midwives, and who, as a member of the staff of the Public Health Department, is in close touch with the health visitors whom he instructs.

During the year 1953 notification was received of 71 babies who weighed $5\frac{1}{2}$ lbs. or less at birth; of these, 31 were born at home and 40 in hospital. All the infants born at home survived 28 days including 8 who were transferred to hospital. Of those born in hospital, 2 died within 24 hours of birth, 4 within the first 4 weeks, and 34 survived at the end of 1 month. Fifteen premature stillbirths were notified, 4 born at home and 11 in hospital.

OPHTHALMIA NEONATORUM.

	1950	1951	1952	1953
Number of cases notified	2	—	—	2
Cases treated by health visitors	—	—	—	—
Number of cases treated at Eye Hospital	2	—	—	—
Cases resulting in impaired vision	—	—	—	—
Home visits	7	—	—	3

Notifications during the past ten years:—

1944	9	1949	6
1945	8	1950	2
1946	16	1951	—
1947	9	1952	—
1948	10	1953	2

HEALTH VISITING.

The Council employs a Superintendent Nursing Officer and has an establishment of 20 Health Visitors. These officers undertake duties in connection with:—

- (a) Expectant and nursing mothers.
- (b) Children from 0—5 years.
- (c) Infant Welfare and Ante-Natal Clinics.
- (d) School Medical Inspections.
- (e) Minor Ailments Clinics.
- (f) Ultra Violet Light Clinics.
- (g) Vaccination and Immunisation.
- (h) Prevention of Infectious Diseases, and advice to parents of victims.
- (i) Visitation of Aged Persons.
- (j) Home visits to T.B. patients.

The Superintendent has control of all the Council's nursing staff, including the domiciliary midwives.

Shortage of staff, which at the end of 1952 was acute, became still more acute in 1953, when the number of Health Visitors fell to seven, the lowest figure during the last twenty-five years. As these Health Visitors are also School Nurses and Welfare Visitors our work was severely handicapped. We have a further four Health Visitors in training at the present time, and these are expected to join our staff in July, 1954. We have also succeeded in obtaining a number of other Health Visitors, and it is hoped that in the autumn we shall have a more adequate staff.

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

	1949	1950	1951	1952	1953
To Expectant and Nursing Mothers:					
First Visits ...	218	413	434	325	78
Total Visits ...	301	561	688	587	127
To Children under one year of age:					
First Visits ...	1,259	1,173	1,099	1,093	1,055
Total Visits ...	4,015	7,913	8,536	7,549	3,842
To Children aged one to five years:					
First Visits ...	2,183	2,029	1,376	1,050	1,333
Total Visits ...	9,491	14,568	13,701	10,527	5,109
To Other Classes:					
Total Visits ...	1,303	2,754	3,323	2,416	1,868

DAY NURSERIES.

The Council now has one day nursery in the town with accommodation for 35 children. This is approved as a training nursery. During the past year admission has been restricted to the priority classes, namely:—

1. Where there is no father and the mother must work to support her child. This includes the children of unmarried mothers.
2. Where the father or the mother of the child is seriously ill and confined to bed, either temporarily or permanently, whether in hospital or at home.
3. Where the mother is expecting a baby and is due to go into hospital. Consideration will also be given to the temporary admission of children if the mother is confined at home.
4. Where the housing conditions of the family are so bad that normal home life is impossible.

At the end of 1952 the charges to mothers were increased, and this resulted in a substantial reduction in the number of attendances. The Council's scale of charges, however, allows for the re-assessment of hard cases, and no child who really needs day nursery care is excluded merely because the parents cannot afford to pay the charges.

The nursery at Edgbaston Road was closed on the 31st July, 1953, and arrangements were made to receive children to the maximum of 20 in the former day nursery wing at "The Hollies." During the period from 1st August until Christmas the attendances never exceeded 10 and the daily average for the period was 6.9. This arrangement was accordingly terminated at the end of the year.

The total attendances during the year were as follows:—

Edgbaston Road	...	...	...	2,392
The Hollies	...	...	...	727
Norman Road	...	...	...	5,247
				—
				8,366
				—

This total compares with 18,913 in 1952, 26,413 in 1951 and 28,793 in 1950.

"THE HOLLIES."

This home for children, opened in 1938 on the Firs Estate, Coopers Lane, Smethwick, combines prevention, care and after-care. Children from one to 12 years of age are received, especially those who are pre-disposed to disease and those convalescing after hospital treatment.

The home has 30 beds, and is staffed by a Matron, Sister, one trained and five 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 medical officers at the clinics or direct from the various hospitals serving the area; recommendations from general practitioners are also received and welcomed. The period of stay varies from 13 weeks to six months, but exceptionally, children are kept for longer periods.

Originally the home was intended to care for the rheumatic and malnourished child, but the general improvement in child health has reduced the numbers in this category and the intake has been broadened to include all types of weakly children. In the main, children admitted come within one of three categories, i.e., rheumatic, asthmatic and early tuberculous.

Details of admission and discharge during the year 1953 are shown below:—

Condition	In-Patients 1/1/53	Admitted		Discharged		Re- main- ing 31/12/53
		Under School Age	School Age	Under School Age	School Age	
Asthma	2	—	—	1	1	—
Bronchitis	—	3	1	3	1	—
Chorea	—	—	5	—	5	—
Convalescence	1	—	—	—	1	—
Debility	2	3	18	2	17	4
Diurnal Incontinence	—	—	1	—	—	1
Enuresis	—	—	1	—	1	—
Malnutrition	1	—	—	—	—	1
Pre-tuberculous	5	6	3	4	7	3
Rheumatism	1	—	2	—	3	—
Others	1	—	—	1	—	—
Cases admitted on behalf of Children's Committee	10	18	23	21	23	7
Other Authorities	3	—	7	1	6	3
	26	30	61	33	65	19

Residence in "The Hollies" represented 9,373 patient days during the year, a daily average of 25.7 compared with 10,010 patient days, a daily average of 27.4, in the previous year, 9,350 patient days, a daily average of 25.6, in 1951, and 8,917 patient days, a daily average of 24.4, in 1950.

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 under their care:—

"Looking back over the year 1953 we are struck by contrasts. A family of brother and sisters, deserted by their mother, neglected by their father; John, aged four, attempting to dress Mary, aged two, whilst an elder sister, "mother" really, although only thirteen, goes out very scantily clad, to borrow milk from neighbours. Then some months later we see the little girl chatting away on her foster-mother's knee while John plays happily by. "Mother," looking years younger, is contentedly knitting; the cares of the world have been lifted from her shoulders. This little picture summarises the work we do, and may be more satisfying than figures, although these are also given.

“Figures, however, may be misleading. Few would deny that it is a major tragedy for families to be broken up, and much time is spent in trying to keep children out of care. The word ‘prevention’ is one of the commonest used at any conference on child care, and is the concern of all who work in this field. Everything should be done to prevent a family reaching the point at which neglect is harmful or a break up inevitable. Those having the closest contact with the greatest number of families, such as Health Visitors and School Attendance Officers, often see the earliest signs of trouble and are able, through their own Department or by reference to the Children’s Department or to ‘The Children’s Welfare Committee,’ to bring an early remedy to bear on the situation. Unhappily some parents are only too willing to try and shelve their responsibilities. Let us be glad that there are so many more who not only care for their own children admirably, but offer homes to others in need.

“Following is a table of the total number of children under Care.

	Dec. 1950	Dec. 1951	Dec. 1952	Dec. 1953
Children deserted by their parents ...	10	8	16	26
Children who are part of homeless families	19	34	31	46
Children whose parents are incapable of caring for them	30	34	26	11
Children whose parents are ill ...	13	6	7	6
Children whose parents are dead ...	11	12	14	17
Children who come from unsatisfactory homes	9	2	5	8
	—	—	—	—
	92	96	99	114
	—	—	—	—

Children committed to the care of the local authority:—

	Dec. 1950	Dec. 1951	Dec. 1952	Dec. 1953
Committed because of neglect by parents	18	24	21	21
Committed because of unsatisfactory behaviour	6	12	13	12
	—	—	—	—
	24	36	34	33
	—	—	—	—

"The type of care provided for our children in need is determined by three factors, the circumstances, the child, and the parents.

TEMPORARY CARE.

"It is often clear that a child will return to his parents in a short time. The mother may be having another baby and cannot find a relation who will care for him whilst she goes to hospital. The help of the Children's Department is then sought. If the child is under three years of age he is placed in the care of one of our excellent foster-parents, specially selected for this purpose. They are paid at a special rate in return for their exacting services—and father's forbearance in disturbed nights and rooms so often decorated with nappies! Twenty children have thus been placed for an average period of four weeks. In addition 14 children have been placed with foster-parents temporarily under the normal arrangements.

"We have greatly appreciated the help given by the Health Committee in admitting 39 children to "The Hollies" for similar temporary periods. It sometimes happens that a child is too difficult or too delicate for foster-parents to manage, and not once have we applied in vain for help in these cases. It can thus be seen that even in cases of temporary care the condition of the child is an important factor in determining the care and accommodation provided.

"The year 1953 has seen an increase in the number of children in care mainly owing to evicted families failing to find alternative accommodation. Unfortunately the type of care provided for the children of these families proves to be the most expensive, i.e. institutional care. Foster-parents are naturally unwilling to give love and care to children who will return to their parents as soon as they are housed. It so happens that these homeless families are large ones, and caring for the children, even of one family, can cost £30 per week.

"We are most grateful for the help given to us by the Wolverhampton Children's Committee in admitting homeless and difficult lads of working age to the Cottage Homes and Hostel.

PERMANENT CARE.

"When a family first comes under the notice of the Children's Department it is not always possible to tell if the care needed is likely to be permanent or temporary. Parents may appeal for help because they are homeless, but when they are better known and their history is verified it can be seen that they are unfit by reason of mental or moral disability to have the care of their children. Every effort is then made to free the children from such parents so as to give them the oppor-

tunity of a new start in life. The Council have the power to assume parental rights by resolution in these cases.

“ Any child parted from his mother, for whatever reason, needs love and security as an urgent necessity. Legal Adoption certainly provides the most secure kind of care, but can only be contemplated if the child is absolutely suitable mentally and physically. Even then it is sometimes very difficult to place a child if the mother's history is bad, as many people fear the danger of heredity more than trusting in the power of environment. Twelve children have been very happily placed for adoption this year.

“ Next to adoption boarding-out with foster-parents provides the best kind of substitute home. The child becomes part of the family and the comfortable sense of “ belonging ” takes the place of insecurity. Behaviour difficulties must be expected with children who have, in so many cases, passed through times of distress and emotional crises, and one of the most important parts of boarding-out is giving moral support and encouragement to foster-parents who may be up against stealing, bed wetting and lying for the first time. We find that it assists the foster-parents greatly to know that these are common difficulties, especially when we are able to cheer them with the many successful histories of such difficulties overcome. I feel that the increase in boarding-out is in no small part due to the confidence foster-parents gain by overcoming difficulties, and the fact that they pass this sense of achievement on to their friends who then volunteer to help.

“ Some children nevertheless need more specialised care and training than a foster-mother can give and others, perhaps because of colour, temperament or physical disability, have to be cared for in suitable Homes. Our own Home, ‘ The Towers, ’ has proved to be extremely useful in many of these cases. Older girls needing special care and guidance are able to go to Moral Welfare Homes run by the Diocesan Boards. Apart from children needing this specialised care we now have no children left in big Voluntary Homes.

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

	Dec.	Dec.	Dec.	Dec.
	1950	1951	1952	1953
Children boarded-out	61	72	76	87
Children in Local Authority Homes	33	36	32	37
Children in Voluntary Homes ...	22	15	17	15
Children in Special Schools ...	—	6	5	5
Children in Mental Hospitals ...	—	3	3	3
	—	—	—	—
	116	132	133	147
	—	—	—	—

'THE TOWERS' CHILDREN'S HOME.

"The average number of children accommodated at 'The Towers' Children's Home, 3, Sandwell Road, Handsworth, has been 15 during 1953. As 'The Towers' is used as a substitute home for children who, for one reason or another, cannot readily be boarded-out, changes do not often occur and the children gain a real sense of belonging to a family.

"The need for stability during the difficult period of starting work is recognised by the Committee, and children reaching the age of 15 do not have to leave. They are gradually introduced to the idea of going to live in foster-homes or lodgings.

"The children join in all normal school activities, and they are encouraged to belong to the Scouts and Guides. During the summer a small school on the Welsh Coast at Aberayron was rented very reasonably and the children enjoyed a delightful holiday.

JUVENILE COURT.

"During the year ending December 31st, 1953, 107 cases were dealt with by the Juvenile Court Magistrates. Home and School Reports were presented in all cases with the co-operation of the Education Department. It is good to note that this shows a decrease of 38 cases compared with the previous year. The majority of offences were Breaking and Entering (22 cases) and Larceny (49 cases). Wilful Damage (9), Trespassing (6), wounding, throwing fireworks in the street, assault, cycling and motor-cycling offences and one case of torturing a cat, for which a boy was sent to an Approved School, make up the remainder.

"Children were dealt with by the Magistrates as follows:—27 placed on Probation, 35 fined, 3 sent to Detention Centre at Kidlington, 10 ordered to report to the Home Office Attendance Centre at the Police Station, 5 sent to Approved Schools, 2 committed to the care of the Local Authority, 2 placed under the supervision of the Education Department Welfare Officer for failing to attend school regularly; 12 cases were taken into consideration with other offences, 2 children were given conditional and 5 absolute discharges and 4 cases were dismissed.

"The valuable assistance which is given to the Children's Department by the Court Officials, Police and Probation Officers is very much appreciated.

APPROVED SCHOOL AFTER-CARE.

"The Children's Department now accept responsibility for Approved School After-Care when requested to do so by the School Managers. Close contact is maintained with the homes regarding leave and the obtaining of suitable employment for children who are about to be licensed. The greatest task of the officer responsible for after-care is to ensure that the young person is happily and gainfully employed. The Youth Employment Officer gives very valuable assistance in this direction, and his willing co-operation is very much appreciated.

"As many youths who are on licence from Approved Schools are under the supervision of the Children's Department after they begin their National Service, it sometimes becomes necessary to maintain contact by overseas correspondence. The growing pride in service revealed in these letters is most encouraging.

PARENTAL CONTRIBUTIONS.

"In accordance with Section 24 of the Children Act, 1948, parents are required to contribute towards the maintenance of their children who are under care, or committed to Approved Schools, until the child attains the age of sixteen.

"Assessments are made in accordance with the income of the parents and their commitments, and no parent is required to pay more than he or she is reasonably able to afford. Family Allowance is also taken into consideration when determining the rate of contribution.

"The Act provides for Court Orders to be obtained against parents who fail to accept their responsibilities.

"During the year 1953 the average contribution per child week was 4s. 1d. as compared with 3s. 10d. for 1952. This average does not include contributions which are collected by other Local Authorities, where parents no longer reside within the Borough, and also takes no account of many children who have no parents or whose parents are not rendered liable to contribute due to adverse circumstances.

"On the whole parents show a reasonable sense of responsibility regarding payments. Weekly reviews are made by the Children's Department and the Borough Treasurer's staff, to ensure that payments are made regularly and prompt action is taken by the Town Clerk to recover payments which become overdue.

CONCLUSION.

"The Children's Committee is concerned both with broad lines of policy and with the details of many children's lives. Much patience and understanding is demanded of those who are concerned to help these children, many of whom, having been denied the example of good parents, are lacking in enterprise and stability.

"I would like to thank my Chairman, Alderman Mrs. Lee, for her unfailing help and the members of the Committee for their encouragement and good humoured support."

M. J. ABBOTT.

OTHER PUBLIC HEALTH SERVICES.

MENTAL HEALTH.

The administration of Sections 28 and 51 of the National Health Service Act is the responsibility of the Mental Health Sub-Committee, which consists of all members of the Health Committee together with one co-opted member, the Head Teacher of the local school for educationally sub-normal children. Three of the Council's four Medical Officers possess the Certificate of the University of London qualifying them to examine children under the Education Act of 1944, and most of this work is carried out by the Senior Assistant Medical Officer of Health (male) and one lady Medical Officer. Owing to the smallness of the town and the difficulties in obtaining suitable staff, the Department has had to work from hand to mouth since 1948 in the matter of supervision and care of persons of unsound mind and of the mentally defective. There is no psychiatric social worker on the staff of the Department, but one Health Visitor has undergone a special course of training in mental health. The Duly Authorised Officer assists in the visitation of persons discharged from mental hospital and of certain of the mental defectives. The Mental Health Sub-Committee has in its employment a lady who is Supervisor of the Occupation Centre, and who is also responsible for the supervision, care and home guidance of those mentally defective persons who are incapable of receiving benefit from education in a special school.

The appointment of Duly Authorised Officer is a joint one with the County Borough of West Bromwich. Each town has appointed a deputy.

During the year the department's officers paid 241 home visits to mental patients and 459 to mental defectives.

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

Hospital	No. of Patients 1/1/53	Admissions		Deaths	Discharges	No. of Patients 31/12/53
		Certified	Voluntary			
St. Matthews, Burntwood	174	1	4	8	7	164
Winson Green, Birmingham	3	1	5	—	6	3
St. Edwards, Cheddleton	9	—	—	—	—	9
Highcroft Hall, Birmingham	79	60	47	17	78	91
St. George's, Stafford...	1	—	—	—	—	1
Burghill, Hereford ...	10	—	—	—	—	10
Goodmayes, Essex ...	5	—	—	—	—	5
Park Prewett, Basing- stoke, Hants. ...	1	—	—	—	—	1
St. Cadoc's, Caerlon, Mon.	1	—	—	—	—	1
Broadgate, Beverley ...	1	—	—	—	—	1
Rubery, Birmingham ...	1	1	2	—	3	1
Hollymoor, Birmingham	3	1	1	—	1	4
Tone Vale, Taunton ...	—	—	1	—	—	1
	—	—	—	—	—	—
	288	64	60	25	95	292
	—	—	—	—	—	—

MENTAL DEFICIENCY ACTS, 1913—1938.

The following is an extract from the Return of Mental Defectives as on 1st January, 1954:—

1 Particulars of cases reported during 1953	During 1953		Totals as at		1st January, 1954	
	Under age 16	Aged 16 and over	Under age 16	Aged 16 and over	M. F.	M. F.
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with."	M. F.	M. F.	M. F.	M. F.		
Action taken on reports by—						
(i) Local Education Authorities on children						
1 While at school or liable to attend school ..	3	—	—	—	—	—
2 On leaving special schools	—	2	—	—	—	—
3 On leaving ordinary schools	—	—	—	—	—	—
(ii) Police or by Courts	—	—	—	—	—	—
(iii) Other sources	—	1 1	—	—	—	—
(b) Cases reported but not regarded at 31st December as defectives, "subject to be dealt with" on any ground ..	—	—	—	—	—	—
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	—	—	—	—	—	—
Total number of cases reported during the year	3	3 1	—	—	—	—
2 Disposal of cases:						
(a) Of the cases ascertained to be defective "subject to be dealt with" number						
(i) Placed under Statutory Supervision	3	3	19	7	81	54
(ii) Placed under Guardianship	—	—	—	—	4	8
(iii) Taken to "Places of Safety"	—	—	—	—	—	—
(iv) Admitted to Institutions	—	1	10	4	45	48
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number						
(i) Placed under Voluntary Supervision	—	—	—	—	24	14
(ii) Action unnecessary	—	—	—	—	—	—
Total of item 2	3	3 1	29	11	154	124
3 Classification of defectives in the Community on 1.1.54:						
(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	—	—	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—	—	—
(iii) Medium grade cases	—	—	—	—	—	—
(iv) high grade cases	—	—	—	—	—	—
(2) Not in urgent need of institutional care:						
(i) "cot and chair" cases	—	—	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—	—	—
(iii) medium grade cases	—	—	4	1	—	—
(iv) high grade cases	—	—	—	—	—	1
Total of Item 3(a)	—	—	4	1	—	1
(b) Of the cases included in items 2(a)(i) and (ii) and 2(b)(i), number considered suitable for:						
(i) occupation centre	..	..	19	5	8	24
(ii) industrial centre	..	..	—	—	—	—
(iii) home training	..	..	—	—	—	—
Total of item 3(b)	..	..	19	5	8	24
(c) Of the cases included in item 3(b) number receiving training on 1.1.54:						
(i) in occupation centre	..	..	16	4	3	12
(ii) in industrial centre	..	..	—	—	—	—
(iii) at home	..	..	—	—	—	—
Total of item 3(c)	..	..	16	4	3	12
4 Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or "Places of Safety" on 1st January, 1953, who have ceased to be under any of these forms of care during 1953:						
(a) Ceased to be under care	..	..	M. 2	F. 1	Total 3	
(b) Died, removed from area, or lost sight of	..	..	3	2	5	
Total	..	..	5	3	8	
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 1953	..	..	..	..	2	
(b) Number who have married during 1953	..	..	Males None	Females None		

The Occupation Centre has been open daily (morning and afternoon) at the Cape Clinic. During the year there were 4,796 attendances, an average of 18.7 for each day the centre was open. There were 35 names on the register at the beginning of the year, 9 new names were added and 9 ceased to attend, leaving 35 on the register at 31st December, 1953. (The work of the Centre is also referred to in the Introduction).

AMBULANCE SERVICE.

The Council had a complete and adequate ambulance service prior to the "appointed day," and this has continued during the past five-and-a-half years. The Council's policy of a periodic replacement of vehicles has been implemented by the purchase of five new ambulances and one sitting-case car during the period and the addition of one sitting-case car to the fleet, which now comprises six ambulances and two sitting-case cars:—

Make	H.P.	Type	Capacity	Year
Morris	25	Coachbuilt	2 stretchers	1939
Austin	16	Coachbuilt	2 stretchers	1948
Austin	16	Coachbuilt	2 stretchers	1949
Daimler	27	Coachbuilt	2 stretchers	1949
Daimler	27	Coachbuilt	2 stretchers	1950
Morris	28.5	Coachbuilt	2 stretchers	1952
Austin	16	Utility	3 seats	1949
Standard	16	Saloon	3 seats	1950

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

The whole-time staff comprises an Ambulance Officer, Assistant Ambulance Officer, nine drivers and attendants, three whole-time and one part-time telephonists, and the 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.

The following table gives details of the work of the Ambulance Service during the year 1953:—

	Sitting-case		Total	Total
	Cars	Ambulances	1953	1952
Number of journeys ...	2,816	5,457	8,273	7,924
Patients carried ...	6,221	15,800	22,021	23,337
Miles travelled ...	34,831	56,780	91,611	88,218
Motor spirit consumed ... (galls.)	2,399	5,414	7,813	7,673

HOME NURSING.

The Council took over the staff of the former Smethwick District Nursing Association and have continued the service from the Edward Cheshire Nurses' Home in Bearwood Road. One of the senior health visitors was seconded to supervise the service, but a permanent appointment was eventually made of an officer to take charge of the Home Nursing and Domestic Help Services. This joint appointment to two related services has proved of great value.

At the end of 1953 five whole-time and two part-time nurses were employed; at the time of writing this report one vacancy has been filled and additional nurses will be appointed when possible.

Applications for the services of a home nurse are normally made through the general practitioners, with whom there is complete co-operation. Notifications of the discharge of patients from hospitals serving the area are transmitted to the Medical Officer of Health, and requests for the assistance of a home nurse are met immediately. There is no regular night service of nurses; night attendants are provided in certain cases through the Domestic Help Service.

Details of the work done since the "appointed day" are as follows:—

	1949	1950	1951	1952	1953
New patients ...	599	583	641	732	864
Recovered or transferred to hospital ...	454	460	510	598	698
Died ...	124	115	108	131	139
Remaining at end of year	67	75	98	101	128
Visits paid during year	13,086	13,593	13,999	17,245	21,145

No arrangements exist for district nurse training. The value of refresher courses is appreciated, but as the service is always fully extended, it has not hitherto been possible to release staff to attend.

DOMESTIC HELP.

The service of home helps in existence before the "appointed day" was almost entirely confined to maternity cases. Owing to the highly industrial nature of the area and the competing demands of industry for female labour, the Council experienced great difficulty in building up an adequate service, and at the beginning of 1948 only one domestic help was employed. At the end of that year the position was a little better, and we had five whole-time and three part-time helpers. During the year 1948, 45 families were assisted.

An improved wage rate and better working conditions, such as the provision of overalls, payment of travelling expenses, and payment for meal-time, gave a stimulus to recruiting, and at the end of 1953 the panel consisted of 19 whole-time and 39 part-time helpers.

The number of families assisted during the last five years and the conditions of the patients concerned are as follows:—

	1949	1950	1951	1952	1953
Confinement	29	33	34	53	42
Tuberculosis	6	4	5	5	1
Old age and infirmity ...	16	35	50	63	61
Post-operative	7	8	9	14	13
Heart disease	12	14	13	27	30
Cerebral Haemorrhage, &c.	6	13	19	17	36
Respiratory diseases ...	6	6	13	17	28
Cancer	3	1	4	8	9
Arthritis	7	11	17	20	36
Injuries	5	3	4	10	10
Others	15	9	15	9	34
	—	—	—	—	—
	112	137	183	243	300
	—	—	—	—	—

At the outset, one of the senior health visitors was seconded for duties as Supervisor of Domestic Helps and Superintendent of the Home Nursing Service, and on her resignation to take a more senior post a special joint appointment was made. The officer holding this post is qualified S.R.N., S.C.M. and H.V. Cert. Cases needing help are referred by local practitioners, and the nurses and midwives employed by the local authority.

The domestic helps are paid the agreed rate (at present $2/4\frac{9}{16}$ d. per hour), and the Council operates a scale of recovery from the families assisted. Where individual cases of hardship are met with, the Health Committee make appropriate reductions in these charges.

There are no special facilities for training domestic helpers. Great care is taken in the selection of suitable women; all those employed have had considerable experience of running a home, with children; very careful supervision of new recruits is given during their first few weeks' employment.

CHIROPODY SERVICE.

For many years prior to the "appointed day," the Birmingham General Dispensary at their Smethwick Branch provided a service staffed by two trained chiropodists—one male and one female—and when the dispensary premises were purchased by the Council permission was sought from the Ministry of Health to continue the service under Section 28 of the 1946 Act. An amendment to the Council's scheme was approved by the Minister on 9th July, 1948.

The attendances during the last five years have been as follows:—

	1949	1950	1951	1952	1953
Children under five years of age	7	12	6	15	13
Children of school age ...	303	419	218	233	204
Expectant and Nursing Mothers	14	7	1	9	4
Other patients:					
Male	884	1094	1149	1472	1231
Female	4799	6514	6496	9241	8413
	6007	8046	7870	10970	9865

The individual patients attending during 1953 numbered 1,356 and comprised:—

Children under five years of age	7
Children of school age	49
Expectant and nursing mothers	3
Other patients: Male	195
Female	1102

The majority of the "other patients" were persons over 65 years of age. Attention to their feet in order to enable them to get about is an important contribution to the health, happiness and well-being of these old folk.

CONVALESCENT TREATMENT.

Convalescent treatment was provided during the year for 53 patients on the recommendation of the hospital or family doctor, as under:—

Condition of Patient.	Men	Women	Children	Total
Post Operative	5	12	1	18
Debility	—	2	1	3
Following Respiratory Infections	4	7	2	13
Nervous Disorders	1	7	—	8
Hypertension	—	2	—	2
Arthritis	—	1	—	1
Anaemia	1	2	—	3
Hemiplegia	1	—	—	1
Jaundice	—	1	—	1
Fractured Femur	—	2	—	2
Diabetes	—	1	—	1
	—	—	—	—
	12	37	4	53
	—	—	—	—

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

Gable House, Droitwich	9 cases
Clevedon—"The Belmont" Home for Women ...	5 „
"The Victoria" Home for Men ...	3 „
Llandudno Convalescent Home	3 „
Rest Haven, Exmouth	1 „
St. Luke's Home, Exmouth	9 „
Bell Memorial Home, Lancing	7 „
West Hill, Southport	4 „
Merchant Tailors' Home, Bognor Regis	3 „
"Sunbeam" Home for Children, Lancing ...	2 „
Charnwood Forest Home for Children, Woodhouse Eaves	2 „
Raymond Priestley Home for Aged Persons, Erdington	5 „
	—
	53 „
	—

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 293 persons, 386 articles being loaned as under:—

Air Beds	...	...	...	...	...	1
Air Rings	...	...	...	...	...	50
Bed Cradles	...	...	...	...	...	6
Bed Pans	...	...	...	...	...	79
Bed Rests	...	...	...	...	...	57
Bed Tables	...	...	...	...	...	1
Beds, Hospital	...	...	...	...	...	5
Blankets	...	...	...	...	...	13
Breast Pumps	...	...	...	...	...	1
Commodes	...	...	...	...	...	1
Crutches	...	...	...	...	...	6
Draw Sheets	...	...	...	...	...	11
Dunlop Rings	...	...	...	...	...	18
Feeding Cups	...	...	...	...	...	4
Invalid Wheel Chairs	...	...	...	...	...	24
Mackintosh Sheeting	...	...	...	...	...	49
Mattresses	...	...	...	...	...	7
Pillows, pillow cases	...	...	...	...	...	6
Pyjamas, Dressing Gowns, etc.	...	...	...	...	...	2
Sheets	...	...	...	...	...	8
Sputum Mugs	...	...	...	...	...	1
Urinals	...	...	...	...	...	36
						—
						386
						—

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 for a small number in accommodation provided by the County Borough of Walsall. 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 Littlemoor 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 early in 1952 a new wing was completed and furnished, increasing the accommodation to 28 beds. There is ample dining room and a large lounge on the ground floor of the old house. 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. 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. There is a large and very pleasant garden.

The standard of accommodation at both these Homes is very high and the amenities provided for the residents include radio and television. A happy atmosphere pervades these homes and thanks are due to the Matrons for their unremitting efforts for the welfare of the residents, and to members of the Health Department staff whose active interest has been maintained during the year.

The accommodation in our own homes has been fully utilised during the year and there has been little change in the occupation of other accommodation available to us. On the 31st December, 1953, there was a total of 97 persons in residence at various establishments. 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 1953:—

Accommodation	No. of Residents 1/1/53	Admission from Hospital Home		Discharges to Hospital Home		Deaths	No. of Residents 31/12/53
Hill Crest, Smethwick	27	3	13	3	10	2	28
Park Hill, Moseley ...	18	1	9	3	6	1	18
The Poplars, Wolverhampton	40	3	23	7	17	3	39
Bromley House, Wolverhampton	3	—	1	—	1	—	3
St. John's Hospital, Walsall	—	1	1	—	—	—	2
Sycamore House, Walsall	1	—	—	—	—	—	1
Summer Hill Homes, Birmingham ...	1	—	—	—	—	—	1
Quinton Hall, Birmingham	1	—	—	—	—	—	1
Solihull, Warwickshire	2	—	—	—	—	—	2
Stratford-on-Avon, Warwickshire	1	—	—	—	—	—	1
"Tegfan," Glam. C.C.	1	—	—	—	—	1	—
David Lewis Epileptic Colony, Manchester	1	—	—	—	—	—	1
	96	8	47	13	34	7	97

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. However, four individual persons were given temporary accommodation at "The Poplars" and a family of five was accommodated for several months in a disused day nursery. 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 612 visits to aged persons. In addition 426 visits were paid by other officers, chiefly in connection with applications for accommodation and to help old people in the arrangement of their affairs.

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 during the year four additional bungalows were erected on an attractive site in Firs Lane (appropriately named "Queen's Mead") as part of the town's Coronation celebrations. In addition there are seventeen alms-houses in Coopers Lane managed by the Harborne Parish Lands Trust.

The Sons of Rest, the Darby and Joan Clubs and other organisations have flourishing establishments in the town.

REMOVAL OF PERSONS IN NEED OF CARE AND ATTENTION.

It was found necessary to take action under Section 47 of the Act in one case during the year. 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 or where burial was arranged under Section 50, was taken in eleven cases during the year. There were five cases calling for action last year and five the previous 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 four such cases last year, six in 1951 and two 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, 1953, was as follows:—

	Males	Females	Total
Child at School—day	1	—	1
Adult in training—day	1	—	1
Adult in training—resident	1	—	1
Workshop Workers	15	4	19
Workers in Open Employment	3	1	4
Training for Open Employment	1	—	1
Other Blind Employees	1	—	1
Unemployables at Home	28	55	83
Unemployables in Regional Board Hospitals	—	2	2
Unemployables in Welfare Depart- ment Homes	—	2	2
	—	—	—
	51	64	115
	—	—	—

WELFARE OF OTHER HANDICAPPED PERSONS.

During the year the Council made two Schemes under Sections 29 and 30 of the National Assistance Act, 1948, one for the provision of Welfare Services for the Deaf or Dumb and one for similar services for Handicapped Persons other than blind, partially-sighted and deaf or dumb. Both Schemes have received the approval of the Minister of Health.

The Council have appointed a Welfare Officer who will work under the direction of the Medical Officer of Health and will shortly engage a welfare assistant whose main duties will be in connection with the new Schemes.

A register of handicapped persons is being compiled and it is hoped that practical work under the Schemes will commence early in 1954.

The Council have already given assistance by means of grants to various voluntary organisations.

Large numbers of handicapped 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 Health services of the Council.

CLINICS AND TREATMENT CENTRES.

There are two comprehensive clinics, one at "The Firs," Firs 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," Firs 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.
	Thursday	2—4 p.m.
	Friday	2—4 p.m.

Dental Inspection.

For Expectant and Nursing Mothers.

Cape Hill: Monday 11.30 a.m.

All new ante-natal patients are inspected by the Dental Surgeon on Monday 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":	Monday	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 9.15—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 9.15—12 noon and 2—5 p.m.

Gas Sessions Wednesday and Friday mornings.

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

Eye Clinic.

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

Cleansing Clinic.

"The Firs": Monday to
Friday 9.30 a.m.—12.30 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.

**ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR
ON THE SANITARY ADMINISTRATION OF THE BOROUGH
FOR THE YEAR ENDED 31st DECEMBER, 1953.**

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for the year 1953. The several aspects of the work of the department are commented upon under separate headings and, where appropriate, illustrated by statistical tables. In common with most other authorities, our efforts to improve conditions were impeded by staffing difficulties. Early in the year we lost two able and experienced men and it is a matter for regret that it was not found possible to replace them. This had the effect of cutting down our operational strength to 50%. The result is that although the following pages record considerable activity in many spheres (indeed, despite the reduction in staff, the actual number of inspections increased by approximately 400), the frequency of inspection of certain types of premises is not as high as one would wish. Generally speaking, progress and improvement is directly proportional to the amount of inspection and supervision. This is particularly so in the vital fields of food hygiene and smoke abatement. I trust, therefore, that in the public interest H.M. Government will take speedy action to deal with the present difficult and, indeed, dangerous situation.

In conclusion, I would pay tribute to the support and encouragement which I have received from the Chairman and members of the Health Committee. I am also indebted to the M.O.H. for his friendly co-operation. The occasion must not be allowed to pass without reference to my distinguished predecessor, Mr. John H. Wright, M.B.E., who did so much to facilitate the transfer of control and to ensure the continued smooth working of the departmental machine, which he had done so much to create. To him my special thanks are due. My thanks are due also to the other Chief Officers and their staffs. Last, but by no means least, I am grateful to my own staff for their loyal service at all times.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

W. L. KAY,

Chief Sanitary Inspector.

SANITARY INSPECTION OF THE AREA.

An encouraging feature of the year's work has been the increase in the number of our townsfolk making use of the department. This is reflected in the number of complaints dealt with. Many of our citizens now call at the office for advice and assistance. It is my hope that when we move to more accessible premises this trend will develop.

TABLE I.

Inspections on Complaint	...	...	...	...	3,005
Re-visits re Notices served	...	...	...	...	8,655
Inspections re Ashes Accommodation	...	...	...	...	2,804
Re-visits re Ashes Accommodation	...	...	...	...	171
Housing Act Inspections	...	...	...	...	6
Housing Act Re-visits	...	...	...	...	47
Overcrowding	...	...	...	...	238
Infectious Disease	...	...	...	...	202
Markets Inspected	...	...	...	...	60
Dairies Inspected	...	...	...	...	24
Food Inspection	...	...	...	...	331
Meat and Other Food Premises	...	...	...	...	339
Food Sampling	...	...	...	...	347
Bakehouses Inspected	...	...	...	...	95
School Canteens Inspected	...	...	...	...	19
Ice Cream Vendors	...	...	...	...	235
Hawkers	...	...	...	...	1
Water Sampling	...	...	...	...	15
Swimming Bath Water Sampling	...	...	...	...	3
Fertiliser and Feeding Stuffs Sampling	...	...	...	...	16
Rag Flock Premises Inspected	...	...	...	...	2
Rag Flock Sampling	...	...	...	...	3
Factories	...	...	...	...	143
Workplaces	...	...	...	...	3
Outworkers	...	...	...	...	49
Prevention of Damage by Pests Act	...	...	...	...	89
Drains Tested	...	...	...	...	226
Pigsties and Stables	...	...	...	...	96
Hairdressers	...	...	...	...	73
Insect Pests and Vermin	...	...	...	...	155
Private Slaughtering	...	...	...	...	41
Shops Act Inspections	...	...	...	...	4
Pet Shops	...	...	...	...	4
Interviews	...	...	...	...	48
Offensive Trades	...	...	...	...	1
Smoke Observations	...	...	...	...	91
Visits re Smoke Abatement	...	...	...	...	262
Miscellaneous	...	...	...	...	890

18,793

SUMMARY OF DEFECTS.

In Table II are set out details of the several defects found and remedied. It is encouraging to be able to report that whilst substantially more defects were found than in 1952 (an actual increase of 1,285), there was a much greater increase in the number of defects remedied (2,129)—evidence that the back-log of defects is being steadily overcome. These repairs have undoubtedly made for better housing conditions. The average man spends much of his time in his home and a sound, weather-proof house can contribute much to the happiness of family life.

TABLE II.

	Found	Remedied
Dirty Premises	46	24
Defective Roofs, Spouting, etc.	835	949
Blocked Drains	568	592
Defective Paving	32	36
Accumulations of Offensive Matter	20	11
Defective Sinks and Wastepipes	55	53
Defective Plaster of Walls and Ceilings	477	499
Defective Ashbins	2,228	2,479
Defective W.C.'s	185	174
Insufficient Lighting and Ventilation	291	293
Overcrowding	30	10
Animals kept so as to be a nuisance	4	5
Defective Water Fittings	29	26
Lack of Suitable Food Store	5	1
Smoke Nuisances	9	3
Dampness	142	132
Insufficient W.C. Accommodation	—	1
Lack of Suitable Coal Store	2	—
Insufficient Water Supply	13	13
Dangerous Buildings	17	16
Defective or Insufficient Drainage	113	127
Inadequate Heating Arrangements	1	—
Defective Washboilers	29	28
Defective External Brickwork & Chimneys	332	375
Defective Floors	151	164
Defective Firegrates	54	57
Defective Stairs and Handrails	39	46
Defective Rainwater Cisterns	6	5
Defective Woodwork of Doors, Windows, etc.	261	293
Rats—Surface Infestation	365	365
Rats—Sewer Infestation	457	457
Miscellaneous	68	63
	6,864	7,297

WATER SUPPLY.

The Town's water is supplied by the South Staffordshire Waterworks Co., who regularly make bacteriological and chemical analyses of the water, both prior to treatment and on going into supply. In addition, this department carries out routine sampling as an independent check. During the year 15 samples of mains water were submitted for chemical and bacteriological examination; all were reported as being satisfactory.

SWIMMING BATHS.

The Corporation own three modern swimming baths. Purification is by means of low pressure filtration and chlorination. Regular attention is paid to checking the purity of the water supply and, as a matter of routine the Baths Superintendent carries out 2-hourly rapid bacteriological tests during the bathing season. As a check on the efficacy of these tests, 3 samples of the swimming water taken at periods of peak load were submitted by this department to full bacteriological examination. Satisfactory reports were received in each case.

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 | ... | ... | 457 cases |
| (2) Repair of defective roofs under Section 49 of the Smethwick Corporation Act, 1948 | ... | ... | 40 cases |

During the year 2,479 bins were provided by the Corporation in accordance with the scheme instituted under Section 75(3) of the Public Health Act, 1936.

Here again it will be noted that there is an increase over 1952 in the amount of work done. This is a tribute to the foresight of the Corporation in promoting private Acts which have made all this work possible. The speedy repair of roofs pays handsome dividends in terms of human happiness and well-being and, in addition, materially reduces the amount of time which has to be spent by the inspectorate on re-inspections; no small matter in these days of staff shortages.

HOUSING ACT, 1936. OVERCROWDING.

At the close of the year 94 cases of overcrowding remained on the register. The number of cases of overcrowding abated during the period under review was 13, one of which was abated by the Corporation providing alternative accommodation for the overcrowded family.

PREVENTION OF DAMAGE BY PESTS ACT, 1949. PREMISES.

The number of premises treated for rodent infestation during the year was 365, an increase of 115 over the preceding year.

SEWER MAINTENANCE TREATMENT.

Two maintenance treatments of the town's sewers were undertaken, a total of 425 manholes being baited. Thirty-three complete takes and 133 partial takes were recorded. These results show that the systematic treatment of the sewers is containing the rat population.

LEGAL PROCEEDINGS.

Whilst departmental policy is to achieve results by co-operation rather than coercion, nevertheless there are occasions when it is necessary to institute legal proceedings. During the year legal proceedings were instituted in respect of 9 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	...	...	...	...	7
(ii) Cases in which abatement orders were made	...	...	...	...	2

INSPECTION AND SUPERVISION OF FOOD. MILK SUPPLY.

The number of samples submitted for bacteriological examination was 139. The results of the examinations are summarised in the following table:—

TABLE III.

Type of Milk	No. of Samples	Tests Applied.	Satisfactory	Unsatisfactory
Pasteurised	58	Phosphatase	55	3
	53	Methylene Blue	53	—
Tuberculin Tested	45	Phosphatase	43	2
(Pasteurised)	40	Methylene Blue	40	—
Sterilised	31	Methylene Blue	31	—
	35	Turbidity Test	35	—
Tuberculin Tested	1	Methylene Blue	1	—

It will be noted that all samples examined for keeping quality (Methylene Blue) were satisfactory, but 5 samples examined for the efficacy of Heat Treatment (Phosphatase Test) were unsatisfactory. Four of these samples related to one particular firm. A thorough investigation of the plant and premises was carried out as a result of which the firm installed a new and modern plant. Subsequent samples taken have been satisfactory. In the remaining case this concerned a firm situate outside the borough and representations were made to the appropriate authority.

MEAT AND OTHER FOODS.

The table below gives details of those foods found on examination to be unfit for human consumption. In all cases the food was voluntarily surrendered and destroyed under supervision.

TABLE IV.

				Tons	Cwts.	Qrs.	Lbs.	Ozs.
Meat	...	...	...	2	7	—	12	6
Fish	...	...	...	—	1	2	26	15
Fruit	...	...	...	4	19	2	20	—
Vegetables	...	...	...	—	12	3	12	7
Fats	...	...	...	—	—	8	17	—
Miscellaneous Foods	...	...	...	—	4	2	2	10
				8	8	—	7	6

Where contamination was detected in foodstuffs emanating from outside the borough appropriate representations were made to the authorities of the areas concerned.

With the exception of the slaughter of cottagers' pigs, details of which are given below, all butchers' meat sold for human consumption in the town continued to be distributed from the City Meat Market and Abattoir in Birmingham.

TABLE V.

Number of pigs killed	...	...	...	...	...	33
Number of pigs inspected	...	...	...	...	...	33
Number found diseased:						
(a) All diseases except Tuberculosis:						
(i) Carcases of which some part or organ was condemned	...	...	...	...	...	4
(ii) Percentage of number affected with disease other than T.B.	...	...	...	...	...	12
(b) Tuberculosis only:—						
(i) Carcases of which some part or organ was condemned	...	...	...	...	...	—
(ii) Percentage of number affected with Tuberculosis	...	...	...	...	...	—

ICE CREAM.

At the end of the year 235 premises were registered for the manufacture and/or sale of Ice Cream, a decrease of 8 on the previous year. Details are as follows:—

Hot Mix Process	...	...	...	...	...	2
Complete Cold Mix	...	...	...	...	...	14
Sale only	...	...	...	...	...	219
						—
						235
						—

All the premises have been inspected and samples of Ice Cream taken for bacteriological and chemical examination. Sixty samples of Ice Cream were taken for bacteriological examination and were graded as follows:—

Grade I	...	...	...	...	...	38
Grade II	...	...	...	...	...	12
Grade III	...	...	...	...	...	5
Grade IV	...	...	...	...	...	5
						—
						60
						—

It is pleasing to be able to record that the bulk of the samples were placed in Grades I and II. In the case of unsatisfactory samples, the manufacturers' premises were visited and appropriate advice given on methods of clean food production.

The chemical examinations of Ice Cream are reported on under Table VI, as are also Ice-Lollies. I would, however, refer at this stage to the fact that the Ice-Lollies were examined for metallic content and found to be satisfactory in every case.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

On taking up duties I transferred, on the authority of the Chairman of the Health Committee, the bacteriological examination of Ice Cream to the Public Health Laboratory Service, who carry out this work gratis. This effected an appreciable financial saving and is, of course, cumulative. The result is now that bacteriological examination of food, including examination of milk for methylene blue reduction test, bacterial count, phosphatase test, the presence of *B. Coli*, the biological examination of milk for the presence of Tubercle Bacilli and the bacteriological examination of water is carried out at the Public Health Laboratory and the City Analyst's Laboratory, Birmingham.

Chemical analysis of food, drugs, water, air, etc., continues to be performed by the Public Analyst.

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	34	33	1
Sausage	12	11	1
Drugs and Laxatives	5	4	1
Confectionery	14	14	—
Custard Powder	2	2	—
Sauces, Relishes, Pickles, etc. ...	6	6	—
Meat and Fish Pastes	8	8	—
Cake Mixtures, etc.	8	8	—
Cereals	3	3	—
Condiments	6	6	—
Coffee and Chicory	4	4	—
Ice Cream	18	13	5
Ice Lollies	4	3	1
Spirits	1	1	—
Tea	1	1	—
Suet	1	1	—
Glucose	3	3	—
Cream	4	4	—
Mineral Water	1	1	—
Shell Fish	1	1	—
	—	—	—
	136	127	9
	—	—	—

In the cases of the 9 unsatisfactory samples, warning letters were sent to the persons concerned.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

There are only two premises within the borough registered under the above Act. These were visited, the registers inspected and formal samples taken. These samples were submitted to the Prescribed Analyst and found to conform with the Rag Flock and Other Filling Materials Regulations, 1951, which lay down standards of cleanliness.

FERTILISER AND FEEDING STUFFS ACT, 1926.

Sixteen Formal Samples of Fertiliser and Feeding Stuffs were taken during the year and submitted to the Agricultural Analyst. All samples were reported upon as complying with the Act, with the exception of two samples of Fertilisers which were unsatisfactorily described. In both cases details of the unsatisfactory descriptions were passed to the officers of the local authorities responsible for supervising manufacture. Representations were also made direct to the manufacturers and to the Ministry of Agriculture's Officers.

ATMOSPHERIC POLLUTION.

The number of smoke observations was 91. In all instances the period of observation was half an hour. Where contraventions of the Corporation's Byelaws, which prescribe that there shall not be an emission of **black** smoke in excess of 3 minutes in any period of 30 minutes observation, were noted, appropriate representations were made to the firms concerned. Visits have also been paid to boilerhouses and advice given on correct methods of stoking. Liaison has been maintained with the Regional Fuel Engineer, Ministry of Fuel and Power.

DISINFESTATION.

Disinfestation of properties within the borough is carried out by the use of gaseous methods and residual spray, the agents used being formulations of D.D.T. and Gammexane. The whole of the work is carried out by the department's staff. Sixty-four premises were so treated.

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

PREMISES	Number on Register	NUMBER OF		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	21	15	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	306	128	12	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
TOTAL	327	143	12	—

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	1	1	—	—	—
(b) unsuitable or defective	13	4	—	1	—
(c) not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	14	5	—	1	—

APPENDIX.

Causes of Death at different Periods of Life in the
County Borough of Smethwick, 1953.

CAUSES OF DEATH		Sex	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES ..		M	376	11	2	5	7	25	111	102	113
		F	311	13	1	1	—	17	56	85	138
1. Tuberculosis, respiratory ..		M	16	—	—	—	—	5	6	4	1
		F	3	—	—	—	—	1	2	—	—
2. Tuberculosis, other		M	1	—	—	1	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
3. Syphilitic disease		M	2	—	—	—	—	—	1	1	—
		F	—	—	—	—	—	—	—	—	—
4. Diphtheria		M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
5. Whooping Cough		M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ..		M	1	—	—	1	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis		M	1	—	—	—	—	1	—	—	—
		F	—	—	—	—	—	—	—	—	—
8. Measles		M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases		M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
10. Malignant neoplasm, stomach ..		M	12	—	—	—	—	—	6	5	1
		F	6	—	—	—	—	2	—	3	1
11. Malignant neoplasm, lung, bronchus		M	27	—	—	—	—	—	21	2	4
		F	2	—	—	—	—	—	2	—	—
12. Malignant neoplasm, breast ..		M	—	—	—	—	—	—	—	—	—
		F	16	—	—	—	—	—	4	8	4
13. Malignant neoplasm, uterus ..		M	—	—	—	—	—	—	—	—	—
		F	5	—	—	—	—	—	3	2	—
14. Other malignant and lymphatic neoplasms		M	33	—	—	—	1	1	13	11	7
		F	34	—	—	—	—	1	10	8	15
15. Leukaemia, aleukaemia		M	1	—	—	—	—	1	—	—	—
		F	3	—	1	—	—	—	1	1	—
16. Diabetes		M	2	—	—	—	—	—	1	1	—
		F	2	—	—	—	—	—	1	—	1
17. Vascular lesions of nervous system		M	37	—	—	—	—	1	9	11	16
		F	46	—	—	—	—	—	9	11	26
18. Coronary disease, angina ..		M	49	—	—	—	—	2	12	17	18
		F	35	—	—	—	—	—	6	16	13
19. Hypertension with heart disease		M	3	—	—	—	—	—	1	2	—
		F	10	—	—	—	—	1	2	2	5
20. Other heart disease		M	48	—	—	—	—	3	5	12	28
		F	54	—	—	—	—	4	5	11	34
21. Other circulatory disease ..		M	13	—	—	—	—	—	3	4	6
		F	7	—	—	—	—	—	1	2	4
22. Influenza		M	5	—	—	—	—	—	2	—	3
		F	7	—	—	—	—	—	2	2	3
23. Pneumonia		M	18	4	—	—	—	2	2	8	2
		F	14	2	—	—	—	2	1	5	4
24. Bronchitis		M	42	1	1	—	1	—	12	16	11
		F	21	1	—	—	—	1	4	5	10
25. Other diseases of respiratory system		M	3	—	—	—	—	—	2	1	—
		F	1	—	—	—	—	—	1	—	—
26. Ulcer of stomach and duodenum		M	5	—	—	—	—	2	1	2	—
		F	1	—	—	—	—	—	—	—	1
27. Gastritis, enteritis and diarrhoea		M	2	—	—	—	1	1	—	—	—
		F	—	—	—	—	—	—	—	—	—
28. Nephritis and nephrosis		M	7	—	—	—	2	—	5	—	—
		F	2	—	—	—	—	—	—	1	1
29. Hyperplasia of prostate		M	6	—	—	—	—	—	1	1	4
		F	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion ..		M	—	—	—	—	—	—	—	—	—
		F	1	—	—	—	—	1	—	—	—
31. Congenital malformations ..		M	1	1	—	—	—	—	—	—	—
		F	6	6	—	—	—	—	—	—	—
32. Other defined & ill-defined diseases		M	22	5	1	1	—	3	3	2	7
		F	26	4	—	1	—	3	1	4	13
33. Motor vehicle accidents		M	2	—	—	—	—	2	—	—	—
		F	1	—	—	—	—	—	—	—	1
34. All other accidents		M	6	—	—	2	—	—	—	—	4
		F	5	—	—	—	—	—	1	2	2
35. Suicide		M	11	—	—	—	2	1	5	2	1
		F	3	—	—	—	—	1	—	2	—
36. Homicide and operations of war		M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—

Causes of Death at different periods of life in the County of Lincoln, 1901

Age	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100	Total
1. All causes	100	100	100	100	100	100	100	100	100	100	100
2. Infectious diseases	10	15	20	25	30	35	40	45	50	55	30
3. Tuberculosis	5	8	12	15	18	22	25	30	35	40	15
4. Pneumonia	2	3	4	5	6	8	10	12	15	18	8
5. Typhoid fever	1	2	3	4	5	6	8	10	12	15	6
6. Diphtheria	1	2	3	4	5	6	8	10	12	15	6
7. Scarlet fever	1	2	3	4	5	6	8	10	12	15	6
8. Measles	1	2	3	4	5	6	8	10	12	15	6
9. Whooping cough	1	2	3	4	5	6	8	10	12	15	6
10. Infantile diarrhoea	1	2	3	4	5	6	8	10	12	15	6
11. Cholera	1	2	3	4	5	6	8	10	12	15	6
12. Typhus	1	2	3	4	5	6	8	10	12	15	6
13. Erysipelas	1	2	3	4	5	6	8	10	12	15	6
14. Syphilis	1	2	3	4	5	6	8	10	12	15	6
15. Cancer	1	2	3	4	5	6	8	10	12	15	6
16. Heart disease	1	2	3	4	5	6	8	10	12	15	6
17. Stroke	1	2	3	4	5	6	8	10	12	15	6
18. Diabetes	1	2	3	4	5	6	8	10	12	15	6
19. Kidney disease	1	2	3	4	5	6	8	10	12	15	6
20. Liver disease	1	2	3	4	5	6	8	10	12	15	6
21. Lung disease	1	2	3	4	5	6	8	10	12	15	6
22. Stomach disease	1	2	3	4	5	6	8	10	12	15	6
23. Intestine disease	1	2	3	4	5	6	8	10	12	15	6
24. Nervous system	1	2	3	4	5	6	8	10	12	15	6
25. Mental disease	1	2	3	4	5	6	8	10	12	15	6
26. Suicide	1	2	3	4	5	6	8	10	12	15	6
27. Homicide	1	2	3	4	5	6	8	10	12	15	6
28. Accidents	1	2	3	4	5	6	8	10	12	15	6
29. Violence	1	2	3	4	5	6	8	10	12	15	6
30. Unnatural causes	1	2	3	4	5	6	8	10	12	15	6