[Report 1954] / Medical Officer of Health, Smethwick County Borough.

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County Borough of Smethwick

The Health of the Borough in 1954

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.

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County Borough of Smethwick

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Died 3rd June, 1954

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

Assistant Medical Officers:

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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.

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

Sanitary Inspectors:

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(*de*) L. G. FRANCIS (to 31.1.54.)
(*d*) K. H. J. GREEN
(*def*) G. O. WRIGHT (from 1.2.54.)
(*d*) D. C. WILLIAMS (from 1.2.54. to 28.2.54.)
(*d*) R. J. MOORE (from 14.6.54.)

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D. R. DAVIES (from 15.11.54.)

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D. L. JONES, Senior Clerk (to 29.8.54.)
R. WOOLLEY, Senior Clerk (from 19.10.54.)
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FRANCES K. CALLARD, i/c M.C.W.
R. WOOLLEY, i/c S.H.S. (to 18.10.54.)
DORIS C. TIPPING, i/c S.H.S. (from 21.12.54.)
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R. BAYLEY (H.M.F.)
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A. H. WHEATCROFT
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GLENYS M. PERRINS (to 20.8.54.)
BERYL I. PEGLER (from 22.3.54. to 30.9.54.)
JEAN HAWKES (from 9.8.54.)
MEGAN I. COOPER, (from 20.9.54.)
JUNE M. BROTHERTON, Welfare Assistant (from 1.9.54.)
RITA L. STANTON (from 4.10.54.)
CLARISSA L. BEDDOES (from 22.11.54.)

Duly Authorised Officer: (*h*) W. D. FODEN

Nursing Staff :

Superintendent Nursing Officer: (*abc*) Miss M. Wainwright

Health Visitors:

(*abc*) Miss J. E. Ackers (to 13.9.54.)
(*abc*) Miss D. Hunt
(*abc*) Miss M. P. O'Keeffe
(*abc*) Mrs. D. Grainger
(*abc*) Miss V. I. Jones (from 1.9.54.)
(*abc*) Mrs. E. M. Lambert (from 18.1.54.—31.5.54.)
(*abc*) Mrs. K. E. C. Biggs (from 5.4.54.)
(*abc*) Miss M. Adams
(*abc*) Mrs. I. Cowell
(*abc*) Miss E. L. Farmer (from 1.9.54.)
(*abc*) Mrs. H. M. Hoy (from 1.9.54.)
(*abc*) Mrs. M. Rosier (from 1.1.54.)
(*abc*) Mrs. M. Morle (from 26.4.54.)

Student Health Visitors:

(*ab*) Miss M. B. Alderton

Clinic Nurses:

(*m*) Mrs. H. M. Warner
(*b*) Mrs. G. M. Littler

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

Municipal Midwives:

(*ab*) Mrs. A. Grosvenor
(*ab*) Miss M. A. King
(*ab*) Mrs. M. E. Lambert (to 30.4.54.)
(*a*) Miss M. J. O'Brien (to 26.5.54.)
(*a*) Mrs. D. G. Hepburn
(*ab*) Miss G. M. Davies (to 30.6.54.)
(*am*) Mrs. J. B. Wood (from 5.7.54.)
(*a*) Miss K. C. Stennett (from 1.3.54.)
(*ab*) Miss M. E. Crowther (from 21.9.54.)
(*a*) Miss R. Sweeting (from 27.9.54.)

Home Nurses:

Superintendent: (*abc*) Miss J. High

(*b*) Mrs. M. A. Worrall
(*a*) Mrs. E. G. Winnett
(*m*) Mrs. M. A. H. Jones
(*m*) Mrs. E. B. Weaver
(*ab*) Mrs. A. M. Davies (to 30.4.54.)
(*b*) Mrs. C. E. Smith
(*ab*) Mrs. J. R. Bridle
(*b*) Mrs. M. Slater (from 24.5.54.)
(*b*) Miss F. M. Hawkins (from 19.7.54.)

Chiropodists:

(*k*) Miss A. M. Dobson
(*k*) J. Beaumont

Matron, "The Hollies" .... (*bp*) Miss D. Moncaster
Matron, Norman Road Day Nursery .... (*p*) Mrs. E. Millward (to 19.11.54.) (*q*) Mrs. I. M. Jones (from 20.12.54.)
Matron, "Hill Crest" .... Mrs. W. E. Steeds
Matron, Park Hill .... Miss C. C. Bruxby
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.
q Certificate of National Nursery Examination Board.

County Borough of Smethwick

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

AUGUST, 1955.

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

MADAM MAYOR, LADIES AND GENTLEMEN,

It is seven years since the revolution started on 5th July, 1948, and the confusion and difficulties caused by the ensuing changes are now disappearing and it is just possible dimly to see the pattern of the services thrown up by this cataclysm. The genius of the British people has prevented the division of the health services into three water-tight compartments from bringing chaos and confusion to all sections of the health services. The tragedy of the iron curtain still remains but because of the English genius for compromise and co-operation its effects are being softened and continue to be softened by the efforts of all members of all three sections of the new service.

The evils and disadvantages of this tripartite division of the health service are only too evident and have been recognised now on all sides. It is therefore unnecessary to stress the need for new legislation to bring them together again. The passage of time will no doubt bring this about in the slow and leisurely way which has been such a characteristic of the British social services during the past 350 years. In the meanwhile, however, it is our task to see in what way the existing services can be improved and developed within the existing framework.

That blessed word "co-operation" has been worked to death and few pieces of legislation have produced more liaison committees and more co-ordinating committees than the National Health Service and other social services. Some of these are useful, many are a waste of time and a few of them have achieved great and lasting results. Co-operation at the top, i.e. at committee level, has been good since 1948 and this has been achieved simply by the goodwill which existed and still exists between the regional boards, the local executive councils, the local authorities and the general public. Co-operation at consumer level, i.e. at the level of the citizen enjoying the services, is much more difficult to secure and the history of the last seven years consists and

probably will continue to consist for some years of the story of efforts to improve this co-ordination and co-operation.

To err is human and social workers are particularly human. One of the failings of humanity is the desire to build a little empire on one's own particular mound without regard to its influence on surrounding empires and surrounding mounds. It is not merely that the hospital services wish to create an empire of their own, for so do the local authorities. It is unfortunately true that within these separate services there is a great tendency for sub-divisions to develop in splendid isolation each with its own staff, each with its own problems and each with its own solutions. But health, as Litvinov said of peace, is indivisible and success can only be achieved by a subordination of the official machine or the regional organisation to the good of the customer and the customer, the man in the street, is also one and indivisible. It might be assumed that when a man suffers from a deviation from health special problems arise for which special machinery is necessary either in the form of domiciliary medical aid or hospital or clinic treatment. This is partly true, but nevertheless the fact remains that unless the man in the street is regarded as a sentient human being struggling with problems and living in an environment which may affect him adversely or favourably, then the treatment afforded to him may conceivably fail totally or partially in its application. What use is it to treat a man for gastric ulcer if the ulcer has arisen because of an unfavourable environment, unless his physician takes into account his environment as well as his stomach? As a famous surgeon has so aptly put it, "Any man can cure gastric ulcer but few can cure patients with gastric ulcer."

Within the local health services themselves, and after all this report is concerned in the main with local authority services, the tendency to deal with one small aspect of the patient's problem is unfortunately increasing and the number of different agencies administered by local authorities for the health and welfare of the individual is becoming so diverse that inevitably their efficiency must sooner or later be brought into question. There is no excuse for several different organisations within the sphere of a local authority each responsible to a different committee and each being administered by a different officer or department all dealing with the same set of problems and all working in water-tight compartments relying for their efficiency on a desultory modicum of intercommunication. Let us examine this aspect and build our thoughts round the problem of a handicapped child.

One would almost think that when a child suffers from any handicap he has three separate lives, an infant life from 0—5 years, a school life from 5—15 years and an adult life. If a child suffers from paralytic

poliomyelitis at the age of one year he retains his handicap for the rest of his existence. If he requires assistance, this assistance may be necessary all his life. If a child develops tuberculosis at the age of two he does not suddenly change on entering school or on taking up a post in industry. If a child is feeble-minded his mental frailty calls for sympathetic care and help during his entire life. Many authorities including Smethwick have realised this and have placed all their health and welfare services in the one department and all persons with physical, mental, psychological or psychopathic handicaps are dealt with by the same staff from birth to death. Surely such a system enables the handicapped persons to obtain the best possible service and it is difficult if not impossible to imagine any advantages which would accrue by three separate departments dealing with a child, one up to the age of five, another during the school years and yet a third taking over on entering industry. Yet this system of welfare is still in operation in a number of areas in this country. In a town like Smethwick where health and welfare are one and indivisible, the child on entering the world is visited by an officer of the local authority, the general purposes health visitor, who, in association with the general practitioner, endeavours to remove from his path those obstacles to healthy living which come within their province. Every child born into this world is a problem child but the problems both of the parents and the child are usually and indeed almost invariably solved by trial and error. Many of these prolems fall entirely outside the scope of the duties of family doctors or health visitors but many of them are such that they can be solved by sympathy and skilled advice on the part of one or the other of these people. This is true preventive work and its success lies in the skill with which unsuspected difficulties can be met and overcome before they cause disharmony in the home. Should the child be born with some deformity, physical or mental, agencies of the local authority, with the help and sympathy of the family doctor, are usually sufficient to ascertain the extent and nature of the handicap at an early age and from then until the child grows up and passes into industry his continuing problem, if unsolved, remains the responsibility of the same organisation, the health and welfare department of the local authority.

This is a hostile world and even the normal individual equipped with normal brains and a good physical condition requires to use all his energies and all his intelligence to make his way in the world. The child who is handicapped by deafness, blindness, mental deficiency, physical crippling or other handicap has not only the difficulties of the normal child but the difficulties of his handicap as well and therefore has a much more severe battle to fight and at the same time fights it under more adverse circumstances. His difficulties are perhaps minimal during the

pre-school years but it is during this period that he can receive the greatest encouragement and help. Early ascertainment is the basis of welfare work and by the time the child reaches school age much has been done to equip him for the battle of life. When he goes to school the health visitor in her capacity as school nurse continues the good work and is always at hand to help, advise and assist. After all the efforts which have been made in the first five years of life, when contact has been made with the child and when the child and his mother have been taught to regard the health visitor as a real friend, what a tragedy it would be if the problem of the care of such a child were transferred to an entirely new organisation and the only connection between the new visitor and the old would be a case report with its cold and impersonal inhumanity.

During the child's school life the School Health Service is at hand to enable the child to obtain the best from life. His education is so directed as to enable him to make the most of the faculties and abilities which he possesses and to guide him towards a vocation or trade from which his handicap will not debar him. This is one of the most valuable aspects of the School Health Service. On leaving school this youth does not cease to require guidance and assistance and the welfare authority can do much to help him not only in obtaining but in retaining employment. Once again what a tragedy it is when the friends whom he has been taught to trust and who have guided him for so many years are lost to him and once again a formal card giving particulars of his disability is passed to the welfare officer for his attention. The incoming welfare officer cannot under any circumstances fully take the place of the friend who has studied his problem from youth and who is willing to continue to help him in adult life.

In Smethwick these problems are always before us and particular care is taken to ensure that as far as possible the services available to the handicapped will be continuous and will be administered by the same persons. This is naturally not always possible but it is the ideal to be aimed at and we are fortunate that from the cradle till well on in adult life we are able to offer to the less fortunate members of our society the benefits of the social services administered in a kindly way and with understanding by the same department acting throughout with the same officers.

CARE OF THE AGED.

In no branch of local health service is there greater need for integration of the health and welfare services than in relation to the care of the aged. The vast majority of the elderly live happily in their own homes and require no assistance from any but members of their own

family, but increasing numbers of persons in the twilight of life are unable to fend for themselves and must receive the assistance either of the State or of the local authority or both. It is perhaps unfortunate that local authority duties in relation to the elderly are contained in two Acts, the National Health Service Act and the National Assistance Act, but fortunately in those areas where the health and welfare services are integrated and administered from the health department no difficulty arises. The chief services available to the elderly are the home helps and home nurses, the visits of social welfare officers, most of whom should be health visitors, and the provision of Homes in which, as a last resort, the elderly may be accommodated.

What do the handicapped elderly really need? The answer can be summed up in one sentence—they need as far as possible to receive such assistance as will enable them to continue to live in their own homes and only in the last resort to be removed to institutions. The service therefore is and should always be a preventive one. It is impossible to prevent the onset of old age but it is certainly possible in many cases to postpone incapacity and by the provision of suitable services to enable many persons to remain in their own homes. Only when such help is insufficient should they be removed to a Home. It is rather sad to hear a welfare officer claiming as a measure of his success that his authority has so largely increased the number of old persons' Homes or the number of places in such Homes. It is true that we all must provide such Homes and indeed that for the next few years we shall unfortunately have to increase provision in this connection. In Smethwick within the next year an additional block will be built to supplement the provision in Hill Crest, but one might venture to hope that in the course of time we will be able to reduce the numbers rather than increase them.

On the coming into force of the National Health Service Act and the National Assistance Act we estimated that we would require provision in institutions for 200 people and we are happy to know that this has been a very considerable over-estimate. The actual number of Smethwick elderly in institutions provided or paid for by Smethwick Council is about 100, and our waiting list is of negligible proportions and at times does not exist at all. The reason for such a happy state of affairs is not difficult to find. The Home Help Service in Smethwick has increased at a very rapid rate indeed during the past few years and the amount of provision under this service is almost twice the average for local authorities in the Midlands area and is very much higher than the next most generous town. However one looks upon this provision, whether from the point of economy or efficiency, one cannot deny that the pro-

vision of home helps does keep many people in their own homes and therefore serves as a relief both to hospitals and to old people's homes. Surely this is the ideal. The balance can most easily be maintained where, as in Smethwick, the medical officer of health, who is in charge of the home help services, is also the chief welfare officer.

But even inside health departments, the question of overlapping is one which must be continually watched to ensure that the minimum number of persons deal with the same problem. The integration of the health and welfare services is not an easy matter and does not mean that there are no welfare officers except health visitors. There are; and these officers have special and difficult problems of their own. Being under the same direction, however, they find little difficulty in carrying on their work at all levels, from the level of the person receiving welfare services to committee level. In many cases the service required is one which can only efficiently be given by a trained welfare worker. In such cases the service is given by a trained welfare worker and the Welfare Officer and the Superintendent Nursing Officer have definite and explicit instructions to co-operate and discuss problems of mutual interest in order that there may be no overlapping, that each may know what the other is doing and that no home should be visited by two persons where one person can carry out the work. This co-operation extends to all levels and has been extremely successful. At times the problems which arise are not such as may be solved by one single social worker and in a few cases they may require a fairly large team. The general practitioner is never forgotten and in a problem affecting the health or welfare of an individual he assumes natural leadership in the teamwork. He is usually assisted by a health visitor who works under his direction and through her he has free and welcome access to all the other services of the department as well as assistance given by voluntary agencies such as the W.V.S., the N.S.P.C.C. and so forth.

THE FAMILY DOCTOR.

The family doctor has always been regarded in Smethwick as one of the most important of our allies and I would like to acknowledge after nearly 29 years of service the friendly and co-operative way in which they have assisted us and the eager and enthusiastic manner in which they have worked with the various types of social worker towards the cure and rehabilitation of their patients. When a health visitor assists a family doctor in the social care of his patient she works under his instructions and not under the instructions of the medical officer of health and the general practitioner approaches the health visitor direct. To insist or indeed to suggest that the general practitioner should seek

the friendly help of the health visitor through the formal medium of a request through the health department would destroy the essential basis of this co-operation.

The team, however, is not entirely or perhaps in the main, an official one and we have to acknowledge with gratitude the unselfish exertions of many voluntary organisations of which probably the most important or at least the most used are the officers of the N.S.P.C.C. and the ladies of the W.V.S. The British Red Cross Society and the Order of St. John also in a different sphere give us material and welcome assistance.

The assistance and co-operation of Miss Abbott, the Children's Officer, has been a great asset to us, and we acknowledge with gratitude the help which she and her Committee have always given us. Our departments consult one another at every level with the results which are clearly shown in her admirable report (see pages 70 to 75).

CO-OPERATION WITH HOSPITALS.

So far we have dealt only with the welfare officers of the local authority but patients frequently take ill to such an extent that they require institutional care and in this connection the local authority is closely associated with the institutions of the Regional Hospital Board. As has been said above the problem of our relationship with the Regional Board is not a simple one. Co-ordination at the top is easy and has always been cordial but co-operation at customer level is much more difficult.

The assistance which the officers of the Regional Hospital Board in Augustus Road have given us has exceeded our most sanguine expectations and it would be difficult to imagine a body of men and women who give more cheerful and willing response to any request made to them. I would particularly like to thank Dr. Scurlock, Dr. Gordon and Dr. Clarke for their great generosity, their keen interest in our patients and their willingness to go to endless trouble to secure appropriate treatment for our most difficult cases. The particular set up of the health service has meant that in some cases it has been impossible to give to the patient the services which are necessary or desirable but within the limits of their capacity the officers of the Regional Hospital Board have responded magnificently and their relations with us have always been cordial, friendly and co-operative.

Lower down the scale we would like to acknowledge the assistance we have received from individual hospitals, from physicians and

surgeons, from gynaecologists and paediatricians, from midwives and almoners and from the administrative officers. Unwieldiness of the machinery makes this co-operation a little more difficult and at times a little more impersonal and it is doubtful if it will ever be possible to secure a continuity of service by co-ordination which integration of the services would make possible; but within the limits of the legislative set up our relations with the hospitals are excellent and we are grateful to them for their co-operation.

The true efficiency of the local health service may in a way be measured by the intimacy of the association between its various branches and much care has been taken in Smethwick to secure co-operation with all grades of hospital officers who are concerned in the care, supervision and treatment of individual patients. One would like to see a state of affairs in which the hospital patient would be served not only by members of the hospital staff who would prescribe the necessary treament but by the health visitor who would give the doctors in the hospital an account of the patient's background and who would carry out with her when the patient left hospital a full knowledge of his needs and an appreciation of any measures necessary to secure his rapid and complete return to health and efficiency. The letter which the hospital sends to the general practitioner must of necessity be brief and it usually conveys little beyond an account of the treatment given and any necessary medical measures desirable in the further interests of the patient's health. In many cases, possibly in most cases, this is enough. If a patient goes to hospital for the removal of a benign tumour he or she is not likely to require any further care and will regard the visit to the hospital as an incident in his or her life which now that it is over may conveniently be forgotten. But there are many cases in which this is not so. These include all illnesses which are usually associated with anxiety or which are due in part or in whole to the impact of the environment on the patient or to an inability of the patient to make a complete adjustment to his environment. In many other cases the patient may leave hospital incompletely cured or with a disability which requires the sympathy and help of some outside agency to resolve. In such cases surely it is obvious that the health visitor with her considerable knowledge of the home can bring to the doctor in the hospital information which is fundamentally necessary for the patient's complete treatment and can carry from the hospital a knowledge of the patient's problems which without her association with the hospital would be impossible. It is not forgotten that the person responsible for the care of the patient when he leaves hospital is the general practitioner but it would be fanciful to suggest that every general practitioner should follow his patient into hospital, keep abreast of his treatment during the period he is in

hospital and receive at first hand all the necessary information for the subsequent care of his patient. The health visitor can act as a useful intermediary.

In an area such as Birmingham where there are so many hospitals and so many small local authorities this is not easily possible as patients from one town may go to one of many hospitals, but nevertheless this difficulty can be largely overcome by enthusiasm. Visitors from Smethwick Health Department do actually visit many of the Birmingham hospitals and in particular the mental hospitals and mental deficiency institutions where they keep closely in touch with the patients before and after admission. The Duly Authorised Officer is a member of a voluntary association—"The Friends of Highcroft Hall"—and has done much to associate the health department organisation with the hospital organisation. This is only one example which is followed in other hospitals and is only possible where the medical superintendent of the institution is keen, enthusiastic and far-sighted. The medical officers of the health department are also frequent visitors at the various institutions and follow up patients suffering from any type of handicap, physical or mental, and in this way continuity of supervision is provided. We owe much to the kindness, courtesy and friendship of men like Dr. Paterson of Lea Colony, Dr. Stanley of Monyhull and Dr. McDonald of Highcroft Hall.

THE FUTURE.

One of the greatest dangers which local authorities and indeed all workers under the National Health Service Act face is the insidious attraction of cure rather than prevention. I have dealt with this subject on so many occasions and in so many previous reports that I hesitate to emphasise the subject once again. It is, however, infinitely the most important aspect of public health and the future of the public health service depends upon a proper appreciation of the importance of prevention and of the necessity of resisting the glamour of mere cure.

The insidiousness of the attraction of clinical medicine is even yet not realised or recognised. It is a truism and always has been a truism that the hospital doctor is interested mainly in cure and neither the prevention of disease nor the enhancement of health occupies his thought. This is natural. The aesthetic satisfaction of curing a patient, particularly when the cure is spectacular such as is achieved when a surgeon removes a lung and the patient recovers, has to be experienced to be realised, and even those of us who have spent our working lives in the prevention of disease look back nostalgically to our fever hospital days when we experienced the same satisfaction. The best example is

probably the difference between the treatment of diphtheria in the olden days and its prevention now. The most satisfying experience I have ever entertained has been the ecstacy of seeing a patient after a tracheotomy operation regain colour, vigour and eventually complete health, and my most vivid recollections are of the tracheotomies which I carried out in the bad old days of a generation ago when diphtheria was common. But these were our failures! On the contrary there is no thrill in giving 100 injections of anti-diphtheritic immunising material in a morning session although these injections are of infinitely greater value to the community than the spectacular cures. Similarly the thoracic surgeon can now claim that 98 per cent. of the patients from whom he removes the part or the whole of one lung are alive at the end of one month, i.e. that the mortality from the operation is only 2 per cent. A few years ago the majority of such patients died and the thoracic surgeon can congratulate himself to some extent and the chemists who have produced antibiotics to a much greater extent for this vast improvement. The thrill which these surgeons get from their successful operations is something which makes their work exciting and interesting. How much less satisfying but how much more useful is the quiet, patient work of those who have seen that so many thousands of persons have been prevented from reaching the situation which required the removal of a lung!

MENTAL HEALTH.

In no sphere of public health is this insidious temptation greater than in the sphere of mental health and even in public health departments where one would expect the emphasis to be almost entirely on prevention it is sad to note the emphasis on cure. Even our terminology has become twisted; when we speak of mental health workers many medical officers of health think solely in terms of illness. The psychiatric social worker regards herself as a mental health worker but of course she is no such thing. A mental health worker is a person who deals with mental health and a psychiatric social worker never sees a healthy person. It would be difficult to conceive of any circumstances in which a psychiatric social worker would be called in to deal with an individual or a family in perfect health. If the individual were in perfect health there would be no need for a psychiatric social worker and in fact she is called upon the scene when there is disharmony in the home. Local Authority officers who are called mental health workers deal with ascertainment, supervision and after-care of patients suffering from mental illness or mental defect and not at all with prevention. Indeed it is fashionable for many public health departments to boast of the number and extent of their out-patient mental clinics, of the number of

children they have sent to a child guidance clinic and the psychiatric activities in general. What a tragedy! What a travesty of the work of a health department!

It is not suggested for one moment that these mental workers are not doing an extremely useful job. Their work is not only useful; it is absolutely essential. It is satisfying, it is skilled and the contribution which they make to the welfare of the patient is difficult to exaggerate, and many a person who has suffered a breakdown in mental health has cause to thank these kindly and sympathetic persons for the enthusiastic, efficient and patient work on their behalf. But, like a hospital physician, like the general practitioner in his curative work, they are dealing with illness and not with prevention.

What can be done to **prevent** mental illness? In the field of health services the two types of officer who can contribute most to the maintenance and enhancement of health, whether mental or physical, are the family doctor and the health visitor. These are almost the only persons who see the patient in perfect health before there is disharmony in the home. Surely it is rather late to deal with the social problems in the home when the failure to solve these problems has already resulted in a mental breakdown. Surely the time to deal with such problems in the case of children is before the difficulties have induced maladjustment or social incompetence in the children. It is because the health visitor in her routine visits is usually the first person to know the social difficulties in the home and since in most cases she will have secured the confidence of the mother, she is in a unique position to help the mother or the father or the child to overcome the family difficulties. In some cases she can do this simply by giving advice on matters of health, nutrition or on the problems related to the treatment of the young child. In many cases she can achieve the necessary results by calling in other agencies or referring the family to such agencies as will satisfy their needs. In some cases these needs may be provided by voluntary organisations outside such as the W.V.S. or the N.S.P.C.C. and sometimes they can be provided by other local authority departments such as the housing department or by a national body such as the National Assistance Board.

It is because of the importance of this work that I am opposed to what has been called selective health visiting. It has recently become fashionable because of the shortage of health visitors to use them selectively in the work for which they are most fitted and to cut out duties which could be done equally well or even better by other persons and such a tendency is a good one. But some health departments in

their endeavour to rationalise have taken away the health visitors from the routine visits to homes where there appear to be no problems and use them selectively for visting what they euphemistically call the "worst" homes. This is again an example of the tendency to get away from prevention to cure. The "worst" homes apparently are those where the impact of a hostile environment in a weak family has resulted in social incompetence and truly such families need help. But the time to visit these homes is **before** the impact of the environment has disrupted the harmony of the home and this can only be done by routine visits to **all** homes. Only in such a way can advice be given before disharmony results.

The work of the health department officers is interesting and exciting and very satisfying, but it is not spectacular and the satisfaction is not immediate. It should not be forgotten, however, that it calls for a breadth of vision and a wider concept of health than is necessary for the exercise of mere cure and one of the greatest needs of the future will be to ensure that the best brains of the nursing profession are encouraged to consider public health as a career. Girls of less vision can do quite well in hospitals.

It was with great pleasure and satisfaction that we received the recent circular from the Minister of Health on the importance of preventing the break-up of homes. We are indeed proud to remember that the measures suggested in this circular have been employed in Smethwick for so many years. In 1948, the health visitors were given the reponsibility of carrying out the mental **health** work of the department. (Note the emphasis on the world **health).** Problems arising in the family likely to produce unhappiness, disharmony or break-up of the home are dealt with in the first instance by the health visitor. **In most cases no other visitor is necessary.** Our experience during the past seven years has convinced us that this system is the only reasonable one and its success has been outstanding. Our failures are relatively few and in such cases we acknowledge the help of our curative friends, the psychiatrist and the psychiatric social worker.

It will never be possible to say exactly how many persons enjoy good mental health who but for the painstaking work of the health visitors would have broken down; we do know the number is very large.

THE CHRONIC SICK.

In no branch of the National Health Service has the division of the work been more tragic than in the case of the chronic sick. In 1948 the regional hospital boards took from local authorities not only the hospital beds but most of their welfare beds. They took from them all

the beds in the infirmaries which used to cater not merely for those who required institutional medical treatment as defined in the National Health Service Act but who merely required care and supervision because of infirmity. Before the 5th July, 1948, it was not necessary to classify these unclassifiable patients and in fact then, as now, the distinction between the need for hospital treatment and infirmary care varied not only from person to person but from month to month in the same person. Local authorities having lost the beds in which they treated these infirm patients were left to build small Homes for their care, and the amount of institutional provision provided in this way during the past few years has been enormous. But the problem still remains and this unfortunate division of responsibility for the same patient between two bodies is most tragic. Endeavours have been made to solve the problem by the use of what have been called halfway houses and no doubt within a few years we shall progress steadily until we have attained the efficiency in the treatment of these infirm patients which was abandoned in 1948. It is perhaps too late now to ask for a physical return of the infirmary beds to the local authorities, but if the extension of hospitals and the building of new hospital beds were completely suspended for a few years and the money devoted to the building of small or medium-sized homes by local authorities for the care of the chronic sick and the infirm the problem would be well on its way to solution. It is a stark fact that the acute general hospitals are not really interested in either the chronic sick or the incurable. Few hospitals will receive with enthusiasm a 70 years old woman with a fractured thigh; their only enthusiasm in relation to such a patient is reached when the local authority accepts from their hands responsibility for the further care of their patient.

Once again, however, in this branch of work the co-operation between the infirmaries and the local authorities is very cordial. While it is impossible or almost impossible to get a patient of this type into an acute hospital it is often possible to secure their admission to an infirmary and there appears to be more co-operation between infirmaries and local authorities than between infirmaries and acute hospitals. This is natural as their problems are similar. We are particularly fortunate in Smethwick in being associated with Summerfield Hospital, the old infirmary block which used to be associated with Dudley Road Hospital, and we acknowledge with gratitude the help which Dr. Nagley has given us. Nevertheless there is no doubt that these hospitals for chronic patients, as has been so frequently pointed out, care for many persons who do not need treatment in such institutions and who would be better cared for in smaller Homes. There are on the other hand many patients living in welfare Homes administered by local authorities who ought to

be in hospital. This problem could be easily solved by the suggestion made above that the care of the chronic sick should be the responsibility of the local authority.

ENDLESS STORY.

Man resembles trains and trams in one particular, namely that he tends to run on the same lines year after year, and many people find it impossible to get out of a groove. We are all creatures of habit and tend to go through the same routine day after day, week after week, month after month and year after year, and therein lies the greatest danger to public health. While the sense of tradition is of great importance in national government and particularly in the administration of justice, tradition has little place in public health. It is fatal to assume that because some measures have achieved success in the past they are necessarily desirable in the future. Far too many of us try to carry out our work as if social, medical and epidemiological circumstances were the same as they were 50 years ago. The greatest triumphs of public health were achieved about a century ago when relatively simple measures had a vast effect upon the health of the community. The provision of pure water supplies and the installation of the water-carriage system of sewage disposal abolished within a relatively short period of time the incidence of the intestinal diseases and brought down the death rate with a rush. The early years of the present century showed what could be done in the realm of the prevention of infectious diseases and this work culminated in the virtual eradication of diphtheria within the last decade. We are now in a position to say that, with the exception of two major infectious diseases, tuberculosis and poliomyelitis, our problems in these directions have been well nigh solved and our operations in relation to the other existing infectious diseases are more in the nature of mopping up. Syphilis, gonorrhoea, measles, whooping cough and scarlet fever no longer provide major contributions to the Registrar General's death sheets. These diseases have not been eradicated and it is a little early yet to speak of the success of our campaign against whooping cough, but it is not unduly optimistic to assume that all these diseases will contribute still less to the death rate in the future.

It appears desirable therefore that we should turn our attention to other aspects of disease prevention and health enhancement and to consider in what other directions our efforts should be directed. The main causes of death apart from those associated with old age and degeneracy are mental disease, cancer, certain cardio-vascular diseases such as coronary disease and hypertension (high blood pressure),

tuberculosis, accidents in the home and deaths on the road. Other diseases which caused thousands of deaths in England and Wales in 1954 include peptic ulcer (5,477), rheumatic heart disease (8,596), pneumonia (18,079), bronchitis (25,542), congenital malformations (4,493), diabetes (3,027) and certain diseases associated with the central nervous system. What can we do towards the prevention of these?

The public health service can perhaps do little in relation to cancer except in the sphere of health education. They can, it is true, do something to secure that persons suffering from cancer in its early stages will seek treatment at an early date and they can stress the importance of avoiding exposure to carcinogenic substances and the importance of taking preventive measures in occupations where there is a substantial cancer hazard. But in the main the solution of the cancer problem lies either with the research workers who are seeking to find its cause or the epidemiologists who are attacking it from another angle. Of these two the picture seems brightest in the case of the epidemiologists who, like Percy Stocks, have done so much to show in what direction the greatest dangers lie.

In the case of diabetes the problem is a mixed one. Much work has been done in America as well as in England on the epidemiology of diabetes and much is still being done in the treatment of diabetic patients by co-operation between hospitals, family doctors and home nurses, but the measures necessary to prevent this disease still elude us.

We are, however, on much safer ground when we advocate an enquiry into the incidence of deaths from violence and insist on measures for their prevention. It is a reproach on our civilisation that we should have allowed 4,588 persons to be killed on our roads in 1954 with the persons injured running into six figures. These figures increase each year and the road deaths for 1954 are the highest recorded. We may almost assume they will be greater in 1955. It is a national scandal that we allow an even greater number of persons to be killed in our homes. Total deaths from accidents other than road accidents amounted in 1954 to 10,956. A single railway disaster such as that which occurred at Sutton Coldfield horrifies the public and produces headlines in the papers for three or four days. But tragedies more serious than this occur on the roads not once in a year, not once in a month, but once **every day,** and are regarded with indifference by the majority of the people. What excuse have we to offer for this indifference? To what extent are the local authorities health services responsible for the education of the people in the prevention of these deaths?

Suicide is increasing. No fewer than 5,043 persons took their own lives in 1954, an increase of 700 in two years. Why are more people impelled to take their own lives? Do we know? Can we look with complacence on the fact that each year so many persons take their own lives? Here is a problem for the mental health service.

This is an age of technical progress and the technician is only too rapidly replacing the humanist. Forty years ago the physician had to consider his patient as a whole because he had, except in a very few diseases, few satisfactory cures. He therefore treated his patient as an entity, as an individual, as a sentient being, and nursed him back to health by inspiring him with confidence and by removing from him those adverse environmental influences which would prevent a rapid recovery. At the present time advances in the treatment of disease have been so rapid that there is a very great danger that the patient will be forgotten and only his organs remembered. Already there is far too much of the industrial assembly line in our hospitals and although treatment received there is in general infinitely more skilled and successful than in the past, yet in only too many cases recovery is delayed or not achieved at all because the technical tests carried out by the various technicians are all negative. It is possible for a patient to enter a hospital with a vague illness composed mainly of anxiety and his condition made worse by the series of tests all of which are negative and on discharge feel worse than when he went in. It is hoped, therefore, that the medical profession will realise this danger and that all who are concerned with the health of the patient will see that their function is not to restore organs to health but to cure persons and to keep them well.

In conclusion may I emphasise the fact that health services cannot be measured in chromium and marble, in bricks and mortar or in marvellous equipment? The health services are intensely personal and their efficiency can be judged only by the success with which they deal with human beings in their own environment. There is a distinct danger that progress may be measured by the outward and visible manifestations of a service, but these are of little importance. What is needed and what will always be needed is a burning enthusiasm and a restless determination to overcome obstacles and to leave the people each successive year fitter and in better health than they were the previous year. It is true that for this purpose tools are needed in the shape of buildings and equipment and powers of legal enforcement. It is true that abuses can frequently only be removed by the use of legislative powers, but the best results are obtained by personal touch between members of the health department and members of the public. Compulsion has its place but it is a small one and its use is frequently a recognition of failure.

So long as the Smethwick Council continue to be consumed with a desire to see that their people are better served than in any other town and are willing to work in a team spirit towards this consummation, so long as they inspire their officers and workmen with enthusiasm and loyalty and with a determination to support them in their aims, so long will Smethwick continue to maintain a position of pride in the field of public health.

I pass on my seals of office to my successor with pride ond confidence. His duties and responsibilities will be onerous and his task hard, for he will serve a Council who will be satisfied only with a very high standard of efficiency. His task on the other hand will be immensely lightened and his progress encouraged by the knowledge that in any scheme for the improvement of the health of Smethwick citizens he will be fighting **with** the Council and never **against** it. He will never lack sympathy, encouragement and help in the formulation and execution of any good scheme.

THANKS.

I have now completed almost 29 years tenure of office as Medical Officer of Health of Smethwick and would like to acknowledge my indebtedness to the Smethwick Council, to the Health Committee in particular, to the Education Committee and to my colleagues in this and other departments for their tolerance, sympathy and encouragement. I was fortunate in 1927 in being appointed to the most progressive County Borough in the United Kingdom, and whatever efficiency there may be in the health services is due to the fact that the Smethwick Council have never turned a deaf ear to a good scheme for the improvement of the health of the public.

Both individually and collectively members of the Health Committee have always been critical but they have always been progressive; they have been helpful and they have always encouraged me to bring forward measures to place Smethwick in the forefront of local authorities. This spirit of co-operation, of enthusiasm and of determination has been a feature of Smethwick public life for so long that I cannot conceive of its altering in the future, and I congratulate my successor on the Council whom it will be his privilege to serve.

I have to acknowledge with gratitude the assistance given by the relatively small number of Health Committee Chairmen whom I have served. I remember with gratitude that gracious lady Mrs. Edith Sands who died in harness and am glad to know that her name will ever be remembered in Smethwick in association with a nursery school. She

was succeeded by Dr. McKenzie, whose enthusiasm, courage and perseverance drove us through our difficulties following the passage of the Local Government Act of 1929. It was his pertinacity which secured us St. Chad's Hospital. He was followed by another doctor, Dr. Condon, whose sympathy and old world courtesy made him a popular figure in the Council.

Mrs. Farley was Chairman of the Health Committee for a longer period than any other member since I was appointed. Her keen brain, her interest in matters of health, her sense of humour and her brilliance in Committee work were of immense help to me and I look back with great pleasure on the years when we worked together. Councillor Pritchard took on the Chairmanship of the Health Committee only a little more than a year ago but already has endeared himself to every member of the Health Department. It would be difficult to over-state his keenness and interest in all measures affecting the health of the people.

Perhaps I may be allowed to allude particularly to Alderman Fred. Perry. He has never been the Chairman of the Health Committee or the School Attendance and Hygiene Sub-Committee but he is the only member of the Council now living who was present at my appointment. He has been an enthusiastic supporter of the health services since 1925 and has been for some years the senior member of the Council. I have a special affection for this grand old man and readily acknowledge the enthusiastic assistance he has given me for nearly 29 years. I remember also with gratitude the pioneer work done by Alderman W. H. Perry as Chairman of St. Chad's Hospital, and the encouragement given to me by Alderman Bradford, whose tenure of office as Chairman of the Education Committee was so brilliant.

It would be impossible for me to do justice to the debt I owe to members of my own department and adequately to express my thanks to them for the support which they have given me through so many years, but I would like to mention the names of a few to whom my debt is very great.

The first of these is Mr. G. H. Roe, the Secretary of the Department, who has served Smethwick for 48 years and whose contribution to the health of the town has been outstanding. During the 28 or 29 years we have worked together Mr. Roe has been more than a colleague; he has been an intimate and personal friend and the work I have been able to do would have been utterly impossible had it not been for his help, his advice, his enthusiasm and his vast knowledge of all matters connected with public health administration. Mr. Roe has had many

duties not usually given to the lay administrative assistant in a public health department and has had more responsibility than most of his colleagues. He has never faltered and few officers can have a record of such successful service, of such outstanding ability and of so few mistakes. Mr. Roe's forthcoming retirement will be a great loss to the Health Department, but he can look back with pleasure and pride on almost half a century of magnificent service to his town. I wish him long life and happiness in his retirement.

Miss Smith has been my personal secretary since the beginning of the Second World War and has been a member of the Corporation Staff for over a quarter of a century. I have never met anyone with a better right to the title "Perfect Secretary." Her efficiency, her never-varying courtesy, her ready smile, the enthusiasm with which she does her work and her eagerness to serve are qualities not often seen at the present time.

Miss Callard and Miss Whiston have also been on the staff for more than 20 years and have worthily maintained the traditions of the department in their unselfish, public-spirited and conscientious work. Mr. Evans, the Deputy Chief Sanitary Inspector, is another pre-war member of the staff now working in the Department. He was trained in Smethwick and grew up with us and has an ability of no mean order. I would also like to thank Miss Parkes for her quiet efficiency, her steadfastness and her imperturbability. My thanks are also due to Dr. McLaren who was appointed in 1927 and has therefore served the Council for 28 years.

The other members of my staff have also given me cheerful and loyal help; I do not mention them by name because they are so numerous, but it would be impossible to work in a department where there is such happiness and contentment and where such honest and conscientious work is done. I shall leave them with great regret but am confident that I bequeathe to my successor a staff of which he will have reason to be proud.

There is one other name which I have left to the last but whose unselfish and generous service brings humility to those of us who have served in the Health Department for so many years. This is Miss Wright, one of the voluntary workers. She started at Devonshire Road, I believe, about 1916 and from that time to the present date has continued to give freely and without any reward either material or written. We have been well served by our voluntary workers. Their punctuality, their consistent attendance, their painstaking work and their deep sense of

responsibility would be note-worthy if they were paid officers of the Department, but they receive no reward. Yet in spite of this, week after week, hail, rain or sunshine, they turn up at each session with a regularity which can be relied upon and give of their best. To Miss Wright the doyen of these and to all the others we offer our homage, our thanks and our best wishes.

And so, goodbye.

Yours truly,

HUGH PAUL.

THE HISTORY OF PUBLIC HEALTH IN SMETHWICK.

NINETEENTH CENTURY.

The earliest official records we have of the health of Smethwick are in the first Annual Report of Dr. W. F. Marsh Jackson who was appointed Medical Officer of Health on 9th March, 1888, and who continued to hold that office until he was succeeded by Dr. James Robertson in 1916. During the period from the retirement of Dr. Jackson to the present time the Council employed three medical officers of health only —Dr. James Robertson, Dr. J. Bell Ferguson and myself.

Dr. Marsh Jackson's report was made to the Local Board of Health for the Smethwick Urban Sanitary District, the population of which was then 31,000. The birth rate at that time was about 38 per thousand and the death rate 17, but almost one out of every six children born died under the age of one year, and more than one out of every four under the age of five. Only one in six persons lived to the age of 60. Since then Smethwick has grown rapidly both by immigration and by the extension of the boundaries by Parliamentary Bill. It is interesting to speculate what would have been the effect on Smethwick if there had been no immigration, and if Smethwick had remained within its original confines, and if the birth rate had remained at the level of that period and the death rate at the figure obtaining in 1955. The maintenance of the birth rate of 1888 with the death rate of 1955 would have meant that the population of Smethwick would now be 150,000, and would be vastly greater still if one took into consideration the immigration and enlargement of the town. From this terrible fate the spontaneous reduction in the birth rate has saved us.

It is difficult to look back upon the figures in these early days without realising that the changes in Public Health which have taken place over the past 67 years represent not evolution but revolution and a fairly rapid one at that. It is impossible for any but the elderly to conceive the social conditions and disease incidence which obtained during the closing years of Queen Victoria's reign, but many of us still remember in the early years of the present century the thin wasted bodies of the children in the slum streets, the bow-legged and knock-kneed rickety children, the malnourished adults, the anaemic girls, the frequent epidemics of serious and incurable disease and the poverty in the midst of plenty of a large section of the community. Those conditions were not solely due to poverty; the causes of infectious diseases

were but dimly understood, and scarcely any diseases were capable of cure in the modern sense of the word. It is true that the majority of of persons who contracted infectious diseases recovered, but it is doubtful if medical science contributed very much towards their recovery. Indeed it is only within the past ten to twenty years that we have achieved any great measure of drug control over diseases, and only within the past 25—30 years that we have been able to protect the community on a mass scale against the attacks of infectious diseases.

Typhoid fever was common, and in 1888 Dr. Jackson refers to 15 cases of this disease with five deaths, due as he suggests to the pollution of a number of wells. The water from one of these, used by 1,000 persons, was so largely contaminated with sewage as to be unfit for drinking purposes. Of the 31 samples of well water submitted by him for analysis, 21 were found to be unfit for consumption!

The Medical Officer of Health in this year was able to refer to a number of "valuable works which tended to increase the comfort and wellbeing of the inhabitants. Amongst these may be enumerated the public baths, public park, the sewerage of the district which has been begun, the railway improvements (the abolition of the level crossing between Brasshouse Lane and High Street), nicely paved footpaths and well made roads." He also referred to the pending opening of the new cemetery at The Uplands.

In 1891, Dr. Jackson made an early reference to "the harmful influence of substituting infant food, so called, for the only real food that little infants need, and in the execution of my duties as certifying factory surgeon, I frequently meet with boys and girls of insufficient physical development whose condition, unfitting them for the struggle of life, I can only attribute to the fact that in their infancy they had been fed on sop or other substances which has fruitlessly filled a craving stomach." These views were widely held at the time, and indeed even at present we deplore very much the fact that such a small proportion of our infants are breast fed. But the robust health of the present day child compared with the children to whom Dr. Jackson referred is due not so much to artificial feeding as to sufficient feeding. These early babies died because they had not enough food and because the food they had was contaminated. In 1893 the infant mortality rose still higher to 179 per thousand, when diarrhoea caused the deaths of 55 infants "during the hottest and driest year known to that generation." In his report for 1893, there is also an interesting account of an outbreak of 8 cases of Asiatic cholera which occurred during the year in Rowley Regis.

Smallpox came to South Staffs. in 1893; Bilston erected an "iron hospital" for 18 cases in six days, and Brierley Hill one of wood and iron in six weeks. This is a shining example which the builders of modern hospitals might ponder on! There were 21 cases of smallpox in Smethwick in that year but in the following year 132 cases occurred. A change of matron of the hospital may have been the reason for the substitution of wire-wove mattresses for straw palliasses and rigid laths previously in use. A new ambulance wagon fitted with india-rubber tyres replaced the old caravan. Dr. Jackson congratulates the Council on having completed the sewerage of the district.

In 1895 Dr. Jackson refers to a gift by Mr. James Timmins Chance of a new public park at West Smethwick.

In the following year there were 165 cases of swine fever. When the new sewerage system was completed work began on the conversion of privies to water closets. This campaign of conversion lasted a long, long time. In 1897 Dr. Jackson comments on the physical features of the town. High Street which formerly comprised a few well-known shops scattered about between the New and Old Talbots and the Public Buildings now had rows of shops nearly to the corner of St. Paul's Road. At the top of Cape Hill and Bearwood Hill a more important class of shop had been uniformly erected. In Bearwood about half the Lightwoods estate had been built upon, but there was little inter-communication between Bearwood and Smethwick proper.

More than half the Coroner's inquests were concerned with children's diseases, and a special report by the Medical Officer of Health dealt with an epidemic of diphtheria of 62 cases with 16 deaths. In 1899 the doctor referred to the incorporation of the Borough of Smethwick and says that he pressed "a recommendation made some years earlier that the area should be extended in its western boundary, i.e. in the direction of Warley and the adjoining rural portion of Oldbury."

Babies continued to die at the rate of almost one for every five born.

THE TWENTIETH CENTURY.

In view of the severe outbreak of smallpox throughout England and Wales round about the turn of the century, it is interesting to note that Smethwick appears to have been spared, and in 1902 it claimed only one victim, who made a good recovery. About this time the public began to take an interest in pulmonary tuberculosis, which was then usually known as phthisis, and Dr. Jackson discusses the voluntary

notification of the disease, the provision of diphtheria antitoxin and a new scheme for the Regional South Staffs. Hospital for smallpox. This last named disease attacked the town in 1903, causing 24 cases of whom only one died.

In 1906 the Health Committee recommended that the service of a woman health visitor should be secured with a view to still further reducing the infant mortality which was now at the strikingly low figure (for 1906) of 130 per 1,000 births. Miss L. M. McNicol commenced duties on the 23rd July, inaugurating the system of health visiting which, during the next half century, was to play such an enormous part in the improvement of the health of the people, particularly of mothers and children. In 1907, the year in which Smethwick attained County Borough status, the infant mortality had further been reduced to 116 per 1,000—a record. The Holly Lane Hospital was opened in September by Alderman George Bowden, Chairman of the Joint Committee. Consideration was given to a memorandum of the Board of Education relating to medical inspection of school children. This year, 1907, bridged the past with the present with the appointment of Mr. G. H. Roe to the Health Department to a post which 48 years later he still retains. Mr. Joseph Lones was appointed Public Analyst. Being a County Borough, Smethwick was now responsible for the Midwives Act, and for the supervision of the 39 midwives on the Roll. Of these only one had been trained; of the others, 16 were unable to read or write and two were 72 years of age.

Looking back upon these years one is amazed that the infant mortality and maternal death rate were not even higher. The standard of midwifery practice which has been so heavily caricatured by Charles Dickens in his immortal Sarah Gamp was such that it is surprising that any mother or child lived. These ladies were, as stated above, completely untrained, and many of them were drunken and dissolute. Even in 1927, when I first came to Smethwick, I found amongst the midwives I supervised one or two who were only a few degrees better than Sarah Gamp, who were filthy in their personal habits, slovenly in attire, dirty and unkempt in their profession and utterly unreliable. I am happy to think that in the interests of humanity a fairly strict adherence to the provisions of the Midwives Act obtained more justice for the child than mercy for the midwife. What a spectacular change has been caused by the passing of the Midwives Act of 1936! In a brief period of very few years, certainly less than a decade, midwifery passed from being rather a disreputable practice to the status of an honourable profession, and the midwife of today can justly claim that she compares favourably in efficiency and professional skill with any in the world. The Municipal

Midwifery services in this country are indeed something of which we can be justly proud.

In 1908 there was a severe outbreak of scarlet fever with 618 cases of whom 18 died. This year also saw the start of the medical inspection of school children, the first of the personal health services.

The population had grown to 69,000, but there were nearly 1,000 empty houses in the Borough. It was pleasant to be able to record the "remarkable" reduction in the number of cases of typhoid, which numbered 14 in 1909 with only three deaths, but 63 persons died from measles. Many of the schools were closed for varying periods and each department cleansed and disinfected. The Local Government Board made compulsory the notification of pulmonary tuberculosis in poor persons, which, says the doctor, constituted a big step towards the prevention of the disease. In 1910 diphtheria antitoxin was given free to medical practitioners, and vaccination of infants attained the high figure of 72 per cent. of the births, a figure which never again was reached. The standard of honesty of the traders at the beginning of the century may be deduced from the fact that 37 per cent. of their samples of milk and 7 per cent. of the butter samples were found to be adulterated.

In 1912 the present scheme of infant welfare centres was started by a Mothers and Babies Welcome Club which was opened in Hill Street School every Thursday afternoon. Talks were given by the health visitor and other ladies, as well as demonstrations of feeding, clothing and nursing.

In 1913 Dr. Marsh Jackson had his staff extended by the appointment of a tuberculosis officer and assistant medical officer of health (Dr. James Robertson), and a tuberculosis nurse. The Council reserved 20 beds at Romsley Sanatorium for tuberculous patients, and approval was given to the erection of a sanatorium block at Holly Lane Hospital. By 1914 the privy system had been completely abolished and the water carried system substituted, about 6,000 conversions having been made.

In 1915 Dr. Marsh Jackson contributed his last Annual Report, and was appointed consultant Medical Officer of Health. He died on 21st July, 1924.

THE FIRST WORLD WAR.

During the years of the First World War it is surprising that so much work was done in the realm of public health. A Tuberculosis Care Committee was set up in 1916, and the present scheme for maternity and child welfare was brought into being with the town divided into

four districts with one nurse allocated to each district. There were four infant welfare centres, one at Cape Hill, one at Six Ways, one in Sandwell and one in Devonshire Road. In 1917 a scheme for the prevention of venereal disease was adopted, and the infant mortality rate for the first time fell below the 100 mark.

The years 1918 and 1919 were characterised in Smethwick, as in every other town in the country, by the devastating epidemic of influenza which throughout the world attacked 700,000,000 persons and killed 22,000,000. This was probably the most devastating and serious epidemic disease which ever afflicted the human race in such a short period of time. Unlike the influenza of today it chiefly attacked and killed young adults, and those of us who knew those terrible days remember vividly that there were more people killed by influenza in the twelve months following the end of the First World War than were killed during the four years of hostilities from 1914—1918.

In 1919 Dr. J. Bell Ferguson was appointed Medical Officer of Health with two assistant Medical Officers, Dr. Bainbridge and Dr. Madin, the first lady Medical Officer. Dr. Ferguson was in charge of the Department until 1926, and tribute must be paid to him for the progressive and skilful way in which he developed the services during these years. Indeed during his period of office the health services as a whole took their present shape and when he left to take up an appointment in a London Borough he left behind him a service of which both he and the Smethwick Council could be proud. In 1920 the first antenatal clinic was opened in premises at the rear of the Council House, and the maternity and child welfare services were gradually and steadily increased in size and efficiency. It is interesting to note that the cost of all public health services in 1921 was only 11½d. in the £ out of a total rate of 17/10d.

In view of the fact that the national campaign for immunisation against diphtheria only really reached its height in 1940, it is interesting to note that Dr. Bell Ferguson started immunisation against this disease in the welfare centres and by general practitioners in 1923. The response was, however, poor. In 1925, Mr. John Fyles, Chief Sanitary Inspector, retired after 35 years' service, and was succeeded by Mr. J. H. Wright.

THE PRESENT REGIME.

The period since 1927 when I was appointed as Medical Officer of Health is sufficiently well known by many members of the Council to require very little notice in a historical section, but we note that even at the beginning of this period our health visitors paid almost 30,000

visits and there were 22,000 attendances at the infant welfare centres. The infectious diseases hospital was enlarged on two occasions during the inter-war years, and by the end of the Second World War had 103 beds. It is a source of great satisfaction to know that two or three years ago the Council were unable to find enough patients suffering from infectious disease to fill even one eight-bed block in this up-to-date hospital and apart from the tuberculosis pavilion it was no longer needed for its original purpose. It has since been developed into one of the finest neuro-surgery units in the country. On the passing of the 1946 National Health Service Act it was considered in some quarters rather disreputable on the part of the medical officers of health to be in control of isolation hospitals so poorly filled. In the public health field we did not take this view. We felt and still feel that our greatest contribution to humanity and our greatest triumph has been the eradication of much of the infectious disease which killed so many people in the early days and which now except for the two infectious diseases mentioned below is of little importance. Cholera has gone, typhoid fever is rare, scarlet fever is a trivial disease, measles kills very few people, whooping cough is being pushed out and, one hopes, will have followed diphtheria within a decade. Venereal diseases are causing a smaller toll, and their cure is more rapid. Only one or two diseases still remain as a reproach. One of these is poliomyelitis, which has been more prevalent in the post-war years than at any time in our history. For this disease there is no cure and no absolute method of prevention. The outlook is bright, and it will be disappointing if within a decade we do not possess a vaccine capable of preventing it as effectively as diphtheria.

The other disease is tuberculosis. Our success in the eradication of the disease has been spectacular, and the number of people who die from it now is much reduced. Indeed, compared with the death rate at the beginning of the century it causes now only 32 per cent. of the deaths caused in 1938. In this disease, however, as stated elsewhere in this report, there is a distinct danger of complacency and one cannot feel satisfied with the present conditions where we have an infectious disease causing more deaths per year than all the common infectious diseases combined. The last quarter of a century in Smethwick has seen a very steady though perhaps unspectacular development of all the health services, but there have been spectacular interludes.

The Local Government Act of 1929 came into force on the 1st April and brought immense difficulties to Smethwick. This Act imposed on the Council the duty of providing hospital provision for the sick of the Borough, but as we had not one single hospital bed in Smethwick, apart from those in Holly Lane, we were confronted with great difficul-

ties. We were part owners with Birmingham of the large Poor Law Institutions in that city, but under the Act Birmingham was able to buy us out. Our search for alternative accommodation troubled us for several years, and it was only in 1934 that we were able to overcome part of these difficulties by the purchase of St. Chad's Hospital. It was bought almost secretly in the winter of 1934, and opened on 1st April, 1935, after having a fourth floor added during a period of about 12 weeks. This enlargement of the hospital and the reconstruction of the existing blocks brings back very pleasant memories. I have never been associated with any building construction which was carried out with such speed, with such skill and with such smoothness.

Another highlight in the inter-war years was our slum clearance. In 1934 and 1935, the Council very bravely decided to demolish all the unfit houses of the Borough within two years instead of the five years which the Ministry of Health had suggested. Within twelve months of the opening of the campaign every unfit house in the Borough, to the number of over 500, was represented by the Medical Officer of Health. There were over 60 appeals to the County Court judge, but the programme was completed within the allotted two years. Admittedly our standards in those inter-war years now seem to be low, and there are many houses reconstructed in 1934 and 1935 which we would now like to see demolished, but we had to work within the limits of the law and these limitations prevented us from securing as many improvements as we would have liked. I have always held that a house is unfit for human habitation if it does not possess a bathroom, and I deeply regret that I shall leave municipal life without being able to go to the Courts to insist on this provision. While houses are too few to supply our minimal needs there will always be sub-standard houses, but I trust that the time will not be long delayed before every house within the Borough is equipped with a bathroom with running hot and cold water.

Probably the most painful episode in the history between the two wars was the severe outbreak of diphtheria during the years 1930—1931. In these two years we had almost 500 cases with 37 deaths, and the isolation hospital was taxed almost to breaking point. I well remember with gratitude and with pride the cheerfulness and self-sacrifice of the matron, Miss Whitehouse, home sister, Miss North, and staff during these difficult days, when they worked without complaint the whole day through for week after week with little hope of remission and time only for their meals. The number of cases of this disease decreased within the next year or two, but in the five years from 1935—1939, i.e. the years immediately preceding the war, we had no fewer than 780 cases of the disease, the highest five-yearly incidence in the history of the

Borough. The sequel to these sad events is extremely cheerful, for now the disease is virtually eradicated.

Another distressing feature of several of the years between the wars was the unemployment and economic distress round about the year 1931. It is true that the social conditions in Smethwick were not as appalling as in the mining and cotton areas, but there is little doubt that the lower standard of living caused by the continued serious unemployment must have had a serious effect on the health of our people.

I look back with a certain degree of personal pride on the changes which have taken place with regard to disinfection after infectious disease and the exclusion of contacts from schools. It is 23 years now since I introduced with the willing consent of the Council a new policy in Smethwick with regard to disinfection and isolation. Routine disinfection in the case of such diseases as scarlet fever, diphtheria, etc., was abandoned. Some time later I brought in the present policy, again with the willing consent of the Education Committee, of allowing contacts of infectious disease to stay at school except where there were special reasons to the contrary in individual cases. In both these innovations I was heavily attacked by members of my own profession, including many medical officer of health colleagues, but I am happy to think that the scheme which was first adopted in Smethwick in 1934 and extended in 1938 is now almost universally practised in this country.

As regards new buildings, the Firs Clinic was opened in 1931, and although it appears nowadays to be somewhat heavily built and rather out-of-date, it was in its time one of the foremost health clinics in the country. "The Hollies" Children's Home was completed and opened in 1938 for the reception and treatment of children suffering from subacute and chronic rheumatism and malnutrition. The building of this home, which still fulfils an extremely useful purpose, may in retrospect be regarded as pessimism on my part and certainly it is true that the estimates of ill-health from rheumatism and malnutrition which I made in 1935 have since happily turned out to be very much too high. We do not often nowadays take in a child suffering from malnutrition, and the number of rheumatic cases is low. Many lives, however, have been saved by a period of residence in "The Hollies." The majority of the children now attending can be divided into three main groups: the rheumatics, the asthmatics and those suffering from tuberculous glands. The last named are, of course, non-infectious, and the results in all these three groups have been eminently satisfactory.

In April, 1935, we set up a sub-department dealing with air raid precautions; the first meeting of the medical section took place in St. Chad's Hospital.

During the Second World War we opened five day nurseries, all of which have now been closed except the one in Norman Road.

THE SECOND WORLD WAR.

Smethwick had an interesting and exciting time during the Second World War and more than its share of the attention of the German Luftwaffe. The enemy commenced his attacks in the Midlands in August, 1940, whilst the Battle of Britain was at its height, but it was not until the night of 22nd—23rd October, 1940, that Smethwick received its first bombs. The last bombs fell on the town on 30th July, 1942, during a raid which was mainly incendiary in character. Probably our most vivid experience, at least insofar as it affected the First Aid Services, occurred on the night of 11th—12th December, 1940, when several parachute mines fell in the town, causing widespread damage. Both the Council House and The Hollies were evacuated during this night.

Those were days of excitement and sudden death, of hastily snatched meals and sudden calls, of weary work and still more weary watching, but to many of us our most vivid recollection is not of the death and destruction but of the spirit of the people. We were well served by volunteers in those exciting days and the unselfishness, self-sacrifice and obstinate determination of the members of the Civil Defence Service as well as members of the public are pleasant to look back upon. From early autumn 1940 until V.E. Day in 1945 the ambulance headquarters at the Health Department was manned by two teams. Mr. Wright, Mr. Roe and I spent each third night at the office, and on the ambulance side Mr. Beacon also attended every third night, assisted on the other two nights by volunteers. Mr. Beacon was appointed Ambulance Officer before the war started and by 1940 had trained his Service to a high state of efficiency. His capable and enthusiastic control of those under him were of inestimable service to the public and is gratefully acknowledged by us.

The experience of those years of war brings vividly to our recollection the words of Sir Owen Seaman:

Ye that have faith to look with fearless eyes
Beyond the tragedy of a world at strife,
And trust that out of night and death shall rise
The dawn of ampler life;
Rejoice, whatever anguish rend your heart,
That God has given you for a priceless dower,
To live in these great times and have your part
In Freedom's crowning hour;

That you may tell your sons who see the light
High in the heavens—their heritage to take—
"I saw the powers of Darkness put to flight,
I saw the Morning break."

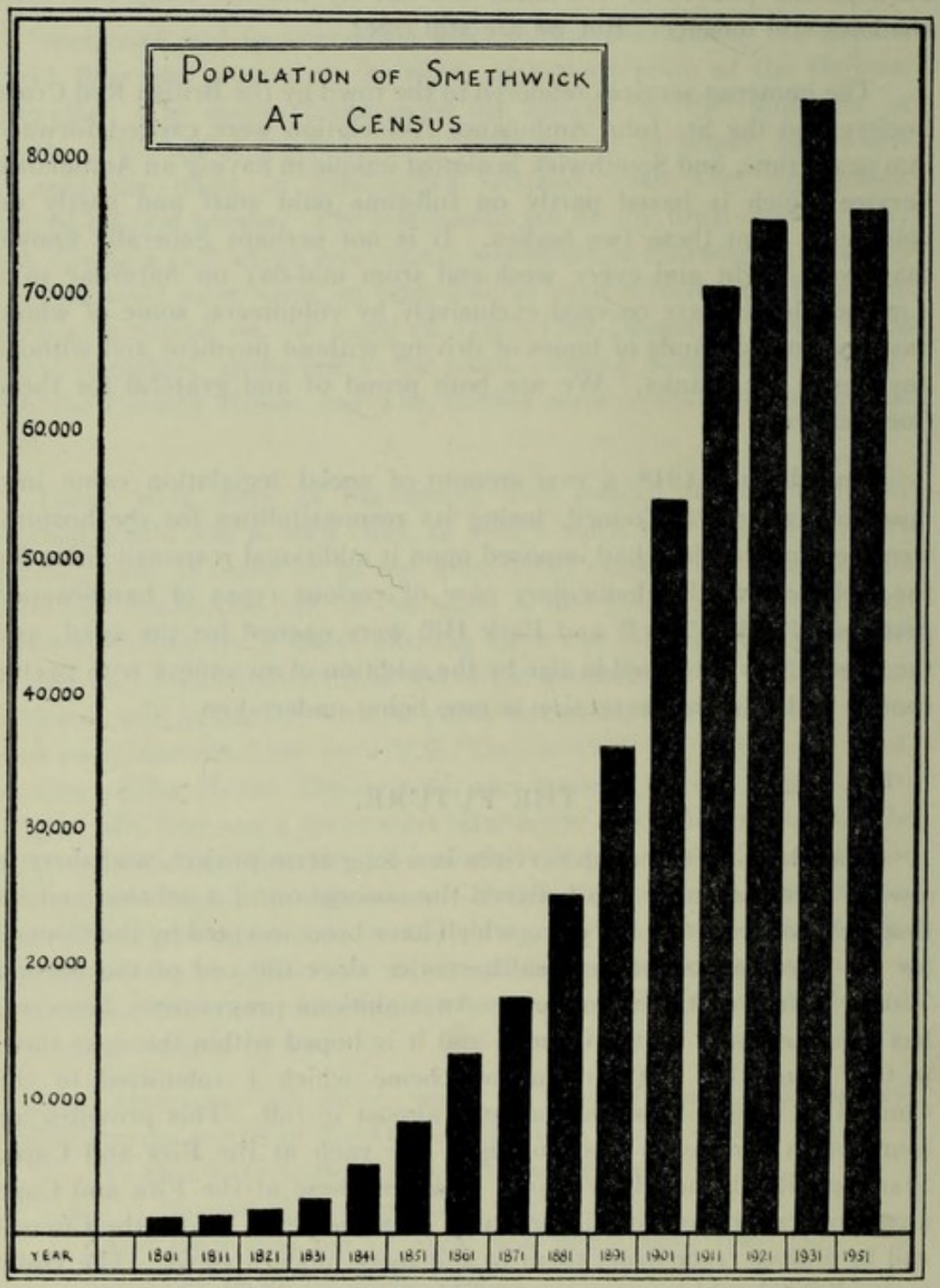
Perhaps the powers of Darkness did not fly too far away and their shadows still menace. But we are still free!

The immense services rendered to the town by the British Red Cross Society and the St. John Ambulance Association were carried forward into peace time, and Smethwick is almost unique in having an Ambulance Service which is based partly on full-time paid staff and partly on volunteers from these two bodies. It is not perhaps generally known that every night and every week-end from mid-day on Saturday to 9 a.m. on Monday are covered exclusively by volunteers, some of whom have put in thousands of hours of driving without payment and without any desire for thanks. We are both proud of and grateful for these fine Services.

On 5th July, 1948, a vast amount of social legislation came into operation when the Council, losing its responsibilities for the hospital treatment of the sick, had imposed upon it additional responsibilities for the welfare and the domiciliary care of various types of handicapped persons. "Hill Crest" and Park Hill were opened for the aged, and the former was increased in size by the addition of an annexe with twelve rooms, and a further extension is now being undertaken.

THE FUTURE.

The planning of health services is a long term project, and there is always a considerable gap between the conception of a scheme and its final achievement, and the plans which have been accepted by the Council for the development of the health service since the end of the Second World War are still incomplete. An ambitious programme, however, has been accepted by the Council and it is hoped within the next three to four years that in the main the scheme which I submitted to the Council in 1945 will be implemented almost in full. This provides for four health centres in the Borough, one each at the Firs and Cape, Stanhope Road and Holly Lane. Two of these at the Firs and Cape are in operation, and it will probably be some years before the Council will be able to reconstruct them to suit more modern views. The Holly Lane clinic should be completed within a year or so, and the Stanhope Road Clinic should follow not much later. Schemes which are not so advanced are the rebuilding of the Ambulance Station, the building of a new Occupation Centre in the Cape district and the provision of a day nursery in Arden Road.


Population of Smethwick
At Census
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
Year
1801
1811
1821
1831
1841
1851
1861
1871
1881
1891
1901
1911
1921
1931
1951

Annual Report for 1954

GENERAL STATISTICS.

AREA: 2,500 acres.

POPULATION: Census, 1951—76,397.
Estimated pre-war: 78,290.
Estimated civilian population mid-year 1954: 75,360.

RATEABLE VALUE: April, 1955: £443,031.

ESTIMATED PRODUCT OF A PENNY RATE: £1,760.

RATES IN THE £: 22/- (April, 1955).

ESTIMATED NUMBER OF HOUSES IN THE BOROUGH: 21,883.

EXTRACTS FROM VITAL STATISTICS.

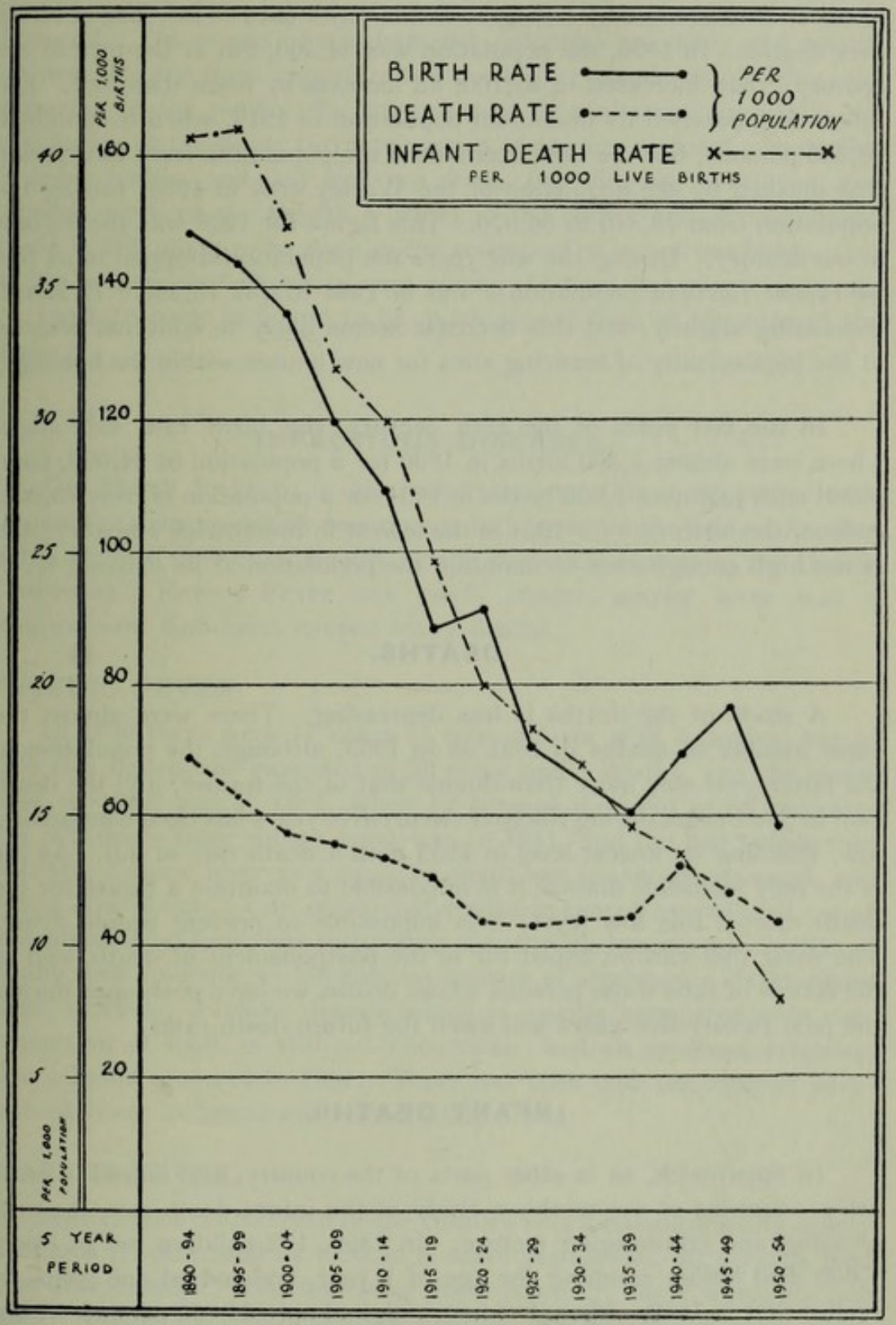
		1954	1953
LIVE BIRTHS:	Males	564	545
	Females	470	537
		1,034	1,082
	Illegitimate Births included in above total	54	67
	Birth-rate per 1,000 population	13.7	14.3
	Comparability factor (Births) ...	0.95	0.98
	Birth-rate as adjusted by Factor	13.0	14.0
STILL BIRTHS:	Males	11	15
	Females	15	13
		26	28
	Illegitimate still births included in above total	1	3
	Still Birth-rate per 1,000 population	0.34	0.37
	Rate per 1,000 total births ...	25.1	25.2
DEATHS:	Males	417	376
	Females	387	311
		804	687
	Death-rate per 1,000 population	10.66	9.0
	Comparability Factor (Deaths)	1.06	1.05
	Death-rate as adjusted by Factor	11.3	9.5

	1954	1953
INFANT DEATHS: Males	23	11
Females	17	13
	—	—
	40	24
	—	—

Mortality per 1,000 births:—

Legitimate Infants	38.7	20.3
Illegitimate Infants	37.0	29.8
All Infants	38.68	22.1
Deaths of Infants under 4 weeks	31	14
Neo-Natal Mortality Rate	29.9	12.9

	1954 No.	1954 Rate per 1,000 population.	1953 No.	1953 Rate per 1,000 population.
DEATHS FROM:—				
Enteric Fever	—	—	—	—
Measles	—	—	—	—
Whooping Cough	1	0.01	—	—
Diarrhoea and Enteritis (under 2 years)	1	0.01	—	—
Diphtheria	—	—	—	—
Scarlet Fever	—	—	—	—
Influenza	2	0.03	12	0.15
Cancer	160	2.12	135	1.78
Respiratory Diseases	94	1.25	99	1.30
Pulmonary Tuberculosis	24	0.32	19	0.25
Other forms of Tuberculosis ...	—	—	1	0.01
Cerebro-Spinal Fever	—	—	1	0.01
Acute Poliomyelitis	—	—	1	0.01
Acute Infective Encephalitis ...	1	0.01	—	—
Motor Vehicle Accidents	7	0.09	3	0.03
Suicide	12	0.16	14	0.18
Other violent causes (all other accidents)	7	0.09	11	0.14


BIRTH RATE
DEATH RATE
PER 1000 POPULATION
INFANT DEATH RATE
PER 1000 LIVE BIRTHS
PER 1000 BIRTHS
PER 1,000 POPULATION
40
35
30
25
20
15
10
5
160
140
120
100
80
60
40
20
5 YEAR PERIOD
1890-94
1895-99
1900-04
1905-09
1910-14
1915-19
1920-24
1925-29
1930-34
1935-39
1940-44
1945-49
1950-54

BIRTHS.

A study of the Annual Reports on the Health of Smethwick shows that the town has grown rapidly in the last sixty years, but the increase has been caused more by immigration than by a natural increase of births over deaths. In 1890, the population was 34,300, but at the turn of the century it had increased to 55,700, an increase by more than half. Old Smethwick reached its maximum population in 1916, when it contained 78,335 persons, but the slow decrease in the population from that period was masked by the acquistion of the Warley area in 1928, raising the population from 76,870 to 86,870. This figure for 1928 was the highest in our history. During the war years the population dropped to as low as 71,900 (civilian population), and in 1954 it was 75,360. It is still decreasing slightly, and this decrease seems likely to continue because of the impossibility of securing sites for new houses within the borough.

In the last years of the 19th century, the birth rate was high. There were almost 1,300 births in 1890 for a population of 34,000, compared with just over 1,000 births in 1954 for a population of over 75,000. Indeed, the birth rate for 1954 is the lowest in Smethwick's history, and is not high enough even to maintain the population at its existing level.

DEATHS.

A study of the deaths is less depressing. There were almost the same number of deaths in 1891 as in 1953, although the population in the latter year was more than double that of the former, and the death rate in Smethwick during the past twenty-five years has been consistently low, reaching its lowest level in 1953 with a death rate of 9.0. As life is the only incurable disease it is impossible to maintain a figure for the death rate at this low level; it is impossible to prevent people dying. The most that can be hoped for is the postponement of death, and in the course of time those persons whose deaths we have postponed during the past twenty-five years will swell the future death rates.

INFANT DEATHS.

In Smethwick, as in other parts of the country, and indeed in most other countries of the world, a study of the infant death rate shows a pleasing and encouraging picture. In 1890, 172 children out of every 1,000 died before reaching the age of 1 year, and indeed one gasps to realise that in 1890, although Smethwick had only 34,000 persons within its borough, there were no fewer than 220 infant deaths. This year was not, however, the worst in our history, for in 1899 before the turn of the

century the death returns contained the names of 332 infants under 1 year of age, representing an infant mortality rate of 179, the highest in our recorded history. How pleasing to note that in 1953, our best year, only 24 babies died, giving us an infant mortality figure of 22 per thousand. The causes of this immense reduction are many and varied, but probably the most important are the higher standards of living, the education of the public, the improvement in sanitation, especially the installation of the water carriage system of sewage disposal, the decline of horse traffic, and last but not least, the diligent, continued and valuable work of the Health Visitors in the homes and at the clinics. There is still much to be done in the reduction of infant morbidity, that is, the reduction of illness in very young children, but progress during the years to come is bound to be much slower than at the turn of the century.

INFECTIOUS DISEASES.

Dr. Marsh Jackson, in his earlier reports, fills many pages with accounts of diseases which now occupy little space in the Annual Reports of the Medical Officer of Health, or the statistical reports to the Health Committee. Enteric Fever was rarely absent, scarlet fever was a scourge, and diphtheria caused many deaths.

ENTERIC FEVER.

In 1890 there were 17 cases of enteric fever with 5 deaths, but in 1899 this figure had increased to 59 cases and 7 deaths, and the maximum recorded was in 1901, when 12 persons died out of 62 patients. The last death from enteric fever was in 1941, and the last before that in 1931. Enteric fever as a cause of death has almost disappeared, and occurs now mainly as an occasional epidemic spread by polluted water or contaminated food, but fortunately Smethwick has not been afflicted by any such epidemic within the last quarter of a century. Paratyphoid fever, however, a milder disease which is usually associated with contamination of food, is still not uncommon, and an epidemic affecting nine persons occurred in 1951. There has been only one case of paratyphoid fever in Smethwick since 1951.

SCARLET FEVER.

Scarlet fever at the turn of the century was a dangerous and deadly infectious disease, and in 1890 in a small population, 20 persons died from this disease. The following year, however, there was only one death. Before the end of the last century, however, there were on an average about 200 cases of the disease each year, and about 5 deaths. At the turn of the century the disease became more prevalent and more

deadly, with about 350 cases each year, and 10 deaths, and this unhappy state of affairs continued until the beginning of the First World War.

From 1916 onwards the disease became less prevalent and much milder, and this trend continued during the inter-war years, during which few persons died of scarlet fever. The advent of the sulphonamides provided an effective form of treatment, and from 1938 onwards there have only been 3 deaths in all, one in 1941 and two in 1943. The disease still occurs, and indeed we have about 120 notifications each year. The illness, however, is usually comparatively trivial and easily cured.

The incidence of, and mortality from, scarlet fever during the past five years was as follows:—

Year.	Cases Notified.	Attack rate per 1,000 population.	Number of Deaths.
1950	99	1.28	—
1951	93	1.22	—
1952	140	1.83	—
1953	220	2.90	—
1954	95	1.26	—

DIPHTHERIA

Strange to relate, diphtheria was much more prevalent in the inter-war years than in the last years of the nineteenth century. It is surprising to note that during the five years from 1890 to 1894, there were only 64 cases of the disease and 11 deaths. The incidence increased, however, from 1896 onwards, and in the five years ending in 1909 there were approximately 100 cases and 8 deaths each year. After the First World War the disease became much more prevalent, with 177 cases and 16 deaths in 1920, but in 1930-31 there were 492 cases and 37 deaths within two years, the worst epidemic in our history. Our offer of immunisation to the general public round about that time was accepted only in relatively few cases, and as a result in the years 1935 to 1939 we had 780 cases with 39 deaths. In 1940 we commenced our intensive campaign of immunisation against the disease with the results well known to the Council. Both notifications and deaths fell very rapidly, and it is rare now to find one single case of the disease in the borough in a year. One patient contracted the disease in 1951 and one in 1954, but with these exceptions there has been no diphtheria in Smethwick since 1949, and there has been no death from diphtheria since 1946.

MEASLES AND WHOOPING COUGH.

Measles and whooping cough were not notifiable diseases until November, 1939, and it is therefore impossible to compare the number of cases occurring in the last years of the nineteenth century with the incidence at the present time. It is known, however, that practically everybody contracts measles at some time in his or her lifetime, and the majority of people contract whooping cough. In both cases the disease occurs usually in infancy or early childhood. As in the case of diphtheria, measles was less common as a cause of death in the last years of the nineteenth century than in the early years of the twentieth, and there were 64 deaths from 1890 to 1894 compared with 151 deaths from 1905 to 1909. The improvement in living conditions was responsible for a moderate decrease in the years to come, and the discovery of the sulphonamides and later penicillin reduced the death rate to negligible proportions. Measles is a biennial disease, with an epidemic every alternate year. In the first five years after compulsory notification, that is from 1940 to 1944, there were an average of 448 notifications each year. In the following five years, when notifications were more complete, the figures average just over 700 per year, and these figures have been maintained during the past five years. There was one death from measles in Smethwick in 1952, and before that the last death was in 1949. During the past twelve years there have been 4 deaths from this disease.

The picture of whooping cough is somewhat similar. Since 1944 there have been 6 deaths. The disease itself, however, is not as common as measles, and the number of notifications is approximately half the number for measles. It is hoped to extinguish this disease within the next 10 years.

The incidence of measles and whooping cough during the past five years was as follows:—

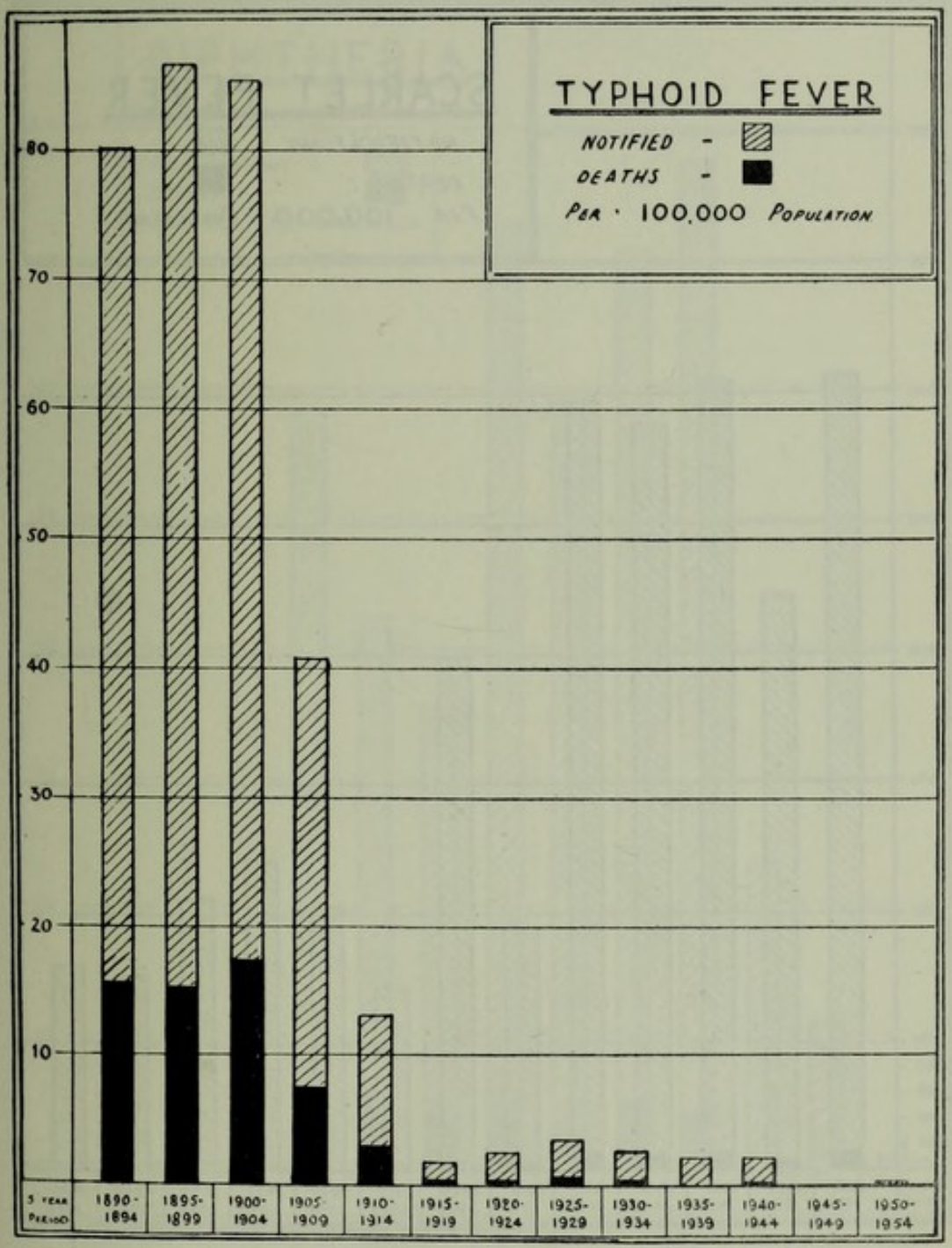
Measles	1950	1951	1952	1953	1954
Cases notified ...	321	1,449	329	1,218	350
Attack rate ...	4.14	18.99	4.31	16.10	4.64

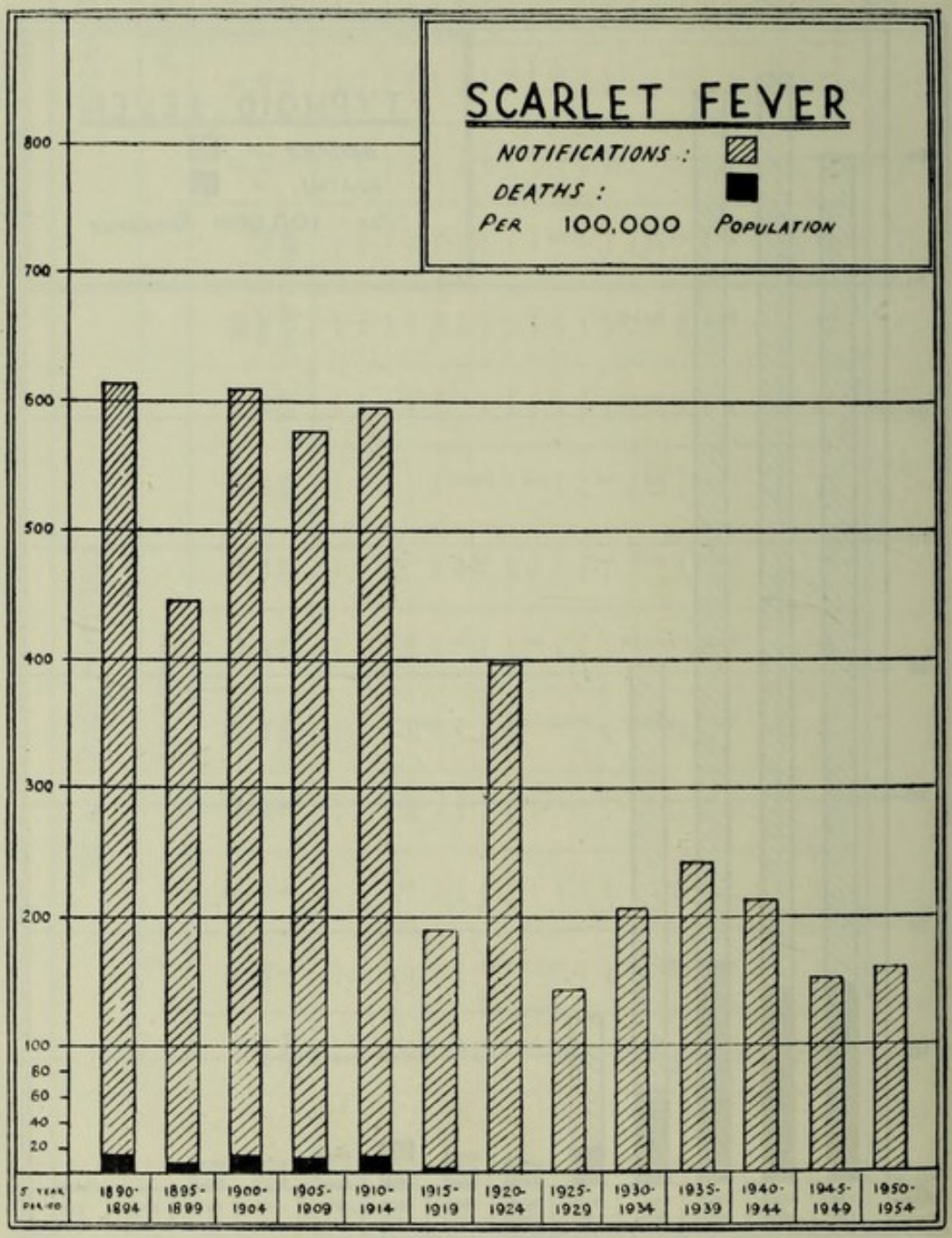
Whooping Cough	1950	1951	1952	1953	1954
Cases notified ...	347	425	389	487	191
Attack rate ...	4.48	5.57	5.10	6.36	2.56

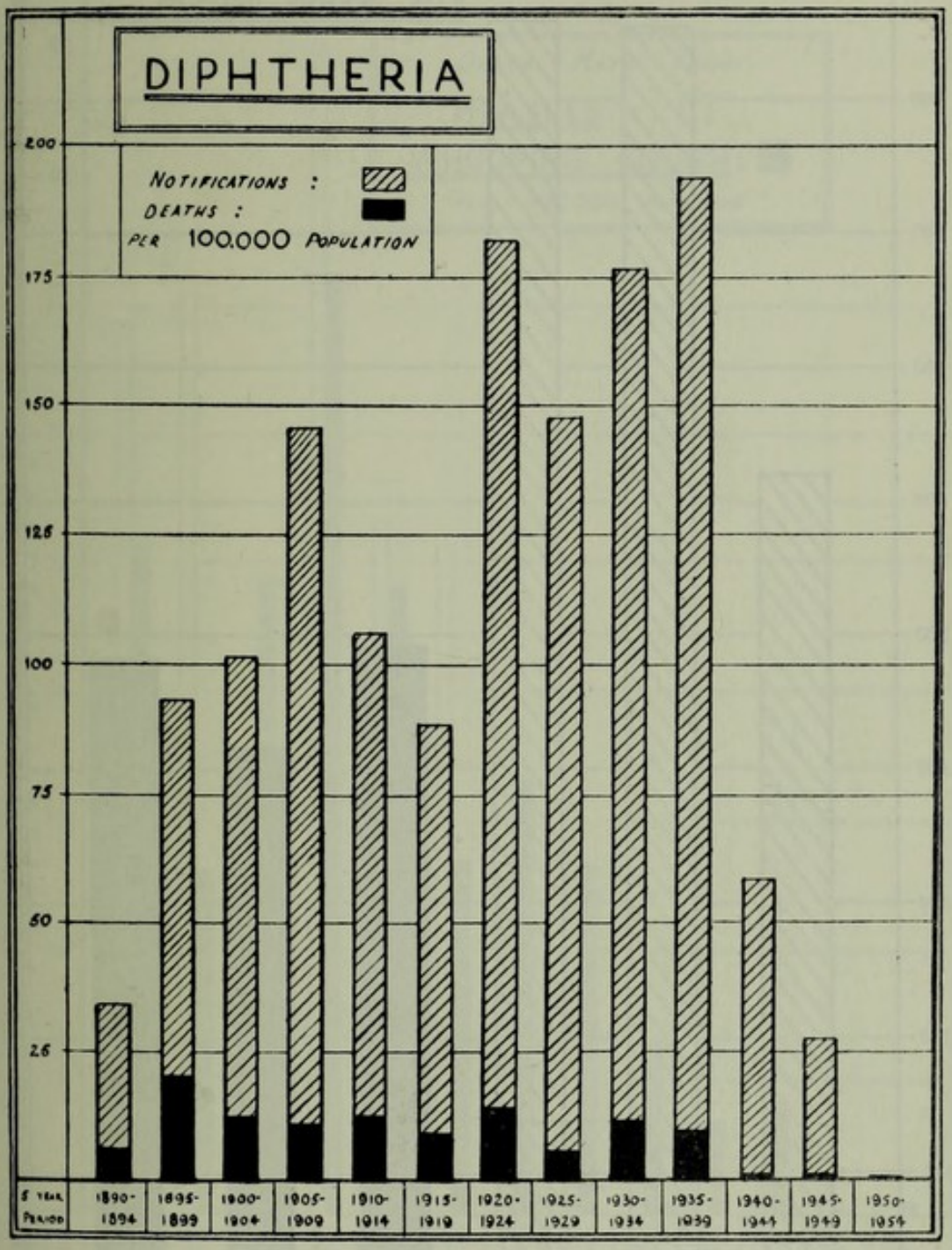
NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1954.

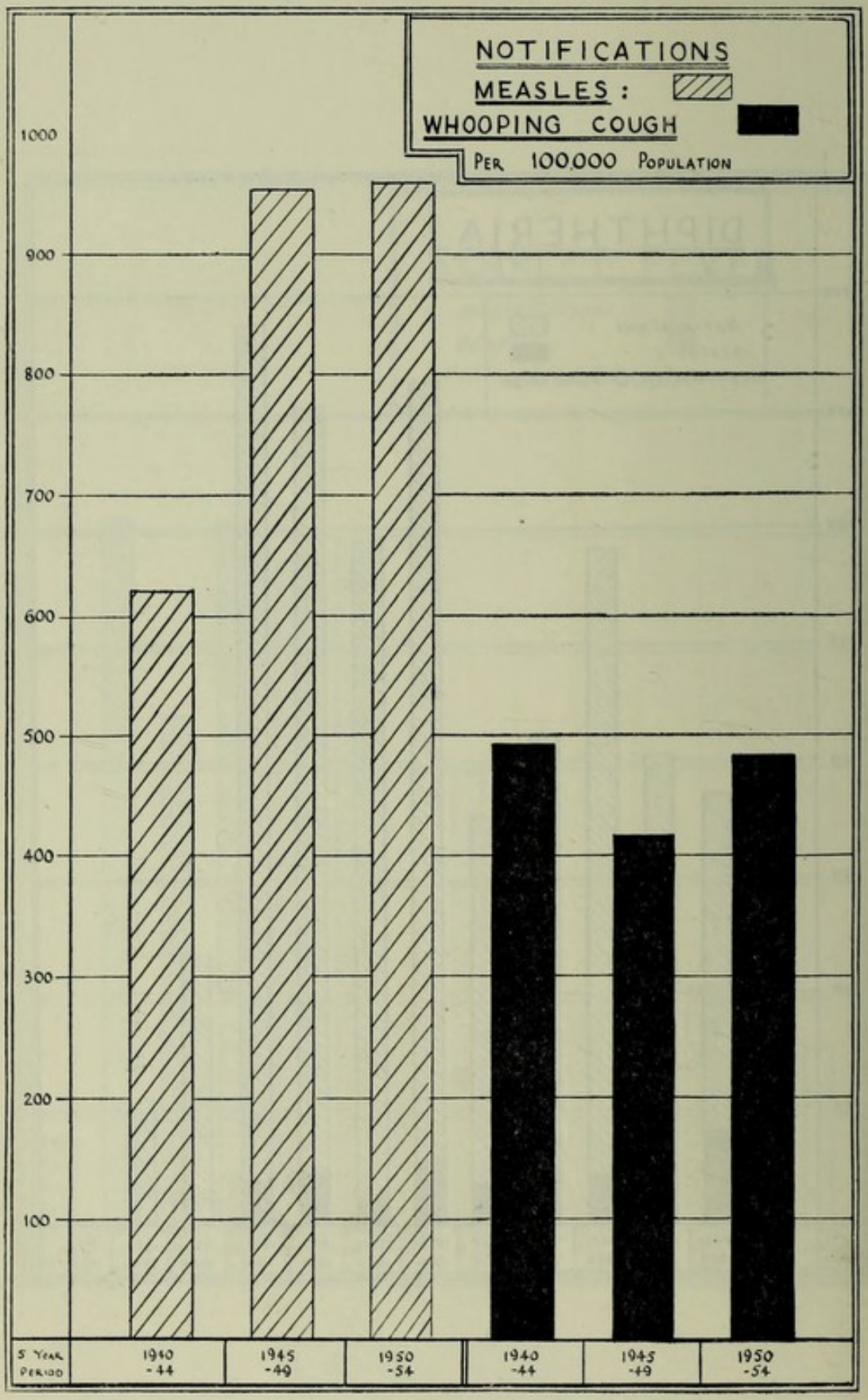
Disease	TOTAL CASES NOTIFIED										TOTAL DEATHS						
	Age Groups										Age Groups						
	All ages	0 to 1	1 to 3	3 to 5	5 to 10	10 to 15	15 to 25	25 to 45	45 to 65	65 and over	All ages	0 to 1	1 to 5	5 to 15	15 to 45	45 to 65	65 and over
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	95	—	5	20	53	16	1	—	—	—	—	—	—	—	—	—	—
Diphtheria	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	6	—	—	—	—	1	—	2	3	—	—	—	—	—	—	—	—
Puerperal Pyrexia	13	—	—	—	—	—	8	5	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever	5	2	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—
Acute Encephalitis	3	1	—	1	1	—	—	—	—	—	2	—	1	1	—	—	—
*Acute Poliomyelitis	3	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	2	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Dysentery	9	1	—	—	4	2	—	—	—	2	—	—	—	—	—	—	—
Acute Pneumonia	39	—	—	2	2	1	2	10	14	8	28	4	—	—	1	8	15
Whooping Cough	191	12	48	57	72	2	—	—	—	—	1	1	—	—	—	—	—
Measles	350	13	60	68	202	4	1	2	—	—	—	—	—	—	—	—	—
Food Poisoning	12	2	—	—	3	2	1	2	—	2	2	—	—	—	—	—	2
Totals	733	35	113	149	341	29	14	23	17	12	33	5	1	1	1	8	17

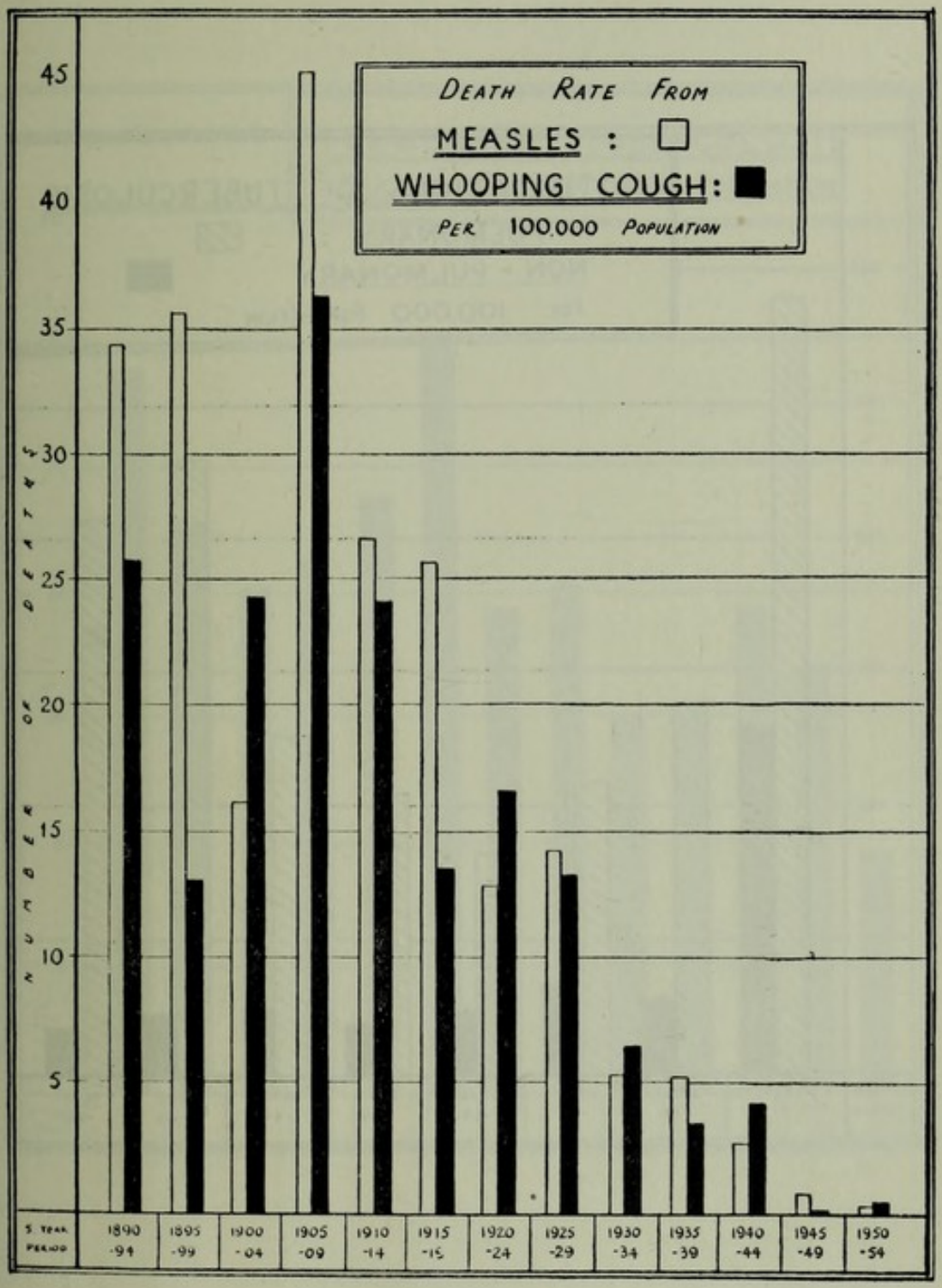
*Paralytic 1
Non-paralytic 2

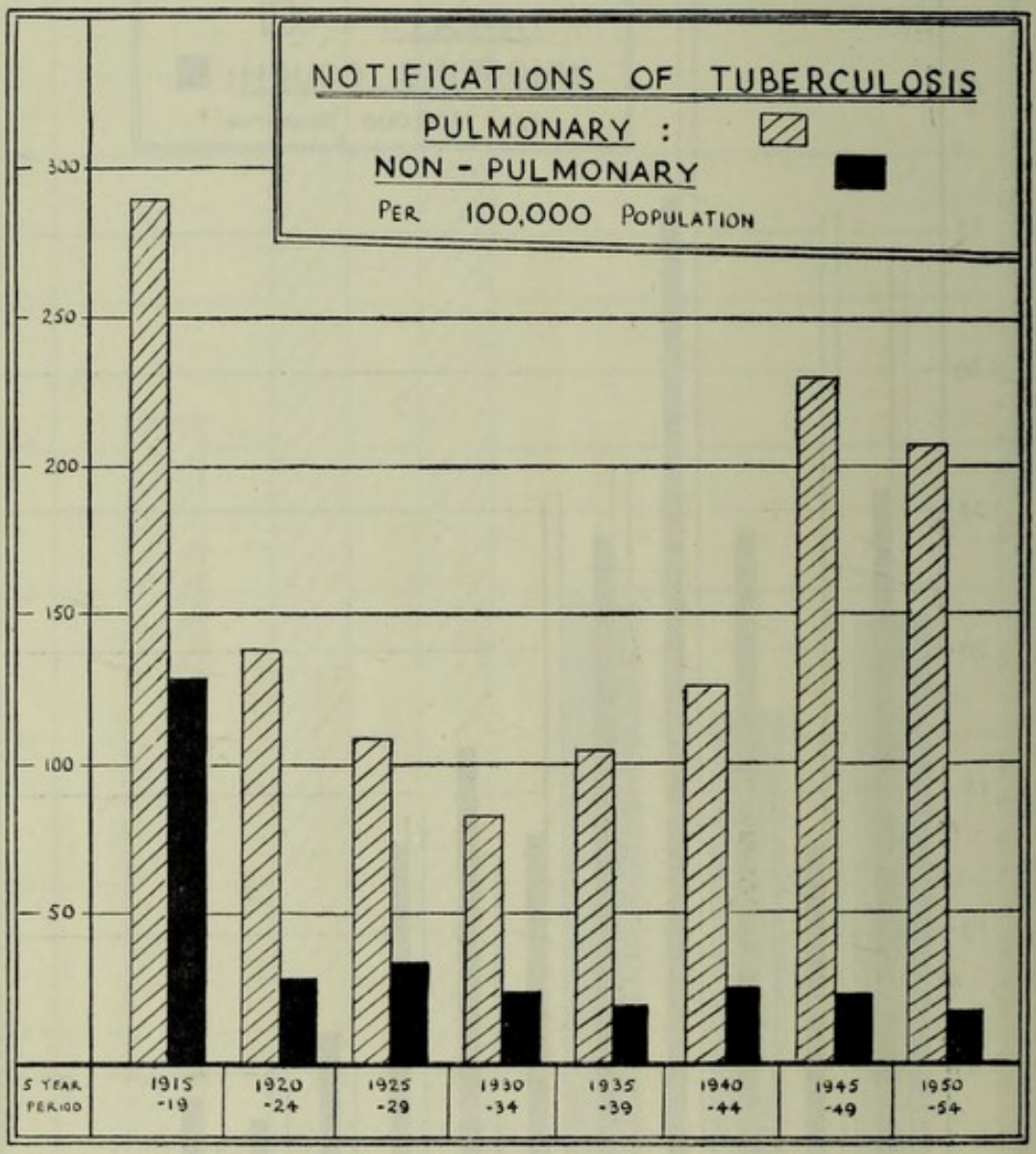

TYPHOID FEVER
NOTIFIED -
DEATHS -
PER · 100,000 POPULATION
80
70
60
50
40
30
20
10
5 YEAR PERIOD
1890-1894
1895-1899
1900-1904
1905-1909
1910-1914
1915-1919
1920-1924
1925-1929
1930-1934
1935-1939
1940-1944
1945-1949
1950-1954

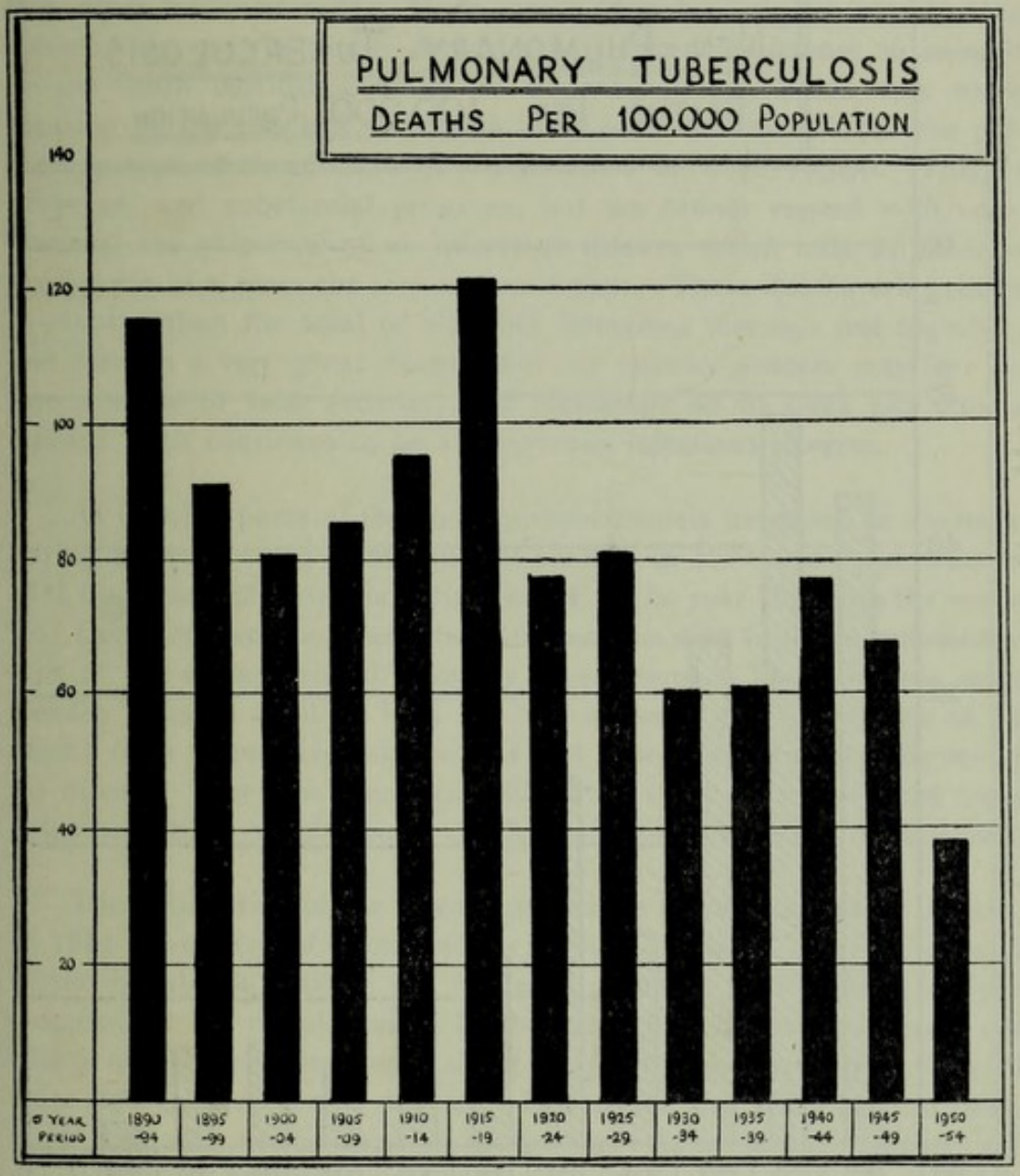

SCARLET FEVER
NOTIFICATIONS :
DEATHS :
PER 100,000 POPULATION
800
700
600
500
400
300
200
100
80
60
40
20
5 YEAR PERIOD
1890-1894
1895-1899
1900-1904
1905-1909
1910-1914
1915-1919
1920-1924
1925-1929
1930-1934
1935-1939
1940-1944
1945-1949
1950-1954

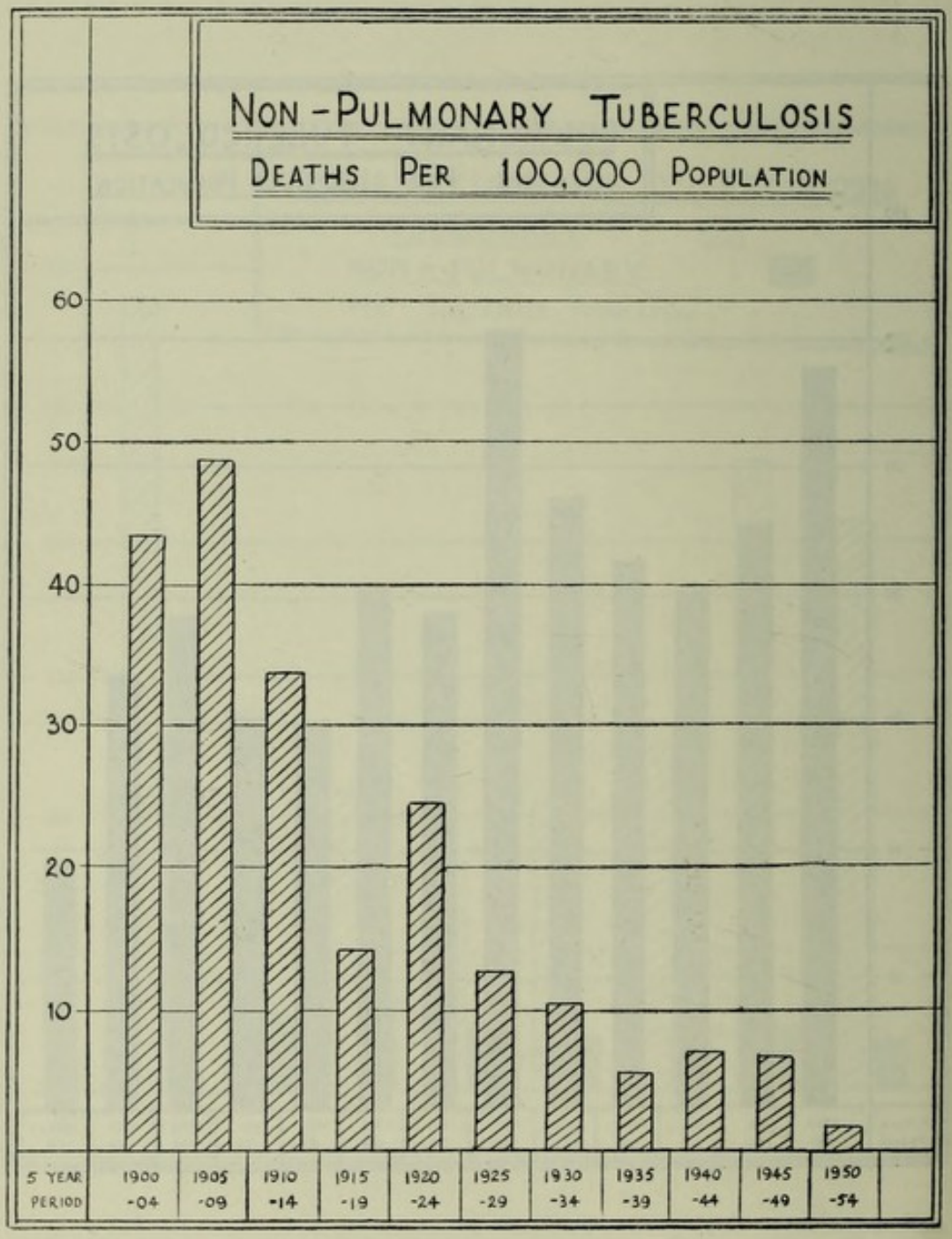

DIPHTHERIA
NOTIFICATIONS :
DEATHS :
PER 100,000 POPULATION
200
175
150
125
100
75
50
25
5 YEAR PERIOD
1890-1894
1895-1899
1900-1904
1905-1909
1910-1914
1915-1919
1920-1924
1925-1929
1930-1934
1935-1939
1940-1944
1945-1949
1950-1954


NOTIFICATIONS
MEASLES :
WHOOPING COUGH
PER 100,000 POPULATION
1000
900
800
700
600
500
400
300
200
100
5 YEAR PERIOD
1940 -44
1945 -49
1950 -54
1940 -44
1945 -49
1950 -54


DEATH RATE FROM
MEASLES : □
WHOOPING COUGH: ■
PER 100,000 POPULATION
NUMBER OF DEATHS
45
40
35
30
25
20
15
10
5
5 YEAR PERIOD
1890 -94
1895 -99
1900 -04
1905 -09
1910 -14
1915 -19
1920 -24
1925 -29
1930 -34
1935 -39
1940 -44
1945 -49
1950 -54


NOTIFICATIONS OF TUBERCULOSIS
PULMONARY :
NON - PULMONARY
PER 100,000 POPULATION
300
250
200
150
100
50
5 YEAR PERIOD
1915 -19
1920 -24
1925 -29
1930 -34
1935 -39
1940 -44
1945 -49
1950 -54


PULMONARY TUBERCULOSIS
DEATHS PER 100,000 POPULATION
140
120
100
80
60
40
20
5 YEAR PERIOD
1890 -94
1895 -99
1900 -04
1905 -09
1910 -14
1915 -19
1920 -24
1925 -29
1930 -34
1935 -39
1940 -44
1945 -49
1950 -54


NON-PULMONARY TUBERCULOSIS
DEATHS PER 100,000 POPULATION
60
50
40
30
20
10
5 YEAR PERIOD
1900 -04
1905 -09
1910 -14
1915 -19
1920 -24
1925 -29
1930 -34
1935 -39
1940 -44
1945 -49
1950 -54

TUBERCULOSIS.

Our experience with regard to tuberculosis gives us some grounds for encouragement, but little grounds for complacency. The death rate from the pulmonary type of the disease was four times as high in 1890 as in 1954, and five times as high as for our best year, 1953. In 1890 41 persons died from phthisis out of a population of 34,000 and the true figure was probably higher than this as death certification in those days was more lax than now. There was a popular stigma attached to tuberculosis and the family doctor had a natural reluctance to enter it on the death certificate when an alternative description was more pleasing to the relatives. In 1954 there were 24 deaths from the pulmonary type of the disease in a population of over 75,000. This is progress, and substantial progress, but we cannot regard with complacency the existence of an infectious disease which kills 24 persons every year in a town the size of Smethwick. These deaths are greater in number than the total of all other infectious diseases put together, and there is a very great danger that our relative success may lure us into a sense of false security, and encourage us to relax our efforts against what continues to be a dangerous infectious disease.

As in other parts of the country, tuberculosis increased in intensity during the two world wars and 109 persons in 1917 and 66 persons in 1941 died from tuberculosis in Smethwick. The year 1917 was the worst year since 1890 and no fewer than 103 persons died from the pulmonary type of the disease and 6 from the other forms. These figures were steadily reduced until in 1936 we had achieved the low figure of 44 deaths from pulmonary tuberculosis and 2 deaths from other forms of the disease. Our best year was 1953, when there were 19 deaths from pulmonary tuberculosis and 1 death from non-pulmonary tuberculosis.

The notification of the disease presents a more complicated picture. In 1913 there were 318 notifications, giving a rate of 4.3 per thousand of the population, falling the following year to 143 cases (1.9 per thousand of the population). In the years between the two wars the yearly notifications numbered about 80 to 90, but from 1945 onwards these figures were almost doubled. During the five years 1930 to 1934, there were 348 notifications of pulmonary tuberculosis. During the years 1945 to 1949 there were 863 notifications. In the five years 1950 to 1954 these were reduced to 787 notifications. There is little doubt that these figures do not give a true picture of the tuberculosis incidence rate. In Smethwick, as in other parts of the country, the increasing use of X-rays, the following up of contacts and the campaign by the mass miniature radiography service have brought to light many cases which formerly escaped. Furthermore, most of the notifications in children

represent a form of the disease which seldom causes severe illness and rarely causes death.

As regards the non-pulmonary types of the disease, a study of the notifications shows a more pleasing picture. During the five years 1915 to 1919 there were 486 notifications, falling during the next five years to 98. In the five years from 1935 to 1939, there were 79, and even with improved methods of ascertainment the number for 1950-54 (68) was the lowest in our experience.

POLIOMYELITIS.

Smethwick has not suffered so heavily from poliomyelitis as some towns, but there have been 64 cases notified during the past 10 years and of these 17 died. In 1947, the year of heaviest national incidence, there were 16 cases in Smethwick with two deaths. In 1950, 22 cases occurred with 7 deaths, and in 1951 9 cases with 4 deaths. During the other years the number of cases was very small; during the past three years there were only 7 cases, but of these one, an adult, died.

FOOD POISONING.

Twelve cases of food poisoning were notified during the year 1954. On 21st September a woman aged 67 years was taken suddenly ill with abdominal symptoms. The next day she called in a doctor, was admitted to hospital the following day and died that day. A post-mortem examination was carried out with negative results. Bacteriological examination of the faeces showed the presence of an organism of the Salmonella group which was provisionally classified as a Salmonella paratyphi B. Investigations showed that in the same house a child aged 3 months had been removed to a different hospital suffering from rectal bleeding. Enquiries at this hospital showed that the diagnosis in this child had not yet been completed but that the evidence pointed to a need for surgical intervention. This was held up, however, on receipt of information that the child had come from the same house as the other patient (his grandmother). Bacteriological examination showed the presence of an organism of the Salmonella group. Eventually it was found that the organism in both cases was Salmonella johannesburg. The child recovered. Enquiries locally failed to trace the source of infection and no other cases arose. Enquiries from neighbouring towns also were negative as no Salmonella infections for this organism were known in the region.

A woman of 65 years was employed as a cook at one of the Council's schools but toward the end of September she took ill and was treated by her own doctor as a suspect peptic ulcer. She was away from work from the end of September until 23rd October and by the latter date

had improved considerably. On the following day, however (24th October, 1954) she became very ill with symptoms suggesting food poisoning. She had vomiting and diarrhoea lasting for ten days, during which period she remained at home under the care of her doctor. The symptoms then subsided, but on the 9th November she was seen to be passing blood and was removed to hospital, where she died nine days later. A post-mortem examination was carried out and it was discovered that her infection was caused by Salmonella typhimurium. The fact that she was a cook at one of our schools was only incidental and it is probable that her early illness was in no way connected with the acute food infection which killed her. Careful enquiries failed to trace the cause of the infection and no further persons to our knowledge were taken ill.

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 three years, in order to avoid the delay occasioned by wating 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 1952, 1953 and 1954.

	Primary Vaccinations.			Re-vaccinations.		
	1952	1953	1954	1952	1953	1954
Children under one year	448	487	482	2	—	—
Children aged 1—4 years	23	17	21	3	3	—
Children aged 5—14 yrs.	4	9	1	2	1	1
Persons over 15 years of age	12	7	6	52	17	6
	487	520	510	59	21	7

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.
1950	627	121	748
1951	1,308	166	1,474
1952	1,111	366	1,477
1953	779	113	892
1954	865	197	1,062

During the year 1954, 1,395 children received reinforcing injections. At the end of the year 56.3% of the child population under five had received protection, and 94.7% of school children.

Early in 1955 we changed our procedure with regard to immunisation against diphtheria and whooping cough and vaccination against smallpox. Our practice now is to recommend the vaccination of babies against smallpox at 2 months, immunisation against diphtheria and whooping cough by a combined vaccine at 3, 4 and 5 months, and re-vaccination against smallpox at 6 months in the case of those children who have not "taken" at 2 months.

The anti-diphtheria component of the combined vaccine is fluid toxoid.

A booster dose is given at the age of 18 months against diphtheria and whooping cough. On entering school a further dose is given of A.P.T. alone and finally at the age of 10 years a further dose of A.P.T. is given.

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:—

	1950	1951	1952	1953	1954
Syphilis	17	9	10	15	7
Gonorrhoea	13	19	32	25	22
Conditions other than Venereal	90	69	86	91	64
	120	97	128	131	93

TUBERCULOSIS.

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

"While the total attendance figure of 9,440 was slightly less than in 1953, the number of examinations was increased and the first examinations numbered 1,267, an increase of 139. The new cases added to the register were 192 but 106 were discharged as recovered and the number remaining on the register at the end of the year was 1,058. Thirty-six were removed by death, slightly fewer than in 1953.

"In the last six months of the year 131 patients were known to have a positive sputum; of these, 25 were in hospital, 19 had died and 9 had removed to other areas, leaving 78 potentially infectious cases at home. This is almost the same figure as in 1953.

There was no change in the number of beds available for the treatment of adult lung cases, viz.:—

Males ...	Romsley Hill	9	Holly Lane	...	22
Females ...	Romsley Hill	8	Cheshire Joint San.		6

"Female cases continue to decline and there is practically no delay before admission, but there is a waiting period of about 3 months for males. Some patients refuse to go a long distance from home and during the year all the beds at Market Drayton were not used. While a few beds are available (after 6 months waiting period) at Kyre Park Hospital, Tenbury Wells, most children with primary tuberculosis requiring institutional treatment are admitted immediately to 'The Hollies.' There they have the essential rest period so important at this early stage of the disease and the majority respond very well.

"Patients needing chest surgery are treated at Yardley Green Hospital, but unfortunately there is a long waiting period, about 12 months for males and 6 months for females. With the benefits of the new drugs and improvements in anaesthetics, older patients and more advanced cases can now be offered surgical treatment, hence the demand on the beds for chest surgery.

"During 1954 B.C.G. was given to 37 contact children, and in all cases tuberculin testing afterwards confirmed successful vaccination.

"The free milk scheme of Smethwick Council was used to the full and continues to benefit children and patients under treatment at home. More cases, especially men, are treated at home. Streptomycin is given by some of the family doctors personally and the District Nurses also give the necessary injections, and the co-operation of the doctors and District Nurses in this matter is greatly appreciated.

"In May, 1954, a 5" x 4" Camera Unit was installed in the X-ray room to supplement the new equipment which came into use in 1953. The Camera Unit allows the use of smaller films which cost less and can be processed more quickly. They can be stored in much less space and have proved to be most efficient and reliable. During the year 3,325 individual patients were X-rayed, an increase of 250 over the previous year.

"During August and September Smethwick was visited by the Mobile Unit of the Mass Radiogrophy Service for a period of 3 weeks; 4,427 Smethwick residents were X-rayed and of this number 26 were referred for fuller investigation at the Chest Clinic. The results of this investigation were as follows:—

Non-Tuberculous	...	8		
Tuberculous	...	18—active		5
			inactive	13

"Two of the cases classed as tuberculous were already notified cases so that in effect the Mass Radiography Survey found 16 unknown cases, 4 of which were active and required treatment. In 2 of these the sputum test was positive.

"While the Mass Radiography Survey yielded only 16 out of 193 new cases put on the register (8.3%) it should be a lesson to us all. Applying the findings proportionately to the total population of the town, there could be 276 unknown cases in the borough, and of these 69 could have active disease needing treatment and there could be 34 people with a positive sputum, all capable of spreading the disease unaware of their

condition. We must not become complacent about tuberculosis but must try by all methods in our power, better housing, proper nutrition, careful personal hygiene and treatment of known patients, to prevent its spread and eventually accomplish its eradication.

" In view of the increasing number of foreign workers living in the town a survey was made of those immigrants on the Tuberculosis Register who had been diagnosed during the last 10 years. The following table summarises the findings.

Year	Immigrant	Nationality	Total	Diagnosed within six months of arrival	Total on Register	New Notifications	% Immigrants to new cases
1944	1	Irish	1	0	588	179	0.5%
1945	0	—	0	0	674	192	0.0%
1946	1	Irish					
	1	Indian	2	0	724	170	1.2%
1947	1	Irish	1	0	825	218	0.5%
1948	2	Irish	2	1	910	217	0.9%
1949	3	Indian	3	0	988	236	1.3%
1950	3	Irish		0			
	3	Indian	6	1	1028	181	3.3%
1951	6	Indian		1			
	1	Irish		0			
	1	Italian	8		1068	155	5.2%
1952	1	Indian		0			
	3	Irish	4	1	1174	161	2.4%
1953	4	Indian		2			
	3	Irish		0			
	1	Pole		0			
	1	Canadian	9	0	1089	166	5.4%
1954	6	Indian		4			
	6	Irish		0			
	1	Pole	13	0	1058	193	6.8%

" These figures show a steady increase in the number of immigrants found to be tuberculous and quite an appreciable number are discovered within 6 months of arrival in this country. The Irish and Indian groups are in equal proportions. While the increase is not very serious in itself, these patients are usually in lodgings and have to be found treatment beds immediately on diagnosis and at least 5% of the available beds for Smethwick patients are occupied by immigrants.

During the year an attempt was made to tuberculin-test as a routine all new cases and **944** persons were tested out of **1,267** new patients attending. The results are summarised as follows:—

Age in Years	Positive	Negative	Total	% Positive
0— 5	16	102	118	13.6%
6—10	17	91	108	15.7%
11—15	28	54	82	34.1%
15—20	33	37	70	47.1%
21—30	137	39	176	77.8%
31—40	102	19	121	84.3%
41—50	93	19	112	83.0%
51—60	90	17	107	84.1%
61—70	24	12	36	66.7%
71—80	7	7	14	50.0%
	547	397	944	57.9%

"The number found positive in this series is probably higher than in the general population because of the 944 cases tested 389 were contacts. In the 11—15 age group the figure is higher than in the comparable group tested in the school series, which is probably the normal figure.

"It is of interest to note that after age 60 there is a decline in positive reactors and the maximum period of tuberculin sensitivity is in age groups 30—60. Even in this rather selected population group the figure of 57.9 for all ages is of importance, indicating that experience of infection with tuberculosis occurs in just over half of the population, which is much less than was once considered normal.

"In July a survey was carried out at one of the schools, 265 girls aged 11 to 15 being tuberculin tested.

63 were found to be positive (23.7%)
202 were found to be negative (76.3%)

"Some of the girls had previously been under observation at the Chest Clinic and some of the 'positive reactors' were X-rayed after the survey, but in no case was any evidence of active disease found. The findings confirm the opinion that an increasing number of our children are now reaching school leaving age quite free from infection with tuberculosis.

"The amount of work carried out at the Chest Clinic continued on the same high level of 1953, thanks to the loyal assistance given me by the staff . Nurse Evans made a record number of home visits as well as helping at the clinic sessions. Mrs. Hastings carried out a record number of X-ray examinations and Miss Underhill coped successfully with a steadily increasing amount of secretarial work, and Miss Adams with the essential office work of classification and filing. I would like to record my appreciation of their expert assistance."

A. WILSON RUSSELL.

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	1954				1953				1938			
	Pulmonary		Other forms		Pulmonary		Other forms		Pulmonary		Other forms	
	M	F	M	F	M	F	M	F	M	F	M	F
0 to 1	—	1	—	—	—	1	—	—	1	—	—	—
1 to 5	7	7	1	1	6	10	1	1	—	—	—	—
5 to 10	10	5	2	—	6	15	1	2	—	4	—	—
10 to 15	5	8	—	—	3	6	1	—	—	1	3	—
15 to 20	4	2	1	—	7	5	1	2	6	4	2	2
20 to 25	13	9	—	1	5	5	—	1	5	6	2	1
25 to 35	15	11	2	—	9	12	—	1	12	12	—	2
35 to 45	17	5	—	1	16	6	—	—	7	4	2	2
45 to 55	14	3	2	1	24	5	—	—	8	3	—	1
55 to 65	14	2	—	—	15	—	—	—	7	5	1	1
65 to 75	6	1	1	2	8	1	1	1	1	—	—	1
75 upwards	—	—	—	—	3	1	—	—	—	—	—	—
Totals	105	54	9	6	102	67	5	8	47	39	10	10

The deaths from tuberculosis during 1954 and 1953 are shown as follows:—

Age Periods	1954				1953			
	Pulmonary		Other Forms		Pulmonary		Other Forms	
	M	F	M	F	M	F	M	F
0 to 1	—	—	—	—	—	—	—	—
1 to 5	—	—	—	—	—	—	—	—
5 to 15	1	—	—	—	—	—	1	—
15 to 45	8	3	—	—	5	1	—	—
45 to 65	10	—	—	—	6	2	—	—
65 upward	1	1	—	—	5	—	—	—
Totals	20	4	—	—	16	3	1	—

The number of cases remaining on the Dispensary Register on 31st December, 1954, was 1,058.

Pulmonary—Males	360	Non-Pulmonary—Males ...	13
Females ...	241	Females ...	19
Children ...	313	Children ...	112
	914		144

Attendances at the Chest Clinic were as under:—

	1951	1952	1953	1954
Total Attendances	6,907	5,170,	10,106	9,440
First Examinations	1,029	817	1,128	1,267
Re-examinations	3,034	3,134	3,125	4,007
Consultations	2,844	1,219	2,993	3,001
Mantoux Tests	415	191	721	1,214
Artificial pneumothorax	948	1,326	1,351	1,155
Gold treatment	20	—	—	—
Number of X-ray examinations ...	2,611	2,449	3,075	3,325
Visits to patients at Home:—				
(a) By Health Visitor ...	785	745	1,383	1,421
(b) By Clinical T.O. ...	163	55	50	52
Patients admitted to Sanatoria ...	133	74	115	91
Patients discharged from Sanatoria	115	68	113	85
Patients died in Sanatoria ...	12	4	4	3
Patients remaining in Sanatoria at end of year	44	46	44	47
B.C.G. Vaccination (contact children)	—	11	73	37

RETURN SHOWING THE WORK OF THE DISPENSARY DURING THE YEAR 1954.

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 ..	351	248	347	14	19	110	365	267	457	1089
(2) Transfers from Authorities of areas outside that of the Council or Board during the Year	9	10	1	1	1	1	10	11	2	23
(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	57	22	43	—	—	—	57	22	43	122
(2) Class T.B. plus	28	9	—	—	—	—	28	9	—	37
(3) Non-pulmonary	—	—	—	4	4	2	4	4	2	10
C. Number of cases included in A. and B. written off the Dispensary Register during the Year as:										
(1) Recovered	31	19	50	4	2	—	35	21	50	106
(2) Dead (all causes)	28	7	1	—	—	—	28	7	1	36
(3) Removed to other Areas	16	15	19	—	—	1	16	15	20	51
(4) For other reasons	10	7	8	2	3	—	12	10	8	30
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the Year	360	241	313	13	19	112	373	260	425	1058

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:—

	1950	1951	1952	1953	1954
Live Births ...	1,197	1,160	1,124	1,076	1,006
Still Births ...	21	23	17	26	27
	1,218	1,183	1,141	1,102	1,033

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 1954 was 915 and there were 3,474 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
1954	915	3,474

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 area; five such mothers 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:—

	1950	1951	1952	1953	1954
Number of bookings ...	496	500	508	451	450
Ante-natal visits ...	2,975	2,412	1,888	1,549	1,670
Deliveries attended ...	459	451	467	414	403
Nursing visits ...	11,544	10,444	10,952	9,473	9,579

Pethidine was administered in 251 cases by midwives during the year.

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 309 cases in 1954. The seventh midwife does ambulance work only.

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 to 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, 1954.

(a) Number provided with Dental Care.

Patient	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers	62	62	74	34
Children under five ..	241	222	237	237

(b) Forms of Dental Treatment provided.

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full, Upper or Lower	Partial, Upper or Lower	
Expectant and Nursing Mothers	14	21	—	—	209	45	13	15	3
Children under five	1	4	40	—	673	239	—	—	2

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

"A similar number of children under five was inspected and treated this year as in 1953; however, only half the number of expectant and

nursing mothers were seen. This has resulted in a decreased amount of treatment of all types carried out for them.

"The reason for this reduction in numbers is not very obvious since we do not know what proportion of them go to their own dental surgeon and what proportion have no treatment at all. Perhaps they find the clinic hours difficult and would prefer to come in the evening when their children may be looked after at home. If this is so, and the demand is suitable, consideration might be given to having an evening session especially reserved for mothers.

"This year we have been using divinyl ether more frequently as an adjunct to nitrous oxide anaesthesia. This is not a new drug and is thoroughly reliable and without after effects and we have found it very useful where something more potent than 'gas' has been required.

"I would like to conclude by thanking the staffs of the Public Health Department, Welfare and Ante-natal clinics and, of course, my own staff for their help and co-operation during the 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.

I 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 Centre 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 it.

The total attendances during the past five years were:—

	Under 1 year	1—5 years	Total.
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
1954	12,552	5,621	18,173

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 attendances was 798. This number represents 79.3 per cent. of live births in 1954, compared with 82.8 per cent. in 1953, 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.

Details of the examinations carried out during the year are as under:—

EXAMINATION OF TODDLERS

	No. of children examined	No. with defects	No. of defects referred: For treatment	No. of defects referred: For observation
Age one year ..	318	157	52	169
Age two years ..	164	112	36	147
Age three years ..	450	343	188	467
Age four years ..	33	24	3	42

Nature of defects found:—

Anaemia	20
Ankles, deformed	63
Bronchitis	20
Catarrh	24
Cervical glands, enlarged	38
Ear conditions	9
Eye conditions	33
Flat feet	150
Genu valgus	116
Heart conditions	10
Hernia	30
Heels, everted	71
Nervous conditions	55
Skin conditions	97
Teeth, defective	43
Tonsils and adenoids, enlarged ...	116
Other conditions	209
	1,104

It will be seen there were 1,104 defects found in 965 children and one might reasonably come to the conclusion that the physical condition of the toddlers in Smethwick is rather dreadful. The defects found, however, are usually very slight indeed, and although the value of these examinations is undoubted it can be fairly stated that on the whole the children examined have been found to enjoy a good standard of health and physique.

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., 1953 6,995 lbs. and 1954 5,197 lbs. A wide variety of infant foods, other than dried milk, is also sold at the centres.

DISTRIBUTION OF WELFARE FOODS.

An appropriate modification of the Council's scheme under Section 22 of the National Health Service Act, 1946, was made and approved by the Minister, and the distribution of welfare foods formerly undertaken by the Ministry of Food was commenced on 28th June, 1954. A central depot was established at the Firs Clinic and distribution is undertaken from all our Infant Welfare Centres—except at the Firs Clinic this is carried out chiefly by voluntary workers. During the last six months of 1954, 38,790 articles were distributed as follows:—

National Dried Milk:	
Full cream	17,145 tins
Half cream	481 tins
Orange juice	16,637 bottles
Cod Liver Oil	3,472 bottles
Vitamin A & D tablets	1,055 packets

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. Recently (September, 1955) midwives have been instructed to give an injection of 2.5 mgm. of Vitamin K to each premature baby born.

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 1954 notification was received of 90 babies who weighed 5½ lbs. or less at birth; of these, 26 were born at home and 64 in hospital. Twenty-one premature still-births were notified, six born at home and fifteen in hospital. Details are given in the following table:—

Weight at birth	PREMATURE LIVE BIRTHS									PREMATURE STILL-BIRTHS		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day					
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Born in hospital	Born at home	Born in nursing home
3lb. 4oz. or less (1,500 gms. or less.)	10	2	5	—	—	—	3	—	—	7	1	—
Over 3lb. 4oz. up to and including 5lb. 6oz. (1,500-2,000 gms.	15	2	12	1	1	—	3	—	3	3	2	—
Over 4lb. 6oz. up to and including 4lb. 15oz. (2,000-2,250 gms.)	17	1	15	—	—	—	3	1	1	—	1	—
Over 4lb. 15oz. up to and including 5lb. 8oz. (2,250-2,500 gms.)	22	—	20	12	—	12	4	—	3	5	2	—
TOTALS	64	5	52	13	1	12	13	1	7	15	6	—

OPHTHALMIA NEONATORUM.

	1951	1952	1953	1954
Number of cases notified	—	—	2	4
Cases treated by health visitors	—	—	—	—
Number of cases treated at Eye Hospital	—	—	—	1
Cases resulting in impaired vision ...	—	—	—	—
Home visits	—	—	3	28

Notifications during the past ten years:—

1945	8	1950	2
1946	16	1951	—
1947	9	1952	—
1948	10	1953	2
1949	6	1954	4

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.
(k) General Welfare visiting.

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

Since the war we have never reached our full establishment of health visitors and during 1952 and 1953 the shortage was particularly acute, the number falling to 7. However, 4 student health visitors qualified during the year and we made 2 new appointments; the number employed at the end of 1954 was therefore 13 (including the Superintendent) and there were 2 clinic nurses not qualified as health visitors. The training of students will continue as candidates offer themselves and it is hoped in this way to build up the staff to the establishment of 20.

For many years the weakest link in our preventive domiciliary service has been the lack of close consultation between the general practitioner carrying out his curative and preventive work and the health visitor advising on the nursing and social aspects of her charges. Considerable thought has been given to this problem in Smethwick during the last year or two and we can now caim that the liaison between the family doctor and the health visitor is cordial and complete.

It is being increasingly realised by the medical profession that the care of a person both in health and illness involves something more than the eradication of disease. In the relief of a patient suffering from some stress, physical or mental, the task is not finished until the patient is completely in harmony with his environment and is in a position to face the tasks and responsibilities of everyday life. For this, the general practitioner and the health visitor has each a contribution to make. It is true that in many cases much of the contribution which the health

visitor makes can in fact be given by the doctor, but there is a limit to the amount which a busy general practitioner can undertake, and a mere 15 minutes per year of a family doctor's time for 2,400 patients would amount to no fewer than 600 hours work or a matter of 12 hours extra for each working week.

The health visitor can relieve the doctor in many ways, particularly in relation to the social problems which a patient has to face. The general practitioner, it is true, knows many of the agencies, voluntary and official, through which the patient may get help, assistance or guidance, but in this matter the health visitor is even better informed. Furthermore the domestic problems of a patient are often intricate and involved and call for patient understanding which may occupy not minutes but hours of sympathetic listening, and in fact our health visitors are called upon to spend very many hours in individual cases trying to solve the difficulties which are basically responsible for the patient's illness.

In order that the health visitors and family doctors might know one another better, two tea parties were arranged during the year to which all the general practitioners of the town and all the health visitors were invited. All the health visitors and almost all the family doctors attended one or other of these sessions. One or two of the family doctors in the town wrote very nice letters of regret at not being able to attend and the health visitors working in their districts were asked to call and pay them personal visits in order that they might become acquainted. At a meeting of the R.S.I. in Birmingham a speaker said last year that the relationship between the family doctor and the health visitor would never be perfect until the family doctor called his health visitor by her Christian name. Possibly we have not reached this stage in Smethwick yet, but we can at least claim that the health visitors are fairly heavily called upon by the general practitioners and the co-operation is steadily increasing. We believe that the association of the two is of immense benefit to the citizen and this is rather borne out by the increasing success of our efforts. The increase in the number of health visitors on our staff has enabled us to do much in this direction, and each new health visitor on being appointed has as her first instruction the duty of calling upon the general practitioners in the area in which she is to work.

The relationship between the family doctor and the health visitor is an intensely personal one and in order to achieve success it must be clearly understood that the health visitor while she is working with a family doctor in the care of his patient is responsible to him alone and she takes her instructions with regard to the care of her patient from

the general practitioner and not from the medical officer of health. There has been a certain amount of rather sterile and stupid discussion on the question who is the leader of the team in the care of the patient in his or her own home. The answer to this very obvious question is that the general practitioner while he is visiting the patient is not only the leader but the director of the team, and any suggestion that a member of the medical staff of the health department should come between the health visitor and the family doctor is patently absurd. It is difficult to understand, therefore, why this question ever arises.

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

	1950	1951	1952	1953	1954
To Expectant and Nursing Mothers:					
First Visits ...	413	434	325	78	278
Total Visits ...	561	688	587	127	453
To Children under one year of age:					
First Visits ...	1,173	1,099	1,093	1,055	985
Total Visits ...	7,913	8,536	7,549	3,842	6,124
To Children aged one to five years:					
Total Visits ...	14,568	1,3701	10,527	5,109	11,530
To Other Classes:					
Total Visits ...	2,754	3,323	2,416	1,868	3,531

DAY NURSERIES.

The Council now has one day nursery at Norman Road with accommodation for 35 children. This is approved as a training nursery. During the past year, except when there were vacancies, 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 is also 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 total attendances during the year were 5,739. This total compares with 9,671 in 1953, 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 predisposed 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 1954 are shown in the following table:—

Condition	In-Patients 1/1/54	Admitted Under School Age	Admitted School Age	Discharged Under School Age	Discharged School Age	Re-maining 31/12/54
Bronchitis	—	—	2	—	2	—
Convalescence ...	—	—	4	—	3	1
Debility	4	3	11	3	10	5
Enuresis	—	—	1	—	—	1
Impetigo	—	1	—	1	—	—
Incontinence	1	—	1	—	2	—
Malnutrition	1	—	—	1	—	—
Nausea	—	—	1	—	1	—
Petit Mal	—	—	2	—	2	—
Pneumonia	—	2	2	1	2	1
Pre-tuberculous ...	3	4	3	5	2	3
Recurrent Colds	—	—	2	—	2	—
Rheumatism	—	—	3	—	2	1
Tonsillitis	—	1	—	1	—	—
Cases admitted on behalf of:—						
Children's Committee ...	7	18	20	16	20	9
Other Authorities ...	3	2	4	2	5	2
	19	31	56	30	53	23

Residence in "The Hollies" represented 9,104 patient days during the year, a daily average of 25.2, compared with 9,373 patient days, a daily average of 25.7, in the previous year, 10,010 patient days, a daily average of 27.4, in 1952, 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:—

"Very often at Conferences or Meetings a Chairman or Children's Officer will be asked the question 'And how many children have you got under care?'; but the question which we ask ourselves is 'How can we keep children out of care?' or having them in care, 'How soon can we return them to their parents?'

"Next to personal advice and moral support, it is co-operation with other Departments or agencies which enables us to help families in trouble. A mother, for instance, on the verge of a complete breakdown, through the bad ways of a neurotic husband, is restored to health, reunited with her children, given the tenancy of her house, and financial security, through the combined efforts of the Public Health Department, the Estates Department, the National Assistance Board, the Senior Probation Officer, and the Children's Department, and all within three weeks. Five other children are also restored to their parents, through co-operation with the Birmingham Estates Department and the National Assistance Board. A roof has been kept over the heads of five children and their mother by means of weekly visits in co-operation with a Building Society, and other cases of settlement of family disputes or of supporting the wavering morale of deserted mothers, add to the number of children spared the severance of family ties.

"The Children's Welfare Committee, also, set up in 1951, which meets bi-monthly under the Chairmanship of the Medical Officer of Health, and which is made up of members of Local Authority Departments and Voluntary Societies, continues to do very useful work in the way of prevention. By means of information from Health Visitors, School Attendance Officers, or other sources such as doctors, the difficulties of families in trouble are examined and the best means of helping them is decided upon. Not only is the Committee able to prevent the overlapping which results in streams of different visitors calling at the same house, but preventive measures can be taken early to save families from breaking up and the consequent coming into care of the children.

"It is, therefore, not surprising that, during the past year, and in fact since the setting up of the Welfare Committee, children have not come into care because of neglect by the parents. Irresponsible and morally unstable parents have deserted their children, and, in some cases, parents have died. Some families have been rendered homeless through bankruptcy or eviction. In such cases the children have been taken into care. Careful consideration has then to be given to all the relevant circumstances, so that it can be decided if temporary or permanent arrangements should be made for the children's accommodation. Such consideration is, at times, very complicated, as, for instance, when father is in prison and mother, found after desertion, is living with another man, or when father, from foreign parts, understands the language when it suits him and mother is mentally deficient.

"The following is a table of the total number of children under care.

	Dec. 1951	Dec. 1952	Dec. 1953	Dec. 1954
Children deserted by their parents ...	8	16	26	21
Children who are part of homeless families	34	31	46	57
Children whose parents are incapable of caring for them	34	26	11	10
Children whose parents are ill ...	6	7	6	—
Children whose parents are dead ...	12	14	17	20
Children who come from unsatisfactory homes	2	5	8	8
	96	99	114	116

Children committed to the care of the local authority:—

	Prior to 1950	1st Half 1951	2nd Half 1951	1952	1953	1954
Committed because of neglect by parents	30	8	—	—	—	—
Committed because of unsatisfactory behaviour ...	10	2	1	1	1	1

Total number of children committed to the care of the local authority who were still in care at December, 1954:—

Committed because of neglect by parents	17
Committed because of unsatisfactory behaviour ...	7

TEMPORARY CARE.

"Temporary assistance continues to be given where parents have no relatives or friends to care for their children when mother, for instance, goes into hospital or for convalescent treatment. Our excellent foster-parents accepted 19 such children on a short term basis out of 56 such children during 1954. These foster-parents also often care for children whose future is uncertain, whilst permanent plans are being made.

"We are very grateful to the Public Health Committee for the care of 22 children placed temporarily in 'The Hollies.' Some of these children, needing special care, have benefitted greatly in health and have been happily restored to their parents or boarded-out. Admission to 'The Hollies' has also sometimes meant that a little family need not be split up.

"Fifteen children were cared for at the Cottage Homes, Wolverhampton, with the kind co-operation of the Children's Department.

PERMANENT CARE.

"The best methods of permanent care are undoubtedly adoption or boarding out. In both cases the child can become an integral part of the new family. Not all eminently suitable parents can afford to adopt a child, but thanks to the Children Act, a child whom perhaps through temporary care they have come to love, can remain with them boarded-out. It is interesting to report, however, that two babies, whose parentage made placing for adoption uncertain, made such good progress boarded-out that their foster-parents are adopting them.

The number of children boarded-out remains at a high level. These children are making steady, happy progress. We are able to give individual care to each child and immediately a difficulty arises it is attended to as a number one priority in the Department. Foster-parents are given moral support, material help, and are made to feel in close touch. The fact that we are able to reassure foster-parents that they face common difficulties in the upbringing of children who are not naturally part of the family, proves to be a great help. Successes achieved by children whose background was anything but promising are encouraging. Sports Cups have been won, the top of the class has been reached and apprenticeships started.

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

	Dec. 1951	Dec. 1952	Dec. 1953	Dec. 1954
Children boarded-out	72	76	87	91
Children in Local Authority Homes	36	32	37	33
Children in Voluntary Homes ...	15	17	15	10
Children in Special Schools ...	6	5	5	4
Children in Mental Hospitals ...	3	3	3	2
	132	133	147	140

'The Towers' Children's Home.

"During 1954 the average number of boys and girls accommodated at 'The Towers' was 15. The children form a happy family group, but their interests are wide. They go out to school and Church, help with the shopping, and have their school friends in to tea. The older boys have made good progress in the St. John Ambulance Brigade. A successful attempt was made to find 'aunts and uncles' for those children who had no interested relative. Now the house is enlivened by their visits, and a week-end with 'auntie' is a frequent treat. Slow but promising progress is being made towards boarding-out by this method some of the children who have suffered from behaviour difficulties.

"All the children enjoyed their holiday by the sea at Borth, Cardiganshire, during the summer, when, as usual, a small school was rented.

PARENTAL CONTRIBUTIONS.

"Parents are required to contribute towards the maintenance of their children in accordance with the Children Act. This applies in all cases of children who are under care, committed to the care of the Local Authority or approved school, until they attain the age of 16. Assessments vary in accordance with income and commitments, and Family Allowance is also taken into consideration when rates of contributions are determined. No parent is required to pay more than he or she is reasonably able to afford.

"During the year 1954 the average weekly contribution per child was 5/-, as compared with 4/1 for 1953, and 3/10 for 1952. These figures do not include contributions which are collected by other Local Authorities where parents are no longer resident within the Borough. It should also be borne in mind that there are many children who have no parents or whose parents are in circumstances which do not render them liable to contribute.

"Court Orders may be obtained against parents who fail to contribute, but this is only a last resort. Generally parents show an interest in making payments as a means of maintaining contact with their children, but weekly reviews are made to ensure that payments are made regularly, and prompt action is taken by the Town Clerk's Department to recover payments which become overdue.

JUVENILE COURT.

"Home and School reports have been presented in respect of children within the Borough who have appeared before the Juvenile Court Magistrates, and valuable help is given in this direction by the Court Officials, Police, Probation Officers and the Education Department.

"Many of the children who appear before Juvenile Courts get into difficulties owing to lack of parental supervision and this may often be attributed to the necessity for the mother to be in full-time employment.

"The visiting of homes by the Children's Department prior to appearance before a Juvenile Court is invaluable in cases where the children are eventually committed to Approved Schools. It gives the officer concerned an insight into the home circumstances, and helps in maintaining contact relevant to Home Leave and eventual Licence.

AFTER-CARE.

"After-Care responsibility has now been accepted by the Children's Department for nearly three years, and the value of early contact with the home is more evident than in the earlier stages. The task of ensuring that the young person who is on licence is happily and gainfully employed is of paramount importance, and the full co-operation of the parents is essential. There are occasions when it has to be reluctantly admitted that home is not the best place to which a boy should be licensed, and in such cases the Children Act comes to the rescue. The boy is taken into care and boarded-out in lodgings with kindly and understanding foster-parents, who give full co-operation to the After-Care Officer. The supervision of such boys is very similar to that carried out in respect of working boys who are in the care of the Local Authority, and many opportunities are put in their way to encourage them to become useful citizens.

CONCLUSION.

"The year has presented the Committee with difficult problems which have needed for their solution sound impartial judgment and far-seeing faith. I would like to thank my Chairman, Alderman Mrs. Lee, and the members of the Children's Committee, who have shared these problems with us, for their unfailing support, guidance and encouragement."

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 hospitals 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.

ADMISSIONS TO MENTAL HOSPITALS DURING 1954.

Patients admitted to Mental Hospitals		Aged Under 20	20–49	30–39	40–49	50–59	60–69	Aged 70 and over	Total all ages
Certified ...	M.	—	1	5	—	1	3	2	12
	F.	—	2	6	6	6	2	7	29
Voluntary ...	M.	—	6	6	5	1	4	3	25
	F.	2	3	9	6	8	5	4	37
Temporary ...	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
Total ...	M.	—	7	11	5	2	7	5	37
	F.	2	5	15	12	14	7	11	66
Total, both sexes		2	12	26	17	16	14	16	103

DISCHARGES AND DEATHS IN MENTAL HOSPITALS IN 1954

Age Group and Classification

Period of Treatment — Patients discharged from (or died in) Mental Hospitals		Under 20 yrs.			20-29			30-39			40-49			50-59			60-69			70 and over			Total
		Cert.	Vol.	Temp.	Cert.	Vol.	Temp.	Cert.	Vol.	Temp.	Cert.	Vol.	Temp.	Cert.	Vol.	Temp.	Cert.	Vol.	Temp.	Cert.	Vol.	Temp.	
Under 3 months	M	—	—	—	—	4	—	3	5	—	—	4	—	1	—	—	1	2	—	1	—	—	54 (3 died)
	F	—	—	—	1	2	—	—	6	—	2	6	—	3	6	—	—	1	4	1	1	—	
3-6 months	M	—	1	—	—	1	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	12 (1 died)
	F	—	—	—	—	2	—	1	1	—	—	—	—	—	1	—	1	1	—	—	1	—	
6-9 months	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	3
	F	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	
9-12 months	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	6 (4 died)
	F	—	—	—	1	—	—	1	—	—	1	—	—	—	—	—	—	—	—	1	—	—	
12 months and over	M	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	20 (14 died)
	F	—	—	—	—	—	—	2	1	—	—	—	—	1	2	—	1	—	—	11	—	—	
TOTAL		1			11			21			13 (2 died)			17 (3 died)			15 (4 died)			17 (13 died)			95 (22 died)

The preceding Tables give details of admission to, and discharges from, mental hospitals during 1954.

Twenty-four patients were admitted initially under one or other of the "short Orders" under Sections 11, 20 or 21 of the Lunacy Act. Of these, 7 continued their treatment as voluntary patients.

Four patients conveyed to mental hospitals by the Duly Authorised Officer were not ordinarily resident in Smethwick and have not been included in the statistics.

There were also eleven cases referred to the Duly Authorised Officer but, after due investigation and consultation with the doctor, were not admitted to mental hospitals. Appropriate alternative help was given where possible. (Over half were people in the "over 70" age group).

All the 9 certified patients aged 70 or over exhibited mental symptoms which made it necessary, either for their own welfare or for the safety of others, for them to be removed to a mental hospital.

It will be seen from the Tables that there were approximately 3 patients admitted voluntarily for every 2 admitted under an Order; that there were considerably more women admitted than men; and that the majority of cases were discharged within three months. The rapid "turnover" of patients illustrates the fact that the mental hospital is no longer simply a refuge for the incurably insane but a place where people with a particular kind of illness can go and have treatment, and from where they may expect to return in a little while recovered or improved.

Upon returning home patients are visited by one of the Health Department's after-care workers—the men by the Duly Authorised Officer and the women by the Superintendent Nursing Officer. The visitors are invariably welcomed and endeavour to give suitable help or advice where required. The sort of problems encountered include domestic and marital difficulties, employment, housing and financial problems, or simply boredom or loneliness. The aim is to "help the patients to help themselves" by advising on problems, suggesting courses of action, giving sympathy and encouragement, and by putting patients in touch with appropriate statutory and voluntary agencies such as the National Assistance Board, Probation Officer, Disablement and Resettlement Officer, S.S.A.F.A., the various clubs for old people, the British Epilepsy Society, and many others. Where re-admission to hospital becomes advisable this can be arranged without waiting too long, and invariably on a voluntary basis, because the patient is known to the officers of the Health Department and is usually ready to accept

their advice. Visits are discontinued when the patient has no obvious symptoms and is able to resume normal life, or has become stabilised at the level of his or her possibilities; but an assurance is always given that should help be needed at any time in the future, the patient (or the relatives) have only to contact the Health Department.

At the beginning of the year 15 patients were receiving after-care visits. Fifty-five were added during the year and 22 were removed, leaving 48 patients at the end of the year.

Total number of discharges and deaths		95
Deaths	22	
Accepted after-care	55	
Refused after-care	1	
Left the area	5	
After-care found not to be necessary	11	
Under supervision as a mental defective	1	
	—	95

Of the 22 removed from after-care the reasons were:—

Fully recovered or stabilised	14
Re-admitted to hospital	7
Died (natural causes)	1
	—
	22
	—

In addition to numerous calls at the office and clinic both by patients and relatives, 348 home visits were paid by the two after-care workers.

A pleasing feature of the year has been the growing spirit of goodwill shown by the mental hospitals towards the local authority. This has resulted in closer liaison between the two, which has had a beneficial effect on the domiciliary care of the patient. It has also enabled the officers of the local authority to gain a better appreciation of the problems and points of view of the mental hospitals.

There is a very real need for (a) a psychiatric out-patient clinic in Smethwick (the present clinic at Stockland Green is rather too far away), and (b) the formation of a voluntary "Society of Friends" to foster interest on the part of the townspeople in their mental hospitals and the welfare of the many in-patients from Smethwick who no longer receive letters or visitors.

It is hoped that something may be done in these matters fairly soon, but there is a third need which may prove more difficult to meet, namely the provision of special accommodation in mental hospitals for children under the age of 16 years. Fortunately this problem arose only once

in Smethwick in 1954, but nevertheless local health authorities are faced from time to time with the task of arranging the admission of a child to a mental hospital. In Smethwick, or anywhere in the Birmingham area, the usual procedure is to choose between admitting the child to an adult ward in one of the Birmingham mental hospitals or seeking special permission to admit to one of the few mental hospitals in the country with separate units specially for children, e.g. Mapperley Hospital, Nottingham, St. Ebba's Hospital, Epsom, or Tone Vale Hospital, Taunton. The treatment, care and attention given to children in the Birmingham mental hospitals is undoubtedly excellent, but many would agree that the environment is wrong. On the other hand, it seems a pity to send the child to a hospital a considerable distance from home where visiting must of necessity be infrequent and expensive. It is certainly most distressing for parents, on whom rests the responsibility of the final decision as to whether their child shall be admitted to hospital or not. There are four mental hospitals in Birmingham, serving a population of well over a million. Would it not be possible to set aside and adapt sufficient accommodation in one of these hospitals for the reception of all child patients in the region?

MENTAL DEFICIENCY ACTS, 1913—1938.

The following is an extract from the Return of Mental Defectives as on 1st January, 1955:

	During 1954				Totals cases on Authority's Registers as at 1.1.55			
1 Particulars of cases reported during 1954	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
(*a*) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by—								
(i) Local Education Authorities on children								
1 While at school or liable to attend school ..	3	4	—	—	—	—	—	—
2 On leaving special schools	—	—	8	3	—	—	—	—
3 On leaving ordinary schools	—	—	—	—	—	—	—	—
(ii) Police or by Courts	—	—	—	—	—	—	—	—
(iii) Other sources	—	—	—	—	—	—	—	—
(*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	4	8	3	—	—	—	—
2 Disposal of cases:								
(*a*) Of the cases ascertained to be defectives "subject to be dealt with" number								
(i) Placed under Statutory Supervision	3	4	8	3	17	11	74	50
(ii) Placed under Guardianship	—	—	—	—	—	—	4	7
(iii) Taken to "Places of Safety"	—	—	—	—	—	—	—	—
(iv) Admitted to Hospitals	—	—	1	—	9	4	44	42
(*b*) Of the cases not ascertained to be defectives "subject to be dealt with" number								
(i) Placed under Voluntary Supervision	—	—	—	—	—	—	26	16
(ii) Action unnecessary	—	—	—	—	—	—	—	—
Total of item 2	3	4	9	3	26	15	148	115
3 Classification of defectives in the Community on 1.1.55 (according to need at that date):								
(*a*) Cases included in item 2(*a*)(i) to (iii) above in need of hospital care and reported accordingly to the Hospital Authority:								
(1) In urgent need of hospital care:								
(i) "cot and chair" cases	—	—	—	—	—	1	—	—
(ii) ambulant low grade cases	—	—	—	—	—	—	—	—
(iii) medium grade cases	—	—	—	—	—	—	1	—
(iv) high grade cases	—	—	—	—	—	—	—	—
(2) Not in urgent need of hospital care:								
(i) "cot and chair" cases	—	—	—	—	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—	—	—	—	—
(iii) medium grade cases	—	—	—	—	3	1	1	—
(iv) high grade cases	—	—	—	—	—	—	—	—
Total of Item 3(*a*)	—	—	—	—	3	2	2	—
(*b*) Of the cases included in items 2(*a*)(i) and (ii) and 2(*b*)(i), number considered suitable for:								
(i) occupation centre					15	7	8	11
(ii) industrial centre					—	—	4	1
(iii) home training					4	3	7	9
Total of item 3(*b*)					19	10	19	21
(*c*) Of the cases included in item 3(*b*) number receiving training on 1.1.55:								
(i) in occupation centre					15	7	5	9
(ii) in industrial centre					—	—	—	—
(iii) at home					—	—	—	—
Total of item 3(*c*)					15	7	5	9

4 Number of Mental Defectives who were in Hospitals, under Community Care (including Voluntary Supervision) or "Places of Safety" on 1st January, 1954, who have ceased to be under any of these forms of care during 1954:

	M.	F.	Total
(*a*) Ceased to be under care	15	11	26
(*b*) Died, removed from area, or lost sight of	—	1	1
Total	15	12	27

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 1954 1

	Males	Females
(*b*) Number who have married during 1954	1	5

COMMUNITY CARE.

The Occupation Centre continued to make a most valuable contribution to the welfare of the mentally handicapped and their families. The Centre was open on 236 days in the year and the total attendances were 5,885, an average of 25 per day. The numbers on the Register varied between 35 and 42, and ages ranged from 5 to 50 (both sexes). The Centre enjoyed the facilities of the "Milk in Schools Scheme" and the School Meals Service; 2,753 pints of milk and 5,807 mid-day dinners were consumed on the premises by those attending the Centre. Furthermore, the Centre is adjacent to a welfare clinic, chiropody clinic and school clinic with dental unit, with the result that medical and dental, head and foot inspections and treatment for minor ailments can be carried out with ease and alacrity. A monthly visit is paid by a barber.

A new venture was tried this year when a party of children spent a week at the School Camp at Ribbesford, near Bewdley. They were accompanied by the Occupation Centre staff and one voluntary male helper. So much did the children enjoy their holiday, and so well did they behave, that it is hoped to make the camp an annual event in future.

At the close of the year the Centre held its Christmas party which, as on previous occasions, was attended not only by the children on the Register and their parents but also by many of the lower-grade children and adults, and others with severe physical handicap, who do not normally attend the Centre.

An important service rendered by the Occupation Centre which may not be immediately apparent to a person who has not had experience in the care of a mentally handicapped child, is the relief given for a few hours each day to the parents from the constant vigilance, worry and strain which the care of such a child invariably entails. The Centre is open from 9.30 a.m. to 3.30 p.m. five days a week and by taking advantage of the School Meals Service the parents (especially the mother) can be free for a substantial part of the day. Thus, the busy mother has an opportunity, for example, to do the shopping, washing, and prepare meals for her husband and other members of the family before her handicapped child returns home.

There is an active Parents' Association in the Borough, which works in harmony with the local authority. Two members of the Health Department staff serve on the Executive Committee of this Association.

Supervisory visits (both statutory and voluntary) were paid by officers of the Health Department to the homes of mentally handicapped persons resident in the Borough who are under supervision, under Guardianship or on licence from Mental Deficiency Hospitals. During the year, 329 home visits were paid, and there were in addition many visits and telephone calls by the mentally handicapped and their relatives and employers to the Health Department seeking help and advice, or reporting progress.

Fortunately, with industrial prosperity and full employment, it has not proved unduly difficult to place the high-grade adults in employment, and even some of the more severely handicapped persons have been able to maintain themselves. The Department has received the greatest help from the Youth Employment Service and the Ministry of Labour in this respect.

Of note, also, has been the degree of co-operation with the Regional Hospital Board in regard to the provision of short-term Institutional care for the mentally handicapped child or adult to help the family over some crisis at home, or to enable a worn-out parent to have a holiday. There were five such admissions during the year, and the length of stay varied from 2 weeks to 2 months.

AMBULANCE SERVICE

The Council had a complete and adequate ambulance service prior to the "appointed day" and this has continued during the past six and a half years. The Council's policy of a periodic replacement of vehicles has been implemented by the purchase of six new ambulances and two sitting case vehicles. The fleet now comprises seven ambulances and two sitting case vehicles.

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	28.8	Coachbuilt	2 stretchers	1952
Morris	16	Coachbuilt	2 stretchers	1954
Austin	16	Utility	3 seats	1949
Morris	14	Dormobile	8 seats	1954

The last named vehicle was purchased in replacement of the Standard "Vanguard" saloon and has proved very useful, particularly its larger carrying capacity.

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 1954:—

	Sitting case		Total	Total
	Cars	Ambulances	1954	1953
Number of journeys ...	2,694	5,503	8,197	8,273
Patients carried ...	6,335	16,978	23,313	22,021
Miles travelled	29,522	58,934	88,456	91,611
Motor spirit consumed (galls.) ...	1,903	5,857	7,760	7,813

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 1954 five whole-time and three part-time nurses were employed and an additional whole-time nurse commenced work in January, 1955.

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	1954
New Patients ...	599	583	641	732	864	921
Recovered or transferred to hospital...	454	460	510	598	698	747
Died	124	115	108	131	139	164
Remaining at end of year	67	75	98	101	128	138
Visits paid during year	13,086	13,593	13,999	17,245	21,145	22,551

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 1954 the panel consisted of 16 whole-time and 48 part-time helpers.

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

	1950	1951	1952	1953	1954
Confinement	33	34	53	42	40
Tuberculosis	4	5	5	1	1
Old age and infirmity ...	35	50	63	61	90
Post-operative	8	9	14	13	9
Heart disease	14	13	27	30	37
Cerebral Haemorrhage, etc.	13	19	17	36	39
Respiratory diseases ...	6	13	17	28	23
Cancer	1	4	8	9	11
Arthritis	11	17	20	36	31
Injuries	3	4	10	10	13
Others	9	15	9	34	47
	137	183	243	300	341

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 a qualified S.R.N., S.C.M., and holds the 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 2/9$\frac{15}{16}$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:—

	1950	1951	1952	1953	1954
Children under five years of age	12	6	15	13	11
Children of school age ...	419	218	233	204	165
Expectant and Nursing Mothers	7	1	9	4	3
Other patients:					
Male	1,094	1,149	1,472	1,231	1,357
Female	6,514	6,496	9,241	8,413	9,149
	8,046	7,870	10,970	9,865	10,685

The individual patients attending during 1954 numbered 1,207 and comprised:—

Children under five years of age	4
Children of school age	21
Expectant and Nursing Mothers	1
Other patients: Male	174
Female	1,007

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.

An important extension to the Chiropody Service was agreed upon in 1954 and came into operation in February, 1955. It has been found that many elderly people and a few cripples in the younger age groups are house-bound and unable to make their way to the Chiropody Clinic. Provision is now made for the visitation of these in their own homes at regular intervals by one or other of the chiropodists and this extension of the Chiropody Service has been greatly appreciated, particularly by the aged.

CONVALESCENT TREATMENT.

Convalescent treatment was provided during the year for 38 patients (10 men and 28 women) on the recommendation of the hospital or family doctor. Fourteen convalescent homes received our patients; the normal period of stay was two weeks.

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 304 persons, 489 articles being loaned as under:—

Air Beds	1
Air Rings	50
Bed Cradles	10
Bed Pans	97
Bed Pulley	1
Bed Rests	62
Bed Tables	4
Beds, Hospital	5
Blankets	14
Breast Pumps	—
Commodes	9
Cots	1
Crutches	2
Draw Sheets	20
Dunlop Rings	11
Feeding Cups	8
Fire Guards	12
Invalid Wheel Chairs	29
Mackintosh Sheeting	100
Mattresses	7
Pillows, pillow cases	—
Pyjamas, Dressing Gowns, etc.	—
Sheets	—
Sputum Mugs	7
Urinals	39
	489

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 30 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. Coach trips and visits to the theatre are also arranged. 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 31st December, 1954, there was a total of 96 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 admission to and discharges from residential accommodation duing the year 1954:—

Accommodation	No. of Residents 1/1/54	Admission from Hospital	Admission from Home	Discharges to Hospital	Discharges to Home	Deaths	No. of Residents 31/12/54
Hill Crest, Smethwick ...	28	3	15	6	11	2	27
Park Hill, Moseley ...	18	1	7	3	6	—	17
The Poplars, Wolverhampton	39	13	32	12	20	9	43
Bromley House, Wolverhampton	3	—	3	1	3	—	2
St. John's Hospital, Walsall	2	—	—	1	—	—	1
Sycamore House, Walsall	1	—	—	—	—	—	1
Summer Hill Homes, Birmingham	1	—	—	1	—	—	—
Quinton Hall, Birmingham	1	—	—	—	—	—	1
Solihull, Warwickshire	2	1	—	1	—	—	2
Stratford-on-Avon, Warwickshire	1	—	—	—	—	—	1
David Lewis Epileptic Colony, Manchester ...	1	—	—	—	—	—	1
	97	18	57	25	40	11	96

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, in five cases during the year temporary accommodation was provided at "The Poplars." 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 problems of old people arise in the home and it is there where they can be most happily resolved, delayed or prevented. All our efforts are directed to the prime object of helping aged persons to live a normal life in their own home whenever and for as long as it is possible. To this end the Domestic Help Service and the Home Nursing Service are freely available to aged persons. 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 2,048 visits to aged persons. In addition 489 visits were paid by other officers, chiefly in connection with applications for accommodation and to help old people in the arrangement of their affairs.

Early in 1955 a scheme to provide friendly visiting and practical help for aged or handicapped persons was initiated. The emphasis in these arrangements will be on the co-operation of voluntary and official agencies to secure for the old people as full a measure of practical assistance as possible in individual cases without formality.

In some cases there comes a time when the aged citizen becomes too feeble to manage at home even with the assistance our services can provide and admission to one of the Council's Homes for Old People is the obvious means of providing care and attention and there they may happily spend the evening of their lives; in other cases unfortunately chronic illness or infirmity renders care and treatment in hospital necessary. We acknowledge the help and sympathy given to these cases by the hospital authorities, whose lack of available beds and particularly acute staff shortages severely limits the help from these sources. The two-way traffic between our Homes and the hospitals is

maintained wherever possible, but it cannot be claimed that the position is more than a temporisation and the problems of the chronic sick will be with us for a long time. Our dearest hope and the best method for everyone concerned lies in the prevention of the ills and infirmities which beset the aged. Consideration should be given to the provision of meals, of laundry services and all means of combating one of the contributory causes of infirmity—boredom resulting from lack of occupation.

Foot troubles interfere with the capacity of old people to look after themselves and increases their sense of loneliness and withdrawal from the life of the community around them. One active measure undertaken by the Council to improve the physical condition of old people is free chiropody treatment. Arrangements are now made to treat the completely immobile in their own homes. Old people have made many thousands of attendances at the Foot Clinic during the year.

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.

The Housing Committee of the Council has made very generous provision for aged couples in ninety-eight bungalows on the Municipal Housing Estates. 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 in a house where an old person is anxious to live to the end of his life.

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 nineteen cases during the year. There were eleven 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 six such cases last year and four the previous year.

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, 1954, was as follows:—

	Males	Females	Total
Adults in training—day	1	1	2
Adults in training—resident ...	1	—	1
Workshop Workers	14	4	18
Workers in Open Employment ...	7	1	8
Other Blind Employees	1	—	1
Unemployables at Home	29	50	79
Unemployables in Regional Board Hospitals	1	1	2
Unemployables in Welfare Department Homes	—	3	3
	54	60	114

WELFARE OF OTHER HANDICAPPED PERSONS.

The Council's Schemes under Section 29 and 30 of the National Assistance Act, 1948, were in operation during the year.

With regard to the deaf and dumb, the Institution for the Deaf in Birmingham deals, by arrangement, with a substantial number of deaf persons resident in Smethwick. In addition to the organisation of social centres they employ home teachers of lip reading, etc. Officers of the Organisation make home visits in each case and a personal interest is shown in the welfare of these handicapped persons.

The Council also makes a contribution to the West Bromwich and District Organisation which runs a social centre for hard of hearing persons at Trinity Schools, Spon Lane, West Bromwich, which is situated just over the Smethwick boundary.

With regard to handicapped persons other than blind, partially-sighted and deaf or dumb, the Council's arrangements are in the hands of the Welfare Officer and his assistants. During the year 71 such persons were registered and their disabilities fell into the following categories:—

Amputation	4
Arthritis and Rheumatism	18
Congenital Malformation	11
General Diseases	5
Injuries	5
Organic nervous diseases	16
Other nervous and mental disorders	6
Tuberculosis (respiratory)	—
Tuberculosis (non-respiratory)	—
Other diseases and injuries	1
Hard of Hearing	5

(At the time of writing this report the number on the Register has increased to 105).

Practical help given in individual cases included:—Adaptations to the homes, escorts, provision of wireless and television (on a rota basis). Collectively arrangements have been made for voluntary transport, for friendly visiting and for a library service. In addition to the above all the services of the Public Health Department are readily and freely available to handicapped persons; these include home nursing, domestic help, loan of sick room equipment, etc. In the initial stages the Department endeavoured to give priority to the more pressing needs of the applicants as they became known and in particular our officers tried to arrange suitable employment in industry where practicable and it is hoped in time to develop a home teaching service which will enable the housebound to have some interesting occupation. In this work we have received valuable co-operation from the Smethwick Rotary Club, W.V.S. and other voluntary organisations.

The Midland Spastics Association gives help within its special field and the Council have made a grant to this body.

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, but, as stated elsewhere in this Report, there is close and continuous co-operation between the various officers.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR ON THE SANITARY ADMINISTRATION OF THE BOROUGH FOR THE YEAR ENDED 31st DECEMBER, 1954.

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

MADAM MAYOR, LADIES AND GENTLEMEN,

Despite the difficulties occasioned by staff shortages, 1954 was a year during which progress was made in several directions.

Successful legal proceedings were instituted ranging from such matters as adulterated and unsound food to property repairs. The number of complaints dealt with continues to rise (a total of 3,615 as against 3,005 in 1953) and this is a source of satisfaction as it indicates that the public are making full use of the department. Another indication of the increasing use being made of the department by ratepayers is instanced by the fact that the number of interviews more than doubled as compared with 1953. All this made for very happy relations which were mutually advantageous.

MEAT INSPECTION.

Consequent upon the de-rationing of meat in July, 1954, slaughtering of animals for human consumption was resumed in the Borough, after an interval of 14 years. This transition was effected with remarkable smoothness and there was none of the confusion which occurred in some parts of the country. This success was undoubtedly due to the fact that, immediately it became known that de-rationing was to take place, discussions were initiated between the Health Committee and representatives of the local butchers. I think it only fitting that I should at this stage pay tribute to the co-operative attitude of the trade throughout the whole course of the negotiations. At the end of the year three slaughterhouses had been licensed; all of them are first-class, hygienic premises. To assist the applicants for slaughtering licences the Health Committee approved a set of standard requirements which are to be complied with as a pre-requisite for consideration for licensing. In this way the butcher is able to arrive at a fair estimate of the cost incurred in bringing his premises up to modern standards. The whole of the animals slaughtered are inspected by qualified meat inspectors. All meat condemned as unfit for human consumption is transported in metal bins by the Public Works Department to the Birmingham Corporation Salvage Works for disposal. By this method there is complete control of all diseased meat.

ATMOSPHERIC POLLUTION.

In an endeavour to arouse local interest in the battle for cleaner skies, the Health Committee early in the year sponsored the formation of the Smethwick Smoke Abatement Advisory Committee. This consists of representatives of the local authority, industrialists, appropriate Government departments, trade unionists and last, but by no means least, the women's organisations in the town. Two meetings of the committee have been held at which appropriate films were shown and matters of interest, such as the Beaver Report, were discussed. In order to stimulate interest in study courses for Boiler House Personnel, the Corporation awarded a monetary prize of £3 3s. 0d. to the best student completing the course. The local Manufacturers' Association made a similar award—an excellent example of the liaison which has been established with the town's industrialists.

In January a small exhibition was staged at the Central Library, the object being to focus attention on the evils of Smog. This was visited by a large number of our townsfolk and the Press gave welcome publicity to our endeavours. Staffing difficulties restricted our activities but, nevertheless, I think that the educational work of the Health Committee will eventually bear fruit. The new Clean Air Bill when introduced should also give us the necessary powers to impose sanctions where co-operation is, unfortunately, not readily forthcoming.

HOUSING OF COLOURED WORKERS.

During the year the department became aware of the very great influx of coloured workers into the town. The Health Committee were very rightly concerned at the conditions under which they were believed to be living. Accordingly, they instructed me to cause an inspection to be made of all the houses in the Borough known to be occupied by coloured persons. As I have said so frequently in other connections in this report, we were severely handicapped by the staffing position. As a result it was not possible to make a house-to-house inspection which would have been the ideal method of survey. Liaison was, however, established with the local police force, who made their records available to us and, indeed, co-operated in some of the actual inspections. Their records, plus our own, enabled us to obtain a pretty complete picture of the problem as it exists in Smethwick. The houses were inspected under three main headings:

(a) Assessment of overcrowding

(b) State of cleanliness

(c) Refuse storage accommodation.

At the date of the report (30th August, 1954) altogether 38 houses had been inspected. The obtaining of the necessary information was not easy, due to language and other difficulties, and evening inspections were found to be necessary. In view of these factors it was impossible to guarantee the accuracy of the occupancy figures, but it seemed reasonable to assume that the number of occupants had not been overstated, but rather the reverse. In view of the information revealed by the survey the Health Committee reported on the matter to the General Purposes Committee of the Corporation. This committee, feeling that the problem was not peculiar to Smethwick, but was one affecting the West Midlands Conurbation as a whole, decided to convene a joint meeting of neighbouring authorities to examine the problems. Arrangements for this meeting were proceeding at the end of the year.

HEALTH EDUCATION.

During the year the Chief Sanitary Inspector gave a number of talks to local organisations on the various aspects of environmental hygiene. These were mostly in the evening and were very much worthwhile. The success of a talk can always be judged by the number of questions put to the speaker at the end of his talk. Smethwick audiences are certainly not at all backward in putting their questions. These queries are a great help to the department as they provide us with much useful information of those matters which exercise the minds of our townspeople. Thus armed we are able to give the customer, i.e. the ratepayer, the service he wants.

It only remains now for me to acknowledge with gratitude the consistent support which I have been accorded throughout the year by the Chairman and members of the Health Committee. Such encouragement is a very real stimulus to an officer. In this connection it would be very remiss of me to let the occasion pass without reference to Alderman Mrs. E. M. Farley, O.B.E., J.P., who resigned the chairmanship of the Health Committee in July, 1954. Ever since I took up my appointment here I have found Alderman Farley ever ready to give me the benefit of her wide experience. As always, the Medical Officer of Health and, indeed, all the chief officers gave ready assistance. This is very greatly appreciated.

I am, Madam Mayor, Ladies and Gentlemen,

Your obedient servant,

W. L. KAY,

Chief Sanitary Inspector.

SANITARY INSPECTION OF THE AREA.

TABLE I.

Inspections on Complaint	3,615
Re-visits re Notices served	6,794
Inspections re Ashes Accommodation	2,320
Re-visits re Ashes Accommodation	5
Housing Act Inspections	121
Housing Act Re-visits	84
Certificates of Disrepair	22
Re-visits re Certificates of Disrepair	3
Overcrowding	290
Indian Houses	75
Infectious Disease	202
Interviews	106
Schools	2
Slaughterhouses	49
Dairies and Milkshops	6
Markets Inspected	23
Bakehouses	31
Food Inspections	503
Meat and Other Food Premises	320
Private Slaughter	30
Food Sampling: Chemical Analysis	130
Bacteriological	210
Water Sampling	26
Ice Cream Vendors	523
Fertiliser and Feeding Stuffs Sampling	18
Factories: Power	160
Non-Power	3
Workplaces	33
Shops Act Inspections	11
Outworkers	15
Prevention of Damage by Pests Act	53
Rag Flock Sampling	8
Pet Shops Act	3
Offensive Trade	1
Drains Tested	57
Insect Pests and Vermin	72
Pigsties and Stables	122
Hairdressers	24
Smoke Observations	136
Visits re Smoke Abatement	265
Miscellaneous	798
	17,269

SUMMARY OF DEFECTS.

TABLE II.

	Found	Remedied
Dirty Premises	49	30
Defective Roofs, Spouting, etc.	1,213	1,099
Blocked Drains	320	327
Defective Paving	7	10
Accumulation of Offensive Matter ...	29	16
Defective Sinks and Wastepipes	60	43
Defective Plaster of Walls and Ceilings ...	450	387
Defective Ashbins	1,947	1,597
Defective W.Cs.	224	248
Insufficient Lighting and Ventilation ...	201	209
Overcrowding	16	48
Defective Water Fittings	61	47
Dampness	55	50
Insufficient Water Supply	10	14
Dangerous Buildings	13	15
Defective or Insufficient Drainage ...	63	49
Defective Washboilers	20	22
Defective External Brickwork & Chimneys	262	208
Defective Floors	94	83
Defective Firegrates	51	36
Defective Stairs and Handrails	23	20
Defective woodwork of Doors, Windows, etc.	255	210
Rats—Surface Infestation	459	459
Smoke Nuisances	5	—
Insufficient Food Storage Accommodation	1	1
Animals kept so as to be a nuisance ...	10	5
Miscellaneous	44	38
	5,942	5,271

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 7 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, 6 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	425 cases
(2)	Repair of defective roofs under Section 49 of the Smethwick Corporation Act, 1948	39 cases
(3)	Work carried out in default of compliance with Abatement Orders or by agreement	3 cases

During the year 1,597 bins were provided by the Corporation in accordance with the scheme instituted under Section 75(3) of the Public Health Act, 1936.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

PREMISES.

The number of premises treated for rodent infestation continues to increase. During the year 459 premises were treated, an increase of 94 over the preceding year.

SEWER MAINTENANCE TREATMENT.

Two maintenance treatments of the town's sewers were undertaken, a total of 234 manholes being baited. Twenty-one complete takes and 94 partial takes were recorded.

LEGAL PROCEEDINGS.

During the year legal proceedings were instituted in respect of 3 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 in which abatement Orders were made 3

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

The number of samples submitted for bacteriological examination was 134. The results of the examinations are summarised in the following table:—

TABLE III.

Type of Milk	No. of Samples	Tests Applied	Satis-factory	Unsatis-factory
Pasteurised ...	45	Phosphatase ...	44	1
	45	Methylene Blue ...	45	—
Tuberculin Tested	49	Phosphatase ...	49	—
(Pasteurised)	49	Methylene Blue ...	48	1
Sterilised ...	40	Methylene Blue ...	40	—
	40	Turbidity Test ...	40	—

MEAT INSPECTION.

TABLE IV.

Cattle other than Cows	394
Cows	46
Calves	202
Sheep	3,975
Pigs	9
Pigs on private premises	61

CYSTICERCUS BOVIS.

During the year Cysticercus Bovis infections were found in 0.90% of all bovines slaughtered. All affected carcases were subjected to the prescribed deep-freeze treatment. This infection is of great importance in view of the fact that if the meat is consumed in a raw or insufficiently cooked state it gives rise to the tape worm "Taenia Saginata" in man.

UNSOUND FOOD SURRENDERED AND DESTROYED.

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 V.

	Tons	Cwts.	Qrs.	Lbs.	Ozs.
Meat (Tinned)	1	8	2	17	5
Meat (Fresh)	1	12	2	12	—
Fish	—	—	3	3	4
Fruit	—	18	—	—	14
Vegetables	—	—	9	5	10
Fats	—	—	5	7	5
Miscellaneous Foods ...	—	9	—	24	12
	4	12	3	15	2

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

LEGAL PROCEEDINGS.

The following table gives details of legal proceedings taken in respect of unsound food.

TABLE VI.

Complaint.	Result.
Mouldy Chocolate Eclair	£2 Fine and costs.
Tea Cake containing Nails	£5 Fine and costs.
Maggots in Pearl Barley	£5 Fine and costs.

ICE CREAM.

At the end of the year 252 premises were registered for the manufacture and/or sale of Ice Cream, an increase of 17 on the previous year. Details are as follows:—

Hot Mix Process	1
Complete Cold Mix	14
Sale only	237
	252

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

Grade I	63
Grade II	11
Grade III	7
Grade IV	2
	83

It is again pleasing to be able to record that despite an increase in the number of samples taken the bulk 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 where these were within the Borough. In the cases originating outside the Borough the manufacturers were written to and also the local authorities concerned.

FOOD AND DRUGS SAMPLING.

In view of staff shortages considerable thought has been given to the sampling of food and drugs so as to obtain the maximum cover with the minimum of effort. That this policy has been largely successful is evidenced by the percentage of samples found to be unsatisfactory. Similarly a high proportion of samples have been formals, the object being to permit of immediate action in the courts where necessary. Whilst initially informal samples are less time consuming they are not so in the long run and very often, due to stock being sold out before effective follow-up formal samples can be taken, are negative in their results. Whilst the department has not got a persecution complex, nevertheless it has a duty to the public, especially in these days of ever-mounting costs. Traders can quite easily keep out of the courts by observing the law. Regular sampling is indeed of benefit to the whole community and not least to the trader who makes an effort to supply a good quality article.

TABLE VII.

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
Confectionary	6	5	1
Cream	1	1	—
Whelks	1	1	—
Fruit	5	5	—
Drugs and Laxatives	11	8	3
Soups	4	4	—
Milk	12	12	—
Hot Milk	9	3	6
Sausage	19	16	3
Spirits	9	7	2
Beer	2	2	—
Wines	2	2	—
Butter	7	7	—
Ice Cream	9	9	—
Margarine	7	7	—
Vinegar	2	2	—
Tea	2	2	—
Iced Lollies	2	2	—
Mineral Water	1	1	—
	111	96	15

TABLE VIII.

ACTION IN RESPECT OF SAMPLES REPORTED BY THE PUBLIC ANALYST AS "NOT GENUINE" DURING 1954.

Description.	Reason not Genuine.	Action Taken.
Ammoniated Tincture of Quinine (Informal).	Deficient of 73% Ammonia Excess of 25% Quinine Sulphate	—
Ammoniated Tincture of Quinine (Formal).	Deficient of 85% Ammonia Excess of 23% Quinine	Warning letter and withdrawal of stocks.
London Gin (Formal).	Excess of 13.7% Water	Legal proceedings. Conditional discharge on payment of costs.
London Gin (Formal).	Excess of 1.5% Water	Warning letter.
Butter Pats (Informal).	Deficient of Fat	Stocks withdrawn.
Hot Milk (Formal).	Contained 4% excess water	Warning letter.
Hot Milk (Formal).	Contained 2.5% excess water	do. do.
Hot Milk (Formal).	Contained 6% excess water	do. do.
Hot Milk (Formal).	Contained 14% excess water	do. do.
Hot Milk (Formal).	Contained 5% excess water	do. do.
Hot Milk (Formal).	Contained 26% excess water	Legal proceedings. Fine of £5 imposed, plus costs.
Pork Sausage (Formal).	Deficient of 35% Meat	Legal proceedings. Fine of £5.
Pork Sausage (Formal).	Deficient of 22.6% Meat	Legal proceedings. Fine of £5.
Pork Sausage (Formal).	Deficient of 8.5% Meat	Warning letter.
Sal Volatile (Informal).	Deficient of 2.68% Ammonia	Warning letter. Stock withdrawn.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

There are only two premises within the Borough which are registered under the above Act. These were visited from time to time, the registers inspected and 8 formal samples taken. The 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 FEEDNG STUFFS ACT, 1926.

Eighteen Formal Samples of Fertiliser and Feedings Stuffs were taken during the year and submitted to the Agricultural Analyst. All samples were reported upon as complying with the Act.

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. Eighty-nine premises were so treated.

PLANS OF NEW BUILDINGS.

We continue to collaborate very closely with the Borough Engineer's Department on the perusal of plans. Arising out of this, recommendations are made, where justified, on public health grounds.

HOUSING.

STATISTICS FOR THE YEAR 1954.

TABLE IX.

1. INSPECTION OF DWELLING HOUSES DURING THE YEAR.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	6,153
(b) Number of inspections made for the purpose ...	12,961
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	4
(b) Number of inspections made for the purpose ...	121
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	4
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	—

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

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	306

3. ACTION UNDER STATUTORY POWERS DURING THE YEAR.

A.—Proceedings under Sections 9, 10 and 16, Housing Act, 1936:—	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	—
(2) Number of dwelling houses which were rendered fit after service of formal notice:—	
(a) By owners	—
(b) By Local Authority in default of owners ...	—
B.—Proceedings under the Public Health Acts:—	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	2,128
(2) Number of dwelling houses in which defects were remedied after service of formal notices:—	
(a) By owners	1,415
(b) By Local Authority in default of owners ...	376

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936:—

(1) Number of dwelling houses in respect of which Demolition Orders were made 4

(2) Number of dwelling houses demolished in pursuance of Demolition Orders 4

(3) Number of Undertakings accepted to render dwelling houses fit for habitation ... ... —

(4) Number of Undertakings not to use houses for human habitation ... ... —

D.—Proceedings under Section 12 of the Housing Act, 1936:—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ... —

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

4. **HOUSING ACT, 1936. Overcrowding:**

(a) (i) Number of dwellings overcrowded at the end of the year 59

(ii) Number of families dwelling therein 60

(iii) Number of persons dwelling therein 354

(b) Number of new cases of overcrowding reported during the year 16

(c) (i) Number of cases of overcrowding relieved during the year 48

(ii) Number of persons concerned in such cases ... 224

(d) Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding ... —

HOUSING REPAIRS AND RENTS ACT, 1954.

CERTIFICATES OF DISREPAIR.

Twenty-two properties were inspected in connection with applications for Certificates of Disrepair.

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	19	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	308	160	13	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
TOTAL	327	163	13	—

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	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7):					
(*a*) insufficient	—	—	—	—	—
(*b*) unsuitable or defective	13	22	—	—	—
(*c*) not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	13	22	—	—	—

APPENDIX.

Causes of Death at different Periods of Life in the County Borough of Smethwick, 1954.

CAUSES OF DEATH	Sex	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES ..	M	417	23	3	2	2	33	152	93	109
	F	387	17	1	5	3	21	75	99	166
1. Tuberculosis, respiratory ..	M	20	—	—	1	1	7	10	1	—
	F	4	—	—	—	—	3	—	1	—
2. Tuberculosis, other	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
3. Syphilitic disease	M	3	—	—	—	—	1	1	—	1
	F	—	—	—	—	—	—	—	—	—
4. Diphtheria	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
5. Whooping Cough	M	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—
6. Meningococcal infections ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
8. Measles	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	M	2	—	1	—	—	—	1	—	—
	F	4	—	—	1	—	—	1	2	—
10. Malignant neoplasm, stomach ..	M	20	—	—	—	—	1	12	5	2
	F	12	—	—	—	—	—	2	4	6
11. Malignant neoplasm, lung, bronchus	M	32	—	—	—	—	1	18	9	4
	F	5	—	—	—	—	—	5	—	—
12. Malignant neoplasm, breast ..	M	—	—	—	—	—	—	—	—	—
	F	15	—	—	—	—	—	10	2	3
13. Malignant neoplasm, uterus ..	M	—	—	—	—	—	—	—	—	—
	F	4	—	—	—	—	—	—	1	3
14. Other malignant and lymphatic neoplasms	M	35	—	—	1	1	—	14	8	11
	F	37	—	—	1	1	3	10	8	14
15. Leukaemia, aleukaemia	M	2	—	—	—	—	1	1	—	—
	F	4	—	—	—	—	1	—	3	—
16. Diabetes	M	1	—	—	—	—	—	—	—	1
	F	9	—	—	—	1	—	3	3	2
17. Vascular lesions of nervous system	M	41	—	—	—	—	1	13	11	16
	F	64	—	—	—	—	1	14	18	31
18. Coronary disease, angina ..	M	57	—	—	—	—	5	22	19	11
	F	44	—	—	—	—	1	10	14	19
19. Hypertension with heart disease	M	11	—	—	—	—	—	2	4	5
	F	16	—	—	—	—	—	2	7	7
20. Other heart disease	M	48	—	—	—	—	1	10	13	24
	F	73	1	—	—	—	2	8	17	45
21. Other circulatory disease ..	M	8	—	—	—	—	1	2	—	5
	F	10	—	—	—	—	1	2	3	4
22. Influenza	M	1	—	—	—	—	—	1	—	—
	F	1	—	—	—	—	—	—	—	1
23. Pneumonia	M	14	2	—	—	—	—	6	1	5
	F	14	2	—	—	—	1	2	2	7
24. Bronchitis	M	40	—	—	—	—	1	14	12	13
	F	19	—	—	—	—	1	1	5	12
25. Other diseases of respiratory system	M	6	—	—	—	—	1	5	—	—
	F	1	—	1	—	—	—	—	—	—
26. Ulcer of stomach and duodenum	M	10	—	—	—	—	1	5	2	2
	F	2	—	—	—	—	—	1	1	—
27. Gastritis, enteritis and diarrhoea	M	—	—	—	—	—	—	—	—	—
	F	3	1	—	—	—	—	1	—	1
28. Nephritis and nephrosis	M	8	—	—	—	—	1	4	1	2
	F	1	—	—	1	—	—	—	—	—
29. Hyperplasia of prostate	M	4	—	—	—	—	—	1	1	2
	F	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion ..	M	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	1	—	—	—
31. Congenital malformations ..	M	8	8	—	—	—	—	—	—	—
	F	3	2	—	—	—	—	1	—	—
32. Other defined & ill-defined diseases	M	27	13	—	—	—	3	4	3	4
	F	33	10	—	—	—	3	2	7	11
33. Motor vehicle accidents	M	5	—	1	—	—	1	1	2	—
	F	2	—	—	1	1	—	—	—	—
34. All other accidents	M	5	—	1	—	—	3	1	—	—
	F	2	—	—	1	—	—	—	1	—
35. Suicide	M	9	—	—	—	—	3	4	1	1
	F	3	—	—	—	—	3	—	—	—
36. Homicide and operations of war	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—