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County Borough of Smethwick



The Health of Smethwick  
1960

Annual Report of the  
Medical Officer of Health



County Borough of Smethwick

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# Annual Report

OF THE

Medical Officer of Health

FOR

1960

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RICHARD J. DODDS, M.B., B.S., D.P.H.  
*Medical Officer of Health, Chief Welfare Officer,  
Principal School Medical Officer.*

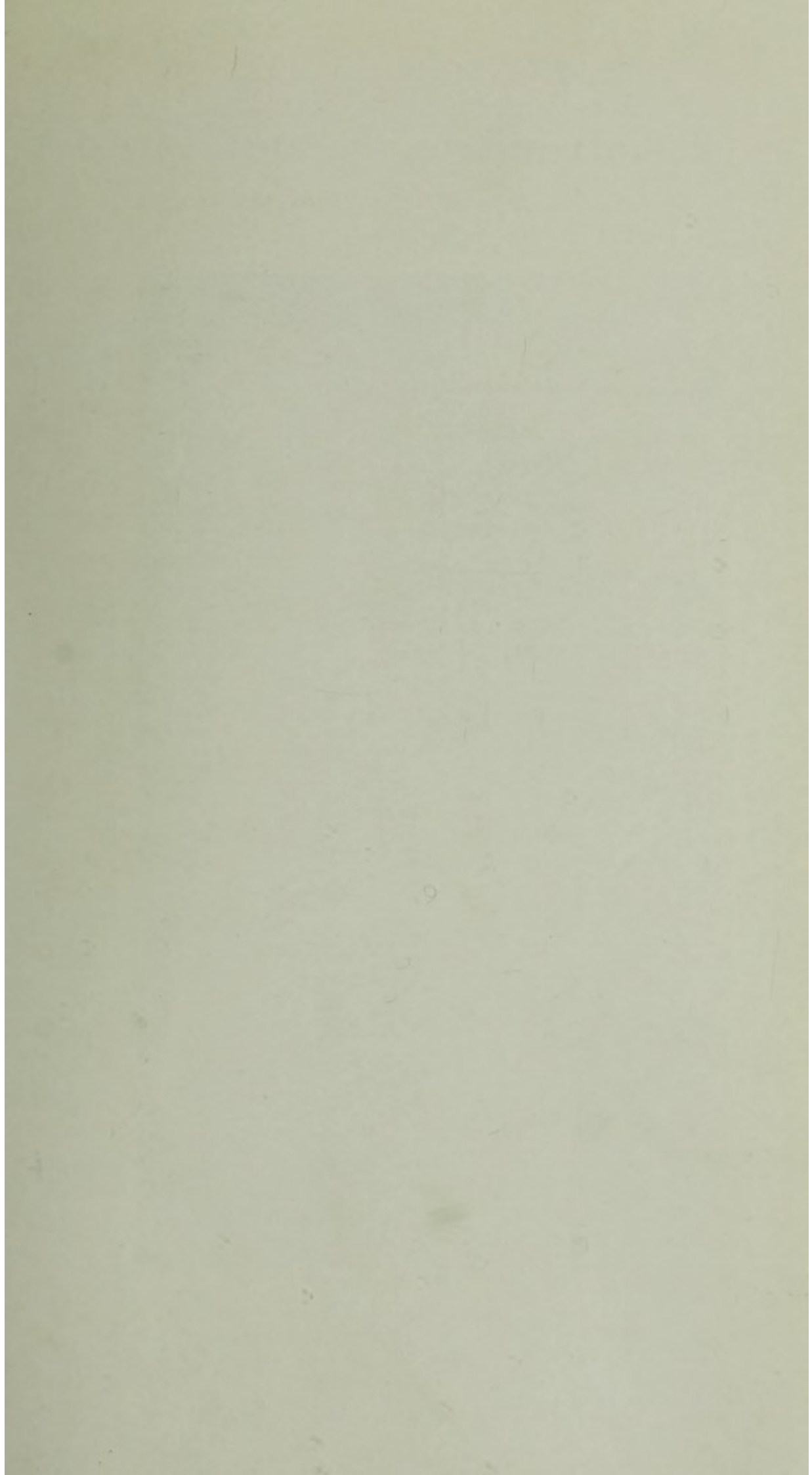
W. L. KAY, F.A.P.H.I., M.R.S.H.  
*Chief Public Health Inspector.*

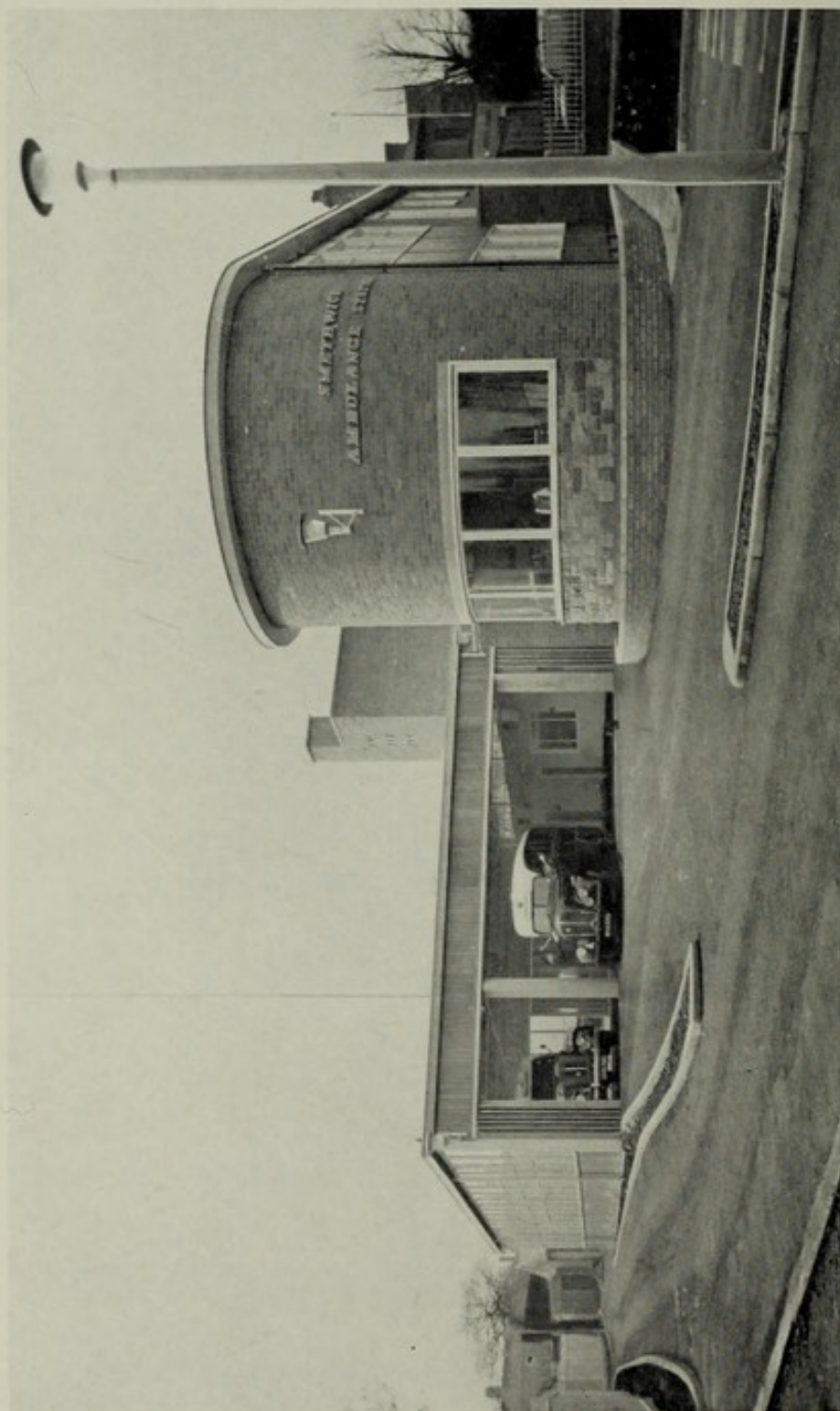


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THE AMBULANCE STATION

# County Borough of Smethwick

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## COMMITTEES, 1960-1961

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### Health Committee:

Chairman: Councillor R. L. Pritchard

Vice-Chairman: Alderman F. W. Perry, J.P.

The Mayor (Councillor L. L. Morris, J.P.)	Councillor J. Kimberley
Councillor Mrs. G. R. Brittan	Councillor W. G. Mason
Councillor E. H. Goreham	Councillor E. C. Tutty
Councillor H. V. Jackson	

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

Mrs. L. Deeley	Mrs. E. Stanley
Mrs. B. A. Jones	Miss S. C. Wright, M.B.E.

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### Mental Health Sub-Committee:

All Members of the Health Committee:  
with Mr. J. M. Adair

Dr. R. A. Lambourne	Dr. I. A. MacDonald
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Chairman: Councillor R. L. Pritchard

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### Welfare Sub-Committee:

All Members of the Health Committee:

Chairman: Councillor R. L. Pritchard



**The Hollies and Day Nursery Sub-Committee:**

All Members of the Health Committee:

Chairman: Councillor R. L. Pritchard

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**Health and Education Joint Sub-Committee:**

Representing Health Committee:

Councillor R. L. Pritchard

Alderman F. W. Perry, J.P.      Councillor W. G. Mason

Representing Education Committee:

Alderman Mrs. E. M. Farley, O.B.E., J.P.

Councillor W. J. Darby      Councillor E. Rogers

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**HEALTH DEPARTMENT STAFF:**

Medical Officer of Health, Chief Welfare Officer and  
Principal School Medical Officer:

Richard J. Dodds, M.B., B.S., D.P.H.

Deputy Medical Officer of Health and Deputy Principal  
School Medical Officer:

Margaret E. McLaren, M.B., Ch.B., D.P.H. (to 15.3.60)

Vincent A. Lloyd, M.B., Ch.B., L.R.C.P., M.R.C.S., D.P.H.  
(from 15.2.60)

Assistant Medical Officers:

F. Constance Myatt, M.B., Ch.B., D.P.H., D.I.H.

Robert T. Pagan, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.  
(to 16.3.60)

Christina J. McLeay, M.B., Ch.B. (from 28.3.60)

Chest Physician (part-time):

A. Wilson Russell, M.D., Ch.B., D.P.H.



Chief Public Health Inspector:  
(*abcdef*) William L. Kay, F.A.P.H.I., M.R.S.H.

Deputy Chief Public Health Inspector:  
(*abc*) R. G. Evans, M.A.P.H.I.

Public Health Inspectors:  
(*abcd*) W. F. Ball, M.A.P.H.I.      (*ab*) A. W. Reeves, M.A.P.H.I.  
(*ab*) T. P. Jones      (*ab*) J. N. Cope, M.A.P.H.I.  
(*abc*) G. O. Wright, M.A.P.H.I.      (*ab*) D. G. Hobday  
(from 1.7.60)

Pupil Public Health Inspectors:  
H. M. Blackshaw      D. G. Hobday (to 30.6.60)  
*a* Public Health Inspector's Certificate of the R.S.H. and S.I.E.  
Joint Board.  
*b* Meat and Food Inspector's Certificate of the R.S.H.  
*c* Smoke Inspector's Certificate of the R.S.H.  
*d* Certificate in Sanitary Science of the R.S.H.  
*e* Liverpool University Meat Inspector's Diploma.  
*f* Liverpool School of Hygiene Smoke Inspector's Certificate.

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### Administrative Staff:

Chief Administrative Assistant: F. D. Hipkiss  
Deputy Chief Administrative Assistant: G. A. Fox, D.P.A.

F. T. Brookes, S.R.N., R.M.N., Mental Welfare Officer.	Miss K. M. Dunnaker
F. A. Collett, Welfare Officer.	Mrs. F. D. Dyke
S. de Wit, Senior Clerk.	Mrs. J. Letts (to 22.4.60)
Miss M. G. Parkes, Welfare Assistant.	Mrs. J. M. Lewindon (to 6.12.60)
A. H. Wilkinson (to 31.12.60)	Mrs. D. M. Marshall (to 11.12.60)
Mrs. E. M. Roe (M.O.H.'s Secretary)	Miss E. D. Priest (from 1.4.60)
Miss I. Faulkner	Miss O. J. Salmon
Mrs. L. Gregory (C.P.H.I.'s Secretary)	Mrs. V. F. Styles (to 18.4.60)
Miss D. C. Tipping (i/c School Section)	Mrs. C. M. Walker
Miss K. L. Whiston	Miss D. Wellon (to 31.12.60)
Mrs. C. L. Beddows	Miss M. L. Whitehouse
Miss O. M. Duberley	Miss S. D. Lowe (from 5.5.60)
	Miss D. Dennis (from 8.8.60)
	Miss V. H. Willetts (from 28.11.60)
	Miss G. C. Shore (from 5.12.60)

## **Nursing Staff:**

### **\*Superintendent Nursing Officer:**

Miss M. Wainwright

### **\*Health Visitors:**

Miss M. Adams	Mrs. D. Grainger
Miss K. E. Barlow	Mrs. H. M. Hoy
Miss K. E. C. Biggs	Miss D. Hunt
Mrs. I. Cowell	Miss M. E. Tench
Mrs. D. H. Daniels (part-time)	Miss E. M. Williams
Mrs. M. S. Fletcher (to 31.7.60)	

\* All qualified, S.R.N., S.C.M., H.V.Cert.

Miss M. M. Bagnall, S.R.N., S.C.M., Student Health Visitor  
(from 12.9.60)

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### **Clinic Nurses:**

Miss B. Kay, S.R.N.	Mrs. E. M. Gibbs, R.S.C.N.
Mrs. G. M. Littler, S.R.N. (part-time)	Mrs. H. M. Warner, S.E.A.N.
Mrs. G. M. Nock, S.R.N., S.C.M.	

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

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### **Municipal Midwives:**

Mrs. V. Carlos, S.R.N., S.C.M. (to 30.7.60)	Mrs. L. Jacques, S.R.N., S.C.M., Q.I.D.N.S.
Miss M. E. Corfield, S.R.N., S.C.M.	Miss M. A. King, M.B.E., S.R.N., S.C.M.
Mrs. A. Grosvenor, S.R.N., S.C.M.	Mrs. M. J. O'Connor, S.C.M. (to 8.3.60)
Mrs. D. G. Hepburn, S.C.M.	



Home Nurses:

Supervisor: Miss J. High, S.R.N., S.C.M., H.V.Cert.

Mrs. M. L. Bevan, S.E.A.N.	Mrs. E. Rogers, S.R.N.
Mrs. J. R. Bridle, S.R.N., S.C.M.	Mrs. M. Slater, S.R.N.
Mrs. A. H. V. Evans, S.E.A.N.	Mrs. E. B. Weaver, S.E.A.N.
Miss F. M. Hawkins, S.R.N.	Mrs. D. A. Gillett, S.R.N.
Mrs. N. A. Hudd, S.R.N., S.C.M.	(from 9.2.60)

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Domestic Help Organiser:

Mrs. G. J. Thompson

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Chiropodists:

Miss A. M. Dobson, M.Ch.S.	J. Beamont, M.Ch.S.
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Matron, "The Hollies" ... ..	Miss E. Holland, S.R.N., C.C.R., Q.I.D.N.S.
Superintendent, "Hill Crest"	Mrs. E. M. Digby
Deputy Superintendent, "Hill Crest" ... ..	Mrs. D. Pratt (to 6.7.60) Miss F. Cole (from 1.9.60 to 17.12.60)
Matron, Park Hill ... ..	Miss C. C. Bruxby
Supervisor, The Albert Bradford Centre ... ..	Mrs. M. G. Spicer, M.R.S.H., M.R.I.P.H.H.
Occupational Therapist ... ..	Mrs. B. Mead, M.A.O.T.
Handicraft Instructor ... ..	George H. Perkins (from 1.7.60)

---

Ambulance Officer: A. F. Beacon

Assistant Ambulance Officer: C. R. Twycross

Clerk/Telephonist at Ambulance Station: J. Pegler

Public Analyst: F. G. D. Chalmers, M.A., B.Sc., F.R.I.C.

Additional Public Analyst: C. N. Grange, B.Sc., F.R.I.C.

MEMORANDUM

1. The following information was obtained from a review of the records of the Department of the Interior, Bureau of Land Management, regarding the land owned by the United States in the State of California.

2. The total area of land owned by the United States in California is approximately 10,000,000 acres.

3. The land is owned by the United States in several different capacities, including as a trustee for the benefit of the people of the State, as a landowner, and as a lessor.

4. The land is owned by the United States in several different locations, including in the State of California, in the State of Nevada, and in the State of Arizona.

5. The land is owned by the United States in several different forms, including as a fee simple, as a leasehold, and as a trust.

6. The land is owned by the United States in several different sizes, including in small parcels, in large tracts, and in various other forms.

7. The land is owned by the United States in several different ways, including by purchase, by donation, and by other means.

8. The land is owned by the United States in several different periods of time, including in the past, in the present, and in the future.

9. The land is owned by the United States in several different ways, including by purchase, by donation, and by other means.

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20. The land is owned by the United States in several different periods of time, including in the past, in the present, and in the future.



PUBLIC HEALTH DEPARTMENT,  
COUNCIL HOUSE,  
SMETHWICK, 40.  
STAFFS.

Telephone No.  
SMethwick 1461.

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

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my sixth Annual Report which has been drafted to meet the requirements of the Public Health Officers' Regulations, 1959, and Ministry of Health Circular 1/61. It is stated in the circular that the Minister regards the report of the Medical Officer of Health as an essential and valuable appraisal of the state of the public health in each area throughout the country.

The purpose of this introductory letter is to draw attention to the most important developments during the year and to give some account of the routine work of the department. If this letter is to be worthy of the considerable scope and intensity of departmental activities it must necessarily run to some length. Modern trends are, however, all towards brevity, whether it be in the presentation of news or otherwise; I wonder, therefore, whether I might extract a few headlines from this introductory message—

MORE BABIES BORN IN SMETHWICK  
FEWER VACCINATED AGAINST SMALLPOX  
HIGHEST-EVER PROPORTION OF SMETHWICK  
BABIES ATTEND INFANT WELFARE CENTRES  
BUSY YEAR AT "HOLLIES"  
ALBERT BRADFORD CENTRE ATTRACTS  
VISITORS  
LUNG CANCER KILLS MORE—AS USUAL.

**VITAL STATISTICS**

According to the Registrar General's mid-year estimates there has been a further decline in the population of Smethwick from 71,730 in 1959 to 71,110 this year. This reduction is not unexpected in view of the great amount of housing the Authority has provided outside our present boundaries. There has been a sharp rise in the number of births from 976 last year to 1,122 in 1960, the illegitimacy figure also rose from 5.5% to 6.4%. The uncorrected birth rate was 15.78 which is the highest for some years. Stillbirths numbered 18, a reduction of three on the previous year.



Fewer people died in 1960—801 in total, a reduction of 61 compared with last year's high figure which was inflated by the mortality attributable to the influenza epidemic. The crude death rate therefore shows a reduction to 11.26, though it must be placed on record that there has been a slow upward trend in the death rate of the Borough over the last few years, largely perhaps due to the ageing population. There were 26 infant deaths, the same number as last year, but when the substantial increase in the number of births is taken into account the infant mortality fell to 23.17. The trends in the total death rate and the infant mortality rate during the last few years is shown in the table below.

	1954	1955	1956	1957	1958	1959	1960
Death rate (uncorrected)	10.66	9.88	9.45	9.66	11.18	12.03	11.26
Infant mortality rate ...	38.68	24.59	20.53	26.86	17.72	26.64	23.17

There was a disturbing increase in the number of premature births in 1960, the total of 97 compared unfavourably with 71 last year; for statistical purposes a premature birth is defined as the birth of a baby weighing 5½ lbs. or less, irrespective of the term of pregnancy. It may be that the increased number of small babies is partly due to the increasing number of coloured children being born in Smethwick and partly possibly to the youth of many of the mothers. There were 7 Indian, 2 Pakistani, 2 Jamaican and 3 halfcaste babies among the 73 premature births. Actually these premature infants survived quite well and did not contribute disproportionately to the unexpectedly large total of 23 infants (nine last year) who died in the first week of life. The principal causes as certified of these 23 early neonatal deaths were prematurity 6, birth injuries 7, pneumonia 6, hyaline membrane 2, and congenital abnormalities 2 (also certified as a secondary cause of death in 3 other instances).

Looking at the causes of death of the population as a whole it will be seen that there has been a further increase in the deaths from cancer of the lung—47 as against 38 last year, this is to be expected while the present smoking habits of the population continue. Cancer of the other main parts of the body was less common, 104 people dying of the disease compared with 128 in 1959. There were only two deaths from influenza against 21 last year, fewer from pneumonia, and bronchitis; these changes are due to the relatively low incidence of influenza during the year when compared with 1959.

## MOTHERS AND CHILDREN :

### HONOURS

Without any shadow of doubt 1960 can be proclaimed as a "red letter" year for the Health Department in that two people closely associated with our work were honoured by Her Majesty the Queen. In the Birthday Honours, Miss Mabel A. H. King, S.R.N., S.C.M., one of our senior midwives, was made a Member of the Order of the British Empire. Miss King has worked for



Smethwick for more than 20 years and has delivered well over 2,000 babies. She is, at present, our only teaching midwife and she has helped to train about 60 pupil midwives. This is a very well deserved tribute to her splendid work. In these days of midwifery staff shortages when so much good work is being done by so few midwives I think that Miss King's honour can be shared, in some degree, by the whole midwifery staff. In the 1961 New Year's Honours, which were announced on the 31st December, 1960, we were all delighted to hear that Miss S. C. Wright, who has been a voluntary worker in our infant welfare clinics ever since 1916, has also been made a Member of the Order of the British Empire. Miss Wright has seen generations of mothers pass through the clinics and she has been well known and well liked by them all. I am sure that she would not mind if I placed on record that she is now over 80, and we are all happy to know that she is still continuing to attend regularly at our clinics.

## NEW PROBLEMS

New and unexpected demands are being made on the maternal and child welfare service by the changing population in the Borough. Increasing numbers of immigrants, including latterly many women who cannot speak our language, have been arriving in Smethwick and subsequently have been calling upon the services of our midwives, health visitors and nursing staff. We have perhaps gradually become aware that a new look is needed at these fundamental problems which have been created. In recent years the Infant Welfare Service has been increasingly devoting itself to the emotional and the mental health aspects of bringing up children. This emphasis continues but we are now faced with the need to go back to first principles rather than to devote too much attention to the more highly developed aspects of infant care. Basic problems of hygiene, infant feeding and infant management have come to the fore and one of the first things which has already been tackled in some measure has been the difficulty of communication with women who come from India and Pakistan. This point was dealt with in my last report but clearly we may have to go much further and to lay on the services of interpreters on a more regular basis in the future if this flow of population should continue. In point of fact, however, school children who are growing up with us are of great value in interpreting for their mothers who do not appear to be encouraged to learn English.

## MIDWIFERY

This has been a difficult year for the midwifery service. There was an increase in the number of domiciliary deliveries and the staffing position became acute during the year and the service lived through many difficult months, and I should like to pay the warmest possible tribute to the work of the depleted midwifery staff during this difficult time, and also especially to mention the Superintendent Nursing Officer's efforts in this field. A great deal



of Miss Wainwright's time and energy had to be expended in deploying the midwives in the most advantageous manner in order to keep the service going at all. Fortunately, at the end of the year there were signs of a long awaited improvement in the recruitment of newly qualified midwives. During the year the Health Committee considered the midwifery staffing position and recommended an increase in the establishment to eight domiciliary midwives. The Committee also agreed, in principle, to the institution of a midwifery night rota scheme when the staffing position allowed, and it is hoped that this rota will be brought into operation during 1961. The basic difficulty in the retention of an adequate midwifery staff is that only a small proportion of midwives who take the necessary qualifications actually practice midwifery for any length of time. This is partly because many nurses qualify as midwives to assist their promotion in other nursing fields. In the circumstances Local Health Authorities have to compete for the services of midwives, not only with other branches of the nursing profession, but also with Authorities situated in pleasanter parts of the country. The long term answer might be for the institution of some form of incentive or enhanced salary for practising midwifery in industrial areas. Such an incentive which operates, for example, in the case of Public Health Inspectors, would have much to commend it from our point of view.

An increasing proportion of the childbearing population are being accommodated in multi-storey flats with electric underfloor heating and no open fires; all the flats are, or will be, in Smoke Control Areas. The absence of an open fire poses a new problem for the domiciliary midwife in getting rid of the afterbirth or placenta. The flats are, of course, fitted with small incinerators for the disposal of sanitary towels, but these appliances are wholly unsuitable for burning a placenta. Some discussion took place between the Health and Housing Committees on the subject. At present the Departmental van collects the placentas and dressings, special plastic bags in plastic buckets being used, the contents being burned at one of two central points.

During 1960 the Central Midwives Board amended their rules so that the minimum lying-in period, during which the mother is attended by the midwife, was reduced from 14 to 10 days. In any case, where there is an obstetric reason, of course, the midwife will continue to attend for a longer period. Normally, however, the Health Visitor calls on the 11th day of the puerperium instead of the 15th as formerly, for the purpose of advising the mother on infant care, feeding and other matters.

Attendances of mothers with infants under the age of a year increased at the Infant Welfare Centres and no less than 86% of infants in the Borough attended the Welfare Centre on at least one occasion; as far as I can ascertain this is the highest figure ever recorded since the inception of the National Health Service Act.

At the beginning of the year it was decided that the Health Visiting Staff should undertake a screening test to detect infants



with phenylketonuria. This is a very rare defect in which the infant cannot make use of an essential amino-acid which forms part of the protein of its diet, with the result that toxic protein breakdown substances are produced in the body which have a harmful effect on the development of the brain. If this state of affairs is allowed to continue it results in severe mental retardation. If, however, the infant can be brought up on a special diet, free from this amino-acid from the age of about two months, development proceeds in a much more normal way and pronounced mental retardation is avoided. The abnormality can be detected by a simple test on a urine soaked napkin from a baby at the age of about six weeks. During the first year that these tests have been carried out, as a result of considerable persistence and a good deal of repeated visiting we are confident that all infants of this age were checked and none were found on the screening test to have this abnormality. The rarity of phenylketonuria is such that it may be several years before one abnormal case is found.

One must mention the steps that have been taken to ensure that the medical and nursing staffs of infant welfare centres are kept up to date on the problems arising during the emotional developments of normal children so that abnormalities can more readily be detected. Dr. David Maclay, through the courtesy of the Regional Hospital, gave a series of talks, discussions and demonstrations on the problems relating to the emotional development of children. These proved to be of considerable value and were well attended throughout the many months during which Dr. Maclay attended our Holly Lane Clinic for this purpose. In addition, of course, every effort is made to see that members of the Health Visiting and Medical Staff have regular refresher courses with special emphasis on mental health.

## MENTAL HEALTH

The 1st of November, 1960, was notable in the history of mental health in this country as it marked the date on which the whole of the Mental Health Act, 1959, came into force. It is still too early to discern any very definite trends in the care of patients suffering from mental disorder as clearly the Act had only been in operation for a very short time at the end of the year. One must hope that the anticipated effect of the Act in reducing the proportion of compulsory admissions of patients to mental hospitals will be realised.

On this occasion it might be appropriate to deal first with the community care of the severely subnormal and the subnormal. It will be recalled that the Albert Bradford Centre was opened in the autumn of 1959 and that it serves the whole of Smethwick as a combined junior and adult training centre. The year 1960 can be described as a period of consolidation, rising numbers and increasing effectiveness at the Centre. There is no doubt that the Centre is something of a showplace and the constant stream of visitors



from near and far tends to confirm this. Bricks and mortar, however, do not produce unaided an institution of exceptional merit or interest; it is the staff who matter more. Smethwick is exceptionally fortunate to have recruited—with the aid of the aforesaid bricks and mortar—such a good staff and such an enthusiastic and stimulating Supervisor. We were not, however, able to recruit a Male Instructor, who is also Deputy Supervisor, until the 1st July, 1960, and therefore the development of instruction for the adult male trainees attending the Centre had not reached such a degree of comprehensiveness at the end of the year as attained in other sections of the Centre. This relative deficiency is already on its way to correction.

To mark the World Mental Health Year organised by the World Federation for Mental Health a mental health week was held from the 9th to 16th July at the Albert Bradford Centre which was opened to the public for the whole week, special displays being laid on by the Trainees to cover two of the days very fully. Events such as this encourage public interest and facilitate the integration of the Centre into the community. Within its present boundaries Smethwick is an exceptionally compact area, all parts of the town are within easy access of the Centre and therefore a hired coach can make a single morning and evening tour for the transport of trainees who need it. There seems no need at the present time to plan residential accommodation specially for the severely subnormal. This is confirmed by the fact that so far there has been absolutely no pressure from the hospitals which look after the severely subnormal for the discharge of their patients.

The care and aftercare of the mentally ill presents quite different problems, though the term mental disorder is now used to cover both mental illness and subnormality in its various grades. The authority has the services of two full-time Mental Welfare Officers and emergency work out of normal office hours continues to be shared with the Mental Welfare Officers employed by the County Borough of West Bromwich. The duty officer covers both boroughs and works with his colleagues on a rota basis. It can be said that the Mental Health Act had reduced in some measure the responsibility which is placed on the Mental Welfare Officer compared with his duties under previous legislation. This is because compulsory admissions to hospital of mentally disordered patients must be made on a medical recommendation and the Mental Welfare Officer cannot take a patient into hospital for compulsory observation on his own authority, as could be done formerly. The Mental Welfare Officer has considerable aftercare responsibilities apart from his duties to make applications for the compulsory admission of patients and to assist in informal admissions. It is clear that a really adequate form of training for these responsible positions is long overdue, and is in fact eagerly awaited by the officers themselves.

Before the end of the year the inaugural meeting was held of our social club which is chiefly for patients who have been treated for mental illness in a hospital. The provision of such a



social club had been incorporated in the Council's proposals under the Mental Health Act which were approved by the Ministry of Health. It was decided for a number of reasons that this club might best be formed by the creation of an additional section of the Smethwick Club for the Handicapped, which is an independent organisation providing facilities for all types of handicapped persons. The Committee of the Club readily agreed to the formation of this additional section, meetings of which are held at the Cape Clinic twice a month on Tuesday evenings at 7.30 p.m. By virtue of its membership of the Club the new section has the use of a large amount of equipment used by the other handicapped members. This equipment includes a sound film projector, tape recorder, record player, piano, games and all that is necessary to produce cups of tea ! The Health Committee provides the serviced premises free of charge and makes an annual financial grant. The first meeting of the new section was held on 16th December, 1960, and a small number of former hospital patients attended. They were welcomed by the Chairman of the Health Committee, and Dr. Ernst Jacoby, Psychiatrist at Highcroft Hospital, also spoke briefly. After refreshments a film " Brothers-in-Law " was shown and arrangements were made for future regular meetings in the new year. Initially it was decided that transport should not be provided owing to the extreme difficulty involved in providing cars and drivers for a large number of handicapped people already but it was recognised from the first that in the absence of transport the membership would be small and progress slow. Mr. Brookes, the senior Mental Welfare Officer, kindly agreed to become the organiser of this Club.

On the 15th June the Regional Hospital Board convened a meeting of Local Authority representatives to discuss certain matters relating to the Mental Health Act. One of the points which emerged from the meeting was that the Board had agreed that the services of Psychiatrists would not be available on a sessional-paid basis to local Health Authorities in the same manner as Chest Physicians are jointly employed. This decision affects and indeed nullifies one of our approved proposals made under the Mental Health Act that a part-time Consultant Psychiatric Adviser should be appointed. It was, however, made quite clear that the medical staff at the hospitals catering for individual authorities would be only too ready to assist the authorities in the planning of their mental health services and with advice on individual problems. In the case of Smethwick our close and happy relationship with Highcroft Hospital is maintained. This hospital will continue to take all our patients suffering from mental illness, unless admission to another hospital is arranged by the general practitioner for a special reason. Monyhull Hospital will be prepared to take our adult patients suffering from severe subnormality while St. Margaret's Hospital will make arrangements to provide for our mentally subnormal children. Dr. I. A. McDonald, of Highcroft Hospital, has on many occasions advised me on the care of the mentally ill while Dr. R. J. Stanley and Dr. A. I. Roith, of Mony-



hull, have been of assistance with the mentally subnormal. My warm thanks are readily given to these Consultants.

To improve still further the co-operation between the different branches of the health services in the mental health field I am very happy to place on record that the Council agreed that a representative of the General Practitioners in the town, Dr. R. A. Lambourne, who was nominated by the local Medical Committee, and Dr. McDonald, nominated as a psychiatrist by the Regional Hospital Board, should serve on the Mental Health Sub-Committee as from the date the Act came fully into operation. A re-arrangement of the Committee time-table has resulted in mental health matters being given increased time. These changes reflect the importance the Council lays on the development of the mental health services.

Provision of residential accommodation has already been referred to briefly. It represents a difficult problem for the smaller Local Health Authority. For this reason a meeting of representatives of our neighbouring "Black Country" County Boroughs of Dudley, Walsall, West Bromwich, Wolverhampton and Smethwick attended. It was felt that one of the main problems facing the Local Health Authorities in the implementation of the Mental Health Act is in fact the provision of residential accommodation for mentally disordered patients in the community. It is extremely difficult to forecast the eventual size of the need which will have to be met. Recent discussions with the hospital authorities have suggested that a relatively small number of patients are likely to be discharged from hospital and the aim of the Local Health Authority we are told will be to cut down new admissions to hospital by the use of the greatly expanded community services, including the provision of hostels. It might be expected that in these circumstances the number of patients discharged to any one small County Borough would not be considerable but to house them adequately when this is necessary would call for a number of different kinds of accommodation. It would seem that four main groups of patients could be expected to need hostel accommodation. (1) Subnormal children who for one reason or another lack a home background suitable for their needs, but are not sufficiently handicapped to warrant hospital care. (2) Subnormal adults with varying degrees of disability who would be having Occupational Therapy or training at a Centre or in special classes during the day. (3) Patients discharged from hospital after treatment for mental illness who have not a suitable home to which to return. (4) The elderly mentally infirm. At the joint meeting of representatives there was a full discussion of this problem and it is generally agreed that joint-user homes should not be established but that if the individual authorities were providing different types of hostels and had accommodation available then there would be an advantage in other neighbours utilising this accommodation until they were able to make provision of their own. It was obvious, however, that progress in this direction was limited by the fact that the chief reason for the "therapeutic" discharge of a mentally



disordered patient to the community is to enable a patient to be near his own home or familiar surroundings. Merely to transfer the patient from the hospital serving his home area to a hostel run by a neighbouring authority, however near at hand, would to a large extent vitiate the whole intention of the Mental Health Act. If it becomes apparent in the future that there is an increasing demand for community residential care for mentally disordered patients then it is clear that the possibility of co-operation between authorities will have to be re-examined. On the other hand, if the demand for residential accommodation should prove to be smaller than expected then it may be that each authority will be able to cope with its own needs.

Arrangements were made for the approval of Medical Practitioners with special experience in the diagnosis or treatment of mental disorder for the purpose of making recommendations under the Mental Health Act. Such approved practitioners are authorised to make recommendations in any local health authority area in the country. Smethwick, therefore, owing to its geographical situation, can draw on the services of approved practitioners from any of its neighbours as well as those practitioners on its own list.

## TUBERCULOSIS

I was interested to learn from the Chest Physician that he had diagnosed eighty new cases of tuberculosis occurring in Smethwick residents during 1960 compared with 110 last year. Of these eighty cases, three were non-respiratory, the incidence of new cases of respiratory tuberculosis is therefore 108 per 100,000 population. Last year the incidence of new cases in Smethwick was 143 per 100,000 which meant that we came second only to Liverpool which had the highest reported incidence of the disease in the country. Liverpool had a very large scale Mass X-ray campaign during 1959 which accounted for the exceptional incidence in that city. I was glad to know that the number of known cases of positive sputum tuberculosis which remained in the community in Smethwick was reduced to ten compared with thirteen in 1959 and sixteen in the previous year. In view of its importance, it was also pleasing to note once more that immediate hospital treatment for newly diagnosed cases of tuberculosis is readily available. The incidence of tuberculosis in immigrants is about the same as last year and it is of significance to hear from the Chest Physician that as many as a third of the treatment beds used for Smethwick residents during the year were in fact occupied by immigrants.

It is unfortunate that two young people who had previously been inoculated against the disease developed signs of tuberculosis in 1960; both have responded well to treatment. It has, of course, never been claimed that B.C.G. vaccination would prevent every case of tuberculosis—no form of inoculation against any disease gives a 100% protection. It is, however, clearly established as a result of a very large scale study which was conducted on behalf of the Medical Research Council that B.C.G. vaccination reduces



the incidence of tuberculosis in those who have been inoculated by no less than 83% when compared with the incidence of the disease in a comparable group of the young population who had not been so protected. Now some seven or eight years have elapsed since the trial started it is known for certain that the protection lasts for this period of time at least. Finally on the subject of tuberculosis I would echo Dr. Russell's remarks that it is more important to have good housing for tuberculosis patients than to build more and better hospitals for them.

## PREVENTION OF INFECTIOUS DISEASE

The poliomyelitis vaccination programme was extended early in the year to include those under the age of 40 years and certain other groups of people who run an increased risk of catching the disease, these included would-be travellers. With the full co-operation of General Practitioners, arrangements were made for these adults to have opportunities of vaccination either at our clinics or in their General Practitioners surgeries. There was, however, a very small response. The Health Committee, therefore, decided to accept the offer, made entirely anonymously as far as the public was concerned, of a large drug firm who offered to provide a fully equipped mobile vaccination unit for use in Smethwick. This unit was very fully booked up for many months ahead to operate in various parts of the country and it was available for only two days, the 29th November and the 2nd December. Matters were arranged so that we provided the doctor and the nurse—the vaccine was, of course, supplied free by the Ministry of Health, while the firm provided the serviced van. Unfortunately, the days on which the van was in the borough were not notable for good weather and the response was far from encouraging. Only about 480 people availed themselves of the opportunity of being vaccinated in the van which was sited in three different places in the borough during the two days. The Mayor, Councillor L. L. Morris, J.P., was good enough to record a message for broadcasting to the passers-by and he gave the campaign a further boost when he very kindly agreed to open the two day campaign in the most practical way possible by having a poliomyelitis injection himself. The Mayoress also volunteered to receive an injection.

Diphtheria immunisation continued during the year as a considerable campaign was held for giving boosting doses in the schools and it is gratifying to note that there was a high acceptance rate by the parents of the children involved. After the summer holidays, for example, we had an 85% consent rate for the children who became eligible to receive boosting doses.

Fewer infants were vaccinated against smallpox than last year and as there was a large increase in the number of births the percentage of those vaccinated fell from 65 in 1959 to 55 this year—a disturbing trend indeed and one which we will have to make every effort to reverse. Perhaps the concentration of public attention on poliomyelitis vaccination has accounted for this lack of interest in smallpox.



## HEALTH EDUCATION

In Circular 1/61 The Ministry of Health asks for this report to deal with the progress of health education arrangements and in particular, to review the steps which have been taken to bring to public notice the connection between tobacco smoking and lung cancer.

A note on health education in general will be found on page but a special word must be said here on the lung cancer problem. Full emphasis is given to the subject by local publicity of national mortality statistics—and local ones, too, as already stated 47 residents of Smethwick died of lung cancer compared with 38 in 1959. Poster displays are organised, leaflets distributed, talks are given—all I fear to little avail. As I have said before many times, a Local Health Authority can in no way compete against the full weight of television and press advertising extolling the cigarette as Public Relaxation No. 1. This unequal contest resembles a municipal David throwing paper darts at a Goliath who had provided himself with an armoured flame-throwing tank to advance his special interests. The only ways to reduce materially the amount of cigarette smoking would be to tax it to the point of reduced demand to the grave detriment of the National Exchequer, or at least to forbid the advertising of cigarettes on television.

## HOME SAFETY

The Home Safety Committee has continued its activities throughout the year. It will be recalled that the formation and constitution of this Committee were dealt with at some length in the introductory letter to my 1958 Report. Considerable attention has been given to the prevention of burning accidents and I am pleased to note that at the annual representative meeting of the British Medical Association in the summer of 1960 a resolution was carried "that this meeting instructs the council (of the B.M.A.) to investigate the question of non-flammable materials for clothing and to make recommendations." In the discussion on this resolution several speakers emphasized the seriousness of the problem and deplored the poor sales of garments treated to make them flame resistant presumably because of the slightly extra costs involved. It must be emphasized that the treated fabrics are now virtually indistinguishable in feel and texture from untreated materials of the same kind. The extra cost of treating a child's pyjamas, for example, is about the price of twenty cigarettes or very little more. Is any more comment needed?

## THE HOLLIES

At the beginning of this introductory letter I headlined the increased usage of "The Hollies." In 1960 the total attendance at the Day Nursery was 5,105 compared with 3,893 the previous year. The average number of attendances was 20 compared with 15 in



1959. In the residential part of the nursery the total patient days were 7,306 compared with 4,754 last year while the average number of children in residence was 20.01 compared with 13.02 in 1959.

## CHIROPODY

At the Chiropody Clinic more patients were attended to during the year, 1,356 as against 1,199 last year though this increased number of patients made fewer attendances (8,080 compared with 9,469). This reduction in attendance was due to staff illness. The number of home visits, however, showed a small increase.

## "THOSE IN NEED OF CARE AND ATTENTION"

Part III of the National Assistance Act, 1948, places a duty on County Boroughs and County Councils to provide residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them. Since the Act came into force Authorities up and down the country have been very active in building new small homes for such people. In Smethwick, the new Home at "Hill Crest," which was equipped to take more infirm residents, was opened on the 21st January, 1958. Because of the building costs in this part of the country it was not possible to incorporate a passenger lift in the original design, though an easily graded ramp was provided so that wheel chairs could be pushed without too much difficulty to the first floor level. During the early months of use of the Home it became abundantly clear that this ramp was a very poor second best to a lift and the Welfare Sub-Committee decided to recommend to the Health Committee that a passenger lift should be installed. The Council accepted this recommendation and at the end of the year a small lift was installed in such a way that in fact the number of residents accommodated in the Home was unaffected. Since its installation the lift has been particularly useful in that the whole of the 25 beds in the new Home have become "ground floor" and thus we have been able to satisfy to some extent the ever growing demand to accommodate the more infirm type of resident.

During 1960 it became obvious that the demand for Part III accommodation was steadily increasing. There was continuing pressure from the geriatric wards in Summerfield Hospital for the discharge of Smethwick patients from hospital, who as a result of the activities of the hospital staff were considered to be no longer in need of hospital care. The ageing population also led one to the conclusion that the demand for residential accommodation of one sort or another would rise during the next few years. Another factor which the Committee had to consider was that they were committed to taking the remaining Smethwick residents out of "The Poplars" at Wolverhampton before the end of 1964, when



the buildings they occupy in Wolverhampton are to be pulled down to make way for the new hospital development at New Cross.

With these needs in mind a search was made during the year to obtain a suitable site for a new 25 bed Home, though owing to the acute shortage of building land these efforts proved to be unavailing up to the end of the year. Further one must say that though the original intention had been to build a 25 bed Home a further examination of the waiting list position may well suggest the need for a Home to provide twice this number of beds.

## MEALS ON WHEELS

It is becoming increasingly apparent that there is need for a mobile meals service in Smethwick. The provision of meals on wheels, as they are usually called, in Smethwick, would not only be a boon to many who are more or less housebound, especially in bad weather but would also have an effect of stemming to some extent the ever advancing demand on the Home Help Service. Many old people require the services of a Home Help only because they are unable to do their own shopping or prepare a reasonably cooked meal in the middle of the day. The Health Committee have considered this matter on several occasions and decided to await legislation which is expected to enable the Council to provide directly a Meals on Wheels service. In my view if a service is to be provided it should be tackled on a five-day week basis rather than to attempt to provide only two or three meals a week, which is to be done in many areas because of the shortages of resources.

## IN CONCLUSION

In March, Dr. Margaret McLaren retired from her post of Deputy Medical Officer of Health, which she had held since the 1st November, 1955, having previously been Assistant Medical Officer of Health since her first appointment in 1927. She was well known to generations of mothers for her excellent work in our Infant Welfare Centres. In earlier years she conducted Ante-Natal clinics and assisted at the Holly Lane Hospital. I should like to wish her a long and happy retirement.

Dr. V. A. Lloyd was appointed Deputy Medical Officer of Health on the 15th February, and he is a very welcome addition to our medical staff. We were glad during the year to have Dr. Christina McLeay back with us, after an absence of ten years. Dr. R. T. Pagan left in March to take up his new appointment as Deputy Medical Officer of Health with the County Borough of Rotherham; he has our best wishes for his future career.

Once more it is a great pleasure to express my thanks to the Chairman and other members of the Health Committee, as well as to the other Chief Officers and Heads of Departments for their

most helpful co-operation and great interest shown throughout the year. I should also like to thank my own staff very warmly for all their excellent work during a busy 12 months. As far as this Report is concerned my thanks are due to Mr. Hipkiss and other members of the staff for their help in preparing the body of the Report, and once more I am indebted to Mr. Pegler for drawing the graph.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

Richard J. Dadds

Medical Officer of Health.



# ANNUAL REPORT

## 1960

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### GENERAL STATISTICS.

Area: 2,500 acres.

Population: Census, 1951: 76,397.

Estimated pre-war: 78,290.

Estimated civilian population mid-year 1960: 71,110.

Rateable Value: £858,530 (April, 1961).

Estimated Product of a Penny Rate: £3,460.

Rates in the £: 22/6 (April, 1961).

Estimated Number of Houses and Shops in the Borough: 22,287.

### EXTRACTS FROM VITAL STATISTICS.

				1960	1959
Live Births:	Males ...	...	...	572	505
	Females	...	...	550	471
	Total	...	...	<u>1,122</u>	<u>976</u>
	Illegitimate Births included in above total			72	54
	Percentage of illegitimate live births in total of live births			6.42%	5.5%
	Birth rate per 1,000 population			15.78	13.61
	Comparability Factor (Births)			0.95	0.95
	Birth-rate as adjusted by Factor			14.99	12.93
Still Births:	Males ...	...	...	9	12
	Females	...	...	9	9
				<u>18</u>	<u>21</u>
	Illegitimate still births included in above total			1	—
	Still birth-rate per 1,000 population			0.25	0.29
	Rate per 1,000 total births			15.79	21.06
	Total live and still births			1,140	997
Deaths:	Males ...	...	...	424	440
	Females	...	...	377	422
				<u>801</u>	<u>862</u>



	1960	1959
Death rate per 1,000 population	11.26	12.03
Comparability Factor (Deaths)	1.15	1.15
Death rate adjusted by Factor	12.95	13.83
Infant deaths: Male, legitimate ... ..	14	15
illegitimate ... ..	1	1
Female, legitimate ... ..	10	8
illegitimate ... ..	1	2
	<hr/>	<hr/>
	26	26
Infantile Mortality Rates:	<hr/>	<hr/>
Legitimate infants per 1,000 legitimate live births ... ..	22.86	24.95
Illegitimate infants per 1,000 illegitimate live births ... ..	27.78	57.41
All infants per 1,000 live births ... ..	23.17	26.64
Deaths of infants under 1 year ... ..	26	26
Deaths of infants under 4 weeks ... ..	23	13
Deaths of infants under 7 days ... ..	21	9
Early neo-natal mortality rate ... ..	18.71	9.22
Neo-natal mortality rate ... ..	20.49	13.32
Perinatal Mortality (i.e. still births plus deaths during 1st week of life) per 1,000 total births ... ..	34.21	30.10
Maternal Mortality:		
Maternal deaths ... ..	1	—
Maternal death-rate per 1,000 total births	0.87	—

	Number of Deaths		Rate per 1,000 Population	
	1960	1959	1960	1959
Pulmonary Tuberculosis ... ..	9	11	0.13	0.15
Cancer—lung, bronchus ... ..	47	38	0.66	0.53
of other main sites ... ..	104	128	1.46	1.78
Diabetes ... ..	7	4	0.10	0.06
Vascular lesions nervous system ...	107	130	1.50	1.38
Diseases of the Heart and Circulation	278	281	3.91	3.93
Influenza ... ..	2	21	0.03	0.29
Pneumonia ... ..	42	59	0.59	0.82
Bronchitis ... ..	58	61	0.82	0.85
Other Respiratory Diseases ... ..	8	4	0.11	0.06
Ulcer of Stomach ... ..	8	9	0.11	0.13
Nephritis and Nephrosis ... ..	4	8	0.06	0.11
Hyperplasia of Prostate ... ..	6	5	0.08	0.07
Congenital malformations ... ..	2	6	0.03	0.08
Motor Vehicle Accidents ... ..	5	4	0.07	0.06
Other Accidents ... ..	11	20	0.15	0.28
Suicide ... ..	8	6	0.11	0.08
Other defined and ill defined diseases	95	67	1.34	0.92
	<hr/> 801	<hr/> 862		

# NATIONAL HEALTH SERVICE ACT

## MOTHERS AND YOUNG CHILDREN

### NOTIFICATION OF BIRTHS

The numbers of live births and still births notified during the past three years under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications, are given below:—

	1958	1959	1960
Live births      ...      ...      ...	1,008	1,026	1,139
Still births      ...      ...      ...	28	21	18
	<hr/> 1,036 <hr/>	<hr/> 1,047 <hr/>	<hr/> 1,157 <hr/>

### CARE OF EXPECTANT AND NURSING MOTHERS

A full range of services was as before provided for expectant and nursing mothers during the year.

There was a decrease in attendances at the First Ante-Natal sessions, a total of 908 expectant mothers made 2,823 attendances compared with 1,123 mothers and 4,128 attendances in 1959. Two sessions were held weekly for women being confined at St. Chad's Hospital and these were attended by hospital staff. Two ante-natal clinic sessions each week were conducted by departmental midwives for women being confined at home. All mothers confined at St. Chad's Hospital are invited to return for post-natal examination 6 weeks after their confinement. Mothers delivered at home are examined post-natally by the general practitioner who had agreed to provide maternity services. Health Visitors continued to call on patients who failed to keep ante and post-natal appointments with their private doctors, in an attempt to ensure that future appointments would be kept.

Relaxation classes were held weekly for expectant mothers in the borough. Those being confined at St. Chad's Hospital attended afternoon classes at the First Clinic which were conducted by a physiotherapist provided by the Regional Hospital Board. Evening classes under the direction of a physiotherapist engaged by the Local Health Authority were held for mothers having their babies at home. All the classes were well attended.

Weekly mothercraft classes by Health Visitors continued where advice was given to expectant and nursing mothers on matters relating to the welfare and upbringing of children.



The Health Committee made a grant of £200 to the local branch of the Diocesan Council for Moral Welfare, and in addition accepted financial responsibility for the maintenance of two unmarried expectant mothers in hostels and maternity homes outside Smethwick.

## DENTAL TREATMENT

In August 1960 Mr. Lucas took up the appointment of Principal School Dental Officer, a post which had been vacant since his predecessor (Mr. Hamilton) left early in 1959. The Principal Dental Officer devotes 4 per cent. of his time to work with expectant and nursing mothers and with pre-school children. The following report on the treatment of expectant and nursing mothers during 1960 has kindly been prepared by Mr. Lucas.

"It is very important that nursing and expectant mothers should obtain dental treatment as their dental condition is closely linked with their general health and therefore with the health of their child. Our health visitors, midwives and other ancillaries are always pointing this out to their patients, but the response has always been disappointing.

In 1960 only 91 mothers were treated and only 41 of these were made dentally fit. The difference in these figures reflects the large number of broken appointments and the fact that at this period the majority of mothers cannot be bothered about dental treatment or even to cancel an appointment. The total number of hours of the dental officers' time wasted by broken appointments during Mother and Child Welfare work is rather serious. The mothers that we do see are very appreciative and there must also be a large number that are treated by our colleagues in private practice but I am sure that there are very many mothers that have no treatment at all.

These dissenters nearly always come from the lower income groups and it is very difficult to make these people realise what is good for them. I imagine the answer is a rise in living standards and continued health education, so I must ask our health visitors etc. to continue their very often frustrating tasks, and assure them of my appreciation."

(a) Number provided with Dental Care				
Patient	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers	100	95	91	41
Children under five	155	137	128	109



(b) Forms of Dental Treatment provided

	Extractions	General Anaesthetics	Fillings	Scalings or Sealing and Gum Treatment	Silver Nitrate Treatment	Dentures provided		Gold Inlays	Radiographs
						Complete	Partial		
Expectant and Nursing Mothers	262	29	103	35	—	24	10	—	5
Children under five	227	103	33	—	34	—	—	—	1

### DOMICILIARY MIDWIFERY

From the staffing point of view the year started with promise as the staff was almost at full strength but unfortunately as the months passed so the difficulties grew and by the end of 1960 only four full-time midwives and one part-time midwife of an establishment of eight full-time staff were available for duty, assisted by a clinic nurse who was a fully qualified midwife, doing daytime duty Monday to Friday.

Despite these difficulties 433 deliveries were attended and the following figures show the work of midwives during the past five years.

	1956	1957	1958	1959	1960
Number of bookings ...	461	460	472	490	429
Ante-natal visits ...	1,694	1,466	1,229	1,234	1,318
Deliveries attended ...	392	401	384	393	433
Nursing visits ...	10,367	10,489	10,410	10,423	10,575

Six members of the midwifery staff were authorised to administer pethidine and gas and air analgesia. During the year the former was given in 263 cases, and the latter in 295 deliveries.

The shortage of maternity accommodation continues and, as in the past, the health visiting staff assisted the hospital to reach decisions on the allocation of beds for social reasons. Some patients apply for a hospital bed because their homes are overcrowded or are otherwise unsuitable for a domestic confinement. In such cases Health Visitors are able to advise the obstetrician



after seeing the patients' homes. Sometimes, particularly when an expectant mother, usually an immigrant, fails to make any arrangements for her confinement until very late in pregnancy and is living in conditions unsuitable for a domiciliary delivery, St. Chad's and Dudley Road Hospitals can offer no help as they are fully booked. In such instances application has to be made to the Birmingham Regional Hospital Board and I should like to say how helpful officers of the Board and Hospital Management Committees have been during the past year. A bed has been found for every case.

### INFANT WELFARE CENTRES

Following the appointment of Mr. Lucas as Principal Dental Officer the dental suite at Holly Lane Clinic was equipped with the most modern apparatus available. Another clinic with all main Local Authority health services will be in operation at Stanhope Road when this report is printed. This latter clinic will replace the sessions held at Londonderry and Warley.

Eight infant welfare clinics a week continued to be held where young children under five were periodically examined and mothers could obtain advice from the medical and nursing staff. There was an increase in attendance of children under 1 year of age and a small decrease in the 1—5 years age group. 982 children under 1 year of age attended clinics for the first time which represents no less than 86 per cent. of the total notified births in the town, the highest percentage recorded for many years. Details of attendances during the past five years are shown below:—

		Under 1 year		Over 1 but under 5 years		Total
1956	.....	10,576	...	3,926	...	14,502
1957	.....	11,358	...	4,326	...	15,684
1958	.....	13,174	...	4,283	...	17,457
1959	.....	12,895	...	4,473	...	17,368
1960	.....	13,107	...	4,360	...	17,467

When a child becomes three years old special invitations to attend the Infant Welfare Centre are sent to parents to bring children for medical inspection. These examinations are important because a large number of defects, most of them of a minor character but many remediable, are revealed. The special toddlers session held monthly at the Firs Clinic continued to be well attended.

## EXAMINATION OF TODDLERS

	No. of children examined	No. with defects	No. of defects referred:	
			for Treatment	for Observation
Under two years	290	127	32	142
Over two years	217	134	45	173
Over three years	275	186	41	288
Over four years	42	24	7	39

### Nature of Defects Found:—

Uncleanliness ...	...	...	...	...	1
Infestation (head) ...	...	...	...	...	1
Teeth ...	...	...	...	...	50
Skin ...	...	...	...	...	62
Eyes—(a) Vision ...	...	...	...	...	5
(b) Squint ...	...	...	...	...	25
(c) Other ...	...	...	...	...	4
Ears—(a) Hearing ...	...	...	...	...	1
(b) Otitis Media—R ...	...	...	...	...	4
L ...	...	...	...	...	4
(c) Other ...	...	...	...	...	4
Nose or throat ...	...	...	...	...	67
Speech ...	...	...	...	...	25
Enlarged Lymphatic Glands ...	...	...	...	...	109
Heart and Circulation ...	...	...	...	...	15
Lungs ...	...	...	...	...	13
Development —(a) Hernia ...	...	...	...	...	46
(b) Other ...	...	...	...	...	64
Orthopaedic —(a) Posture ...	...	...	...	...	5
(b) FlatFoot ...	...	...	...	...	90
(c) Other ...	...	...	...	...	44
Nervous System—(a) Epilepsy ...	...	...	...	...	—
(b) Other ...	...	...	...	...	6
Psychological —(a) Development ...	...	...	...	...	71
(b) Stability ...	...	...	...	...	30
Others ...	...	...	...	...	18

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## SUPPLY OF DRIED MILK AND OTHER FOODS

### (a) Proprietary Foods

The sales of proprietary brands of dried milk showed a slight increase over the 1959 sales probably due to the larger number of children under 1 year of age attending the Infant Welfare Centres.

### (b) Ministry of Food Welfare Foods

Arrangements for the distribution of Ministry of Food Welfare Foods daily from the Firs Clinic and at other Infant Welfare sessions continued. Voluntary workers are in charge of the distribution at most clinic sessions, and a total number of 59,867 articles were distributed to the public during the year. There was an increase of 735 in the issues of National Dried Milk, but 30,039 bottles of orange juice were sold compared with 31,488 bottles in 1959.

#### National Dried Milk:

Full Cream	...	...	...	23,161 tins
Half Cream	...	...	...	702 tins
Orange Juice	...	...	...	30,039 bottles
Cod Liver Oil	...	...	...	3,366 bottles
Vitamin A and D Tablets	...	...	...	2,599 packets

We are extremely fortunate in having such valuable help in the distribution of Welfare Foods as that provided by our Voluntary Workers and we are indebted to them for the excellent service they provided throughout the year.

## CARE OF PREMATURE INFANTS

Arrangements continued for the care of premature infants, municipal midwives looked after the majority of those born at home during the first 14 days of the infant's life. Afterwards the welfare and progress of the child was the responsibility of the Health Visitor, for whom the medical and specialist services were

available when required. Local hospitals co-operated with the midwifery service, and no difficulty was experienced in securing the immediate admission to hospital when necessary of any premature infant born at home. Two sets of equipment to convey premature infants to hospital are kept for immediate use at the Ambulance Station.

During the year, 97 babies weighing  $5\frac{1}{2}$  lbs. or less were born to mothers normally resident in the borough. Of these, 21 were born and nursed at home, 3 transferred to hospital and 73 born in hospital. Nine premature stillbirths were notified, 8 born in hospital and 1 at home. The following table gives details of all premature births during the year.

Weight at birth	Premature Live Births									Premature Stillbirths		
	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
3 lb. 4 oz. or less (1,500 gms. or less) ... ..	4	-	2	2	2	-	-	-	-	4	1	-
Over 3 lb. 4 oz. up to and includ- ing 4 lb. 6 oz. (1,500 - 2,000 gms.) ... ..	15	-	9	-	-	-	1	-	1	3	-	-
Over 4 lb. 6 oz. up to and includ- ing 4 lb. 15 oz. (2,000 - 2,250 gms.) ... ..	15	1	13	-	-	-	1	-	1	1	-	-
Over 4 lb. 15 oz. up to and includ- ing 5 lb. 8 oz. (2,250 - 2,500 gms.) ... ..	39	1	36	19	-	18	1	-	1	-	-	-
Totals ... ..	73	2	60	21	2	18	3	-	3	8	1	-



## HEALTH VISITING

The social welfare work carried out by Health Visitors is a major contribution to the Health Services in the borough. In Smethwick, Health Visitors are employed jointly for the Local Health Authority Services and the School Health Service. They are, therefore, able to provide a continuity of service from ante-natal care of the mother, throughout a child's early years and in old age, so gaining the full confidence of the public. In recent years the work of Health Visitors among the aged and the mentally ill has increased, they are to be congratulated on their willing acceptance of these additional tasks and the conscientious manner in which they have carried them out.

Out of a potential establishment of twenty only ten full time and one part-time Health Visitors were employed working under the direct supervision of the Superintendent Nursing Officer. One application for a training scholarship was received during the year but one member of the staff left. As in previous years Health Visitors who use cars whilst on duty are paid a "casual users" allowance which permits greater mobility and helps to alleviate the difficulties associated with reduced staff.

Health Visitors continued to work with general practitioners in every possible manner having regard to the shortage of staff and this co-operation at a personal level, which I hope will be augmented in the near future, helps to ensure the provision of an efficient service.

Details of visits made by Health Visitors during the past five years are shown below:—

	1956	1957	1958	1959	1960
To Expectant Mothers:					
First Visits ... ..	332	274	259	327	292
Total Visits ... ..	520	473	432	501	486
To Children under one year of age:					
First Visits ... ..	958	969	986	944	1,064
Total Visits ... ..	5,031	5,513	5,305	6,198	6,418
To Children aged one to five years:					
Total Visits ... ..	7,392	7,931	8,985	9,835	8,405
To Other Classes:					
Total Visits ... ..	3,411	3,623	4,469	5,800	3,911

## CHILDREN'S WELFARE COMMITTEE

This co-ordinating Committee continued to meet every two months throughout the year, and officers from the National Assistance Board, the Probation Office, the Health, Education, Children's and on occasions Estates Departments, together with representatives from the N.S.P.C.C. and the W.V.S. attended the meetings. Care of children from problem families in the area is



discussed confidentially at these case conferences with a view to determining the best course of action in each case. Wherever possible co-ordinated action is taken to secure the most effective rehabilitation of the family. Committee action often effects an improvement in the families, but with some cases it takes all resources to prevent the existing unsatisfactory standard from deteriorating further. I am pleased to report that with the full co-operation of the departments and organisations represented, it was possible to raise the standard of care of children in many families during 1960.

### HOME NURSING SERVICE

During the year Home Nurses made 33,438 visits to all patients, a slight decrease on the previous year. The total number of patients treated was 877, of whom 550 were 65 years of age or over at the time of the first visit during 1960.

The special laundry service which was introduced in December 1958 for the care of incontinent patients again proved most useful. At present the laundry is collected and delivered by the Health Department and the washing is done by the Baths Department at their new laundry at Rolfe Street. Thanks to the very willing co-operation given by the Baths Superintendent and his staff the service works very well and during the year 36 new patients used the facilities for which there is no charge.

It is mainly due to the Home Nursing Service and other domiciliary Health and Welfare Services that many older people can remain in relative comfort in their own homes. Although the excessive concentration of local Health Authority domiciliary services is not necessarily cheaper than the cost of an institutional place, most people are much happier and contented if they can remain in their own homes.

The following table shows details of the actual work carried out during the past five years:

	1956	1957	1958	1959	1960
New Patients ... ..	854	762	766	790	770
Recovered or transferred to hospital ... ..	618	612	588	630	607
Died ... ..	150	121	148	133	134
Remaining at end of year	186	214	213	211	224
Visits paid during year ...	31,577	32,526	33,527	34,814	33,460

Requests for the Home Nursing Service are usually made by general practitioners or hospitals, and the following table gives some idea of the type of cases attended:



	1956	1957	1958	1959	1960
Medical ... ..	813	788	821	820	707
Surgical ... ..	174	130	131	136	138
Tuberculosis ... ..	27	26	24	12	8
Maternal complications ...	7	4	4	10	11
Infectious Diseases ...	3	—	—	7	—
Others ... ..	—	—	—	7	9
	<hr/> 1,024 <hr/>	<hr/> 948 <hr/>	<hr/> 980 <hr/>	<hr/> 992 <hr/>	<hr/> 873 <hr/>

## PROTECTION AGAINST INFECTIOUS DISEASE

### VACCINATION AGAINST SMALLPOX

The importance of vaccination against Smallpox is stressed by General Practitioners and Health Visitors to parents of newly born infants. During the year 639 infants were vaccinated against Smallpox. This number represents 55% of the total registered live births in 1960 and compares with 65% in 1959.

### VACCINATION AGAINST DIPHTHERIA, WHOOPING COUGH AND TETANUS

Over the past twenty years the incidence of diphtheria has steadily declined, the favourable trend being due almost entirely to the protective inoculation of children at an early age. All the forces of the Health Education field are used to encourage parents to have their children vaccinated against diphtheria and whooping cough and latterly tetanus.

During 1960, a total of 580 children were given a primary course of diphtheria vaccination and 3,680 received reinforcing doses. The latter figure showed a considerable increase over that for the previous year.

Until recently protection against diphtheria and whooping cough has been given together in a single course of injections of a combined antigen. During 1960, a total of 646 children were given a primary course of injections against these two diseases. For some time past, however, it had been the growing practice of some General Practitioners in the town to immunise their young patients against tetanus as well, and in September a decision was taken to offer tetanus vaccination in the Infant Welfare Clinics. This extra protection was readily accepted by the parents, particularly as it could be given combined with diphtheria and whooping cough inoculations. This new injection is generally referred to as "triple" antigen. Between September and the end of the year 162 primary courses of protection against these three diseases had been given.

### VACCINATION AGAINST POLIOMYELITIS

Despite widespread publicity the response to the Ministry of Health's extended scheme to cover persons in the 25-40 age



group was extremely poor during the first part of the year. As the result of a special campaign in all the large works in the town, sufficient demand was received to warrant special arrangements for sessions to be held at practically all the works employing over 100 people and by the end of the year the number vaccinated in the new age group had reached a more satisfactory figure.

Throughout the year open sessions were held at the First Clinic each Saturday morning for all persons in the eligible age groups without appointment and in addition, of course, many attended at the surgery of their private doctor for the course of injections. At present the recommended protection against the disease consists of two injections with one month's interval between, followed by a third injection given seven months later.

As was expected the expansion of the poliomyelitis vaccination programme created additional work for the medical, nursing and clerical staff of my department, this was willingly accepted. The general practitioners continued to play their part in no small way and provided a most valuable contribution to this field of preventive medicine.

Table showing courses of poliomyelitis vaccination given during 1960:—

Age Group	Courses of two injections given
Born between 1943 and 1960 ... ..	769
Born between 1933 and 1942 ... ..	667
Born before 1933 and not over 40 years	2,267
Expectant and Nursing Mothers ... ..	21

In addition to the above courses of two injections, 7,044 third injections were given to persons in the above age groups.

## B.C.G. VACCINATION

I am indebted to Dr. V. A. Lloyd, Deputy Medical Officer of Health, for this article.

1960 was the fourth successive year that vaccination against tuberculosis was offered to school children in Smethwick in the 13-plus age group. It is therefore a convenient time to make a re-appraisal of this useful procedure of preventive medicine for the eradication of what was, until recent years, one of the scourges of mankind living in civilised communities.

The death of Guérin, shortly before the time of writing, recalls what a stormy history this particular vaccine has had. By 1921, after approximately 13 years work in reducing the virulence of the organism, Calmette and Guérin were convinced that at last they had a bacillus that was, though still living, safe enough to be given to healthy people and that would protect them from tuberculosis. Soon the vaccine began to be given to protect children against the disease but there was still considerable medical opposition to its use. Not until 1950 was it first used in



Britain. Authoritative opinion nowadays, in this country, advocates its use and has no doubts as to its value in reducing the incidence of serious tuberculosis in children and infants. The basis for this opinion is founded largely upon the results of the reports of the Clinical Trials Committee of the Medical Research Council. The first interim report was made in 1956, the second in 1959 and a third will be published shortly, following the completion of the ten years from 1950 to 1960 since the comprehensive trial was inaugurated. The trial accomplished its aim of giving reliable estimates of the degree of protection afforded by B.C.G. vaccine. It embodied three main safeguards against bias:—the random selection of participants, a comprehensive follow-up and an independent assessment of all cases discovered, without a knowledge of the results of tuberculin testing or of vaccination.

Some 56,700 schoolchildren in urban or suburban areas in England took part in the trial: they volunteered with their parents consent, for vaccination, between September, 1950, and December, 1952. All were aged between 14 and 15½ years. The children were initially tuberculin tested and had a radiograph of chest taken. Those found to have active tuberculosis were excluded from the trial. Those with normal radiographs, but a positive tuberculin test were followed in the same way as those in the vaccinated and control groups. The children who proved to be tuberculin-negative were divided at random into vaccinated and unvaccinated groups.

In the first interim report covering the first 2½ years an approximate 80% reduction in incidence of tuberculosis in vaccinated children was demonstrated. During the five year period covered by the second interim report the incidence of tuberculosis in the B.C.G. vaccinated group was 0.38 per 1,000 participants, compared with 2.29 per 1,000 among those in the tuberculin negative unvaccinated group. The reduction in tuberculosis attributable to vaccination is thus 83%. It has been shown conclusively therefore, by this trial, that vaccine given to schoolchildren aged 14—15½ years in urban Britain, confers substantial protection against tuberculosis, and that this protection lasts for at least five years and probably for six years or more.

Of course not everyone requires to be vaccinated against tuberculosis because the tuberculin skin test is available by which it can be decided, in the case of each individual, whether protection against the disease is required. In Britain B.C.G. vaccination is recommended for four groups, viz.:—infants born to tuberculous parents, people who have been in contact with infectious or open tuberculosis, children in their penultimate year at school, and finally those at special risk such as nurses, doctors and medical students. In all groups except the first, skin testing is a necessary preliminary to decide whether the person concerned requires the vaccine, or whether he has already received infection in the past. In the latter case this may result in lasting immunity in most instances or active disease in a small minority so that every person



showing a positive skin test needs a follow-up chest X-ray to exclude active disease. The question may well be asked, why not vaccinate at a much earlier age? Say, soon after birth, particularly since one of the main disadvantages of mass vaccination in adolescence is the substantial proportion of children who are found to be positive reactors when skin tested and in whom tuberculosis cannot be prevented by prophylactic vaccination. Unfortunately B.C.G. vaccination is not so simple as, for example, diphtheria immunisation, nor is protection afforded in infancy so lasting as that given in later life. Further the difficulty of fitting all the desirable immunisations into the first few months of a child's life have increased considerably in recent years even though it is possible to save time and multiplicity of injections by the use of combined vaccines. B.C.G. vaccination at 5 years of age would avoid this difficulty, though a booster dose of diphtheria prophylactic is already being given at this age. In addition B.C.G. itself would still need to be offered at adolescence, this time as a booster, for the now waning immunity achieved from the first dose. It would seem therefore that the present practice of offering the vaccine to the four groups described is the most acceptable and effective one.

#### STATISTICS OF B.C.G. CAMPAIGNS FOR SMETHWICK SCHOOLCHILDREN

	1959	1960
No. of children eligible for vaccination ...	971	1,113
No. of children whose parents consented ...	710	855
Percentage acceptance ... ..	70%	77%
No. of known Mantoux positive before skin testing ... ..	10	8
No. of children Mantoux tested ... ..	693	845
No. of children Mantoux positive ... ..	66	64
Percentage Mantoux positive ... ..	9.5%	7.5%
No. of children vaccinated with B.C.G. ...	627	777
No. of children referred to Chest Physician	66	64

It is very gratifying to report the increased acceptance rate in 1960 and it is hoped that this encouraging trend will be continued in the future. No definite active disease was found in the children referred to the Chest Physician; the bulk of them had clear lung fields on X-ray examination. The remainder had small healed lesions and only a very small number were given appointments for follow-up examination.

There is a decline, too, in the number of children showing a positive reaction to the Mantoux test in 1960, compared with 1959. The difference is statistically significant when dealing with such a large number of individuals and it is therefore permissible to conclude that there has been a significant fall in the number of open cases in the community which are liable to spread the infection. Elsewhere in this report it has, in fact, been stated by the Chest



Physician, that the "infector pool" of infectious cases remaining at home has now reached the low figure of 10. The percentage of positive reactors for 1961 will be awaited with interest in the hope of an anticipated further fall.

### AMBULANCE SERVICE

Temporary accommodation was provided for the Ambulance Staff and vehicles during 1960 at premises in Norman Road, previously used as a Day Nursery, pending the completion of the new Station in Londonderry Lane. The new building was officially opened in January 1961 and a view of the Administrative Block and Garage is shown in the frontispiece.

The service is manned by paid staff from 6.30 a.m. to 7.30 p.m. Mondays to Fridays, from 6.30 a.m. to 2.30 p.m. on Saturdays, and at all other times by voluntary staff provided by the British Red Cross and St. John Ambulance Brigade organisations.

The following vehicles were in use at the end of the year:—

Make	Cubic Capacity of engine	Type		Year
Daimler	4095 D.C.	27 Ambulance	2 stretchers/10 seats	1950
Daimler	4095 D.C.	27 Ambulance	2 stretchers/10 seats	1950
Morris	4197 N.V.S.	Ambulance	2 stretchers/ 1 stretcher, 5 seats	1952
Morris	1476 J.	Sitting Case Ambulance	8 seats	1954
Morris	2199 L.C.5	Ambulance	2 stretchers/ 1 stretcher, 5 seats	1954
Morris	2199 L.C.5	Ambulance	2 stretchers/ 1 stretcher, 5 seats	1955
Morris	2199 L.D.1	Dual-Purpose Ambulance	2 stretchers/10 seats	1956
Morris	2199 L.C.5	Ambulance	2 stretchers/ 1 stretcher, 5 seats	1959
Morris	1489 J.2	Dual-Purpose Ambulance	1 stretcher/10 seats	1959
Morris	918 5 cwt.	Van	—	1951

The following table gives details of the work of the Ambulance Service during 1960:—

		Sitting Case Cars	Ambulances	Totals 1960	1959
No. of Journeys	...	15	7,021	7,036	7,940
Patients carried	...	22	22,272	22,294	22,793
Miles travelled	...	1,189	87,470	88,659	84,861
Motor Spirit Consumed (gallons)		80	6,736	6,816	6,736

### **“THE HOLLIES” DAY NURSERY AND CHILDREN’S HOME**

Attendances at the Day Nursery of “The Hollies” rose during the year and the total attendances during 1960 was 5,105, an increase of 1,212 on the previous year. There has been no change in the priorities for admission to the Nursery and applications are classified as follows:—

- (1) Where there is no father, and the mother must work to support her children.
- (2) Where the father or mother of the child is seriously ill and confined to bed, either temporarily or permanently, at home or in hospital.
- (3) Where the mother is expecting another child and is due to go into hospital. Consideration is also given to temporary admission of children if the mother is to be confined in her own home.
- (4) Where the housing conditions of the family are so bad that normal life is impossible.
- (5) Where the mother finds that she must work to supplement the father’s wages.

The residential part of “The Hollies” continued to be used as a convalescent home for debilitated children, and as a short stay home for children taken into care by local authorities. The average number of children in residence during the year was 20.01, and the total number of patient days was 7,306. These figures show a substantial increase when compared with those of 1959 which were 13.02 and 4,754 respectively.



Details of children accommodated during 1960 are shown below:—

Condition	In-Patients 1.1.60	Admitted		Discharged		Re- maining 31.12.60
		Under School Age	School Age	Under School Age	School Age	
Asthma ...	—	1	—	1	—	—
Behaviour problems	—	—	1	—	1	—
Bronchial asthma	1	—	—	—	1	—
Bronchitis ...	—	2	—	1	—	1
Convalescence ...	2	—	2	—	4	—
Cough ...	1	—	—	—	1	—
Debility ...	2	—	2	—	2	2
Eczema ...	—	1	—	1	—	—
General care ...	1	—	1	1	1	—
Maladjusted ...	2	—	—	2	—	—
Malnutrition ...	1	1	2	2	2	—
Epilepsy ...	—	—	1	—	1	—
Nervous debility .	1	—	—	—	1	—
Post operative ...	1	—	—	1	—	—
Sub-acute rheumatism	—	1	—	1	—	—
Psoriasis ...	1	—	—	—	—	1
Underweight ...	—	1	—	—	—	1
Children's Committees—						
Smethwick ...	—	23	33	19	31	6
Birmingham...	7	16	20	16	27	—
West Bromwich	—	1	—	—	—	1
	20	47	62	45	72	12

### CHIROPODY SERVICE

The Chiropody Service in Smethwick was taken over in 1948 when the Ministry of Health agreed to its continuation and approved proposals under Section 28 of the National Health Service Act. Since that date the service has been available free of charge to all residents in the borough irrespective of age. The staff consisted of two full-time chiropodists and during 1960, individual patients attending the clinic totalled 1,356, of whom 6 were school children. Of the remainder 1,198 were women, 572 of whom were age 65 and over, and 151 were men, 112 of whom were age 65 and over.

Compared with 1959 the total attendances at the clinic showed a decrease. Details of the past 3 years are shown below:—

	1958	1959	1960
Children under five years of age ...	1	—	—
Children of school age ... ..	40	25	18
Expectant and Nursing Mothers ...	7	2	1
Other patients:			
Male ... ..	1,295	1,272	1,073
Female ... ..	8,301	8,170	6,996
	<hr/> 9,644	<hr/> 9,469	<hr/> 8,088

Since 1955 a limited Chiropody Service has been provided for the treatment in their own homes of persons who because of serious illness or crippling defects cannot make their way to the Cape Clinic. Because of the heavy and growing demand each individual application for home chiropody is carefully checked, and in the majority of cases a member of the Health Visiting staff calls upon the patient before this service is approved. During 1960 the Chiropodists made 406 visits to patients in their own homes, an increase of 46 when compared with the previous year.

### CONVALESCENT CARE

There were 84 applications for recuperative convalescence, and of these 62 patients were admitted to convalescent homes. Recommendations for convalescence are usually made by the general practitioner or the hospital almoner, and the normal period of stay at convalescent homes is two weeks. Patients are assessed according to their ability to pay for convalescent home charges and the rail or bus fare to and from the home may be included in the total amount subject to assessment so that no needy case should be deterred from accepting treatment on account of financial reasons.

### HEALTH EDUCATION

Apart from all other Health Education activities which have gone forward undiminished in quantity and quality, 1960 has in particular been an accident prevention year. A great deal of time has been spent by the Health Visiting staff in talking to parents in their own homes on this subject; talks have also been given to mothers clubs and to young people in the clinics and elsewhere. Our staff have indeed been given a golden opportunity in this respect by the decision of the Authority to co-operate with the British Medical Association in their national survey on home accidents over the 12 month period from the 1st October, 1960, to the 30th September, 1961. Hospitals and General Practitioners have co-



operated fully in reporting accidents which have occurred in the home. In each case a Health Visitor has called at the home and has been able to ascertain the cause of the accident and to advise on future prevention. When the results of this survey are published invaluable detailed information will be available about the prevalence of different kinds of accidents in the home, the age groups most affected and particular dangers about the house which, no doubt, can be avoided. On this information can be based a determined attack on this major problem.

Other Health Education projects which have received especial attention include (a) Special drives to persuade all qualifying age groups to have their anti-poliomyelitis injections; (b) Health Visitors have laid special emphasis on mental health problems which may be encountered by mothers of toddlers. Topics have included advice on temper tantrums, sleep and feeding difficulties; (c) Special emphasis has been made to show the need for care of the toddlers' teeth. Frequent demonstrations have been made to the Indian and Pakistani mothers on the proper techniques of bottle feeding in order to avoid infection and other feeding difficulties.

Special flannelgraph displays and posters have been shown at our main clinic buildings during the year, the principle topic being the incidence of lung cancer and its relationship to smoking. The displays on this subject have given rise to many questions from school children and mothers attending the clinics and the Health Visitors have made a particular point of being available to answer the questions as they are asked. This would appear to be one of the most effective ways open to the Local Health Authority in bringing to the notice of the public this important matter. One feels that no Local Authority, however large, can possibly by itself combat the large scale cigarette smoking campaigns on which tens of thousands of pounds must be spent every year by the major tobacco companies. In my view a great opportunity was missed when it was not made obligatory on the Independent Television programme contractors to provide a certain amount of free advertising time for approved health education, including home and road safety programme time. It might be argued that the cigarette manufacturers would object if tele-films were shown on the dangers of cigarette smoking immediately after they had bought time to advertise their wares. It might seem better to forbid the advertising of cigarettes at all as is done in at least one country in Europe.

Throughout the year mothercraft classes were held every week at the Firs Clinic on Wednesday afternoons and they were very well attended.

#### LOAN OF SICK ROOM EQUIPMENT

Throughout the year medical loan equipment was available on the recommendation of general practitioners and hospital doc-



tors, and issues were made from the Edward Cheshire Nurses' Home, 2 Bearwood Road, between the hours of 9 a.m. and 11 a.m., Mondays to Fridays, inclusive. No hire charge is made for equipment, a nominal deposit only being required which is refunded when borrowed articles are returned in good order. This service is greatly appreciated and many patients waive their claims for refund of the small deposit. No deposits are required from old age pensioners. During the year, a total of 544 articles were issued, details of which are given below:—

						Number of articles issued
Air Rings	...	...	...	...	...	41
Bed Pans	...	...	...	...	...	97
Bed Rests	...	...	...	...	...	54
Mackintosh Sheeting	...	...	...	...	...	121
Urinals	...	...	...	...	...	82
Bed Cradles	...	...	...	...	...	4
Wheelchairs	...	...	...	...	...	34
Feeding Cups	...	...	...	...	...	6
Commodes	...	...	...	...	...	13
Dunlopillo Rings	...	...	...	...	...	3
Beds	...	...	...	...	...	19
Mattresses	...	...	...	...	...	18
Blankets	...	...	...	...	...	16
Sheets	...	...	...	...	...	2
Pillows	...	...	...	...	...	4
Sputum Mug	...	...	...	...	...	1
Lifting Pulleys	...	...	...	...	...	6
Pillow Cases	...	...	...	...	...	5
Bed, Air	...	...	...	...	...	2
Bed Tables	...	...	...	...	...	3
Fireguards	...	...	...	...	...	1
Crutches	...	...	...	...	...	1
Fracture Boards	...	...	...	...	...	8
Breast pumps	...	...	...	...	...	3
Total						544

### DOMESTIC HELP SERVICE

The year showed that the demands on the Domestic Help Service continued to increase. From a service initially intended to give assistance for home confinements and from comparatively few cases in the early days the table below shows how in recent years it has expanded. Today the maternity cases attended form only a very small percentage of the total, the majority of the homes at which assistance is given being those of aged and infirm patients which are usually long term cases.



	1956	1957	1958	1959	1960
Maternity (including expectant mothers) ...	40	37	40	27	22
Tuberculosis ...	2	1	2	2	4
Chronic sick ...	313	360	368	384	443
Others ...	45	27	10	13	30

Most of our aged population prefer the comfort of their own home regardless of whether or not they have friends or relatives and whether the visit of the Domestic Help be weekly or daily, the assistance given is greatly appreciated by this section of the community. Many are dependent upon the Domestic Helps for their food and shopping and in some cases even for the collection of their pensions.

Unfortunately, the geographical position of Smethwick in the industrial Midlands, where there is an almost continual demand for female labour offering better financial rewards than that given to Domestic Helps, creates a great problem with staff recruitment. Towards the end of the year despite press advertisements we were not able to obtain sufficient recruits to meet the demand on the service. However, by slightly curtailing the number of hours given at some of the homes and members of the part-time staff volunteering to do more hours we were able to give some assistance at all the homes where help was needed.

Many of our Domestic Helps have been with us for a considerable length of time and with experience have become most competent in their work and have shown understanding, tolerance and kindness oftentimes when faced or called upon to deal with "difficult" personalities.

During the year a total of 499 patients were given assistance compared with 426 in 1959. The Domestic Help Organiser is responsible for planning the work of the full-time and part-time Domestic Helps and for visiting patients to ensure that help is being fairly allocated.

## MENTAL HEALTH

### MENTAL HEALTH SERVICES

This important part of the Department has been mentioned in my introductory letter at some length but the following facts and figures give a general outline of the practical work involved.

### CARE AND AFTER-CARE OF MENTAL ILLNESS

Dr. E. Jacoby, Consultant Psychiatrist at Highcroft Hospital, continued to see Hospital outpatients living in Smethwick, at St. Chad's Hospital, on Wednesday afternoons and on alternate Friday evenings at the Firs Clinic. Patients attending these clinics



were saved the long journey to the out-patient clinic at Stockland Green. The clinics also provided a most useful link between the mental hospital staff and the Local Authority Staff. In addition, the weekly clinical meeting at Highcroft Hospital was attended by the Mental Welfare Officers and the Superintendent Nursing Officer. The closest co-operation was maintained with the general practitioners who often sought the assistance of the mental health section regarding their patients requiring treatment for mental disorder.

During the year 200 Smethwick patients were admitted to the Mental Hospital, an increase of 17 on the previous year's total. The Mental Health Staff arranged the admission of 68 of these, while the remaining 132 were admitted by their general practitioners or from the hospital outpatient clinics. Admissions arranged through the Public Health Department were mainly by means of the short Order procedure under Section 20 of the Lunacy Act up to the 31st October and by Sections 25, 26 and 29 of the Mental Health Act 1959 after that date, and it is very satisfactory to report that out of 200 patients admitted, no fewer than 195 became voluntary—or informal patients and only two were certified.

The following tables show how the mode of Admission has changed in recent years and the result this has had on the final classification of patients.

Mode of Admission:—

	1956	1957	1958	1959	1960
Certified ... ..	10	—	2	—	1
Short Order ... ..	56	63	55	65	67
Informal ... ..	91	166	105	118	132
	<hr/> 157	<hr/> 229	<hr/> 162	<hr/> 183	<hr/> 200

Final classification:—

	1956	1957	1958	1959	1960
Certified:					
	19	3	5	4	2
	(12.1%)	( 1.3%)	( 3.09%)	( 2.18%)	( 1%)
Discharged under Short Order:					
	10	6	5	13	3
	( 6.4%)	( 2.6%)	( 3.09%)	( 7.10%)	( 1.5%)
Voluntary (or informal):					
	128	220	152	166	195
	(81.5%)	(96.1%)	(93.82%)	(90.72%)	(97.5%)
	<hr/> 157	<hr/> 229	<hr/> 162	<hr/> 183	<hr/> 200



During the year 1 patient was certified in hospital and 1 patient was admitted to hospital under Section 26 of the Mental Health Act.

42 certified patients were discharged from certificate and are remaining in hospital as Informal patients.

54 patients were regraded from Voluntary Status to Informal patients.

Once again, I am pleased to report that no old person was admitted to the mental hospital as a certified patient.

The following table shows the final classification of persons aged 70 or over during the past 5 years:—

	1956	1957	1958	1959	1960
Certified ... ..	3	—	—	—	—
Discharged within period of Short Order ...	4	1	1	1	—
Voluntary (or Informal)	19	45	32	28	31
	<hr/> 26	<hr/> 46	<hr/> 33	<hr/> 29	<hr/> 31
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

The Mental Welfare Officers continued to deal with the after-care of male patients discharged from mental hospital, and the Superintendent Nursing Officer and Health Visitors were responsible for the after-care of female patients. This work continued to increase and particularly with the male patients, a greater number of evening visits were made to see those who had returned to work following their discharge. The Mental Welfare Officers made 844 visits to patients homes during the year.

There were 85 patients receiving after-care at the beginning of the year, 95 new cases were added during the year, and 97 were closed, leaving 83 patients at the end of the year.

Accepted after-care ... ..	95
Refused after-care ... ..	18
After-care not necessary ... ..	40
Discharged to another area ... ..	12
Died ... ..	22
	<hr/>
Total number of deaths and discharges ...	187

Of the 97 cases closed the results were:—

Fully recovered or stabilised ... ..	68
Returned to Mental Hospital for further treatment ... ..	16
Left the area ... ..	5
Died (2 suicides) ... ..	8



## MENTAL DEFICIENCY

A total of 157 mentally defective persons were under care in the community at the end of the year, and a further 85 were resident in hospitals. Following the recommendations of the Royal Commission on Mental Health, 14 patients in hospital were discharged from certificate but remained in the hospital on an informal basis and 3 patients were admitted to the hospital on an informal basis. The Regional Hospital Board made arrangements for four patients to have temporary care in hospital under the provisions of Ministry of Health Circular 5/52.

Supervision in the home was undertaken by the Mental Welfare Officer, Health Visitors and Dr. Constance Myatt, who is specially authorised for this purpose.

The Guardianship Society of Brighton had in their care eight patients from Smethwick, and, in addition, one patient is under guardianship in Smethwick.

## ALBERT BRADFORD CENTRE

This new centre first came into use in September, 1959. Its attractive design, together with the standard of its furniture and equipment, and, indeed the work done, has brought forth much favourable comment from a surprisingly large number of interested visitors not only from this country but from overseas.

It is a combined Junior and Adult Training Centre which provides facilities for both sexes of all ages. There is a workshop for wood, metal and other crafts for mentally handicapped adult males and domestic science rooms fitted with electric washing machines, spin dryers, electric irons and all the necessary laundering equipment for use by the older female pupils. Basket work, rug making and needlework is taught by a qualified Occupational Therapist.

In the Junior section many ingenious forms of training can be seen, many of which have been evolved by the Supervisor and her very co-operative staff.

Among the varied activities of the children are religious plays at Easter and a pantomime at Christmas with physical exercises and a dancing display being given on parents day.

The conveyance of the majority of the pupils to and from the centre is by coach and during the year many of them spend a week at the Smethwick School Camp by the courtesy of the Education Authority.



**ADMISSIONS TO MENTAL HOSPITALS DURING 1960**  
**1st January to 31st October**

Classification	Sex	Aged Under 20	20-29	30-39	40-49	50-59	60-69	Aged 70 and over	Total all ages
Certified under L.A.*	M	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-
Section 20 L.A.*	M	4	5	4	5	6	2	3	29
	F	1	5	3	5	9	1	8	32
Informal ... ..	M	1	3	5	10	12	10	10	51
	F	2	4	12	10	15	12	6	61

\* L.A. = Lunacy Act, 1890.

# ADMISSIONS TO MENTAL HOSPITALS DURING 1960

1st November to 31st December

Section 25 M.H.A.†	M	-	-	1	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-
Section 26 M.H.A.†	M	-	-	1	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-
Section 29 M.H.A.†	M	-	-	1	1	-	-	-	1	3
	F	-	2	-	-	-	-	-	-	2
Informal ... ..	M	-	-	-	2	-	-	1	1	4
	F	1	3	2	1	3	4	2	16	
Total admissions during 1960 ... ..	M	5	8	12	18	18	13	15	89	
	F	4	14	17	16	27	17	16	111	

† M.H.A. = Mental Health Act, 1959.



# DEATHS AND DISCHARGES—MENTAL HOSPITALS, 1960

Length of Stay	Sex	Aged under 20	20-29	30-39	40-49	50-59	60-69	Aged 70 and over	Total
Under 3 months ...	M	3	3	10	13	12	9	8	148 (5 died)
	F	2	13	16	18	22	12	7	
3-6 months ...	M	-	1	-	1	1	1	2	12 (2 died)
	F	-	-	1	-	3	1	1	
6-9 months ...	M	1	1	-	-	-	-	-	5
	F	-	1	-	-	-	1	1	
9-12 months ...	M	-	-	-	-	1	-	1	3 (1 died)
	F	-	-	1	-	-	-	-	
Over 12 months ...	M	-	-	1	2	2	2	3	19 (14 died)
	F	-	-	-	1	-	1	7	
Total ...		6	19	29	35	41	27	30	187 (22 died)

## PUBLIC HEALTH ACT

### CONTROL OF INFECTIOUS DISEASES

#### 1. TUBERCULOSIS

The Consultant Chest Physician, Dr. Wilson Russell, has kindly let me have the following report on the work of the Chest Clinic during 1960:—

In 1957 and 1958 Smethwick had the highest ascertained incidence of tuberculosis in England and Wales, but in 1959 Liverpool gave the highest figure of 216 per 100,000, no doubt as a result of the intensive Mass Radiography campaign in Liverpool in that year. Smethwick came second with a rate of 144 compared with 153 in 1957 and 138 in 1958.

In 1960 there is improvement to report although Smethwick had a visit from the Mass Radiography Service for 4 weeks from May 23rd to June 22nd.

During the Mass Radiography Survey 4,731 persons had chest X-rays, 2,627 at factories and 2,104 at general public open sessions. Following the survey 32 persons were examined at the Chest Clinic and of these 8 were diagnosed tuberculous, two of them being sent to a sanatorium for treatment, but only one case had a positive sputum test. The Mass Radiography discovery rate in Smethwick was 169 per 100,000, about half of their figure of 310 for the whole region and about the same as the Chest Clinic findings for the year. This suggests that where the Chest Clinic service is efficient and offers adequate X-ray facilities for local doctors there is no need for Mass Radiography. Facilities for a chest "X-ray only" have been available to Smethwick doctors at the Chest Clinic since 1937 (long before Mass Radiography was introduced) and therefore Smethwick has always had a high ascertained incidence of tuberculosis but the figure has been steadily falling over the years in a most satisfactory manner.

In 1960 the number of new cases added to the Register was 96, of which 16 came in from outside areas, only 80 new cases arising in the town compared with 110 in 1959. 140 cases were discharged off the Register as recovered, 36 were transferred out to other areas and 17 patients on the Register died. There were 748 names left on the Register at the end of the year as compared with 845 last year, quite a considerable reduction of 97.

The 80 new cases diagnosed as tuberculosis were found as follows:—

General Practitioners	...	...	...	...	31
Hospitals	...	...	...	...	13
Contact Examinations	...	...	...	...	11
Factory Doctors	...	...	...	...	2
Mass X-ray—Doctor's cases	...	...	...	...	2
—Surveys, etc.	...	...	...	...	21



47 of the 80 new cases were males, 19 were females and 14 were children.

The total attendances at the Chest Clinic were down to 6,549 but the number of new persons seen remained high at 1,428. 6,327 X-ray examinations were made, 3,854 being for Smethwick Clinic and 2,473 for Langley Clinic, Oldbury.

During 1960 45 patients were known or considered to have positive sputum tests as compared with 53 in 1959. At the end of the year 7 had died, 10 were in Sanatoria, one had been transferred out of the borough and 17 were at home, non-infectious after treatment. Thus only 10 known infectious cases at home remained, reducing the "infector pool" from 13 at the end of last year. The great importance of early diagnosis and prompt treatment as the best means of preventing the spread of tuberculosis is shown by this low figure of 10 (which includes some old chronic cases) when it is remembered that 14 of the 80 new cases diagnosed in 1960 were sputum positive when first discovered.

Admission to hospital can be arranged immediately on diagnosis, there is no waiting for a bed. Nearly all Smethwick patients go to Prestwood Sanatorium, near Stourbridge, and now this includes female patients. (St. Wulstan's Hospital, Malvern, closed early in 1960 as a tuberculosis sanatorium.) Children continue to be treated at The Limes Sanatorium, Himley, which is run in conjunction with Prestwood and the medical staff have been of the greatest assistance, and treatment is of the best possible standard. During 1960 the average bed occupancy could be estimated as under:—

Prestwood, Stourbridge	...	24 males	2 females
"The Limes," Himley	...	4 children	2 females
Heath Lane, West Bromwich		2 males	

A special bus service for visitors to Prestwood is operated by the Midland 'Red' Company, leaving Windmill Lane, Smethwick, at 1.10 p.m. on the visiting days which are Wednesday and Sunday. So far it has not been possible to persuade the Company to run the service to Himley, but visiting Himley is not too difficult.

Surgical treatment is still needed in a few cases although the modern drugs have greatly reduced the necessity for surgery. The Yardley Green Hospital Chest Surgeons, Mr. MacHale and Mr. Stephenson, visit Smethwick Clinic to advise on new cases and follow up old cases successfully treated by operation in previous years. Smethwick patients in Prestwood are transferred to Yardley Green Hospital when surgical treatment is required. Dr. Bourne the radiologist from West Bromwich also visits the Clinic regularly to give a second opinion on difficult X-ray films and the help of all these visiting consultants is much appreciated.

Tuberculosis in immigrants remained at about the same rate in 1960. 15 out of 80 new cases and 18 out of 96 cases added to the register were immigrants, the proportion being 18.75% com-



pared with 20% in 1959. During the year they occupied on an average one-third of the treatment beds.

The nationalities of new immigrant cases were as follows:—

New Cases			Transfers In		
Indian	...	8	Indian	...	1
Pakistani	...	6	Pakistani	...	1
Nigerian	...	1	Irish	...	1

It is important to note that West Indian immigrants do **not** constitute any tuberculosis problem. There is only 1 West Indian at present on the Register. Indeed, the incidence of tuberculosis in West Indians would appear to be very much less than in our own white races. Unfortunately, the incidence in Asiatics is higher than our own. An increasing number of Indian women and children are arriving in the town and most of those seen at the Chest Clinic have already had their primary infection as shown by a positive Tuberculin Skin Test.

Following my practice now for some years, as many as possible of the new persons seen at the Chest Clinic had routine Tuberculin Skin Test performed as part of their examination. Contact children have two tuberculin tests (Mantoux 1 : 1,000 and 1 : 100) before B.C.G. vaccination, a follow up test 1 : 1,000 three months later and an annual test thereafter. Persons who had B.C.G. at School at age 13 and subsequently seen at the Chest Clinic I like to test annually.

Excluding all Tuberculin testing in connection with B.C.G. given at the Chest Clinic or elsewhere the findings on new persons tested is tabulated below:—

Age	Positive Negative Total			% Positive	
				1960	1959
0— 5	...	2	115	117	1.74 4.6
6—10	...	4	53	57	7.0 12.7
11—15	...	15	35	50	30.0 28.4
16—20	...	18	44	62	29.0 39.2
21—30	...	80	68	148	54.0 62.6
31—40	...	100	31	131	76.3 80.3
41—50	...	82	31	113	72.6 82.9
51—60	...	87	21	108	80.5 71.8
61—70	...	59	25	84	70.2 64.9
71—80	...	5	16	21	23.8 38.1
80 +	...	1	1	2	50.0 33.3
		453	440	893	50.7 51.8

In children up to the age of 10 there is a very satisfactory further fall in evidence of primary infection, only 6 out of 174 being positive. Considering the total age group up to 21 only 13.6% gave positive tests as compared with 18.8% in 1959. These figures may be a little higher than the average population because they



include contacts but they demonstrate clearly that the age at which Primary infection with Tuberculosis takes place is being steadily raised to adult life. This in turn explains why tuberculosis is no longer a disease of adolescents and young adults but is now predominantly a disease of the older age groups. If new cases can be discovered at an early stage and adequately treated at once, the first stage of treatment being best in hospital, there is no reason why children should not grow up completely free of infection with tuberculosis. The steady fall in the "infector pool" brings this ideal nearer to realisation.

During 1960, 67 contact children received B.C.G. vaccination. During 1960 one girl of 15 was found to have widespread infectious tuberculosis in both lungs, having had B.C.G. at School 2 years previously and a young woman of 23 who had received B.C.G. in 1952 was also found to have active infectious disease in 1960. My own view is that the ideal would be a Tuberculin Negative population similar to the Tuberculin Negative cattle herds for which the farmers and Veterinary Surgeons have worked over the years and now almost obtained, throughout the country.

In 1960 the free milk scheme of Smethwick Health Committee has been fully utilised to help children with primary disease, adults at home under treatment until they return to work and elderly and chronic patients not fit for work. The number receiving free milk has fallen because of the more rapid cure of cases found at an earlier stage of the disease and because of the fall in numbers of children with Primary disease.

Smethwick Housing Committee has given sympathetic consideration to the rehousing of tuberculous families. Overcrowding of Indian and Pakistani households remains a difficult problem and probably contributes to the higher incidence of tuberculosis in these immigrants. "Bigger and better houses" is a priority before "bigger and better hospitals" in my view.

I am very happy to report that the Chest Clinic staff continued to serve unchanged throughout the year. Mrs. Lewis, our Clinic Nurse and Visitor attended all sessions of the Clinic and made 1,001 home visits. I think it is of great help to patients when, after a home visit, they find the same nurse is there to welcome them at the Clinic. Our radiographer, Mrs. Hickling, carried out all the X-ray work for Smethwick Clinic and also a weekly session for expectant mothers referred from St. Chad's Hospital, children found to be Tuberculin positive under the Schools B.C.G. Schemes of Smethwick and Oldbury, referred by these Health Departments and in addition three weekly sessions for Langley Clinic, Oldbury. Our only clerk, Miss Underhill, has dealt most efficiently with all the record filing, statistics, milk orders, supplies orders, as well as being shorthand typist for all correspondence including 4,449 reports to doctors.

I am indeed most grateful to these three ladies for their loyal help and efficient co-operation throughout the year.



# RETURN SHOWING THE WORK OF THE DISPENSARY DURING THE YEAR 1960

	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 ... ..	293	158	244	29	20	101	322	178	345	845
(2) Transfers from Authorities of areas outside that of the Council or Board during the year ... ..	6	5	2	1	1	1	7	6	3	16
(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 ... ..	36	15	12	1	-	2	37	15	14	66
(2) Class T.B. plus ... ..	10	4	-	-	-	-	10	4	-	14
C. Number of cases included in A and B written off the Dispensary Register during the year as:										
(1) Recovered ... ..	44	42	24	3	6	3	47	48	27	122
(2) Dead (all causes) ... ..	14	2	-	1	-	-	15	2	-	17
(3) Removed to other area ... ..	19	13	2	-	2	-	19	15	2	36
(4) For Other Reasons ... ..	11	2	2	1	2	-	12	4	2	18
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the year ... ..	257	123	230	26	11	101	283	134	331	748



## 2. COMMON INFECTIOUS FEVERS

There were no cases of smallpox or typhoid fevers during 1960, but there were two notifications of paratyphoid fever in January which related to a member of the nursing staff and a child at "The Hollies" who were found to be excreting salmonella paratyphi B. A full investigation failed to trace the source of infection, the two patients were not ill and no other children were affected.

Once more there was no diphtheria in Smethwick during the year, in fact only two patients have been notified with this disease since 1949. There was a reduction in the number of scarlet fever notifications—45 compared with 61 last year. Of the 45, 18 were children between the ages of five and ten years. In general the scarlet fever that is notified nowadays is a very mild type and there is little resemblance to the scarlet fever that was seen years ago.

As there was no major outbreak of influenza in 1960 only 14 cases of pneumonia were reported to the Department during the year and in 42 instances pneumonia was the certified cause of death of residents of the Borough. In 1959 when influenza was more prevalent there were 33 cases of pneumonia reported during the lifetime of patients and 59 certified deaths.

Puerperal pyrexia was notified on two occasions during the year. One of these cases related to a mother normally resident outside the Borough while in the other no cause for the mother's rise in temperature was found on investigation.

Poliomyelitis was notified on one occasion during the year, but on further investigation in hospital, the diagnosis proved to be Encephalomyelitis. The patient died in hospital.

Forty-two cases of dysentery were notified during 1960 compared with 61 last year; of the 1960 cases 22 were confirmed bacteriologically. Surprisingly enough only one case of food poisoning was notified during the year compared with 24 last year. I do not think this startling reduction should give rise to any undue complacency however.

## 3. VENEREAL DISEASES

Statistical information about Smethwick patients attending for the first time at the Treatment Centre, Birmingham General Hospital, has again been supplied by the physician in charge. Details of such attendances during the past six years are given in the table below:—

	1955	1956	1957	1958	1959	1960
Syphilis ...	8	6	4	6	4	1
Gonorrhoea ...	24	24	25	55	26	46
Other conditions	47	88	67	87	82	79
	<hr/> 79	<hr/> 118	<hr/> 106	<hr/> 148	<hr/> 112	<hr/> 126



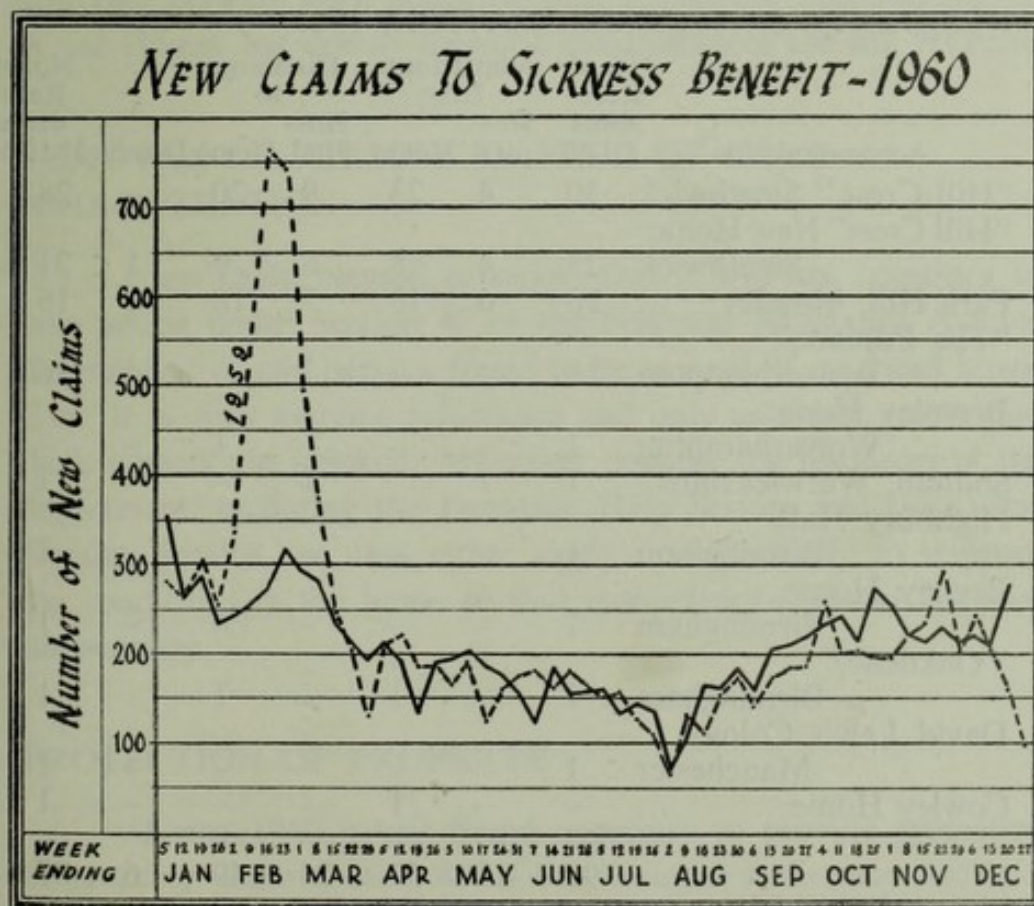
It will be noted that there has been a substantial rise in the new cases of Gonorrhoea compared with the comparatively low figure last year. The prevalence of this infection, particularly among young people throughout the country, is causing considerable concern. It is gratifying that only one new case of Syphilis was diagnosed.

## NURSING HOMES

Under Section 187 of the Public Health Act, 1936, all nursing homes have to be registered with the local authority. In Smethwick there is only one nursing home and this provides accommodation for twenty patients; regular statutory inspections are made by the Superintendent Nursing Officer.

## INCIDENCE OF ILLNESS IN THE WORKING POPULATION

General morbidity statistics giving a measure of the incidence of illness in the population are not readily available to the Medical Officer of Health. I am, therefore, pleased to be able to include a graph prepared from the figures supplied by the Ministry of Pensions and National Insurance, showing the number of new claims for sickness benefit week by week. It is pleasing to note from the graph that during the year there was no development of any epidemic disease in the Borough.





## THE NATIONAL ASSISTANCE ACT

### WELFARE SERVICES

The Council's schemes under Sections 21, 29 and 30 of the National Assistance Act are administered from the Public Health Department.

#### RESIDENTIAL ACCOMMODATION AND SERVICES FOR AGED AND INFIRM PERSONS

The Council has a duty to provide residential accommodation for persons who by reason of age, infirmity or any other circumstances, are in need of care and attention which is not otherwise available to them.

The present accommodation available is made up of small homes in Park Hill, Moseley, and at Hill Crest, Little Moor Hill, Smethwick. The latter consists of a main block to which in 1958 was added a new building designed specifically for the accommodation of the more infirm old people. In all 76 old people can be housed, and throughout the year a full complement of residents was accommodated. At the end of the year, however, there were still 22 Smethwick people resident in homes of other local authorities, 16 of these were housed in the "Poplars" at Wolverhampton. The same excellent co-operation between Summerfield Hospital and the Department staff continued for the admission of chronic sick to hospital. Details of admissions and discharges within the homes during 1960 are shown below:

#### RESIDENTIAL ACCOMMODATION, 1960

Accommodation	No. of Resi- dents 1.1.60	Admissions from		Discharges to		Deaths	No. of Resi- dents 31.12.60
		Hos- pital	Home	Hos- pital	Home		
"Hill Crest," Smethwick	30	4	23	9	20	—	28
"Hill Crest" New Home Smethwick	25	4	8	6	9	1	21
Park Hill, Moseley ...	20	6	16	7	18	1	16
"The Poplars," Wolverhampton	18	—	3	1	—	4	16
Bromley House, Wolverhampton	1	—	—	—	1	—	—
Solihull, Warwickshire .	1	1	—	1	—	—	1
Highbury Hall, Birmingham	1	—	—	—	—	—	1
Bryony House, Birmingham	1	—	—	—	—	—	1
"Oakdene," Birmingham	1	—	1	—	1	—	1
David Lewis Colony, Manchester	1	—	—	—	—	—	1
Cowley Home ...	—	—	1	—	—	—	1
	99	15	52	24	49	6	87



## TEMPORARY ACCOMMODATION

Local Welfare Authorities have a duty to provide temporary accommodation for persons left homeless because of circumstances which could not reasonably have been foreseen. The only accommodation available has been at "The Poplars," Wolverhampton, where, in any case, only the mother can be accepted. Children have been referred to the Children's Officer who has often asked the department to admit them to the Hollies. Adult males have been told of the various hostel accommodation in the Birmingham area where they might obtain a bed. Many families made application for assistance after being evicted from furnished accommodation at short notice. Most applications were, however, withdrawn when the nature of the assistance which could be given by the department became known. It must, however, be pointed out that no families which could be termed "temporary accommodation" cases strictly within the terms of the National Assistance Act, came for help during the year.

During 1960 eight aged persons were admitted for short periods to enable their relatives to go away on holiday. In addition two persons were admitted into temporary accommodation in our Homes but due to domestic circumstances are still resident.

## REMOVAL OF PERSONS IN NEED OF CARE AND ATTENTION

I am again pleased to report that it was not necessary to take action under Section 47 of the National Assistance Act for the removal of any persons found to be in need of care and attention. It is with extreme reluctance and only as a last resort that these powers are invoked. Wherever possible the resources of the department, including the Domestic Help Service and the Home Nursing Service are used either singly or collectively to improve the conditions in the home so that compulsory removal becomes unnecessary.

## PROTECTION OF PROPERTY

During 1960 it was found necessary to provide protection of property under Section 48 of the National Assistance Act in a total of 21 cases. Of these, temporary protection was necessary in



14 instances where persons were absent from residential accommodation, either on holiday or in hospital. The property of four residents was looked after following their deaths in the Homes. Property belonging to three other residents was kept in safe custody.

## BURIAL OF THE DEAD

The Authority is required under Section 50 of the National Assistance Act to make arrangements for the burial or cremation of the body of any person who has died within the area, where it appears that no other suitable arrangements have been made for the disposal of the body. During 1960 two burials were arranged.

## WELFARE OF BLIND PERSONS

The Council's duties for the promotion of the welfare of blind persons normally resident in Smethwick continued to be carried out on an agency basis by the Birmingham Royal Institution for the Blind. The classification of the Register of the Blind at the 31st December, 1960, was as shown below:—

	Males	Females	Total
Workshop Workers ... ..	13	5	18
Workers in open employment ...	9	—	9
Other Blind Employee ... ..	1	—	1
Unemployables at home ... ..	26	44	70
Unemployables in Regional Board Hospitals ... ..	1	7	8
Awaiting training for open employment ... ..	—	1	1
	<hr/> 50 <hr/>	<hr/> 57 <hr/>	<hr/> 107 <hr/>

## WELFARE OF OTHER HANDICAPPED PERSONS

### Smethwick Cup for the Handicapped

The Club is now firmly established and during 1960, membership again increased and, as mentioned earlier in the report, another section for ex-patients of mental hospitals was formed,

bringing the total number of sections to five—each meeting fortnightly. Again much has depended upon the staunch volunteers who arrive at the Club regularly in all kinds of weather to ensure that the members receive all the available facilities. Transport continues to be a problem and tends to hamper the progress of the Club to some measure, as many more members could be accommodated if the owners of suitable vehicles were forthcoming.

The Club maintained a satisfactory financial status, funds being realised from the annual flag day, grants from the Smethwick Corporation and interested firms and persons in the Borough. It was, therefore, possible to purchase more equipment and arrangements were made for the members to go on outings and to have Christmas parties. The Club is rapidly expanding and with the expansion comes many more varying needs which will have to be met. The organising of such a Club is no light task but the outcome of all the hard work is proving to be very worthwhile and it seems that the aims of the Club are being realised.

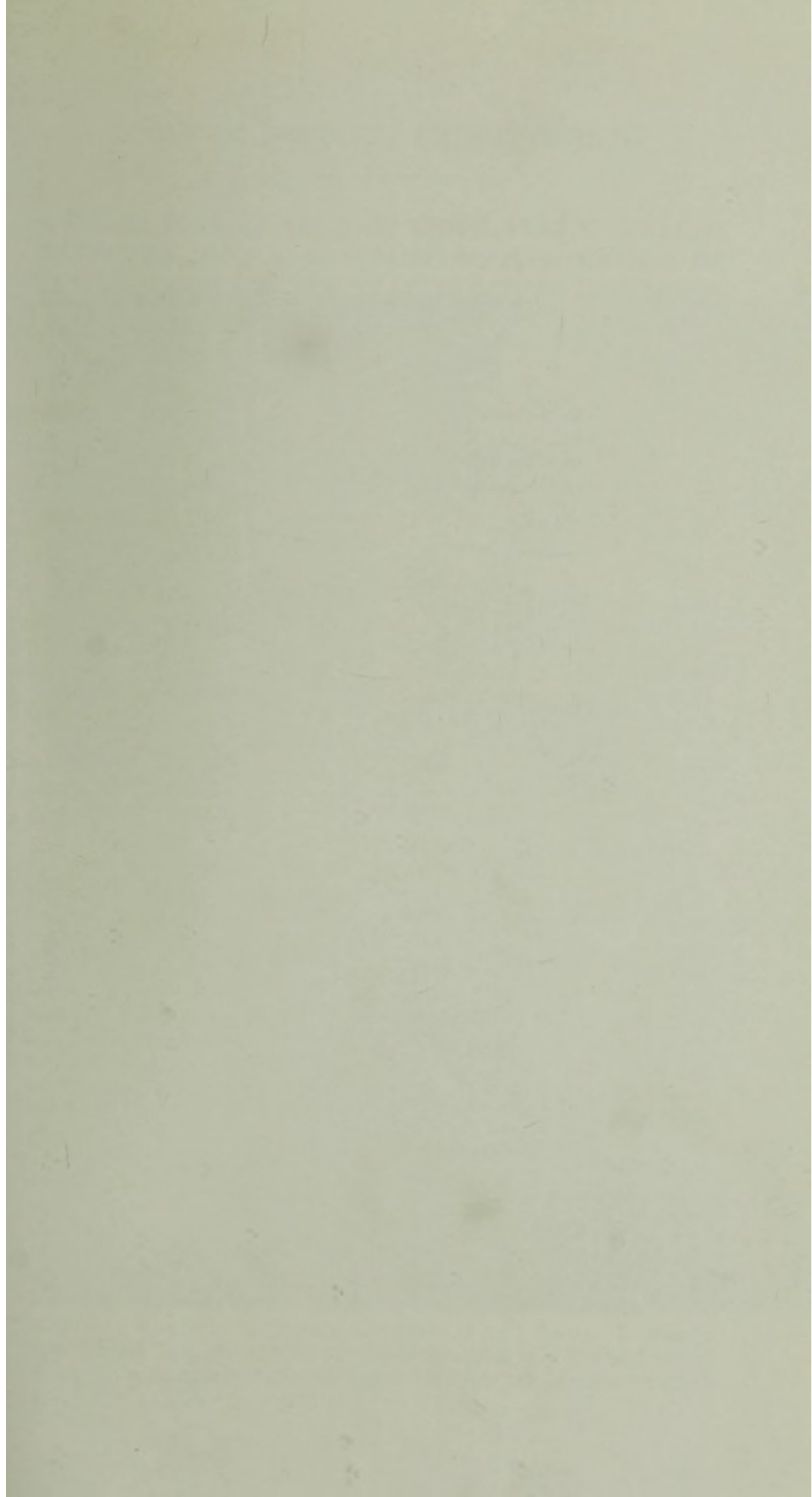
The Welfare Officer and Welfare Assistant deal with arrangements for the welfare of handicapped persons other than blind, partially sighted, deaf and dumb. A register of these persons is maintained, and during 1960, a total of 21 new cases were added, 12 cases were removed because of death, and 8 persons left the district. The classification of the Register on the 31st December, 1960, was as follows:—

Amputation	...	...	...	...	...	11
Arthritis and Rheumatism	...	...	...	...	...	46
Congenital malformation	...	...	...	...	...	4
General diseases	...	...	...	...	...	6
Injuries	...	...	...	...	...	7
Organic nervous diseases	...	...	...	...	...	53
Other nervous and mental disorders	...	...	...	...	...	8
Other diseases and injuries	...	...	...	...	...	4
Hard of hearing	...	...	...	...	...	4
						<hr/> 143 <hr/>

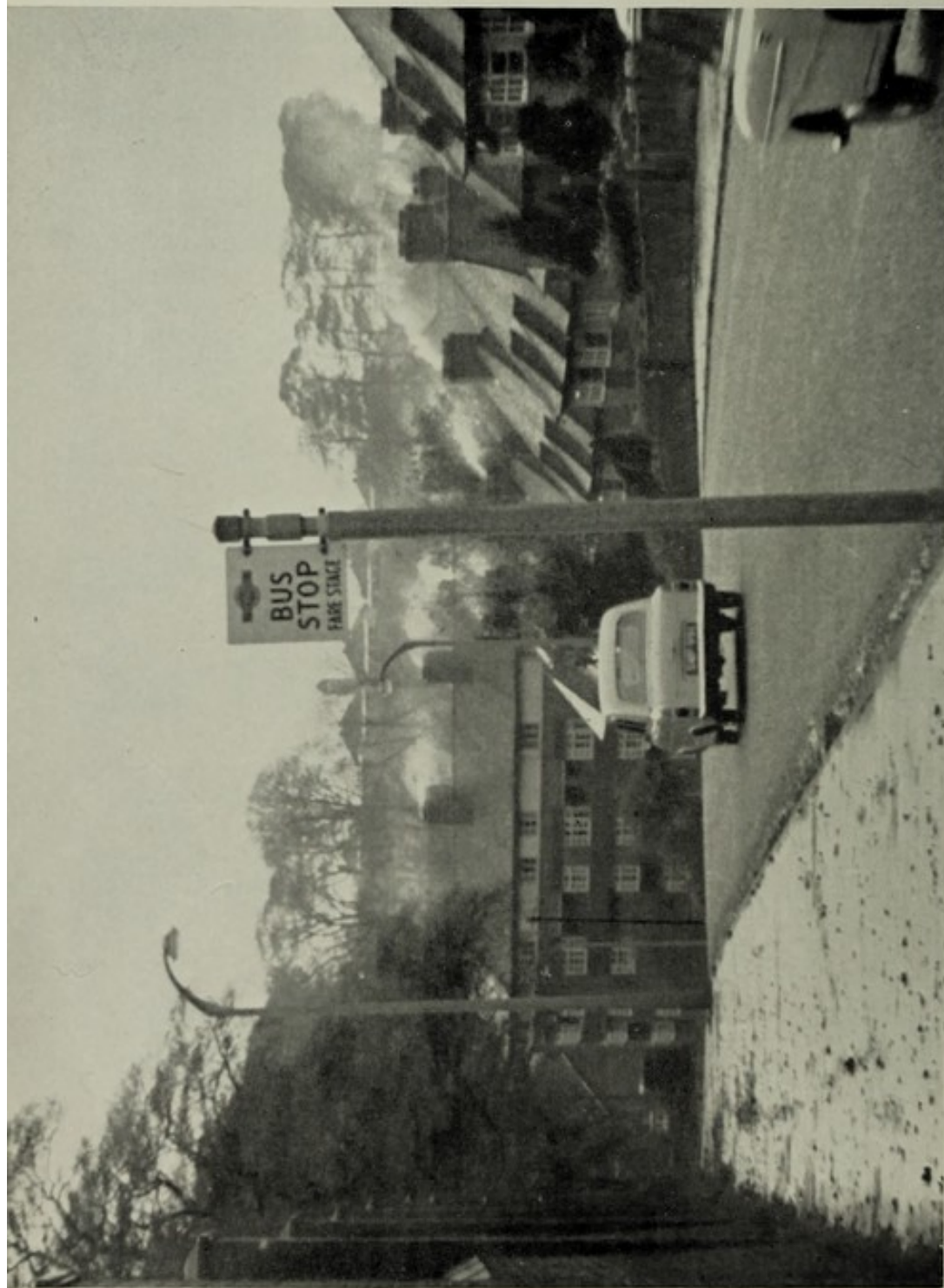


# MEDICAL EXAMINATIONS, 1960

Department	Number examined
Borough Engineer ... ..	36
Special Exams. ...	4
Re-exams. ...	5
	— 45
Borough Librarian ... ..	5
Special exam. ...	1
	— 6
Borough Treasurer ... ..	4
Building and Maintenance ... ..	32
Special Exams. ...	7
	— 39
Children's Department ... ..	6
Education—	
Teachers ... ..	49
Training Colleges ... ..	20
School Meals Staff ... ..	59
Re-exams. ...	2
Special Exams. ...	2
School Cleaners ... ..	21
Special Exam. ...	1
Re-exam. ...	1
School Caretakers ... ..	8
Staff Examinations ... ..	38
Re-exam. ...	1
	— 202
Estates—	
Baths ... ..	6
Re-exam. ...	1
	— 7
Cemetery ... ..	3
Parks ... ..	9
Fire Service ... ..	4
Local Taxation ... ..	2
Housing ... ..	6
Re-exams. ...	2
	— 8
Magistrates' Clerks ... ..	1
Probation Officers ... ..	3
Public Health Department ... ..	82
Re-exams. ...	2
	— 84
Town Clerk's Department ... ..	5
Civil Defence ... ..	1
Weights & Measures ... ..	1
Examination carried out for other Authority	1
	— 431







SMETHWICK, No. 4 SMOKE CONTROL AREA

## COUNTY BOROUGH OF SMETHWICK

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### ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR ON THE SANITARY ADMINISTRATION OF THE BOROUGH FOR THE YEAR ENDED 31st DECEMBER, 1960

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

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my eighth Annual Report.

#### CLEAN AIR

**Caelum Nostros Labores Refulgit.** The sky will indeed reflect our labours when Smethwick eventually becomes a smokeless town. Considerable progress towards this desirable goal was made during the year with the confirmation of the Smethwick Smoke Control Orders Nos. 2 and 3, which cover 765 properties and embrace 182.15 acres. In December the Smethwick Smoke Control Order No. 4, covering 918 properties and embracing 83.36 acres, was submitted to the Minister and, at the time of writing this report (September, 1961) had been confirmed without modification.

All this, however, was not achieved without considerable work both by the staff and, not least, by the Smoke Control Grants Sub-Committee, who met on many occasions. It will perhaps be of interest to give an account of the work involved. The Smethwick No. 2 Smoke Control Order was opposed, necessitating a Public Local Inquiry, which was held in March, 1960, and at the conclusion of which the Minister's Inspector toured the area. Upon the Orders being confirmed individual letters were sent out to all property owners in the area, advising them of the dates when the Orders would come into operation and calling for the submission of detailed estimates in connection with works of conversion. In order to speed up this work and to assist property owners, the Health Committee appointed a Smoke Control Grants Sub-Committee. This sub-committee met at frequent intervals and put in many hours of hard work examining estimates. Effective liaison was very early established with the West Midlands Gas Board and the Borough Treasurer and this contributed in no small measure to smoothing out administrative difficulties. The works of conversion were inspected both during the actual progress of the work and on completion. In only a few isolated instances was it necessary to draw contractors' attention to bad fixing. It will be appreciated that, in order to get the best results in a Smoke Control Area, it is necessary to have approved type appliances, properly



fixed, burning the right kind of fuel. In this latter connection the West Midlands Gas Board have co-operated with us by giving demonstrations in peoples homes. In all, no less than four circular letters were sent to householders and the Chairman of the Health Committee referred from time to time in open Council to the scheme. Numerous interviews have also taken place with householders to explain the scheme and advise on appliances, fixing and fuel, etc. In an industrial town such as ours, with so many people out at work, night visits were inevitable. This brought in its train an increase in clerical work and I must here make special mention of the work of the clerical staff. It is perhaps not always appreciated what is entailed in promoting and bringing to a successful completion a smoke control order. Detailed returns have to be made to the Ministry showing not only what is involved, but also the cost thereof. Quite rightly, because public funds are concerned, the Ministry insist on all figures being fully substantiated and this gives rise to further correspondence.

All this work, although time consuming, has been very much worthwhile and I think that we can say that we have sold Clean Air to our townspeople. In this connection, it is not without significance that the Smethwick No. 4 Smoke Control Order was unopposed.

It is unfortunate that there is no express provision in the Clean Air Act making it a penal offence to deliver coal to houses in a Smoke Control Area and I would submit that the Act could be improved by the introduction of such a clause. Progressive fuel distributors, who recognise the evils of smoke, would not suffer. Indeed, such distributors are actively engaged in the promotion of sales of smokeless fuels.

During the year three applications to erect chimneys under Section 10, Clean Air Act, 1956, were examined and in each case, after discussion with the architect concerned, the chimney heights were increased. Notification to install furnaces, to which Section 3 of the Clean Air Act, 1956, applies, were dealt with on nine occasions and details of these furnaces will be found in the body of the report.

Through the co-operation of the Libraries Committee Clean Air Exhibitions were staged at the Central and Warley Libraries.

## HOUSING

There is a very real association between living conditions and health expectation, so that no apology is necessary for once again returning to the subject of housing. Despite the rehousing difficulties facing the Council, Slum Clearance proceeded apace. The Rolfe Street Compulsory Purchase Order, which included 175 unfit houses, was the subject of a public local inquiry in May, 1960, and was confirmed without modification by the Minister. In addition, 15 individual unfit houses were dealt with, either by way of demolition order or by agreement. During the year 196 additional properties in Soho, Parkes Street, King Street and Stony Lane were included in Orders which were submitted to the Minister



for confirmation. All this work must make for the greater happiness of many of our townsfolk.

#### LICENSED PREMISES AND CLUBS WITHIN THE BOROUGH

During the year a survey was made of the licensed premises and clubs in the town with a view to assessing the sufficiency of sanitary accommodation at these premises. In an endeavour to assess the position adequately each premise was visited during opening hours both during the daytime and the evening. In no case, having regard to the numbers present during the inspection, was the accommodation inadequate. Minor contraventions found were the subject of notices served on the persons responsible. Opportunity was taken during these visits to check on food hygiene conditions. It was found that landlords and staff paid great attention to the Food Hygiene Regulations and that the standard was uniformly good.

#### REPAIRS TO COUNCIL HOUSES

During the year it was found necessary to refer to the Housing Manager 130 Council houses in need of repair.

#### DISEASES OF ANIMALS ACT

During January, 1960, Smethwick was affected by a Foot and Mouth Disease (Infected Areas Restrictions) Order and 13 licences for the importation of livestock were issued by the Department. During November and December, 38 licences were issued for a similar purpose under a Foot and Mouth Disease (Controlled Areas Restrictions) Order.

#### TUBERCULOSIS IN CATTLE

Once again there was a marked decline in the percentage of the number of cattle inspected found to be affected with tuberculosis, i.e., from .85% in 1959 to .11% in 1960. Comparing 1960 with 1939 the improvement is even more marked, the figure for 1939 being 3.54%.

As I pointed out in my report last year, this is the accumulating result of the scheme for eradicating bovine tuberculosis.

I must again express my thanks to the Chairman and members of the Health Committee for their continued interest and support. I am also most grateful for the efficient service and loyal co-operation of my staff, for without their help this report could not be presented.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

W. L. KAY,

Chief Public Health Inspector.



# SANITARY INSPECTION OF THE AREA

## SUMMARY OF INSPECTIONS

TABLE I

Ashes Accommodation, Inspections	...	...	...	2,041
Ashes Accommodation, Re-visits	...	...	...	69
Bakehouses	...	...	...	24
Complaints—Inspection	...	...	...	2,157
Complaints—Re-visits re Notices served	...	...	...	6,079
Diseases of Animals Act	...	...	...	54
Drains Tested	...	...	...	36
Factories: With Power	...	...	...	7
Without Power	...	...	...	3
Food Inspection	...	...	...	931
Hairdressers	...	...	...	8
Houses occupied by Coloured Persons	...	...	...	62
Housing Act Inspections	...	...	...	631
Housing Act Re-visits	...	...	...	1,129
Housing Act Survey	...	...	...	2,075
Housing (Financial Provisions) Acts, 1958-1959	...	...	...	207
Infectious Disease	...	...	...	225
Interviews	...	...	...	277
Ice Cream Vendors	...	...	...	32
Insect Pests and Vermin	...	...	...	192
Markets	...	...	...	141
Meat and Other Food Premises	...	...	...	873
Outworkers	...	...	...	1
Overcrowding	...	...	...	118
Pet Animals Act	...	...	...	3
Pigsties and Stables	...	...	...	23
Prevention of Damage by Pests Act	...	...	...	36
Rag Flock Act	...	...	...	4
Rent Act Visits	...	...	...	138
Sampling: Water: Bacteriological	...	...	...	8
Chemical	...	...	...	4
Food: Bacteriological	...	...	...	192
Chemical	...	...	...	155
Fertiliser and Feeding Stuffs	...	...	...	22
Slaughterhouses	...	...	...	10
Smoke Abatement Visits	...	...	...	1,836
Smoke Observations	...	...	...	87
Tents, Vans and Sheds	...	...	...	24
Water Supply	...	...	...	15
Miscellaneous	...	...	...	423
				<hr/> 20,352 <hr/>

## SUMMARY OF DEFECTS

TABLE II

	Found	Remedied
Accumulation of Refuse ... ..	2	3
Animals kept so as to be a nuisance ... ..	1	1
Blocked Drains ... ..	387	437
Cleansing ... ..	2	7
Dampness ... ..	55	36
Dangerous Buildings ... ..	21	24
Defective Ashbins ... ..	1,462	1,547
Defective External Brickwork and Chimneys	158	164
Defective or Insufficient Drainage ... ..	19	23
Defective Floors ... ..	40	48
Defective Firegrates ... ..	18	14
Defective Paving ... ..	20	17
Defective Plaster of Walls and Ceilings ... ..	196	220
Defective Roofs, Spouting, etc. ... ..	552	587
Defective Sinks and Wastepipes ... ..	27	25
Defective Stairs and Handrails ... ..	3	11
Defective Washboilers ... ..	1	1
Defective Water Fittings ... ..	27	20
Defective W.C.'s ... ..	101	100
Defective Woodwork of Doors, Windows, etc.	144	147
Insufficient Lighting and Ventilation ... ..	74	93
Lack of Sinks and Washbasins ... ..	1	10
Lack of Water Supply ... ..	1	2
Overcrowding ... ..	9	8
Miscellaneous ... ..	19	30
	<hr/> 3,340	<hr/> 3,575

## WORK CARRIED OUT BY THE CORPORATION IN THE OWNER'S DEFAULT

During the year under review, the Corporation executed work at the cost of the owner 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 ... .. 166 cases
- (2) Maintenance of Public Sewers, formerly combined drains, under Section 24 of the Public Health Act, 1936 ... .. 308 cases
- (3) Repair of defective roofs under Section 49 of the Smethwick Corporation Act, 1948 ... 30 cases



## PREVENTION OF DAMAGE BY PESTS ACT, 1949

### (a) PREMISES

No. of premises investigated	...	...	...	...	413
No. of premises treated	...	...	...	...	353
No. of bodies found	...	...	...	...	163

### (b) SEWER MAINTENANCE TREATMENT

No. of manholes baited	...	...	...	...	264
No. of manholes showing prebait take	...	...	...	...	152
No. of manholes showing complete prebait take	...	...	...	...	42

## LEGAL PROCEEDINGS

During the year, legal proceedings were instituted in respect of 3 premises, consequent upon the failure of the owners to carry out work required under the Public Health Act, 1936. The results of the cases were as follows:—

(1) Cases in which Abatement Orders were made	2
(2) Cases withdrawn—work completed	1

## INSPECTION AND SUPERVISION OF FOOD MILK SUPPLY

The number of samples submitted for bacteriological examination was 158. The results of the examinations are summarised as follows:—

TABLE III

Type of Milk	No. of Samples	Tests Applied	Satisfactory	Unsatisfactory
Tuberculin Tested	47	Phosphatase	47	—
(Pasteurised)		Methylene Blue	47	—
Pasteurised	75	Phosphatase	73	2
		Methylene Blue	71	4
Sterilised	36	Turbidity	36	—

In the case of the unsatisfactory samples, representations were made to the firms concerned and to the local authorities in whose area the milk was treated.

# MEAT INSPECTION

## TABLE IV

**Carcases and Offal Inspected and Condemned in whole or in part:**

	Cattle exc. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed ... ..	887	11	17	9,054	3,226
Number Inspected ... ..	887	11	17	9,054	3,226
<b>All Diseases except Tuberculosis:</b>					
Whole carcasses condemned ...	—	—	—	1	—
Carcasses of which some part or organ was condemned ... ..	155	4	—	151	264
Percentage of number inspected affected with disease other than tuberculosis ... ..	17.47	36.36	—	1.66	8.18
<b>Tuberculosis only:</b>					
Whole carcasses condemned ...	—	—	—	—	—
Carcasses of which some part or organ was condemned ... ..	1	—	—	—	50
Percentage of number inspected affected with tuberculosis ...	0.11	—	—	—	1.54
<b>Cysticercosis:</b>					
Carcasses of which some part or organ was condemned ... ..	5	—	—	—	—
Carcasses submitted to treatment by refrigeration ... ..	5	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

**Conditions and Diseases found during Meat Inspection and amounts condemned:**

## TABLE V

	lbs.
Abscesses ... ..	332
Actinomycosis ... ..	94
Arthritis ... ..	9
Ascarides ... ..	89
Bruising ... ..	21
Cirrhosis ... ..	95
Congestion ... ..	17
Cysticercus Bovis ... ..	91
Echinococcus Veterinorum ... ..	79
Fascioliasis ... ..	1,435
Oedema ... ..	35
Parasitic ... ..	573
Peritonitis, Pleurisy, etc. ... ..	267
Pneumonia ... ..	165
Septic Mastitis ... ..	5
Tenuicollis Cysts ... ..	2
Tuberculosis ... ..	534
	<hr/>
	3,843
	<hr/>



UNSOUND FOOD SURRENDERED AND DESTROYED  
(Not including above)

TABLE VI

			Tons	Cwts.	Qrs.	Lbs.	Ozs.
Butter	...	...				23	8
Cheese	...	...		1	3	8	—
Fish	(Tinned)	...		2	1	18	12
Fruit	(Tinned)	...	3	16	3	19	7
Meat	(Tinned)	...	1	11	2	3	5
Meat	(Fresh)	...		2	1	10	14
Milk	(Tinned)	...		6	1	7	7
Soup	(Tinned)	...		2	1	1	2
Vegetables	(Tinned)	...		12	2	3	3
Miscellaneous	...	...		6	2	15	14
			7	2	3	27	8

TABLE VII

FOOD AND DRUGS ACT, 1955

Details of Unsound Food:

Foreign body in Macaroon ...

Action taken:

Legal proceedings instituted,  
£5 fine.

Food Hygiene Regulations:

Depositing vegetables less than  
18in. from ground ...

Legal proceedings instituted,  
£8 fine.

BACTERIOLOGICAL EXAMINATION OF ICE CREAM,

CREAM AND ICE LOLLIES:

			No. of Samples	Provisional Grade I	Provisional Grade II
Ice Cream	...	...	42	40	2
				Satisfactory	Unsatisfactory
Ice Lollies	...	...	7	7	—
Table Cream	...	...	5	4	1

In the case of the Table Cream reported as unsatisfactory,  
appropriate follow-up action was taken.

TABLE VIII

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
Cough Mixtures ... ..	15	14	1
Cold and Influenza Mixture ...	2	2	—
Buttered Brazils ... ..	1	1	—
Soups ... ..	4	4	—
Pickles ... ..	4	4	—
Bread and Corned Beef ... ..	1	—	1
Pork Sausage ... ..	12	11	1
Pudding Mixtures ... ..	3	3	—
Butter ... ..	1	1	—
Lard ... ..	1	1	—
Scratchinettes ... ..	1	1	—
Vinegar ... ..	7	7	—
Meat Pastes ... ..	4	4	—
Cake Mixtures ... ..	4	4	—
Minced Chicken ... ..	1	1	—
Margarine ... ..	6	6	—
Chop Suey ... ..	1	1	—
Steak & Kidney Pie ... ..	1	1	—
Stuffing with Shredded Suet ...	1	1	—
Chicken and Pork Rissoles ...	1	—	1
Beef Sausage ... ..	1	1	—
Catarrh Pastilles ... ..	3	3	—
Orange Drink ... ..	2	2	—
Lemon Curd ... ..	1	1	—
Benewit Tonic ... ..	1	1	—
Vapour Rub ... ..	1	1	—
Chemical Food ... ..	1	—	1
Roloids ... ..	1	1	—
Compound Liquorice Powder ...	1	1	—
Sea Food Dressing ... ..	1	1	—
Sauce Tartare ... ..	1	1	—
Minced Beef and Onions ... ..	2	—	2
Marmalade ... ..	1	1	—
Flour, plain ... ..	3	3	—
Milk ... ..	3	3	—
Whisky ... ..	2	2	—
Gin ... ..	1	1	—



Articles Analysed	Total Samples	Genuine	Not Genuine
Flour, Self-raising ... ..	1	1	—
Arta Tabs ... ..	1	1	—
Califets ... ..	1	1	—
Potted Salmon with Butter ...	1	1	—
Coconut Macaroon ... ..	1	—	1
Sausage Rolls ... ..	3	3	—
Faggotts ... ..	1	1	—
P.L.J. Lemon Juice ... ..	2	2	—
Chocolate Flavoured Drink ...	1	1	—
Aspirin ... ..	1	1	—
Pop Corn ... ..	1	1	—
Table Jelly ... ..	1	1	—
Mixed Spice ... ..	1	1	—
Bemax ... ..	1	1	—
Beef Suet ... ..	2	2	—
Golden Crumbs ... ..	1	1	—
Minced Meat ... ..	1	1	—
Danish Cream ... ..	1	1	—
Glace Cherries ... ..	1	1	—
Celery Salt ... ..	1	1	—
Horse Radish Relish ... ..	1	1	—
Chopped Pork ... ..	1	1	—
Curry Powder ... ..	1	1	—
Crab Spread ... ..	1	1	—
Stuffed Pork and Meat Roll ...	1	1	—
Luncheon Meat ... ..	1	1	—
Sherry ... ..	1	1	—
Marzipan ... ..	1	1	—
Sage and Onion Stuffing ...	1	1	—
Dressed Crab ... ..	1	1	—
Coffee ... ..	1	1	—
Condensed Milk ... ..	1	1	—
Mince Meat ... ..	3	3	—
Glycerine, Lemon & Honey ...	3	3	—
Jam ... ..	3	3	—
	<hr/> 142	<hr/> 134	<hr/> 8

All unsatisfactory samples were dealt with by way of warning letters.

TABLE IX

## RENT ACT, 1957

## RENT RESTRICTION REGULATIONS, 1957

(1) No. of applications received for certificates of disrepair	27
(2) No. of Form J's. served (Notice by local authority to landlord of proposal to issue a certificate of disrepair)	26
(3) No. of Form K's received (Undertaking by landlord to remedy defects proposed to be included in certificate of disrepair)	16
(4) No. of Form L's issued (Certificates of Disrepair)	11
(5) No. of Form L's cancelled	17
(6) No. of Form P's issued (Certificates as to remedying of defects):	
(a) To landlord	5
(b) To tenant	9

TABLE X

## CLEAN AIR ACT, 1956—SECTION 3

**Notification to Install Furnace:**

Jan. John E. Mapplebeck & Co., Ltd., Rolf Street	3 Electric Melting Furnaces.
Mar. Birmid Sports and Social Club	Oil-fired Heating Apparatus.
Yorkshire Imperial Metals Ltd., Allen Everitt Works	Town's Gas-fired Rotary Hearth Billet Heating Furnace 3 Ton/HR.
Apl. Midland Motor Cylinder Co., Ltd., North Works	2 Small Capacity Cupolas.
May Scribbans-Kemp (Bakeries) Ltd.	Hoskinson Multi - Fuel Incinerator.
Aug. Imperial Chemical Industries Ltd., Paints Division	Waste material incinerator.
Yorkshire Imperial Metals Ltd., Allen Everitt Works	One 3-ton Capacity Batch Type Furnace, Electrically Heated.



Nov. Hope's Heating and Engineering  
 Ltd., Halford Works ... .. Experimental Furnace.  
 Dec. Yorkshire Imperial Metals Ltd.,  
 Allen Everitt Works ... .. Six Oil-fired Heaters.

## WATER SUPPLY

The Town's water is supplied by the South Staffordshire Waterworks Company and has been satisfactorily maintained both in quality and quantity. The Company regularly make bacteriological and chemical analyses of the water both prior to treatment and going into supply. No cases of contamination were reported during the year.

The number of houses in the town sharing a common water supply is approximately 1.2 per cent. and the position with regard to water is set out below:

	Houses	Population	Percentage
Internal water supply ...	21,439	65,457	96.19
Separate outdoor supply	611	2,091	2.74
Communal water supply	237	824	1.06

## PUBLIC SWIMMING BATHS

Swimming facilities are provided in Smethwick at two centres, the Thimblemill Baths, which contain 124,000 gallons of water, and at Rolfe Street, where two pools have a total of 94,000 gallons. Fresh water is supplied by the South Staffordshire Waterworks Company. The water is heated to give a temperature between 74-78°F., and is pumped in continuous circulation with a complete turnover every four hours. During pumping the water is filtered and chlorinated to give a free residual up to 2 p.p.m. The water is tested every two hours, using the Lovibond comparator.

## SEWERAGE

The whole of the Borough is sewered with the more modern areas served by the separate system and the older parts of the town on the combined system. The Council is undertaking extensive redevelopment in the older areas and during such redevelopment the opportunity is being taken of converting the combined systems to separate systems. In addition, the Council is undertaking extensive works in the centre of the town to obviate flooding during times of storm.

There are no sewage disposal works within the Borough, all treatment being carried out by the Birmingham Tame and Rea Drainage Board and the neighbouring authorities of West Bromwich and Oldbury.

# FACTORIES ACTS, 1937 to 1959—PART I.

## 1. INSPECTIONS OF FACTORIES, INCLUDING INSPECTIONS MADE BY PUBLIC HEALTH 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 ... ..	12	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority ... ..	271	7	—	—
(iii) Other Premises in which Section 7 is enforced by the local authority (excluding outworkers' premises) ...	—	—	—	—
<b>TOTAL ... ..</b>	<b>283</b>	<b>10</b>	<b>—</b>	<b>—</b>

## 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	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 ... ..	1	1	—	—	—
(c) not separate for sexes ... ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ... ..	—	—	—	—	—
TOTAL ... ..	1	1	—	—	—



# FACTORIES ACTS, 1937 to 1959—PART VIII

## OUTWORK

(Sections 110 and 111)

NATURE OF WORK	SECTION 110			SECTION 111		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in some premises	Notices served	Prosecutions
<b>Wearing Apparel: Making, etc., Cleaning and Washing</b>	5	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper ...	—	—	—	—	—	—
*Carding, etc., of buttons, etc. ...	245	—	—	—	—	—
<b>TOTAL ...</b>	<b>250</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>

## APPENDIX

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN  
THE COUNTY BOROUGH OF SMETHWICK, 1960

CAUSES OF DEATH	Sex	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
1. Tuberculosis, respiratory ...	M	7	—	—	—	—	1	4	1	1
	F	2	—	—	—	—	—	1	1	—
2. Tuberculosis, Other ...	M	1	—	—	—	—	1	—	—	—
	F	1	—	—	—	—	1	—	—	—
3. Syphilitic disease ...	M	1	—	—	—	—	—	1	—	—
	F	—	—	—	—	—	—	—	—	—
4. Diphtheria ...	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ...	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis ...	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
8. Measles ...	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ...	M	1	—	—	—	—	1	—	—	—
	F	—	—	—	—	—	—	—	—	—
10. Malignant neoplasm, stomach	M	13	—	—	—	—	—	6	4	3
	F	8	—	—	—	—	—	3	2	3
11. Malignant neoplasm, lung, bronchus ...	M	40	—	—	—	—	3	20	14	3
	F	7	—	—	—	—	—	1	4	2
12. Malignant neoplasm, breast	M	—	—	—	—	—	—	—	—	—
	F	12	—	—	—	—	1	3	5	3
12. Malignant neoplasm, breast	M	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	1	—	—	—
14. Other malignant and lymphatic neoplasms ...	M	39	—	1	—	—	—	14	11	13
	F	31	—	—	—	—	1	12	7	11
15. Leukaemia, aleukaemia ...	M	3	—	—	—	—	—	2	—	1
	F	5	1	—	—	—	—	1	2	1
16. Diabetes ...	M	2	—	—	—	—	—	—	1	1
	F	5	—	—	—	—	—	—	2	3
17. Vascular Lesions of nervous system ...	M	44	—	—	—	—	—	8	15	21
	F	53	—	—	—	—	2	12	9	30
18. Coronary disease, angina ...	M	77	—	—	—	—	3	25	28	21
	F	57	—	—	—	—	—	8	26	23
19. Hypertension with heart disease ...	M	7	—	—	—	—	1	3	2	1
	F	13	—	—	—	—	—	1	6	6
20. Other heart disease ...	M	45	—	—	—	—	2	8	10	25
	F	75	—	—	—	—	1	5	11	58
21. Other circulatory disease ...	M	8	—	—	—	—	—	3	3	2
	F	16	—	—	—	—	1	1	6	8
22. Influenza ...	M	2	—	—	—	—	—	1	—	1
	F	—	—	—	—	—	—	—	—	—
23. Pneumonia ...	M	21	2	—	—	—	—	4	9	6
	F	21	4	1	—	—	1	2	4	9
24. Bronchitis ...	M	46	—	—	—	—	2	13	17	14
	F	12	1	—	—	—	—	1	6	5
25. Other diseases of respiratory system ...	M	5	—	—	—	—	—	4	—	1
	F	3	—	—	—	—	—	—	1	2
26. Ulcer of stomach and duodenum ...	M	7	—	—	—	—	—	3	1	3
	F	1	—	—	—	—	—	—	—	1
27. Gastritis, enteritis and diarrhoea ...	M	4	1	—	—	—	—	2	1	—
	F	2	—	—	—	—	—	—	1	1
28. Nephritis and Nephrosis ...	M	2	—	—	—	—	—	1	1	—
	F	2	—	—	—	—	—	1	1	—
29. Hyperplasia of prostate ...	M	6	—	—	—	—	—	1	1	4
	F	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion ...	M	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	1	—	—	—
31. Congenital malformations ...	M	—	—	—	—	—	—	—	—	—
	F	2	2	—	—	—	—	—	—	—
32. Other defined and ill-defined diseases ...	M	30	13	—	—	1	2	3	3	8
	F	35	5	—	1	—	3	4	10	12
33. Motor Vehicle accidents ...	M	4	—	1	—	1	1	—	—	1
	F	1	—	—	—	1	—	—	—	—
34. All other accidents ...	M	5	—	1	1	—	—	1	1	1
	F	6	—	1	—	—	2	3	—	—
35. Suicide ...	M	4	—	—	—	—	2	1	1	—
	F	4	—	—	—	—	1	3	—	—
36. Homicide and operations of war ...	M	1	—	—	—	—	1	—	—	—
	F	—	—	—	—	—	—	—	—	—









