[Report 1961] / Medical Officer of Health, Smethwick County Borough.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

THE HEALTH OF SMETHWICK

1961

ANNUAL REPORT OF
THE MEDICAL OFFICER OF HEALTH

County Borough of Smethwick

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR

1961

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

TABLE OF CONTENTS

STANHOPE ROAD CLINIC—Showing situation in ground floor of eleven-storey block of flats

STANHOPE ROAD CLINIC—Waiting Room

County Borough of Smethwick

COMMITTEES, 1961-1962

Health Committee:

Chairman: The Mayor (Councillor R. L. Pritchard, J.P.)

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

Alderman W. H. Perry
Councillor Mrs. L. V. Adams
Councillor E. H. Goreham
Councillor H. V. Jackson
Councillor W. G. Mason
Councillor E. C. Tutty
Councillor Mrs. F. L. Wheatley

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

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

Mental Health Sub-Committee:

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

Dr. R. A. Lambourne
Dr. I. A. MacDonald

Chairman: The Mayor (Councillor R. L. Pritchard, J.P.)

Welfare Sub-Committee:

All Members of the Health Committee:

Chairman: The Mayor (Councillor R. L. Pritchard, J.P.)

The Hollies and Day Nursery Sub-Committee:

All Members of the Health Committee:

Chairman: The Mayor (Councillor R. L. Pritchard, J.P.)

Health and Education Joint Sub-Committee:

Representing Health Committee:

The Mayor (Councillor R. L. Pritchard, J.P.)

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

Tuberculosis After-Care Committee:

All Members of the Health Committee:

Mr. G. A. Green
Mr. C. Short
Dr. A. Wilson Russell
Mr. T. L. Griffiths
Dr. R. J. Dodds
Miss M. Wainwright

Hon Secretary—Mr. F. D. Hipkiss

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:
Vincent A. Lloyd, M.B., Ch.B., L.R.C.P., M.R.C.S., D.P.H.

Assistant Medical Officers:
F. Constance Myatt, M.B., Ch.B., D.P.H., D.I.H.
Christina J. McLeay, M.B., Ch.B.

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*) D. G. Hobday, M.A.P.H.I.
(*ab*) T. P. Jones
(*abc*) G. O. Wright, M.A.P.H.I.
(*ab*) J. N. Cope, M.A.P.H.I. (to 10.9.61)
(*ab*) A. A. Johnson, M.A.P.H.I. (from 9.10.61)
(*ab*) A. W. Reeves, M.A.P.H.I.

Pupil Public Health Inspectors:

H. M. Blackshaw (to 24.5.61)
Miss L. A. Kerr (from 10.7.61)
J. N. Oakley (from 12.6.61)

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.

Administrative Staff:

Chief Administrative Assistant: F. D. Hipkiss, A.R.S.H.

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

F. T. Brookes, S.R.N., R.M.N., Mental Welfare Officer
W. H. Bellshaw (from 16.1.61) Mental Welfare Officer
F. A. Collett, Welfare Officer
Miss M. G. Parkes, Welfare Assistant
S. de Wit, Senior Clerk
Mrs. E. M. Roe (M.O.H.'s Secretary)
Mrs. L. Gregory (C.P.H.I.'s Secretary)
Miss D. C. Tipping (Clerk i/c School Health Section)
Mrs. C. L. Beddows
Miss K. M. Dunnaker
Mrs. F. D. Dyke
Miss E. D. Priest
Miss I. Faulkner (to 28.2.61)
Miss K. L. Whiston (to 30.9.61)
Miss O. J. Salmon
Miss M. L. Whitehouse
Miss D. Dennis
Miss G. Rainbird (from 4.12.61)
Mrs. C. M. Walker
Mrs. P. A. Myers (to 12.8.61)
J. Seward (from 13.3.61)
Miss O. M. Duberley
Miss S. D. Lowe
Miss V. H. Willetts
Miss G. C. Shore
Miss R. A. Vaughan (from 21.8.61)

Nursing Staff:

*Superintendent Nursing Officer: Miss M. Wainwright.

*Health Visitors:

Miss M. Adams
Miss K. E. Barlow
Mrs. I. Cowell
Mrs. D. Grainger
Miss D. Hunt
Miss E. M. Williams
Miss M. M. Bagnall (from 5.10.61)
Miss K. E. C. Briggs
Mrs. D. H. Daniels (part-time)
Mrs. H. M. Hoy
Miss M. E. Tench

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

Miss F. Zierler, S.R.N., S.C.M., Student Health Visitor (from 2.10.61)

Clinic Nurses:

Miss B. Kay, S.R.N. (to 15.12.1961)
Mrs. E. M. Gibbs, R.S.C.N.
Mrs. H. M. Warner, S.E.N.
Mrs. G. M. Littler, S.R.N. (part time)
Mrs. G. M. Nock, S.R.N., S.C.N. (to 22.11.61)

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

Municipal Midwives:

Mrs. A. Grosvenor, S.R.N., S.C.M.
Mrs. L. Jacques, S.R.N., S.C.M., Q.I.D.N.S.
Miss B. Morris, S.R.N., S.C.M. (from 1.4.61)
Miss M. A. Stockton S.R.N., S.C.M. (from 1.7.61)
Mrs. D. G. Hepburn, S.C.M.
Miss M. A. King, M.B.E., S.R.N., S.C.M.
Miss P. M. Snaith, S.R.N., S.C.M.
Miss M. Wheeler, S.R.N., S.C.M.

Home Nurses:

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

Mrs. M. L. Bevan, S.E.N. (to 16.2.61)
Mrs. B. Davies (from 24.7.61)
Mrs. D. A. Gillett, S.R.N. (to 10.6.61)
Mrs. N. A. Hudd, S.R.N., S.C.M. (to 30.11.61)
Mrs. E. Rogers, S.R.N.
Mrs. E. B. Weaver, S.E.N.
Mrs. J. R. Bridle, S.R.N., S.C.M.
Mrs. A. H. V. Evans, S.E.N.
Miss F. M. Hawkins, S.R.N.
Mrs. A. S. McGeoghan, S.R.N. (from 1.4.61)
Mrs. M. Slater, S.R.N.

Domestic Help Organesr:
Mrs. G. J. Thompson

Chiropodists:

Miss A. M. Dobson, M.Ch.S.
J. Beaumont, M.Ch.S. (to 30.6.61)

Matron, "The Hollies" ... Miss E. Holland, S.R.N., C.C.R., Q.I.D.N.S.

Matron, "Hill Crest" ... Mrs. E. M. Digby (to 15.9.61)
Miss G. M. Bishop (from 27.11.61)

Matron, "Garden Lodge" ... Mrs. E. H. Corney (from 12.6.61)

Matron, Park Hill ... ... Miss C. C. Bruxby (to 30.4.61)
Mrs. M. M. Melluish (from 18.8.61)

Supervisor, Albert Bradford Centre Mrs. M. G. Spicer, M.R.S.H., M.R.I.P.H.H.

Occupational Therapist ... Mrs. J. M. Kestle, M.A.O.T. (from 17.4.61)

Handicraft Instructor ... George H. Perkins

Ambulance Officer:

A. F. Beacon (to 28.10.61)
T. H. Draper (from23.10.61)

Assistant Ambulance Officer: C. R. Twycross (died 25.12.61)

Control Clerk at Ambulance Station: J. Pegler

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

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

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 seventh Annual Report which has been prepared in accordance with the requirements of the relevant sections of the Public Health Officers' Regulations, 1959, and Ministry of Health Circular 1/61.

In recalling the pattern of the year one's memory is overlaid by more recent events—the heat, light, and it is to be hoped, the diminishing clouds of cigarette smoke caused by the publication of the Royal College of Physicians report on Smoking and Health, and also the anxious months of January and February, 1962, when the threat of smallpox dominated our waking lives. Having looked through my file for 1961 it is clear that special interest was taken at a national level during the year in the maternity services; infectious diseases and their prevention were not neglected, while the publication of the Birmingham Regional Hospital Board's report on Chronic Sick Hospitals focussed attention on the care of the elderly.

Materially the year was notable for the opening of two fine new buildings, the Ambulance Station on the 21st January and the Stanhope Road Clinic on the 11th October. I venture to say that the Ambulance Station is one of the best of its size in the country, and it is fitting that it should have been put into use some months before the retirement of the Ambulance Officer, Mr. A. F. Beacon, who for so many years worked in dark and dreary premises. The Stanhope Road Clinic represents a contemporary approach to clinic building in that it is contained in rather more than half the ground floor of an eleven storey "point block" of flats. This arrangement imposes troublesome limitations in the planning of the clinic, but it has resulted in a compact, attractive and easily accessible clinic which is well liked by the mothers attending and is a credit to the architect.

HOW LIFE STANDS

The title of this paragraph is intended as a paraphrase of those misused words "vital statistics" which can scarcely be mentioned as an

index of public health without raising a snigger. The 1961 census showed a surprising fall in population to 68,372 in view of the continuing and substantial immigration of Indians, West Indians and Pakistanis; the Registrar General's estimated mid-year population was 68,550. As mentioned elsewhere, there has been a further rise in the number of births from 976 in 1959 and 1,122 in 1960 to 1,207 this year. This gives an uncorrected birth rate of 17.60, the highest for many years; 8.04% of the 1961 births were illegitimate compared with 6.42% last year. The increase in the number of stillbirths is the subject of comment in another paragraph. A further disappointing turn in these life indices is the rise in the infant mortality rate from the relatively satisfactorily level (for an industrial area) of 23.17 per thousand births last year to 29.00 this year, which represents nine extra infant deaths.

More people died in Smethwick—the numbers for last year are in brackets—881 (801). The increase is nearly all accounted for by larger numbers of deaths from influenza 21 (2), pneumonia 74 (42) and cancer deaths. The uncorrected death rate was 12.85 (11.26) per thousand population.

There has been sustained and disturbing increase in the number of small babies (less than 5½ lbs.) most of whom were prematurely born. There were 113 such infants (97 in 1960, 71 in 1959, 75 in 1958 and 91 in 1957). Last year when commenting on the same subject I noted that there was a relatively high proportion of coloured babies among the 97; as Asiatic infants tend to be of smaller birth weight than European a greater proportion would of course be technically classifiable as premature irrespective of the term of pregnancy. This year 21% of these births relate to coloured infants.

CARE OF MOTHERS AND CHILDREN

The midwifery staffing position eventually—on the 3rd September, allowed a night rota arrangement for midwives on call to be instituted—as forecast in my last annual report. Between the hours of 6.0 p.m. and 6.0 a.m. there are two midwives on call for the whole of the Borough with another in reserve. The rest of the staff who are normally on duty at the time can then be sure of a free evening and a good night's rest. Detailed verbal and written instructions are given to expectant mothers to telephone the Ambulance Station between 6.0 p.m. and 6.0 a.m., the calls being relayed by the Station to the appropriate midwife. If, of course, a midwife is engaged in delivery at about 6 o'clock in the evening she naturally completes it and clears up before informing the duty midwife of the event. The scheme has been a distinct success and by allowing the midwives something approaching a normal social life I am

sure it will affect recruitment, and more particularly retention of midwives in the domiciliary service.

It will have been noted from the statistics given above that many more babies were born of Smethwick mothers than last year (1,207 compared with 1,122 in 1960); it is therefore to be expected that there should have been a rise in Ante-natal Clinic attendances from 2,823 to 3,372. Unfortunately the increase in births brought with them a more than proportionate rise in the number of still births, 30 as against 18 last year. Looking back over the figures for several years it will be seen that there is quite a variation in the number of still births occurring.

	1955	1956	1957	1958	1959	1960	1961
No. of Still births ...	31	13	23	27	21	18	30

The demand for maternity beds in hospital remains as great as ever and indeed it tended to increase due to two main causes, the rising birth rate and the large number of immigrants, both white and coloured, to the West Midlands, many of whom are pregnant on arrival in this country. As is to be expected, these new arrivals make a more than proportionate demand on the hospital beds as only too often they are living in rooms which are wholly unsuitable for a home confinement. On many occasions I have had to appeal to the Regional Hospital Board to find a bed for these immigrants who seldom think of booking a midwife or doctor, until the final weeks of their pregnancy, when all the hospital beds have been allocated. The officers of the Regional Hospital Board have been most helpful, and in all instances have been able to secure a hospital bed. Such extra bookings on social grounds often can only be kept in hospital for a short time, after which they have to come out to their unsuitable home circumstances, where they throw an additional and in many ways an unsatisfactory burden on the domiciliary midwifery service. One realises that the over-worked maternity wards have no option but to shorten the lying-in period, often drastically, but in my view, social cases, not always immigrants by any means, who are admitted because of unsuitable home circumstances should not in general be the mothers who are discharged home earliest.

It has been stated officially that the present shortage of midwives would be almost wholly met if every woman qualifying as a midwife practised for at least a year. The causes of this unsatisfactory state of affairs have been enumerated before; suffice it to say that pressure on the maternity units in which pupil midwives are trained tends to turn many girls against hospital midwifery. Some of these young women come out on to the district where they have the great satisfaction of seeing their cases through from ante-natal to the post-natal period. If, however, more and more of their time is taken in nursing mothers who

are strangers to them and who have had their babies in hospital, then a good deal of their "job satisfaction" is taken away. New solutions to combat the shortage of lying-in beds are being advocated; these include units staffed by domiciliary midwives where general practitioners will be responsible for the delivery of their own cases. However superficially attractive such an idea may seem, it may by forcing the district midwife back into "hospital," and a make-shift one at that, drive more midwives out of practice altogether. For the record it might be noted that the midwives once again delivered about five-sixths of the babies born at home.

During the year some of the first results of the large scale Perinatal mortality survey undertaken by the National Birthday Trust became available for England and Wales as a whole. Perinatal mortality is a useful index of the efficiency of the maternity services and it is the number of still births and deaths of infants under one week old expressed per thousand total births. The figures relating to England and Wales and to Smethwick are set out below:—

	Average Perinatal Mortality Rates 1953/5	1956/8	Average rate	Mean annual rate of fall
England and Wales	37.5	35.5	36.3	0.7
Smethwick ...	39.1	32.1	35.6	2.3

HOME HEALTH SERVICES

There is increasing appreciation of the value of the various Home Health Services operated by the local authority; it is becoming more generally realised the substantial contribution these domiciliary services are making towards caring for the young and old who need it. In this way the load is eased on the hospital services which each year become more expensive, both in terms of cost per patient-week and cost per patient treated. The chronic shortage of trained staff affects both hospital and domiciliary services and certainly in the case of the latter this shortage has limited the amount of assistance which can be offered, for example to general practitioners by the Health Visiting Service. In a number of areas experiments have been tried with a degree of success whereby Health Visitors work closely in conjunction with particular medical practices, in some cases being seconded part or whole-time to the practice. In isolated instances it has been found that such nurses have not been used to the best advantage, being expected to assist too extensively with minor routine surgery work which does not in any way call for a highly trained nurse. Nevertheless I should like to see a local experiment by which one or more health visitors are associated in a part-time capacity with group practices or perhaps groups of practices.

The fact that we are still so well below our establishment of health visitors almost precludes such development for the moment, however. It should be made clear though that whenever we are asked for help by a general practitioner with their patients or families (as we very frequently are) the district health visitor is only too ready to work closely with the doctor for the benefit of his patients.

Apart from all this, health visitors follow up many patients discharged from hospital to ensure that the necessary home care is provided. These patients include all children, special geriatric cases—usually on request from the consultant geriatric physician—and many female patients discharged after treatment for mental illness.

HEALTH EDUCATION

Health education in the formal sense is carried out mainly but not entirely with small groups of people in mothercraft classes, ante-natal, infant welfare and toddlers clinics, women's and church clubs. The usual media are employed to assist in the presentation of the subject, whether it be by an informal talk or discussion group or by other means. Sex education is given to selected groups of senior school girls. The relationship between smoking and disease has been an important subject for discussions and talks.

It appears to be national policy to treat in hospital only those patients who cannot be dealt with elsewhere, and for Local Authorities to provide care only for residents who cannot be looked after otherwise; a process which is reminiscent of passing the patient down the line. Conversely a major problem can and should be "kicked upstairs" if that is the only way of dealing with it. A national problem needs a national solution, national disease-producing propaganda demands nation-wide health education. Such a problem is heavy cigarette smoking and its undoubted association with lung cancer, bronchitis and coronary heart disease.

The Report of the Royal College of Physicians on "Smoking and Health"—surely better titled "Smoking and Disease" or "Smoking without Health"—was not published until early 1962. Nevertheless this has not prevented me from writing about it at some length in my 1961 report as Principal School Medical Officer. Indeed I have written about the whole subject so often that it is difficult to find anything new to say. However, had I the most persuasive pen in the world the addict would remain unconvinced. Many people, mainly town dwelling smokers, feel that it is atmospheric pollution that causes lung cancer. They point out that the death rate from lung cancer is greater in towns than in the

country. There is in fact little doubt that dirty air plays a minor part, though it must be remembered that the death rate from a great many other conditions—including road accidents—is greater among town than country dwellers. The very marked difference between the incidence of, and death rates from lung cancer in men and women (in 1961 the male death rate from lung cancer was 871 per million and female only 141 per million) suggests that a shared smoky environment is of less importance than personal long-standing smoking habits.

In general men started smoking cigarettes extensively at about the time of the first world war and after 30 to 40 years of chronic irritation their lung cancers began to appear. Women on the other hand began smoking extensively during the second world war; in twenty years time we shall have something very much nearer equality of the sexes in the incidence of lung cancer! In any event the lungs are the commonest site for cancer, accounting for 36% of male cancer deaths but only 7% of female deaths at present. As I do not wish to cover the same ground as in my School Report, one final word only on the Royal College of Physicians Report on Smoking and Health; it is in fact a quotation:—

"The chance of dying in the next ten years for a man aged 35 who is a heavy cigarette smoker is 1 in 23 whereas the risk for a non-smoker is only 1 in 90."

Perhaps this sombre thought may encourage people to respond to the question "Cigarette?" with "No thank you, I've given it up."

MENTAL HEALTH

In the last two or three reports I have written at some length on this subject. This year mental health will be treated more briefly, not because it is of less importance, but because 1961 was a period of consolidation of the new services. The pattern of procedures used and modes of admission of patients to the hospitals for the mentally ill and mentally subnormal became more familiar to the Mental Welfare Officers and showed in fact little change during the year. It will be seen that 69% of the 167 patients admitted to mental hospitals were received informally; the total admissions showed a reduction of 33 over the previous year. It was feared at one time that an untoward effect of the regulations made under the Mental Health Act might be to produce an increased percentage of patients admitted by the use of compulsory procedures. This fear has proved to have little foundation, the proportions of compulsory admissions being 31% in 1961 compared with 36% for 1958, the last complete year under the old legislation.

The various facets of community care for the mentally ill continued to develop during the year. At one stage it seemed certain that I would now be able to report that a Mental Health Hostel was in full operation. However, the premises which were under consideration for possible adaptation proved to be not wholly suitable; in addition there was some serious doubt as to whether sufficient patients would become available to make such a hostel a workable proposition for our present population. This doubt remains, and in addition no suitable premises have come to notice since.

The activities of the Smethwick Club for the Handicapped have been mentioned previously; two of the sections—for the mentally handicapped and for the mentally ill—have continued to prosper, especially the former.

TUBERCULOSIS

The report of the Chest Physician on tuberculosis in Smethwick makes disappointing reading. The rate of decline in the incidence of new cases of respiratory tuberculosis has slowed, there being only a slight fall from 108 per 100,000 population in 1960 to 102 this year, a level of notification which will probably be unequalled in England and Wales (though the figures are not yet available). It must be said, however, that as before the type of tuberculosis reported in Smethwick would seem on average to be milder than in most other areas; only 19 of the 76 new cases which occurred here were known or deemed to have a positive sputum. Only five people died from tuberculosis in Smethwick, giving a mortality rate of 70 per 100,000—a rate less than several of our neighbouring areas. At the end of the year there were eight patients in the community who were known to have positive sputum—seven years ago there were 78 such patients while the death rate from the disease is less than a quarter of the level of 1954. These facts are mentioned in order that the substantial progress made is not overlooked.

The incidence of tuberculosis in immigrants is naturally the object of some concern in an area such as Smethwick. In 1954-6 about 10% of the patients added to the register (i.e. new cases and inward transfers) were immigrants; in 1957-1960 the figure had risen to 20%. This year there was a sharp increase and no less than 35% of the new additions to the register were immigrants.

It must be emphasised once more that sanatorium beds are immediately available for the treatment of tuberculosis and in fact more than a third of the beds used for Smethwick residents were occupied by immigrants.

OTHER INFECTIOUS DISEASES

At the New Year an "influenza warning" was received from the Ministry of Pensions and National Insurance as in the week ending the 3rd January, 1961, no less than 839 new claims for sickness benefit had been received, nearly 500% above the normal for this time of the year. A change of this magnitude in a number of new claims almost always means that influenza is on the march through the community. Investigation as to the cause of the epidemic showed that it was due to influenza virus A. During January the number of new cases in the working population fell steadily as is shown in the successive weeks' totals of new claims for insurance benefit for that month—839, 772, 458, 390, and 354 for the week ended 31st January.

The prevalence of the acute infectious diseases of childhood followed a further customary pattern during the year. There was the biennial measles epidemic in which about the usual number of children were affected with no known serious complications and no deaths. Whooping Cough was conspicuous by its almost complete absence.

There were two cases of paralytic poliomyelitis, one of whom, a girl of 8, died of respiratory paralysis. This patient had not been vaccinated against poliomyelitis, while the second patient, a two-year-old girl who suffered only transient weakness of the legs and has made a complete recovery, had had injections against the disease. News of the death fired the public with a sudden burst of enthusiasm for poliomyelitis prevention and in just over two months, 5,454 injections were given in twenty special clinic sessions. During the same period in schools 282 children were given an initial course, 449 their third and 2,994 children their fourth injections. Over and above all this general practitioners were very active during the same space of time. Once more it was demonstrated that nothing succeeds like fear in ensuring large scale public co-operation in a disease prevention programme.

It might be mentioned here that as from 1st January general practitioners were able to offer vaccination against poliomyelitis to their patients who were over the age of 40, and therefore did not come within the priority classes who had been previously eligible for this form of vaccination. During 1961 there were localised outbreaks of poliomyelitis in several areas, notably Hull where for the first time in this country the Sabin attenuated poliomyelitis vaccine (which is given by mouth) was used to cut short an epidemic.

On December the 20th a Pakistani who was incubating smallpox arrived in the Midlands. This was the start of many anxious weeks for public health and hospital staffs in the Midlands, London, Yorkshire and

Wales. As this is essentially a story for 1962 perhaps it would be better to leave it at this stage.

National figures of venereal diseases show a continued and most disturbing rise in the number of new cases occurring in the community. Previous experience has shown that increases of this kind occur during war-time conditions, but that during the years of peace the incidence of V.D. almost invariably falls. As will be seen from the table on page 55, there was an increase in the number of new venereal infections in Smethwick residents treated at the casualty department of the General Hospital in Birmingham, where it might be mentioned the clinic hours are: 10.0 a.m.—12 noon every day and 5.0—7.0 p.m. Monday to Friday inclusive.

—AND THEIR PREVENTION

While this introductory letter was in the course of preparation some statistical information was received from the Ministry of Health about the vaccination state of our population against various diseases. The figures relating to Smethwick compare very favourably with other county boroughs and with those relating to England and Wales. For the sake of brevity they are given in tabular form:

	Smallpox. under 1 % of live births of year ending 30/6/61	Whooping Cough. children born in 1960 and 61 and vaccinated in 1961 as % of L.B. in year ending 30/6/61	Poliomyelitis under 19. % of persons born 1943-61 who have been vaccinated since vaccination started	Diphtheria. % of under 5 and under 15 population immunised during years 1957-1961	
				Age 0—4	Age 0—14
England and Wales ..	40	69	82	64	51
Smethwick ..	66 (4th highest among C.B's)	70	94 (2nd highest among C.B's)	71	72 (9th highest among C.B's)

HOME SAFETY

During the year the Home Safety Committee, among other activities, organised a campaign to draw attention to dangers in the home from unguarded fires and unsuitable clothing. As part of this campaign a poster competition was organised in the schools with the co-operation of

the Chief Education Officer. The entries to the competition were sub-divided into age groups of the applicants and the high standard of entries was the subject of comment by Mr. Boyson of the Ryland Memorial School of Art and Mr. Lodge of the Fire Service, who kindly judged the entries. Prizes were presented by His Worship the Mayor, Alderman R. L. Pritchard. Donations from the Fire Prevention Association and Messrs. Pyrene Co. Ltd. provided prizes which were in the form of book tokens. It was felt that this was a useful way to draw the attention of schools to the facts that there are 700 deaths from burning every year, of which over 300 are caused by clothes catching fire. It is becoming more widely known that flame-proofed materials are available at prices which do not greatly exceed those of unproofed material.

It will be noted in the text of the report that the Ambulance Service was called out on 216 occasions to deal with home accidents which necessitated hospital treatment. This is only slightly below the number of calls to street accidents (286). In actual fact, however, home accidents are a good deal more common than street accidents though because they happen at home and often tend to be less severe, a smaller proportion necessitate hospital treatment.

THE HOLLIES

It will be recalled that last year was a busy one for The Hollies. This year the day nursery was even busier but the residential beds were somewhat less in demand. New financial arrangements with the Children's Committe came into operation on 1st April, from which date that Committee retained a number of beds in The Hollies irrespective of whether or not they were used. Additional places were, of course, available when unoccupied. The arrangement appears to have worked well.

During 1961 the Health Committee agreed that The Hollies should be used to provide practical experience with younger children for student nursery nurses who were being trained by the Education Committee. This did not involve The Hollies becoming a full Nursery Nurses Examination Board Training School but before even these limited facilities were provided a full inspection was made by the Regional Public Health Nursing Officer of the Ministry of Health and one of Her Majesty's Inspectors of Schools.

CARE OF OUR SENIOR CITIZENS

Opinion in the Midlands was stirred in June by the publication of Dr. J. H. Sheldon's report to the Birmingham Regional Hospital Board on the condition of many of the hospitals for the chronic sick in the region. It is important, however, not to confuse old and inadequate

buildings with the standard of medical care therein. Every day splendid work is done in spite of old fashioned wards and staff shortages. Smethwick residents are fortunate that Summerfield Hospital, which has been greatly improved structurally, is under the enlightened medical guidance of Dr. L. Nagley and his colleagues, with whom we work very closely and whom I would like to thank for his most helpful co-operation during 1961 as over a number of years previously. One of the effects of the report has been to focus attention on to the problem of the long stay hospitals and their patients, and I am sure much good will come of it.

In March the Ministries of Health and Housing and Local Government issued a joint circular which urged the closest co-operation between Housing, Local Health and Welfare Authorities and voluntary organisations. As an example of this very desirable co-operation the Health and Housing Committees subsequently agreed on a plan which the Council confirmed for a new fifty place old people's home to be provided under Part III of the National Assistance Act on the same site as a number of flats for old people and others. The site chosen was on some largely disused allotments just outside the Borough boundary. This project represnted an exercise in co-operation, not only between Committees and Authorities, but also the three separate Ministries, with the fourth, the Treasury, in the background. Needless to say, therefore, complicated negotiations were necessary, but with the utmost goodwill on all sides, plans were finalised and the project was going forward at the end of the year with the intention of starting site works on the home before the end of 1961/62 financial year. The need for this new home was becoming increasingly apparent during the year with the lengthening waiting lists, the ageing population, and also the Authorities' commitments to move their remaining residents from The Poplars in Wolverhampton within the next three or four years.

On the 13th December Lord Amulree initiated a debate in the House of Lords on the Care of the Elderly. The debate, which was one of the most important ever held on the subject, lasted over four hours and covered a wide field. Several speakers laid special stress on the value of co-ordinating the Health and Welfare Services under the Medical Officer of Health in caring for the elderly in the community.

STAFF TRAINING

A recurrent theme in the annual reports of medical officers of health, especially those of industrial areas, is the shortage of professional and trained staff. This shortage is particularly noticeable for female occupations now that so many professions are competing for the restricted supply of young women with the requisite educational qualifications. Another form of competition is also apparent with too many men chasing

too few women, with honourable intent of course! As a result of these two processes staff training is coming to the fore as the best and indeed often the only way to fill vacant establishments. It has become apparent that jobs whose conditions of service attract married women are easier to fill.

At the beginning of the year the first examination was held for district nurses who had taken the West Midlands training course for the newly established National Certificate in District Nursing. After informal preliminary discussion in 1960 between the Medical Officers of the West Midlands Local Health Authorities, a meeting of representatives of the County Boroughs of Dudley, Smethwick, Walsall, West Bromwich and Wolverhampton, together with the Staffordshire County Council, decided to recommend to their respective Councils that a joint training scheme for district nurses be established. All the authorities accepted this recommendation and it was agreed that each would assist in providing the lecturers and tutors, whose services (if on the full-time staff) would be given without charge. Other expenses were to be pooled and shared on the basis of the number of candidates from each area who started on an individual course. On the first course theoretical and practical tuition was given on one day a week at a centre in Walsall for a total of 16 weeks. At the conclusion of the course 17 candidates took the examination and all but three passed. The two district nurses from Smethwick were among those who were successful. This scheme can be regarded as a notable example of co-operation between authorities which produced very satisfactory and economical results.

STAFF CHANGES AND ACKNOWLEDGMENTS

It is with great regret that I have to place on record the death on 25th December of Mr. C. R. Twycross, Assistant Ambulance Officer from 1954—1961. Mr. Twycross, who was universally liked, had done very good work not only for the Corporation but also for the voluntary ambulance service through the Smethwick Division of the Red Cross.

With the retirement of Mr. A. F. Beacon another stalwart of the Ambulance Service was lost to Smethwick. Mr. Beacon was appointed A.R.P. Ambulance Officer in 1939 and after notable work during the war became Borough Ambulance Officer in 1946. He developed the service to a considerable degree of efficiency while retaining its individual character in the use made of voluntary help, from the Red Cross and St. John Ambulance Brigade. Mr. Beacon served as Assistant Civil Defence Officer for about ten years and he retired on 27th October, carrying with him our best wishes for a long and happy retirement. In his place we are glad to welcome Mr. T. H. Draper, formerly Staff Officer at the

Shropshire Ambulance Headquarters, who took up his new duties on 23rd October.

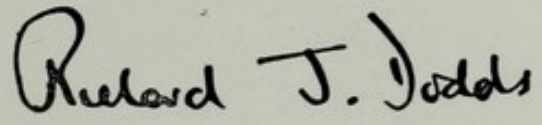
In September we were very sorry to lose the services of Miss Kathleen L. Whiston, who had worked as a Clerical Assistant in the department since 1935. Her responsibilities were mainly in connection with The Hollies Children's Home and Day Nursery, Convalescence and Chiropody treatment. She has our best wishes for a happy retirement.

A further long serving officer left on 30th June when Mr. J. Beaumont, Senior Chiropodist, took up a new appointment with Bedfordshire County Council. He had played a big part in helping to give Smethwick an almost unique municipal chiropody service.

Once again it is a great pleasure to express my thanks to the Chairman and members of the Health Committee, as well as to the other Chief Officers and Heads of Departments, for their co-operation and great interest shown in all health matters throughout 1961. I should also like to thank most warmly my own staff from Chief Administrative Assistant and Section Heads to the newest arrivals for all their excellent work during the year. As far as this report is concerned, my thanks are due to Mr. Hipkiss and other staff members for their help in preparing the body of the text. I am indebted to Mr. G. A. Fox whose ideas and draughtsmanship have produced two useful diagrams.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,



Medical Officer of Health.

Annual Report, 1961

GENERAL STATISTICS.

Area: 2,500 acres.

Population: Census, 1961: 68,372.
Estimated pre-war: 78,290.
Estimated civilian population mid-year, 1961: 68,550.

Rateable Value: £862,165 (April, 1962).

Estimated Product of a Penny Rate: £3,490 (April, 1962).

Rates in the £: 23s. 0d. (April, 1962).

Estimated Number of Houses and Shops in the Borough: 22,765.

EXTRACTS FROM VITAL STATISTICS.

		1961	1960
Live Births:	Males	616	572
	Females	591	550
	Total ...	1,207	1,122
	Illegitimate Births included in above total	97	72
	Percentage of illegitimate live births in total of live births ...	8.04%	6.42%
	Birth-rate per 1,000 population ...	17.60	15.78
	Comparability Factor (Births) ...	0.95	0.95
	Birth-rate as adjusted by Factor	16.72	14.99
Still Births:	Males	11	9
	Females	19	9
		30	18
	Illegitimate still births included in above total	2	1
	Still birth-rate per 1,000 population	0.44	0.25
	Rate per 1,000 total births ...	24.25	15.79
	Total live and still births ...	1,237	1,140
		1961	1960
Deaths:	Males	471	424
	Females	410	377
		881	801

	1961	1960
Death-rate per 1,000 population	12.85	11.26
Comparability Factor (Deaths) ...	1.15	1.15
Death-rate adjusted by Factor ...	14.78	12.95
Infant deaths: Male—legitimate	22	14
illegitimate	1	1
Female—legitimate	10	10
illegitimate	2	1
	35	26
Infantile Mortality Rates:		
Legitimate infants per 1,000 legitimate live births	28.83	22.86
Illegitimate infants per 1,000 illegitimate live births	30.93	27.78
All infants per 1,000 live births	29.00	23.17
Deaths of infants under 1 year	35	26
Deaths of infants under 4 weeks	24	23
Deaths of infants under 7 days	19	21
Early neo-natal mortality rate	15.74	18.71
Neo-natal mortality rate	19.88	20.49
Perinatal Mortality (i.e. still births plus deaths during 1st week of life) per 1,000 total births	40.60	34.21
Maternal Mortality:		
Maternal deaths	2	1
Maternal death-rate per 1,000 total births ...	1.66	0.87

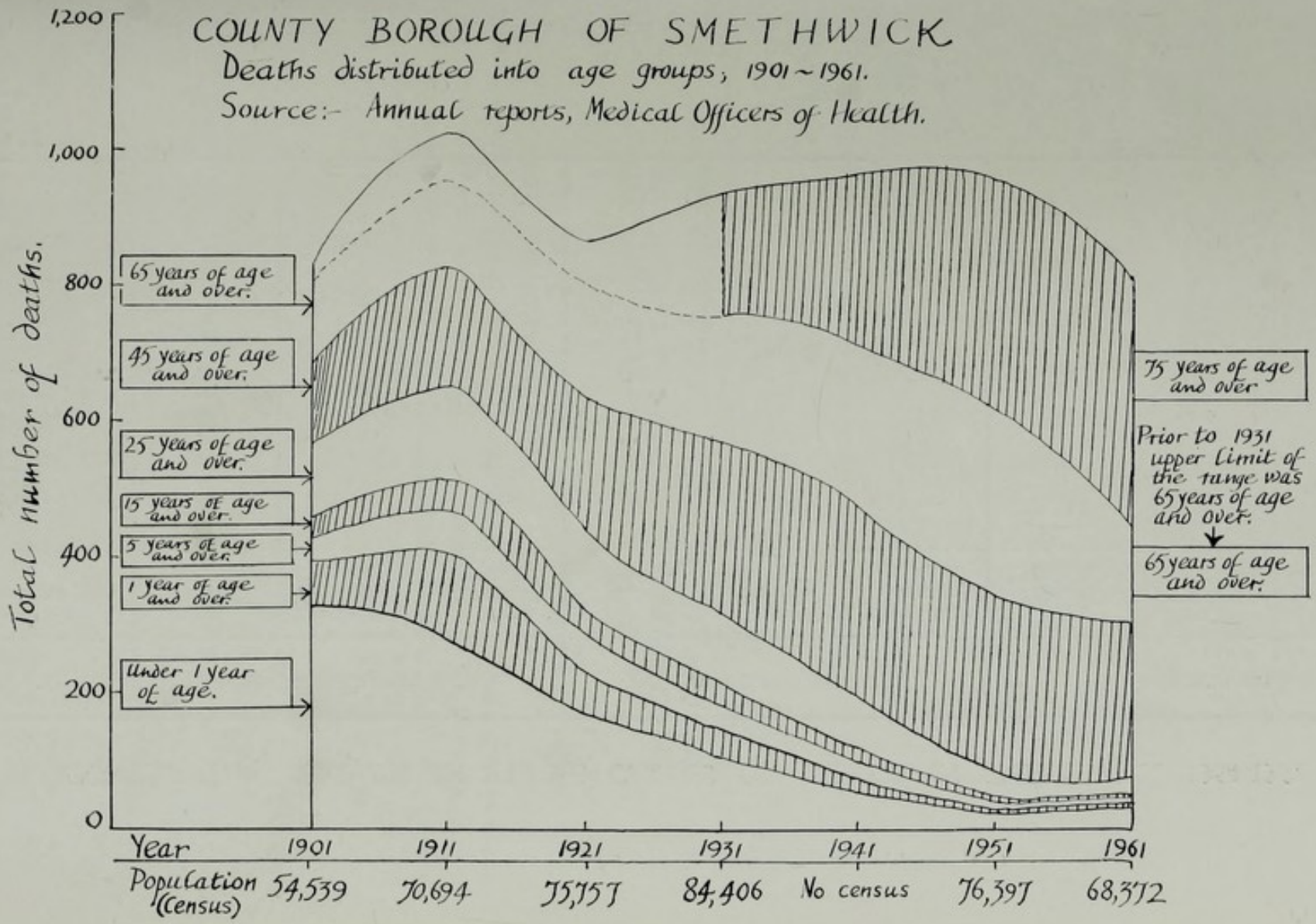
PRINCIPAL CAUSES OF DEATH:

	Number of Deaths		Rate per 1,000 Population	
	1961	1960	1961	1960
Pulmonary Tuberculosis	5	9	0.07	0.13
Cancer—lung, bronchus	44	47	0.64	0.66
of other main sites	132	104	1.93	1.46
Diabetes	5	7	0.07	0.10
Vascular lesions nervous system ...	110	107	1.60	1.50
Diseases of the Heart and Circulation	275	278	3.98	3.91
Influenza	21	2	0.31	0.03
Pneumonia	74	42	1.08	0.59
Bronchitis	62	58	0.91	0.82
Other Respiratory Diseases	8	8	0.16	0.11

PRINCIPAL CAUSES OF DEATH (cont.)

	Number of Deaths		Rate per 1,000 Population	
	1961	1960	1961	1960
Ulcer of Stomach	12	8	0.18	0.11
Nephritis and Nephrosis	5	4	0.07	0.06
Hyperplasia of Prostate	6	6	0.09	0.08
Congenital malformations	4	2	0.06	0.03
Motor Vehicle Accidents	11	5	0.16	0.07
Other Accidents	14	11	0.20	0.15
Suicide	7	8	0.10	0.11
Other defined and ill defined diseases	86	95	1.24	1.34
	881	801		

The diagram on the opposite page illustrates how much longer people live today. Before 1931 the upper age group for deaths was placed at 65 years of age, and over and about 100 years ago, the average expectation of life was in the region of 40 years; today it is over 70 years.


COUNTY BOROUGH OF SMETHWICK
Deaths distributed into age groups, 1901 ~ 1961.
Source:- Annual reports, Medical Officers of Health.
Total number of deaths.
1,200
1,000
800
600
400
200
0
65 years of age and over.
45 years of age and over.
25 years of age and over.
15 years of age and over.
5 years of age and over.
1 year of age and over.
Under 1 year of age.
75 years of age and over
Prior to 1931 upper limit of the range was 65 years of age and over.
65 years of age and over.
Year 1901 1911 1921 1931 1941 1951 1961
Population (Census) 54,539 70,694 75,757 84,406 No census 76,397 68,372

CONTRASTING TRENDS IN THREE CAUSES OF DEATH IN SMETHWICK 1954-1961

Year	Lung Cancer			Cancer other main sites			Tuberculosis		
	No. of Deaths	Rate per 100,000 Population	Moving Average of Rate	No. of Deaths	Rate per 100,000 Population	Moving Average of Rate	No. of Deaths	Rate per 100,000 Population	Moving Average of Rate
1954	37	49	—	123	163	—	24	32	—
1955	24	32	39	108	145	156	18	24	26
1956	27	36	33	120	161	150	14	19	23
1957	24	33	42	107	145	156	19	26	22
1958	43	59	48	118	163	163	16	22	21
1959	38	53	60	128	178	163	11	15	17
1960	47	66	60	104	146	170	9	13	12
1961	44	65	—	132	192	—	5	7	—

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:—

	1959	1960	1961
Live births	1,026	1,139	1,277
Still births	21	18	32
	1,047	1,157	1,309

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 an increase in attendance at the Firs Ante-Natal sessions; a total of 1,107 expectant mothers attended 3,372 times compared with 908 mothers and 2,823 attendances in 1960. Two sessions were held weekly for women being confined in St. Chad's Hospital and these were attended by hospital staff and a health visitor. 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 to the Hospital for post-natal examination 6 weeks after their confinement. Mothers delivered at home are examined post-natally by the general practitioner who has 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 Firs 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 £250 to the local branch of the Diocesan Council for Moral Welfare, and in addition accepted financial responsibility for the maintenance of three unmarried expectant mothers in hostels and maternity homes outside Smethwick.

DENTAL TREATMENT

Following the appointment of Mr. Lucas as Principal Dental Officer in 1960 we were fortunate to obtain the services of two full-time Dental Officers during 1961 and with the opening of Stanhope Road Clinic in October the facilities made available by the authority could justly be described as second to none in that Dental treatment is now provided within easy access of all parts of the Borough.

I am indebted to Mr. Lucas for the following report on the Dental Services provided during the year.

"Our treatment of nursing and expectant mothers followed much the same pattern as previous years and the response to our offers of treatment was poor. Although they are quick to attend if they have toothache, it is very difficult to persuade the majority of mothers of the importance of routine dental care in the maintenance of their own health and the health of their child. In an effort to promote better attendances, we have dispensed with fixed sessions and are now seeing mothers at any of our four clinics on any day, at any time. Despite this the number of mothers examined in 1961 fell by 12%. They can now obtain their dentures free of charge under the National Health Service. This has probably led some mothers to continue treatment with their own dentist instead of coming to us for free dentures.

"It is encouraging to record that although mothers are slow to come forward themselves, they are bringing more of their toddlers along for treatment. The number of children under five examined went up by 80% in 1961. It is unfortunate that even at this early age, 353 extractions were necessary for 270 children. This can only be due to the teeth being in contact with decay-producing substances for most of the day. It usually starts with a sugary dummy at six months and progresses to a more or less continuous consumption of sweets and lollipops. These things keep the child quiet but are responsible for the tremendous amount of dental disease present among children in this country.

"The new clinic at Stanhope Road is proving a popular venue for mothers and young children. The pleasant, modern surroundings undoubtedly affect their attitude towards dentistry. I must thank our Health Visitors and Midwives for their co-operation in the very often frustrating task of persuading people what is good for them."

(*a*) Numbers provided with Dental Care

Patient	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers	88	88	78	54
Children under five	270	234	216	115

(*b*) Forms of Dental Treatment provided

	Extractions	General Anaesthetics	Fillings	Scalings and Gum Treatment	Silver Nitrate/ Treatment	Dentures Provided		Gold Inlays	Radiographs
						Complete	Partial		
Expectant and Nursing Mothers	176	19	142	47	—	23	2	—	3
Children under five	353	153	138	1	16	2	—	—	—

DOMICILIARY MIDWIFERY

After so many years of staffing difficulties it is pleasing to report that from July onwards the service was fully staffed with eight full-time midwives and during staff leave we were fortunate to have assistance from a Clinic Nurse who had obtained Midwifery qualifications in 1959.

The table below shows that 432 deliveries were attended, one less than the previous year, and whilst there was a decline in the number of nursing visits this was offset by a marked increase in the number of ante-natal visits.

	1957	1958	1959	1960	1961
Number of bookings ...	460	472	490	529	650
Ante-natal visits ...	1,466	1,229	1,234	1,318	2,444
Deliveries attended ...	401	384	393	433	432
Nursing visits	10,489	10,410	10,423	10,575	9,343

All the midwives are authorised to give pethidene and gas and air analgesia; the former was used in 270 and the latter in 298 deliveries.

The number of maternity hospital beds available to Smethwick residents showed an increase compared with recent years and the Health Visiting staff continued to assist the hospital authorities in the allocation of beds for social reasons. 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 Regional Hospital Board and I should like to say how helpful officers of the Board and Hospital Management Committee have been during the past year. A bed has been found for every case.

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 10 days of the infant's life. Afterwards the welfare and progress of the child were 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, 113 babies weighing 5½ lbs. or less were born to mothers normally resident in the borough. Of these 17 were born and nursed at home, 7 transferred to hospital and 89 born in hospital. Twenty-two premature still births were notified, 18 born in hospital and 4 at home. The following table gives details of all premature births during the year.

Weight at Birth	Premature Live Births									Premature Still-Births		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to Hospital on or before 28th day					
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Born in Hospital	Born at Home	Born in Nursing Home
3 lb. 4 oz. or less (1,500 gms. or less) . .	13	3	5	1	1	—	3	1	2	13	2	—
Over 3 lb. 4 oz. up to and including 4lb. 6oz. (1,500—2,000 gms.) . .	6	—	6	—	—	—	1	1	—	4	1	—
Over 4lb. 6oz. up to and including 4lb. 15oz. (2,000—2,250 gms.) . .	20	1	18	1	—	1	1	—	1	1	—	—
Over 4lb. 15oz. up to and including 5lb. 8oz. (2,250—2,500 gms.) . .	50	1	49	15	—	15	2	—	2	—	1	—
Totals . .	89	5	78	17	1	16	7	2	5	18	4	—

HEALTH VISITING

Health Visitors are employed jointly for the Local Health Authority Services and the School Health Service. They are able to provide a continuity of service from ante-natal care of the mother, throughout a child's early years and his school days, and perhaps again when maturity is reached and a new generation is on the way. 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 wider duties and the conscientious manner in which they have carried them out.

Out of a potential establishment of twenty only eleven 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. 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 assist general practitioners in every possible manner having regard to the shortage of staff, and this co-operation, which I hope will be augmented in the near future, helps the patient, doctor, and health visitor.

Details of visits made by health visitors during the past five years are shown below:—

	1957	1958	1959	1960	1961
To Expectant Mothers:					
First Visits	274	259	327	292	481
Total Visits	473	432	501	486	719
To Children under one year of age:					
First Visits	969	986	944	1,064	1,183
Total Visits	5,513	5,305	6,198	6,418	6,664
To Children aged one to five years:					
Total Visits	7,931	8,985	9,835	8,405	8,630
To Other Classes:					
Total Visits	3,623	4,469	5,800	3,911	3,070

INFANT WELFARE CENTRES

By the end of the year we were in the unique position of having all our Infant Welfare Centres accommodated in purpose built premises owned and run by the Local Authority. In October a clinic at Stanhope Road which occupies part of the ground floor of an eleven storey block of flats was opened by His Worship the Mayor (Councillor

R. L. Pritchard, J.P.), for many years Chairman of the Health Committee. This Clinic replaced the sessions previously held at The Community Hall, Londonderry, and St. Gregory's Church Hall, Warley.

Eight infant welfare clinics a week were held as before where mothers could obtain advice from the medical and nursing staff about their infants and pre-school children. There was a slight decrease in attendance, 958 children under 1 year of age attending clinics for the first time, which represents 75 per cent. of the total notified births in the town. Details of attendances during the past five years are shown below:—

	Under 1 year	Over 1 but under 5 years	Total
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
1961	13,085	4,272	17,357

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' sessions 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 ..	318	113	33	136
Over two years ..	217	108	48	144
Over three years ..	311	191	59	253
Over four years ..	43	23	9	26

Nature of Defects found:—

Uncleanliness	1
Teeth	52
Skin	72
Eyes—(*a*) Vision	2
(*b*) Squint	13
(*c*) Other	10
Ears—(*a*) Hearing	—
(*b*) Otitis Media—R	7
L	4

(*c*) Other	7
Nose or Throat	63
Speech	18
Enlarged Lymphatic Glands	61
Heart and Circulation	16
Lungs	21
Development—(*a*) Hernia	42
(*b*) Other	64
Orthopaedic—(*a*) Posture	2
(*b*) Flat Foot	90
(*c*) Other	44
Nervous System—(*a*) Epilepsy	3
(*b*) Other	4
Psychological—(*a*) Development	37
(*b*) Stability	40
Others	15
	688

SUPPLY OF DRIED MILK AND OTHER FOODS

(*a*) Proprietary Foods

Proprietary brands of dried milk and other foods continued to be sold at Infant Welfare Centres. Almost the whole of these foods are sold by voluntary workers, to whom we are most grateful for the excellent service rendered during the year.

(*b*) Ministry of Food Welfare Foods

The distribution of Ministry of Food Welfare Foods continued daily from the Firs Clinic and at each session held at other Infant Welfare centres. Voluntary workers are in charge of the distribution at most sessions, and a total number of47,563 articles were distributed to the public during the year. There was a decrease of 1,343 in the issues of National Dried Milk, and 19,975 bottles of orange juice were sold compared with 30,039 bottles in 1960.

National Dried Milk:	
Full Cream	21,878 tins
Half Cream	642 tins
Orange Juice	19,975 bottles
Cod Liver Oil	2,726 bottles
Vitamin A and D Tablets	2,342 packets

The decrease in the sales of Orange Juice and Cod Liver Oil followed the decision by the Ministry to raise the charge for these foods.

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 Department, 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 further deterioration. 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 1961.

HOME NURSING SERVICE

During the year Home Nurses made 30,135 visits to all patients, a decrease on the previous year. The total number of patients treated was 887, of whom 530 were 65 years of age or over at the time of the first visit during 1961.

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 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 an 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:

	1957	1958	1959	1960	1961
New patients	762	766	790	770	687
Recovered or transferred to hospital	612	588	630	607	560
Died	121	148	133	134	140
Remaining at end of year	214	213	211	224	196
Visits made during year	32,526	33,527	34,814	33,460	30,135

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:

	1957	1958	1959	1960	1961
Medical	788	821	820	707	709
Surgical	130	131	136	138	145
Tuberculosis	26	24	12	8	8
Maternal complications	4	4	10	11	7
Infectious Diseases ...	—	—	7	—	3
Others	—	—	7	9	9
	948	980	992	873	881

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 711 infants were vaccinated against smallpox. This number represents 56% of the total registered live births in 1961 and compares with 55% in 1960.

VACCINATION AGAINST DIPHTHERIA, WHOOPING COUGH AND TETANUS

Protection against these three diseases is now almost always given by inoculating the infant with a primary course of triple vaccine; 1,046 such courses were given in 1961. Reinforcing doses particularly against diphtheria are injected at later ages, 570 children receiving this additional protection. Only 109 children had primary injections against diphtheria alone.

VACCINATION AGAINST POLIOMYELITIS

Following the death of an eight-year-old Smethwick child who had been suffering from poliomyeltis we had the same public call for protection against the disease as was experienced following the death of a Midland International footballer a few years ago. So great was the demand that a number of special evening sessions were held. The open sessions which were held at the Firs Clinic each Saturday morning throughout the year were also well attended, especially during May, June and July. In addition, of course, many attended at the surgery of their private doctor for the course of injections and special arrangements

were made for sessions at the larger works in the town. At present the recommended protection against the disease consists of two injections with a month between, followed by a third injection given seven months later. In the case of children in the 5 year to 12 year age group a fourth injection is recommended not less than 12 months following the third injection. The table below gives details of poliomyelitis vaccination given during 1961.

Age Group	Courses of two injections given
Born between 1943 and 1961	2,177
Born between 1933 and 1942	1,231
Born before 1933 and not over 40 years	2,658
Expectant and Nursing Mothers	8

In addition to the above courses of two injections, 4,255 third injections were given to persons in the above age groups and a fourth injection was given to 3,516 children between the age of 5 and 12 years.

VACCINATION AGAINST TUBERCULOSIS

It is satisfactory to report the continued high acceptance rate for B.C.G. vaccination against tuberculosis in 1961. No definite active disease was found in the Mantoux positive 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 was a slight reduction in the number of children showing a positive reaction to the Mantoux test in 1961, compared with 1960.

Statistics of B.C.G. Vaccination for Smethwick Schoolchildren.

	1959	1960	1961
No. of children eligible for vaccination	971	1,113	1,171
No. of children whose parents consented	710	855	893
Percentage acceptance	70%	77%	76%
No. of known Mantoux positive before skin testing	10	8	10
No. of children Mantoux tested ...	693	845	883
No. of children Mantoux positive ...	66	64	66
Percentage Mantoux positive	9.5%	7.5%	7.47%
No. of children vaccinated with B.C.G.	627	777	816
No. of children referred to Chest Physician	66	64	66

AMBULANCE SERVICE

The 15th January, 1961, was a red letter day for the Smethwick Ambulance Service. On that day the staff, with their vehicles, stores and office equipment, moved from temporary accommodation in Norman Road where they had been exiled since August, 1959, to the newly built Ambulance Station in Londonderry Lane. The new building consists of an Administrative Block confronting Londonderry Lane and is of two storey construction. The ground floor provides offices for the Ambulance Officer and the Assistant Ambulance Officer, the Control Room, First Aid Room and a Female Dormitory. The first floor consists of a Lecture Room and a Male Dormitory. The kitchen, a dining room and rest room, also workshop, stores and a garage which will accommodate 10 vehicles have been provided at the rear.

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 (c.c.)		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 tables give details of the work of the Ambulance Service during 1961.

(A)	Sitting Case Cars	Sitting Case Ambulance	Totals 1961	Totals 1960
No. of Journeys	2	7,238	7,240	7,036
Patients carried	4	21,519	21,523	22,294
Miles travelled	57	85,048	85,105	85,048
Motor Spirit Consumed (galls.)	5	6,307	6,312	6,816

(B) Categories and Number of Patients Conveyed.

Accidents		672
(*a*) Street	286	
(*b*) Home	216	
(*c*) Works	111	
(*d*) School	59	
Maternity Cases		524
Out Patients		17,098
Hospital Admissions		1,937
Hospital Discharges		826
Others (i.e.) Mental, X-ray Examinations, etc.)		466

(C)

Number of Stretcher Cases	2,572
Number of Sitting Cases	18,951

"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 1961 was 5,928, an increase of 823 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 18.48 and the total number of patient days was 6,744. These figures show a decrease when compared with those of 1960 which were 20.01 and 7,306 respectively.

Details of children accommodated during 1961 are shown below:—

Condition	In-Patients 1.1.61	Admitted Under School Age	Admitted School Age	Discharged Under School Age	Discharged School Age	Re-maining 31.12.61
Bronchitis	1	1	1	1	—	2
Convalescence ...	—	4	—	1	—	3
Debility	2	—	1	—	3	—
General care	—	3	1	1	1	2
Psoriasis	1	—	—	—	1	—
Underweight	1	—	—	1	—	—
Children's Committees—						
Smethwick	6	42	35	41	35	7
Birmingham ...	—	12	14	10	9	7
West Bromwich ...	1	—	1	1	1	—
	—	—	—	—	—	—
	12	62	53	56	50	21
	—	—	—	—	—	—

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 until the end of June, 1961, when Mr. Beaumont left to take up a more senior post with another authority. From July until the end of the year Miss Dobson was the only full-time chiropodist on duty and we were dependant on locums whenever they were available to help in maintaining the service and coping with the increased demand made upon it during the year. During 1961, individual patients attending the clinic totalled 1,156, of whom 4 were school children. Of the remainder 1,006 were women, 539 of whom were aged 65 and over, and 146 were men, 107 of whom were age 65 and over.

Compared with 1960 the total attendances at the clinic showed a decrease. Details of the past 3 years are shown below:—

	1959	1960	1961
Children under five years of age ...	—	—	1
Children of school age	25	18	6
Expectant and Nursing Mothers ...	2	1	—
Other Patients:			
Male	1,272	1,073	798
Female	8,170	6,996	5,536
	9,469	8,088	6,341

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 1961 the Chiropodists made 445 visits to patients in their own homes, an increase of 39 when compared with the previous year.

CONVALESCENT CARE

There were 61 applications for recuperative convalescence, and of these 37 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 needy cases should not be deterred from accepting treatment for financial reasons.

LOAN OF SICK ROOM EQUIPMENT

Throughout the year medical loan equipment was available on the recommendation of general practitioners and hospital doctors, 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, but no deposits are required from old age pensioners. During the year, a total of 513 articles were issued, details of which are given below:—

	Number of articles issued
Air Rings	42
Bed Pans	85
Bed Rests	42
Mackintosh Sheeting	91
Urinals	58
Bed Cradles	15
Wheelchairs	47
Feeding Cups	7
Commodes	25
Dunlopillo Rings	17
Beds	15
Mattresses	20
Sputum Mugs	2
Lifting Pulleys	4
Bed, Air	7
Bed Tables	4
Fireguards	1
Crutches	4
Fracture Boards	24
Miscellaneous	3
	513

DOMESTIC HELP SERVICE

During the year 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. The maternity cases attended now form only a small percentage of the totals, the majority of the homes at which assistance is given are those of aged and infirm patients which are usually long term cases.

The tables below give details of the cases assisted during 1961.

SUMMARY OF CASES ASSISTED

No. of cases being assisted at 1.1.61	330
New Cases during the year	194
Cases completed during the year	162
No. of cases being assisted at 31.12.61	362

SUMMARY OF CASES ATTENDED 1957-1961

	1957	1958	1959	1960	1961
Maternity (including expectant mothers)	37	40	27	22	37
Tuberculosis	1	2	2	4	3
Aged and Infirm	360	368	384	443	447
Others	27	10	13	30	22

Of the cases attended during 1961, 309 were assisted by the National Assistance Board with the payment of fees.

Most of our aged population prefer the comfort of their own homes 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.

Staff recruitment during the year continued to fluctuate, depending largely on the demand for female labour in local industry, but, despite several changes of staff, by December the position had become more stabilised; indeed, we had at the end of the year a small waiting list of applicants for these posts. Fortunately a good number of our Helps who have been with us for several years remained in the service and their experience proved invaluable with the special difficult cases that often call for patience and much hard work.

During the year a total of 509 patients were given assistance compared with 499 in 1960. 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 SERVICES

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 out-patients 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, weekly consultation clinics at

Highcroft Hospital were attended by the Mental Welfare Officers. 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 167 Smethwick patients were admitted to the Mental Hospital, a decrease of 33 on the previous year's total. The Mental Health Staff arranged the admission of 51 of these, 115 were admitted by their general practitioners or from the hospital out-patient clinics, and 1 from the local magistrates' court. Admissions arranged through the Public Health Department were mainly by means of Sections 25, 26 and 29 of the Mental Health Act, 1959. It is very satisfactory to report that out of 167 patients admitted, no fewer than 164 were or became informal patients and only 2 were detained in hospital after the expiration of the initial period.

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:—

	1957	1958	1959	1960	1961
Admitted for treatment	—	2	—	1	2
Observation (Section 25 or 29) or recommendation ...	63	55	65	67	49
Court Order—Section 60	—	—	—	—	1
Voluntary or Informal	166	105	118	132	115
	229	162	183	200	167

Final Classification:—	1957	1958	1959	1960	1961
Treatment	3	5	4	2	4
	1.3%	3.09%	2.18%	1%	2.33%
Discharged under Short Orders	6	5	13	3	—
	2.6%	3.09%	7.10%	1.5%	
Informal	220	152	166	195	163
	96.1%	93.82%	90.72%	97.5%	97.67%
	229	162	183	200	167

During the year 2 patients were admitted for treatment under Section 26 and 2 patients in the hospital were detained for treatment under the same section. One patient was admitted by a Magistrates' Court Order under Section 60 and one patient was transferred to another hospital under Section 70. No old person was admitted under Section 26 for treatment.

The following table shows the final classification of persons aged 70 or over during the past five years.

	1957	1958	1959	1960	1961
Treatment	—	—	—	—	—
Discharged within period of observation	1	1	1	—	—
Informal	45	32	28	31	25
	46	33	29	31	25

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 1,157 visits to patients' homes during the year.

There were 83 patients receiving after-care at the beginning of the year; 80 new cases were added during the year and 100 were closed, leaving 63 patients at the end of the year. Of the 100 cases closed the results were:

Fully recovered or stabilized	68
Returned to Mental Hospital for further treatment ...	17
Left the area	9
Died (1 suicide)	6

The table below gives details of hospital discharges during the year:—

Accepted After-care	80
After-care not necessary	65
Discharged to another area	4
Died	21
	170

TRAINING CENTRE

The Albert Bradford Centre was opened in 1959. Its attractive design, furnishings and above all the standard of work done, has brought forth much favourable comment from a large number of visitors from this country and 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 are taught by a qualified Occupational Therapist. In the Junior section many ingenious forms of training can be seen, many of which may have been evolved by the Supervisor and her 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 given on parents' day.

The majority of the pupils are carried to and from the Centre by coach and during the summer many of them spend a week at the Smethwick School Camp by the courtesy of the Education Committee.

PREVENTION OF SUBNORMALITY

It might be mentioned here that the practice of testing infants for signs of phenylketonuria was continued; health visitors tested all infants born in 1961 with uniformly negative results.

HOSPITAL ACCOMMODATION

The list below shows the number of mentally disordered patients from Smethwick accommodated in various hospitals at the 31st December, 1961.

	M	F
Highcroft	55	60
St. Matthew's	39	71
All Saints	3	—
Broadmoor	1	—
Cheddleton	7	—
Burghill and Holme Lacy (Hereford) ...	7	—
Goodmayes (Essex)	1	3
Hollymoor	1	1
Nonfanog (Bridgend)	—	1
Rubery Hill	1	—

St. George's	—	1
St. Cadoc's (Caerlson)	1	—
Monyhull Hall	15	9
St. Margaret's	11	7
Coleshill Hall	2	5
Lea Colony	5	3
Stallington Hall	1	2
Stoke Park (Bristol)	1	2
Chelmsley (Marston Green)	1	2
Middlefield Hall (Solihull)	2	—
Burton Road (Dudley)	—	1
Beech's (Ironbridge)	1	—
Dean Hill (Ross-on-Wye)	—	1
Loppington House (Shrewsbury)	1	—
Moss Side (Liverpool)	1	—
Rampton (Nottingham)	—	1
Royal Earlswood (Surrey)	1	—
	158	170

ADMISSIONS TO MENTAL HOSPITALS DURING 1961

Classification	Sex	Aged Under 20	20—29	30—39	40—49	50—59	60—69	Aged 70 and over	Total All Ages
Section 25. Mental Health Act ..	M	—	—	—	—	—	1	—	1
	F	—	—	—	—	—	—	—	—
Section 26. Mental Health Act ..	M	—	1	—	—	—	—	—	1
	F	1	—	—	—	—	—	—	1
Section 29. Mental Health Act ..	M	1	4	4	3	1	—	2	15
	F	2	4	4	7	3	6	7	33
Magistrate's Court Order. Section 60. Mental Health Act	M	—	1	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—
Informal	M	1	5	6	10	7	7	6	42
	F	—	9	21	10	9	14	10	73
Total Admissions During 1961 ..	M	2	11	10	13	8	8	8	60
	F	3	13	25	17	12	20	17	107

DISCHARGES AND DEATHS—MENTAL HOSPITALS—1961

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	4	6	10	2	6	1	113 (2 died)
	F	2	13	18	12	12	17	7	
3—6 months	M	—	2	1	3	1	1	3	19 (3 died)
	F	1	—	2	—	—	3	2	
6—9 months	M	—	—	2	—	1	1	—	5
	F	—	—	—	1	—	—	—	
9—12 months	M	—	1	—	1	—	—	1	7 (1 died)
	F	3	—	—	—	1	—	—	
Over 12 months	M	—	—	1	1	3	4	2	26 (15 died)
	F	—	—	—	1	1	4	9	
TOTALS ..		9	20	30	29	21	36	25	170 (21 died)

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 1961:—

"In 1959 Smethwick came second to Liverpool in the number of notified cases of Tuberculosis but in 1960 Smethwick again had the highest ascertained incidence of 108 per 100,000 as compared with 144 in 1959 even although the figure is down.

"One possible explanation can be seen from the rising incidence in immigrants mentioned more fully later. The flow of immigrants from India and Pakistan to Smethwick started in 1945 and was a problem here long before it affected other towns in the Midlands and elsewhere. The problem has only received public notice since 1954 when the flow of West Indians was added to that of Asiatics, and has only been ventilated in the last few years.

"In 1961 the number of new cases added to the Register was 98 of which 22 came in as transfers from other areas, only 76 arising in the town as compared with 80 in 1960. 135 cases were discharged off the Register as recovered, 30 were transferred out to other areas and 14 persons on the Register died. At the end of the year there were 668 registered cases as compared with 748 at the end of 1960, a reduction of 80.

"The 76 new cases diagnosed were found as follows:—

Referred by General Practitioners	23
Hospitals	20
Contact Examinations	16
Mass Radiography—Doctors' Cases	4
Surveys, etc.	4
Others (Factory doctors)	9

Of the 76 new cases, 50 were male, 7 were females and 19 were children up to age 16. 4 male and 2 children had non-pulmonary forms of tuberculosis.

"Total attendances at the Chest Clinic were down to 5,407. The number of new cases seen was 1,358, including 214 contacts. 5,488 X-ray examinations were carried out, 3,483 being for Smethwick Clinic and 2,005 for Langley Clinic, Oldbury. Owing to lack of a full-time radiographer after November, the 3 weekly sessions for Oldbury and the once weekly session for expectant mothers attending St. Chad's Hospital had to be discontinued.

"During 1961, 40 patients, including 19 of the new cases, were known or were deemed to have positive sputum tests. At the end of the year 5 had died, 6 were in Sanatoria and 21 were at home sputum negative after treatment, leaving a known 'infector pool' of 8 infectious cases in the town, our lowest ever figure.

"Hospital treatment, which is certainly best for all new patients, is available immediately on diagnosis. Both male and female patients are admitted to Prestwood Sanatorium near Stourbridge, children go to The Limes Sanatorium, Himley. The Medical Staff, which is the same for both hospitals, have been most helpful at all times and on special occasions have taken in whole families where it has not been possible to make arrangements at home for the care of children and babies. At The Limes there is a school and teachers so that children of school age suffer minimal loss of schooling when their treatment may extend over a period of months.

"During 1961 the average bed occupancy could be estimated as under:—

Prestwood—Stourbridge	20 males	2 females
The Limes—Himley	6 children	2 females
Heath Lane—West Bromwich ...	3 males	

The special Midland Red Visitors' bus leaving Windmill Lane, Smethwick, at 1.10 p.m. on Sunday and Wednesday has continued to operate and Visitors to The Limes can use the same bus but have to change at Kingswinford. Owing to the very awkward normal bus service it is necessary to send in most new admissions by ambulance to both hospitals and the help of Smethwick Ambulance Service is much appreciated.

"Surgical treatment for tuberculosis is now seldom required but facilities are available at Yardley Green Hospital, Birmingham, and for non-tuberculous cases at Hill Top Hospital, Bromsgrove. The thoracic surgeons, Mr. MacHale and Mr. Stephenson, visit Smethwick Clinic when needed. Dr. Bourne from West Bromwich visits regularly for radiological consultations.

"Tuberculosis in immigrants rose sharply in 1961. 29 of the 76 new cases and 6 of the transfers in were immigrants, giving a proportion of 38.2% of new Smethwick cases and 35% of the total of 98 new additions to the Register.

"The Nationalities of the new immigrant cases were as follows:—

	Smethwick	Transfers In	Total
Indian	18	1	19
Pakistani	6	2	8
Irish	3	2	5
Australian ...	0	1	1
Jamaican ...	2	0	2

Thus the incidence of tuberculosis in immigrants has doubled from 18.7% in 1960 to 38.2% in 1961. It would appear to be mainly the Indian population which is responsible. There are many more wives and families in the town. While the majority of the young Indian women have clear chest X-rays, some of the older women have X-ray evidence of old tuberculosis. Most have positive Tuberculin tests. This is also found in the children but it is very important to note that many young Indian men and women and children have received B.C.G. vaccination in India and it is becoming difficult to sort out positive Tuberculin tests when done after arrival in this country. This applies to a lesser extent to young Pakistani men who tend to leave their families in Pakistan. Owing to language difficulties it is seldom possible to get a certain history of B.C.G. vaccination and most have several vaccination scars mainly for Smallpox. With the West Indians, where B.C.G. vaccination started on a large scale about 1952, it is possible to sort out positive tests due to the vaccination and make an appropriate assessment. The West Indians have a lower incidence of tuberculosis than our own native stock, but unfortunately the Asiatics appear to be 10 times more prone to tuberculosis than we are. Figures from the recent census may enable a more accurate estimate to be made of the relative incidence but if the 70,000 population of Smethwick includes 5,000 to 10,000 Asiatics, then as half of the Chest Clinic work is now taken up with them, it means one-twelfth to one-seventh of the population requires half of the Chest Clinic services. As in previous years more than one-third of the treatment beds are needed for immigrants.

"In 1961, in accordance with my usual practice for some years, all new persons had a routine tuberculin test; if possible, as part of their examination. It is becoming increasingly difficult to sort out persons who have previously received B.C.G. at school in this country, in India, Pakistan and West Indies, but excluding all tests done at the Clinics or elsewhere in connection with B.C.G. vaccination the results in new persons seen at the Clinic in 1961 are as tabulated below.

Age	Positive	Negative	Total	% Positive		
				1961	1960	1959
0—5 ..	10	107	117	8.5	1.74	4.6
6—10 ..	12	55	67	17.9	7.0	12.7
11—15 ..	17	31	48	35.4	30.0	28.4
16—20 ..	15	31	46	32.6	29.0	39.2
21—30 ..	93	75	168	55.3	54.0	62.6
31—40 ..	98	23	121	80.0	76.3	80.3
41—50 ..	105	23	128	82.0	72.6	82.9
51—60 ..	92	23	115	80.0	80.5	71.8
61—70 ..	51	19	70	72.8	70.2	64.9
71—80 ..	8	7	15	53.3	23.8	38.1
81 plus ..	2	2	4	50.0	50.0	33.3
	503	396	899	55.9	50.7	51.8

"These results indicate a slight general rise in rate of infection but it is the children's figures which are most disturbing. Up to age 10, 12% are positive as compared with 3.4% for 1960, and up to age 20, 19.4% compared with 13.6%. This is regression from the trend of recent years and it is to be hoped that this increase in primary childhood infection does not foreshadow a future increase in adult type disease in 10 years time. Adult cases must be sought out and persuaded to accept treatment early, if tuberculosis is to be eradicated. Treatment in hospital by drugs and isolation from the family while in the infectious stage and the conscientious continued taking of the necessary drugs after return home for up to 2 years are of the utmost importance. It is difficult to make some patients (especially Asiatics who want to get back to work too soon) understand that they are not yet cured and that they must continue to take the drugs regularly if they are to avoid a relapse of the disease and prevent its spread among others in the family.

"There is sometimes difficulty in getting contacts to attend for examination regularly. They should have an annual check as long as the patient is under supervision but after the first attendance they seem to think if they are clear that is enough. With the floating immigrant population it is frequently impossible to keep track of their whereabouts.

"In 1961, 61 contacts were given B.C.G. vaccination. These were mostly infants and very young children and success of vaccination has proved by the conversion of the previous negative tuberculin tests to positive 3 months after vaccination. Throughout the year the Danish vaccine was used as in all previous years but in 1962 the Ministry of Health has changed supplies to British produced freeze dried vaccine.

"As found in previous years most young children revert to the Tuberculin Negative state within 5 years of vaccination. One contact boy of 11, who had received B.C.G. in 1959, developed Primary lung tuberculosis and required a long period of hospital and drug treatment in 1961.

"Probably a smaller number of patients received free milk during the year as part of the after-care scheme of Smethwick Health Committee. It is used for children with primary disease and for adult patients in the period of home treatment until they are well enough to return to work.

"During the year some tuberculous families have been assisted in rehousing with the help of Dr. Dodds and Smethwick Housing Committee. Some have been rehoused as a result of demolition of old

properties and bigger and better houses remain of cardinal importance if tuberculosis is to be controlled and eliminated. Overcrowding, especially in Indian and Pakistani households, is still a major difficulty. West Indian and Indian women are really good housewives and look after their homes and children very well but their birth rate is high and overcrowding too common. Pakistani men, who mostly look after themselves, have no time for housework and it is difficult to make them understand that cleanliness in the home and good personal hygiene are essential measures against tuberculosis and other infectious diseases.

"The Chest Clinic staff changed considerably at the end of 1960. Mrs. Lewis, our Clinic Sister, and Mrs. Hickling, our radiographer, left and happy events occurred for both in the Spring of 1961. Miss O'Connor, who trained at St. Chad's Hospital and had been a Ward Sister at Little Bromwich Hospital for some years, took over the duties of Clinic Sister. She has worked very hard during the year, making 986 home visits, some of which were successful in getting some old bad attenders to the Clinic, and assisting at all the Clinic sessions. Miss Balmer came as radiographer from January to August. She competently performed all the X-ray work for Smethwick clinic sessions as well as doing 3 weekly sessions for Oldbury patients, 1 weekly session for St. Chad's expectant mothers and all the school children found Tuberculin positive under the B.C.G. Schemes of Smethwick and Oldbury. Miss Balmer was succeeded by Mrs. Humphries, who carried on the X-ray work till she left in November (to have a baby in January, 1962). Since December we have had the help of a former radiographer, Mrs. Hastings, who does 3 weekly sessions for Smethwick. All other X-ray work has had to be stopped and the remaining 2 Smethwick sessions have been covered nobly by Miss Underhill and Sister O'Connor. Miss Underhill, with her usual efficiency, has coped magnificently with the office work, 4,261 doctors' reports, other correspondence, statistics, ordering of supplies, filing of records and X-ray films, as well as acting as radiographer in emergency. With the Clinic and X-ray room on different floors our small staff works under difficulties and patients cannot be looked after quite so well but I do not know of any other Clinic which copes with such a volume of work efficiently with such a small staff. I am astonished that we continue to function and my most sincere thanks are willingly given to Miss Underhill and Miss O'Connor and to our various radiographers for their indispensable help throughout the year."

A. WILSON RUSSELL

RETURN SHOWING THE WORK OF THE DISPENSARY DURING THE YEAR 1961

	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..	376	219	89	26	32	7	402	251	96	479
(2) Transfers from Authorities of areas outside that of the Council or Board during the year	11	7	3	—	1	—	11	8	3	22
(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	30	4	17	4	—	2	34	4	19	57
(2) Class T.B. Plus	16	3	—	—	—	—	16	3	—	19
C. Number of cases included in A and B written off the Dispensary Register during the year as:										
(1) Recovered	52	37	21	1	9	1	53	46	22	121
(2) Dead (all causes)	12	2	—	—	—	—	12	2	—	14
(3) Removed to other areas	11	11	5	—	3	—	11	14	5	30
(4) For Other Reasons	8	4	1	1	—	—	9	4	1	14
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the year	350	179	82	28	21	8	378	200	90	668

2. COMMON INFECTIOUS FEVERS

There were no cases of smallpox or diphtheria in Smethwick during the year, in fact only two patients have been notified with diphtheria since 1949. There were only 18 scarlet fever notifications compared with 42 last year. In general the scarlet fever that is notified nowadays is a very mild type, and bears little resemblance to the disease that was seen years ago. There was no major outbreak of influenza in 1961, and only 25 cases of pneumonia were reported to the Department during the year, but in 74 instances pneumonia was the certified cause of death of residents in the Borough.

Peuperal pyrexia was notified on one occasion only during the year.

Poliomyelitis was notified on two occasions during the year; one patient died in hospital and the other patient made a very good recovery. There were no cases of enteric fever and only 22 cases of dysentery were notified during 1961 compared with 42 last year; of the 1961 cases 6 were confirmed bacteriologically. Three cases of food poisoning were notified during the year as against one in 1960.

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 five years are given in the table below:—

	1957	1958	1959	1960	1961
Syphilis	4	6	4	1	9
Gonorrhoea ...	25	55	26	46	65
Other Conditions...	67	87	82	79	110
	106	148	112	126	184

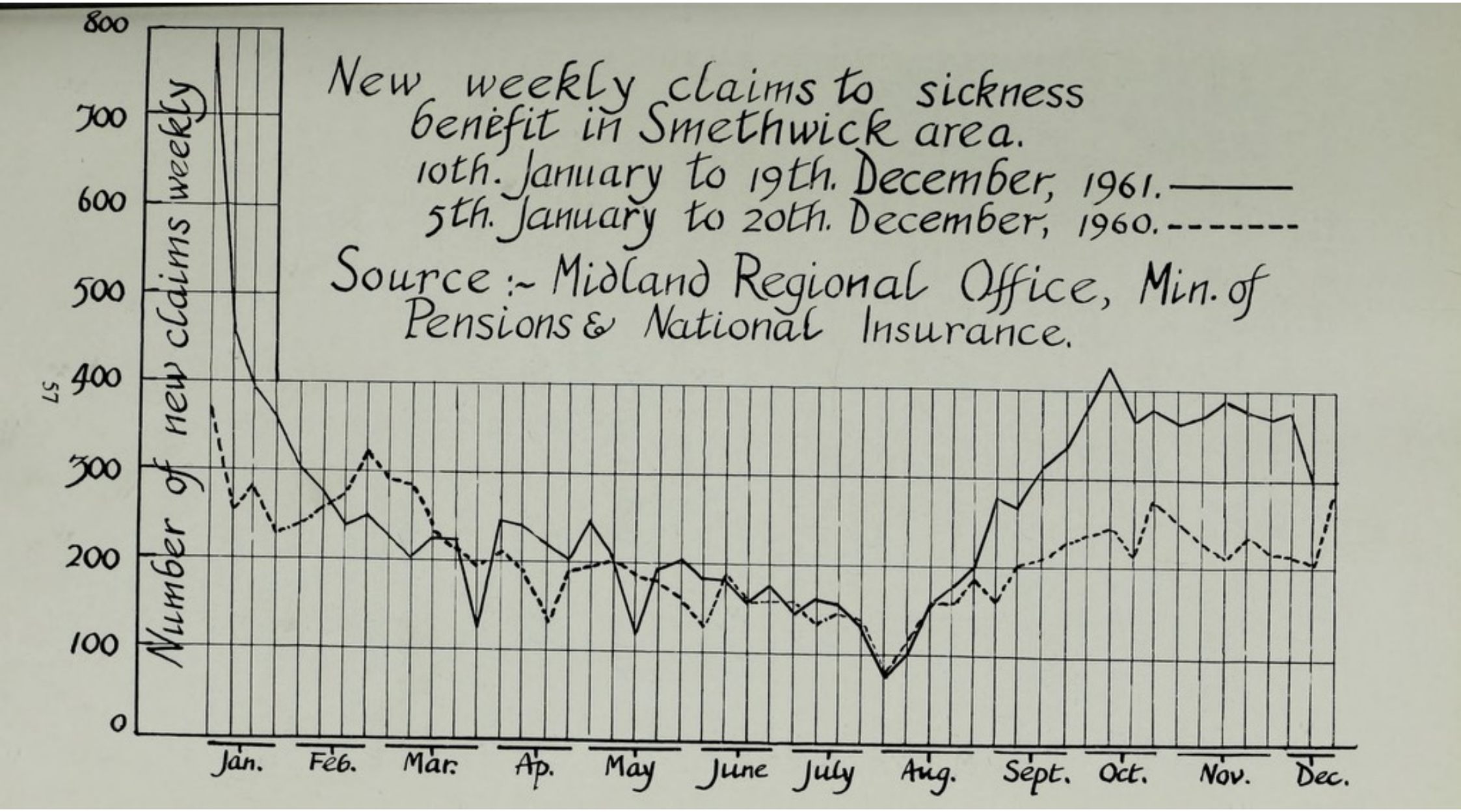
It will be noted that there has again been a substantial rise in the new cases of gonorrhoea and syphilis. The increasing prevalence of these infections particularly among young people throughout the country, is causing considerable concern. It is a new development to have a sustained rise in venereal infections in this country in peace time. The movements of populations we have experienced in recent years simulate war-time conditions, but the reservoir of infection is undoubtedly the woman of promiscuous habits who may be unaware of her disease and who for gain or otherwise makes herself available to the strangers in the streets.

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.


New weekly claims to sickness benefit in Smethwick area.
10th. January to 19th. December, 1961.
5th. January to 20th. December, 1960.
Source :- Midland Regional Office, Min. of Pensions & National Insurance.
Number of new claims weekly
800
700
600
500
400
300
200
100
0
Jan.
Feb.
Mar.
Ap.
May
June
July
Aug.
Sept.
Oct.
Nov.
Dec.

THE NATIONAL ASSISTANCE ACT

WELFARE SERVICES

The approved schemes of the Council 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.

Residential accommodation is available in small homes in Park Hill, Moseley, and at Hill Crest, Little Moor Hill, Smethwick. The latter consists of a main block in the grounds of which in 1958 was added a new building designed specifically for the accommodation of the more infirm old people. This new building was renamed Garden Lodge in 1961. 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 23 Smethwick people resident in homes of other local authorities; 17 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 1961 are shown below:—

RESIDENTIAL ACCOMMODATION, 1961

	No. of Residents 1.1.61	Admissions from Hosp.	Admissions from Home	Discharges to Hosp.	Discharges to Home	Deaths	No. of Residents 31.12.61
"Hill Crest," Smethwick ...	28	7	19	8	20	1	25
"Garden Lodge," Smethwick	21	15	11	11	7	4	25
31, Park Hill, Moseley ...	16	10	31	16	22	3	16
"The Poplars," Wolverhampton	16	2	4	3	1	1	17
Solihull, Warwickshire ...	1	—	—	—	—	—	1
Highbury Hall, Birmingham...	1	—	—	—	—	1	—
Byrony House, Birmingham...	1	—	—	—	—	—	1
"Oakdene," Birmingham ...	1	—	—	—	—	—	1
David Lewis Colony, Manchester	1	—	1	—	—	—	2
Cowley Home, Birmingham ...	1	—	—	—	—	—	1
Christadelphian Nursing Home, Acocks Green	—	—	1	—	—	1	—
	—	—	—	—	—	—	—
	87	34	67	38	50	11	89
	—	—	—	—	—	—	—

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 make application for assistance after being evicted from furnished accommodation at short notice. Nearly all applications, however, were 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 1961 three aged persons were admitted for short periods to enable their relatives to go away on holiday. In addition one person was admitted into temporary accommodation for a period of 11 months until she was transferred to hospital.

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 to improve the conditions in the home so that compulsory removal becomes unnecessary.

PROTECTION OF PROPERTY

During 1961 it was found necessary to provide protection of property under Section 48 of the National Assistance Act in a total of 44 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 ten residents was looked after following their deaths in the Homes or in hospital. Property belonging to seven 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 1961 five 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, 1961, was as shown below:—

	Males	Females	Total
Workshop Workers	13	4	17
Workers in open employment ...	8	—	8
Other Blind Employee	1	—	1
Unemployables at home	28	42	70
Unemployables in Regional Board Hospitals	1	1	5
Attending Residential Course at Training Centre	—	1	1
At residential school for children ...	1	—	1
Child at home	—	1	1
	52	52	104

WELFARE OF OTHER HANDICAPPED PERSONS

The Welfare Officer and Welfare Assistant deal with arrangements for the welfare of handicapped persons, including the blind, partially sighted, deaf and dumb. A register of these persons is maintained, and during 1961, a total of 25 new cases were added. 13 cases were removed because of death, and 2 persons left the district. The classification of the Register on the 31st December, 1961, was as follows:—

Amputation	11
Arthritis and Rheumatism	49
Congenital malformation	6
General diseases	8
Injuries	9
Organic nervous diseases	56
Other nervous and mental disorders	8
Other diseases and injuries	4
Hard of hearing	2
	153

SMETHWICK CLUB FOR THE HANDICAPPED

During the year the Club continued to operate smoothly and the average attendances at each section increased. The fortnightly meetings of each of the five sections have met the social needs of the members and endeavours are made to meet various other requirements. Transport problems continued to be the main source of anxiety although a small number of volunteer drivers and vehicles joined the "transport pool."

Free refreshments, an annual outing and a Christmas party were provided for all members during the year.

The Club continued to receive financial gifts from various local firms and charities and the grant from the Smethwick Corporation together with the income from the annual flag day also helped to provide the necessary amenities.

MEDICAL EXAMINATIONS IN CONNECTION WITH EMPLOYMENT

There was a further increase in the number of these examinations carried out by the Medical Staff, the totals for 1960 and 1959 being 431 and 316 respectively. Below are given details of the examinations:—

Department	Number Examined	
Borough Engineer	53	
Special Examinations	4	
Re-examinations	2	58
Borough Librarian		5
Borough Treasurer		9
Building and Maintenance	35	
Special Examinations	4	
Re-examinations	5	44
Children's	13	
Re-examination	1	14
Education		
Teachers	70	
Training Colleges	23	
School Meals Staff	58	
Special Examination	1	
Re-examination	1	
School Caretakers	5	
Re-examinations	4	
School Cleaners	24	
Re-examinations	2	
Staff Examinations	21	
Re-examinations	6	215

MEDICAL EXAMINATIONS IN CONNECTION WITH EMPLOYMENT—*Continued*

Department	Number Examined	
Estates		
Baths		11
Cemetary		4
Parks	16	
Special Examination	1	
Re-examinations	4	21
Fire Service		1
Housing		9
Local Taxation		1
Magistrates' Clerks		3
Probation Officer		1
Public Health	93	
Re-examinations	4	97
Town Clerks		1
Weights and Measures		1
Examinations carried out for other Authorities		5
		500

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR ON THE SANITARY ADMINISTRATION OF THE BOROUGH FOR THE YEAR ENDED 31st DECEMBER, 1961

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

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my ninth Annual Report.

At the outset I want to express my thanks for the support given to me during the year. An increased number of successful court cases, covering such varied items as overcrowding, food hygiene, and infringements of Smoke Control Orders, were taken during the year. Whilst it is always our policy to achieve results, wherever possible, by persuasion, there are times when it is necessary to invoke the help of the courts. That the Council consistently authorise legal proceedings is a source of great encouragement, for without this support, it is quite impossible for the Chief Public Health Inspector, however zealous, to achieve results.

CLEAN AIR

In last year's report I gave a detailed account of Smoke Control Area procedure. There is, therefore, no need to deal with it in this report. Suffice it to say that the Council continues to press on vigorously with their programme, bringing in a large number of houses (approximately 1,000) at the beginning of each heating season, i.e. 1st September each year. Our townsfolk have now come to accept this as a progressive move, comparable with the drive in the Nineteenth Century for Clean Water, which did so much to abolish the outbreaks of typhoid which plagued that era. Whilst the Council have worked assiduously to foster good public relations, they have not hesitated to institute legal proceedings to enforce the provisions of the Clean Air Act. Five successful prosecutions for infringements of Smoke Control Orders were taken during the year and these had the desired effect.

MEASUREMENTS OF ATMOSPHERIC POLLUTION

As from October, the standard deposit and lead peroxide gauges, which we had used to measure atmospheric pollution, were withdrawn. In their place we substituted three volumetric atmospheric pollution

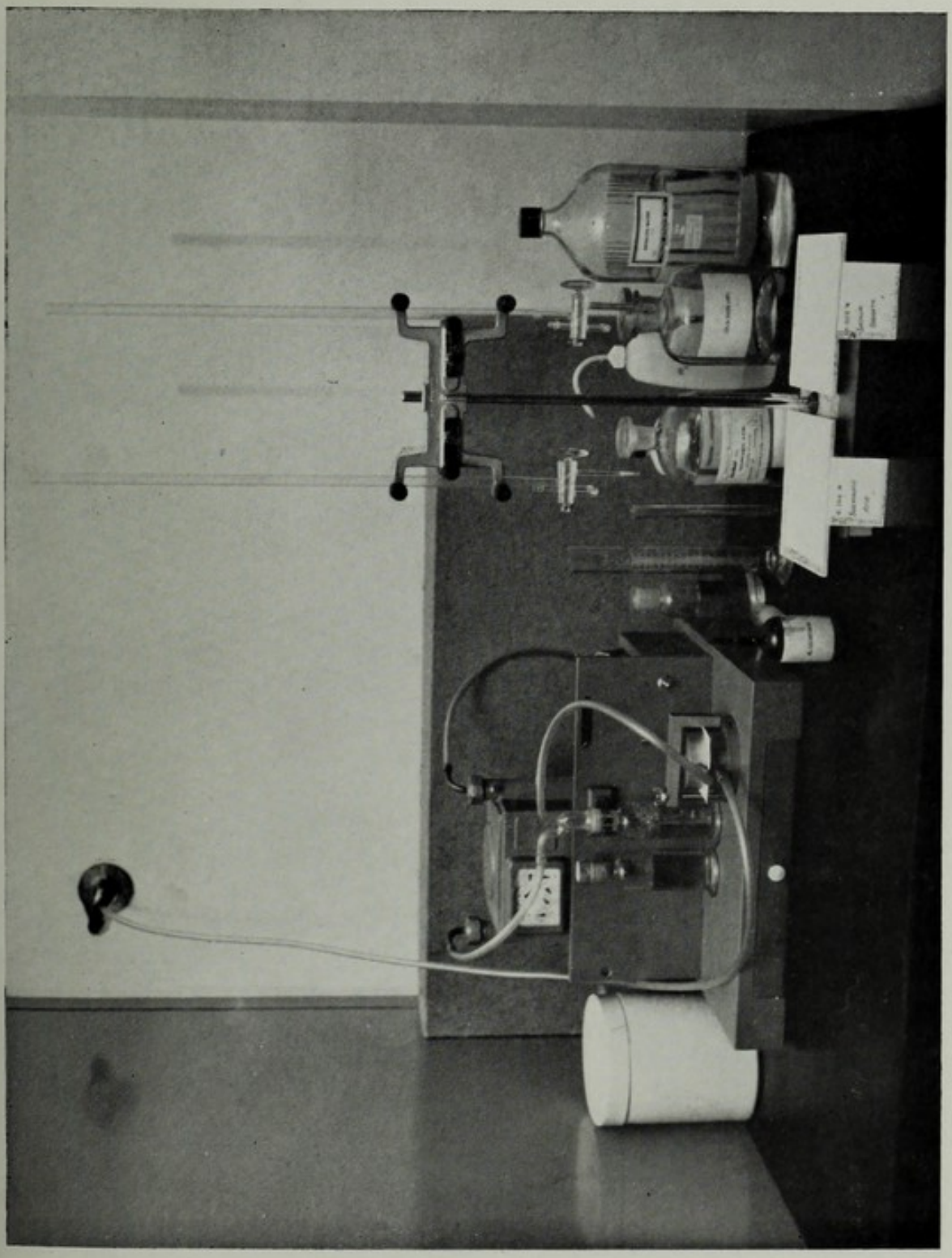
gauges at sites approved by the Fuel Research Station, viz.: The Council House, Holly Lodge Grammar School for Boys and the laboratories of Messrs. Guest, Keen and Nettlefolds Ltd. This radical change in measurement of atmospheric pollution was taken as a result of the recommendations contained in the Report of the Working Party on the National Survey on Air Pollution. The main conclusions of the Report were:—

(1) Standard deposit and lead peroxide gauges are of limited value.

(2) Grit and dust are mainly of industrial origin and fall fairly close to their source. An earlier interim report had stated that considerable variations occurred from deposit gauges 15 ft. apart. It was, therefore, suggested that the correct use of the deposit gauge was for monitoring local emissions.

(3) Smoke and its control are of prime importance under the Clean Air Act and measurements of smoke are of the utmost importance. It must be emphasized that the deposit gauge collects only grit and dust, i.e. material coarse enough to settle out of the air under its own weight. It gives no information about fine particles, known as "smoke," which are so small as to remain airborne indefinitely.

(4) **Sulphur Dioxide.** It was considered that the daily hydrogen peroxide method is basically suitable. The lead dioxide method does not measure concentrations of sulphur dioxide.



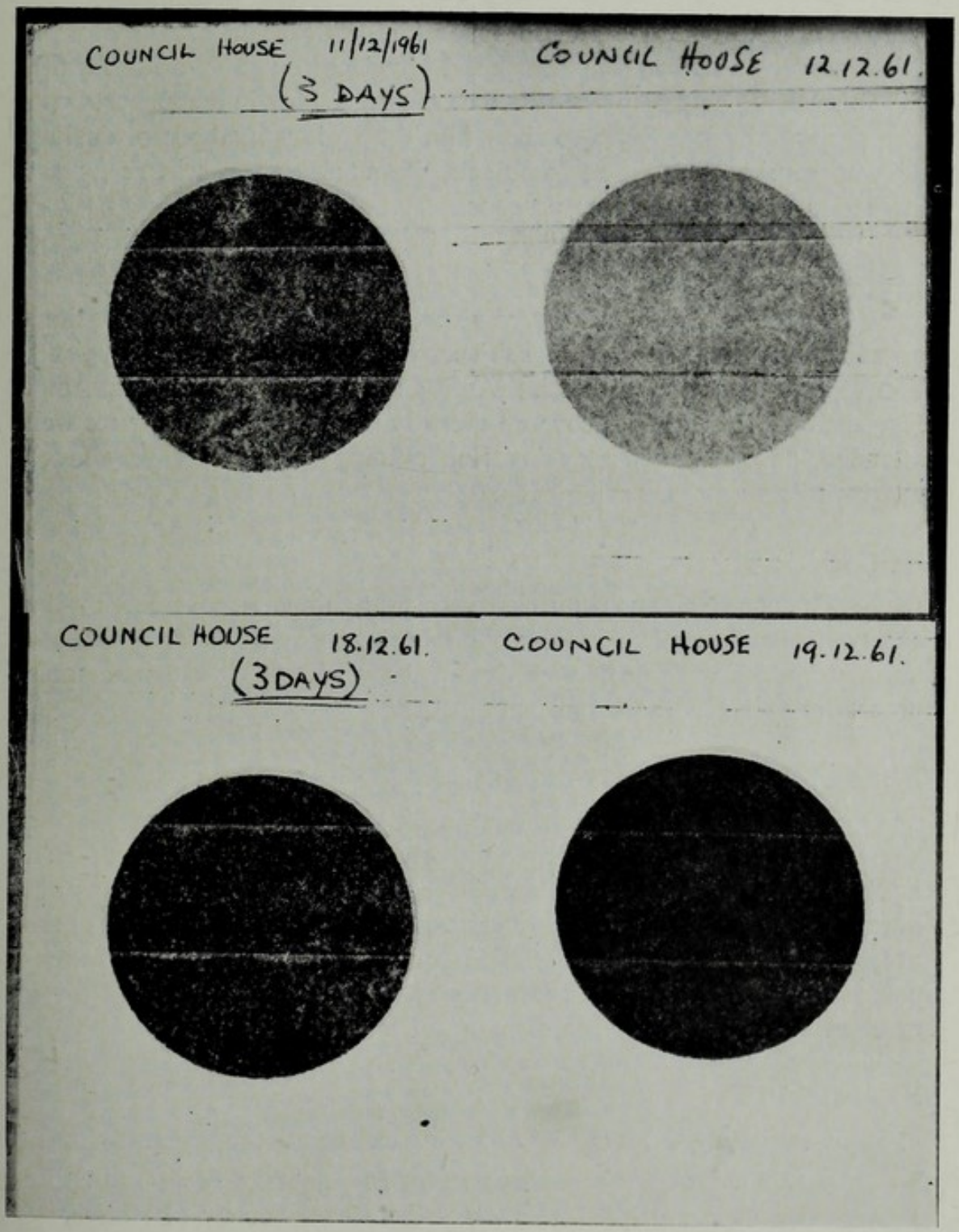
The photograph on page 65 shows the new type of instrument now being used. This instrument gives daily estimations of sulphur dioxide and smoke concentrations. Striking evidence of the value of these recordings is shown in the photograph, on page 67, of four mounted filter stains, obtained by the use of the instrument sited at the Council House in the town centre. The dreadfully foggy day of the 19th December will be remembered by many for the resultant traffic chaos. But what of the effect on sufferers from respiratory diseases. The bottom right-hand filter stain for that day should be compared with the one alongside for the preceding three days, from which it will be noted that there was a greater concentration of pollution in that single day than in the total of the previous three days. The top right-hand filter shows the picture for a normal December day, whilst the top left-hand filter shows the results of a normal December week-end. Here is proof, if any be needed, of the necessity to intensify our efforts to achieve clean air at the earliest possible date.

Industrial Air Pollution

As mentioned in an earlier report, the chief industrial nuisance arises from the operation of hot blast cupolas. During the year work commenced on dealing with this problem by the installation of plant for the arrestment of particulate matter followed by discharge of fume by means of a stack 200 ft. in height. It is hoped that when completed these measures will lead to a material reduction in grit and fume emissions.

FOOD HYGIENE

A perusal of Table VII in the body of the report shows a sharp increase in the number of cases where it was necessary to take action, i.e. fourteen in 1961, as against two in 1960, and emphasizes the need for greater care in the preparation, handling and sale of food. Once again the Department is indebted to housewives for reporting the presence of foreign bodies in articles of food. The same support is unfortunately not given in reporting unhygienic practices and conditions in food premises. In one case, public health inspectors engaged in routine inspections of food premises came across a cafe where there were no less than twelve serious contraventions of the Food Hygiene Regulations. Another case concerned the carrying of meat into a butcher's shop by a food handler, who was not wearing a clean cap and overall. These are examples of bad hygienic practices which are apparent to all. If only matters such as these were reported to us and, more especially, if the public would boycott such food premises, then we should soon see



SMOG FILTER STAINS

a tremendous improvement in food hygiene standards. Surely in a civilized community poor standards of food hygiene should not be tolerated.

WORLD HEALTH ORGANIZATION

The Chief Public Health Inspector of Cork, Eire, who was in this country studying environmental hygiene on a World Health Organization Scholarship, spent two days during May in the Department. The opportunity was taken to show him the various methods of dealing with atmospheric pollution problems, slum clearance schemes, meat inspection and food hygiene practice.

HEALTH EDUCATION

During the year, talks were given, illustrated by films, to various organizations in the town, on subjects which included Food Hygiene; The Operation of the Factories Act; Clean Air, and Environmental Hygiene. These meetings covered every type of audience and were well attended, and, although they involved evening duties, were very much worth-while.

HOUSING

The speed of our slum clearance programme is governed by the ability of the Council to provide suitable re-housing. Nevertheless, 144 unfit properties were dealt with during the year, 137 by clearance area procedure and 7 as individual unfit houses.

DEFAULT WORK

It will be noted that there was a considerable increase in the amount of work carried out by the Corporation in the owners' default, i.e., 637 cases in 1961, as against 504 cases in 1960. It is perhaps not always appreciated that this involves a great deal of clerical work in the preparation of accounts. In all, 663 sundry debtors accounts were prepared during the year. This work was, however, fully justified for it resulted in a considerable speeding-up of much needed repairs.

EXAMINATION SUCCESSES

I am happy to report the following examination successes:—

Mr. D. G. Hobday —Diploma for Inspectors of Meat and Other Foods of the Royal Society of Health.

Mr. H. M. Blackshaw—Diploma in Public Health Inspection of the Public Health Inspectors' Examination Board.

HAIL AND FAREWELL

During the year, Mr. J. N. Cope, District Public Health Inspector, who had given excellent service to the Department since his appointment in 1955, left to take up the post of Deputy Chief Public Health Inspector, Oldbury. In his place we welcomed Mr. A. A. Johnson, from Birmingham, who is already proving himself a worthy successor to Mr. Cope.

We also welcomed two new recruits, viz.: Miss L. Kerr and Mr. J. N. Oakley as Pupil Public Health Inspectors. They are well qualified academically and we have received good reports of their progress from the Birmingham College of Technology. Smethwick, of course, has successfully prepared students for the qualifying examination for public health inspectors for many years. In an authority such as this, it is possible for them to gain excellent all-round experience. This enables the authority to be highly selective when making appointments. It also benefits the authority by providing a suitable reservoir of qualified Public Health Inspectors to fill vacancies which arise in the Department. It also enables us to assist neighbouring authorities.

CONCLUSION

May I end by once again expressing my sincere thanks to the Chairman and Members of the Health Committee for their consistent encouragement and support. I am also deeply grateful to all the members of my staff who ensured by their conscientious work that 1961 was a record year of achievement in the field of environmental hygiene.

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	1,747
Ashes Accommodation, Re-Visits	434
Bakehouses	36
Complaints—Inspection	1,620
Complaints—Re-visits re Notices served	4,584
Diseases of Animals Act	55
Drains Tested	7
Factories: With Power	23
Food Inspection	1,063
Hairdressers	10
Houses occupied by Coloured Persons	870
Housing Act Inspections	854
Housing Act Re-visits	2,884
Housing Act Survey	87
Housing (Financial Provisions) Acts, 1958-1959	444
Infectious Disease	233
Interviews	324
Ice Cream Vendors	19
Insect Pests and Vermin	277
Markets	116
Meat and Other Food Premises	569
Overcrowding	114
Pigsties and Stables	33
Prevention of Damage by Pests Act	13
Rent Act Visits	97
Sampling: Water: Bacteriological	4
Chemical	8
Food: Bacteriological	215
Chemical	155
Fertiliser and Feeding Stuffs	14
Smoke Abatement Visits	3,218
Smoke Observations	48
Tents, Vans and Sheds	2
Miscellaneous	484
	20,661

SUMMARY OF DEFECTS

TABLE II

	Found	Remedied
Accumulation of Refuse	5	5
Blocked Drains	358	372
Dampness	31	45
Dangerous Buildings	20	22
Defective Ashbins	1,632	1,649
Defective External Brickwork & Chimneys	119	119
Defective or Insufficient Drainage ...	8	5
Defective Floors	30	32
Defective Firegrates	28	20
Defective Paving	6	11
Defective Plaster of Walls and Ceilings ...	136	150
Defective Roofs, Spouting, etc.	285	286
Defective Sinks and Wastepipes	15	11
Defective Stairs and Handrails	6	6
Defective Washboilers	2	2
Defective Water Fittings	14	15
Defective W.C.'s	110	121
Defective Woodwork of Doors, Windows, etc.	87	84
Insufficient Lighting and Ventilation ...	63	61
Lack of Water Supply	5	1
Overcrowding	5	19
Insufficient Coal Storage	—	1
Miscellaneous	8	4
	2,973	3,041

WORK CARRIED OUT BY THE CORPORATION IN THE OWNERS' 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 ... ... 82 cases

(2) Maintenance of Public Sewers, formerly combined drains, under Section 24 of the Public Health Act, 1936 ... ... 544 cases

(3) Repair of defective roofs under Section 49 of the Smethwick Corporation Act, 1948 ... ... 11 cases

PREVENTION OF DAMAGE BY PESTS ACT, 1949

(*a*) PREMISES

No. of premises investigated	495
No. of premises treated	399
No. of bodies found	131

(*b*) SEWER MAINTENANCE TREATMENT

No. of manholes baited	257
No. of manholes showing prebait take	122
No. of manholes showing complete prebait take	45

(*c*) TEST BAITING

No. of manholes baited	56
No. of manholes showing take	3

DISINFECTIONS AND DISINFESTATIONS

(*a*) No. of premises treated	51

LEGAL PROCEEDINGS

During the year, legal proceedings were instituted in respect of 5 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	1
(2) Cases withdrawn—work completed	4

INSPECTION AND SUPERVISION OF FOOD:

MILK SUPPLY

The number of samples submitted for bacteriological examination was 148. The results of the examinations are summarised as follows:—

TABLE III

Type of Milk	No. of Samples	Tests Applied	Satis-factory	Unsatis-factory
Tuberculin Tested (Pasteurised) ...	52	Phosphatase ...	52	—
		Methylene Blue	50	—
Pasteurised	69	Phosphatase ...	69	—
		Methylene Blue	65	—
Sterilised	27	Turbidity ...	27	—

Methylene Blue Test on 2 samples of Tuberculin Tested (Pasteurised) and 4 samples of Pasteurised milk were invalidated, as the atmosphere shade temperature exceeded 70 F.

TABLE IV.

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

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed	1,087	13	110	10,841	3,470
Number Inspected	1,087	13	110	10,841	3,470
All Diseases except Tuberculosis:					
Whole carcases condemned ..	—	—	—	6	—
Carcases of which some part or organ was condemned	84	5	—	164	299
Percentage of number inspected affected with disease other than tuberculosis	7.72	3.84	—	1.56	8.61
Tuberculosis only:					
Whole carcases condemned ..	—	—	—	—	—
Carcases of which some part or organ was condemned	1	—	—	—	61
Percentage of number inspected affected with tuberculosis ..	0.09	—	—	—	1.75
Cysticercosis:					
Carcases of which some part or organ was condemned	3	—	—	—	—
Carcases submitted to treatment by refrigeration	3	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Conditions and diseases found during Meat Inspection and amounts condemned:—

TABLE V

	lb.
Abscesses	287
Actinomycosis	46
Arthritis	14
Ascarides	195
Bruising	3
Cirrhosis	130
Congestion	26
Cysticercus Bovis	10
Echinococcus Veterinorum	201
Fascioliasis	310
Fatty Infiltration	32
Moribund	135
Oedema and Emaciation	72
Parasitic	448
Peritonitis, Pleurisy, etc.	315
Pneumonia	129
Telengiectasis	11
Tenuicollis Cysts	11
Tuberculosis	652
Tympanitis	38
	3,065

UNSOUND FOOD SURRENDERED AND DESTROYED (NOT INCLUDING ABOVE)

TABLE VI

	Tons	Cwts.	Qrs.	Lb.	Ozs.
Cheese	—	—	—	14	4
Fish (Tinned) ...	—	2	1	3	10
Fruit (Tinned) ...	1	2	—	20	8
Meat (Tinned) ...	1	3	3	26	—
Meat (Fresh) ...	—	12	1	23	1
Milk (Tinned) ...	—	6	1	23	4
Soup (Tinned) ...	—	1	—	11	9
Vegetables (Tinned)	—	6	1	1	—
Miscellaneous ...	—	17	2	—	7
	4	12	1	11	11

TABLE VII

FOOD AND DRUGS ACT, 1955

Contraventions:	**Action taken**
Selling and depositing for sale ham affected with maggots.	Legal proceedings instituted. £15 fine. £3 costs.
Selling Eccles Cake containing nail.	Legal proceedings instituted. £10 fine. £1/1/6 costs.
Selling Swiss Tart containing meal worm.	Legal proceedings instituted. £10 fine. £3/5/- costs.
Selling unsound fruit.	Legal proceedings. £5 fine.
Selling bread containing string.	Legal proceedings instituted. £2 fine. £3/5/- costs.
Selling bread affected by mould.	Legal proceedings instituted. £2/5/- fine. £3/15/- costs.
Contraventions of Food Hygiene Regulations.	Legal proceedings instituted. £60 fine.
Contraventions of Food Hygiene Regulations.	Legal proceedings instituted. £3 fine.
Contraventions of Food Hygiene Regulations.	Legal proceedings instituted. £5 fine.
Contraventions of Food Hygiene Regulations.	Legal proceedings instituted. £16 fine.
Selling biscuits affected by eggs of moth.	Warning letter.
Pork pie affected by mould.	Warning letter.
Sliced loaf containing cardboard.	Warning letter.
Cake affected by mould.	Warning letter.

BACTERIOLOGICAL EXAMINATION OF ICE CREAM AND ICE LOLLIES

	No. of Samples	Provisional Grade I	Provisional Grade II
Ice Cream ...	65	59	6
		Satisfactory	Unsatisfactory
Ice Lollies ...	8	8	—

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
Dressed Crab	1	1	—
Pork Luncheon Meat	5	5	—
Chicken and Mushroom in White Sauce	1	1	—
Spam	1	1	—
Corn Oil	1	1	—
Stewed Steak	3	3	—
Casserole Stewed Steak ...	1	—	1
Golden Crumbs	1	1	—
Cocktail Sausages	2	2	—
Vinegar	1	1	—
Butter	6	6	—
Potted Salmon	3	3	—
Pork Sausage	11	11	—
Ham	1	—	1
Beef Sausage	3	3	—
Orange Squash	2	2	—
Syrup of Figs	1	1	—
Indian Brandy	2	2	—
Butter Mints	1	1	—
Herbal Tablets	1	1	—
Backache Pills	1	1	—
Pancake Mixture	1	1	—
Pork Sausage Rolls	1	1	—
Cream Puffs	1	—	1
Self-Raising Flour	3	3	—
Vikelp Min Vit Tablets ...	1	1	—
Margarine	4	4	—
Soup	3	3	—
Brawn	1	1	—
Mincemeat	5	5	—
Rum Sauce	1	1	—
Cake Mix	1	1	—

TABLE VIII (continued)

Articles Analysed	Total Samples	Genuine	Not Genuine
Medicated Cough Drops ...	1	1	—
Chicken Pie	1	1	—
Lemon Dairy Mousse	1	1	—
Peanut Butter	1	1	—
Sauce	4	4	—
Ice Cream	1	1	—
Voice, Throat and Chest Pastilles	1	1	—
Lemonade	1	—	1
Swiss Tart	1	—	1
Bronchial Mixtures	11	11	—
Milk	7	6	1
Pork Pie	1	1	—
Chicksnak	1	1	—
Steak and Kidney	1	1	—
Chocolate with Rum Flavouring	1	1	—
Curried Chicken with Mushroom	1	1	—
Cream	2	2	—
Jam	1	1	—
Acraflavine Emulsion	1	1	—
Horseradish Sauce	1	1	—
Bi-Carbonate of Soda	1	1	—
Beefsteak Pudding	1	1	—
Dairy Cream and Sherry ...	1	1	—
Chopped Pork	1	1	—
Red Cabbage	1	1	—
Onions	1	1	—
Beetroot	1	1	—
Alocol Tablets	1	1	—
Nerve Liniment	1	1	—
Influenza Mixture	2	2	—
Chicken in Jelly	1	1	—
Minced Pork in Jelly	1	1	—
Multivite Tablets	1	1	—
Health Salts	1	1	—
Bread	1	—	1
Custard	1	1	—
Frig Ice	1	1	—
Meat Pudding	1	1	—
Steak and Dumplings with Gravy	1	1	—

TABLE VIII (continued)

Articles Analysed	Total Samples	Genuine	Not Genuine
Lemon Cheese	1	1	—
Almond Marzipan	1	1	—
Lemon Pie Filling	1	1	—
Pork Scratchings	1	1	—
Quinine Sulphate Tablets ...	1	1	—
Toblerone	1	1	—
Lemon Pickle	1	1	—
Gravy Browning	1	1	—
Rheumatic and Gout Pills ...	1	1	—
A.P.C. Tablets	1	1	—
Concentrated Mint Sauce ...	1	1	—
	142	135	7

Legal proceedings were instituted in respect of the samples of ham, cream puffs, Swiss Tart and bread.

The remaining cases were dealt with by warning letter.

TABLE IX

RENT ACT 1957:

RENT RESTRICTION REGULATIONS, 1957:

(1) No. of applications received for certificate of disrepair ... 18

(2) No. of Form J's. served (Notice by local authority to landlord of proposal to issue a certificate of disrepair 18

(3) No. of Form K's. received (Undertaking by landlord to remedy defects proposed to be included in certificate of disrepair) 10

(4) No. of Form L's. issued (Certificates of Disrepair) 6

(5) No. of Form L's. cancelled 19

(6) No. of Form P's. issued (Certificates as to remedying of defects):

(*a*) To landlord ... ... —

(*b*) To tenant 2

HOUSING ACT, 1957

Contraventions

Section 78:

Legal proceedings instituted in respect of overcrowding offence	Fine of £10.	£3/3/– costs.
Legal proceedings instituted in respect of overcrowding offence	Fine of £5.	£5/3/– costs.
Legal proceedings instituted in failure to provide information	Fine of £2.	

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 1.0 per cent. and the position with regard to water is set out below:—

	Houses	Population	Percentage
Internal water supply ...	21,490	65,661	96.42
Separate outdoor supply	576	1,951	2.58
Communal water supply	221	760	0.99

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 system 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.

COMMON LODGING HOUSES

There are no registered common lodging houses in the town.

CLEAN AIR ACT, 1956

During the year legal proceedings were instituted in 5 cases under Section 11 of the Clean Air Act, 1956, for emitting smoke from the chimney of a dwelling house in a Smoke Control Area, the smoke resulting from the burning of an unauthorised fuel. i.e. coal. Each case was dealt with by way of an absolute discharge and payment of costs.

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	11	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	269	23	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	—	—	—	—
TOTAL ..	280	23	—	—

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of Cleanliness (S1)	—	—	—	—	—
Overcrowding (S2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7):					
(a) insufficient	1	—	—	—	—
(b) unsuitable or defective	4	2	—	—	—
(c) not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork	—	—	—	—	—
TOTAL	5	2	—	—	—

FACTORIES ACTS, 1937 TO 1959 — PART VIII.

OUTWORK

Sections 110 and 111

Nature of Work	Section 110			Section 111		
	No. of outworkers 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 unwholesome premises	Notices Served	Prosecutions
Wearing Apparel: Making, etc., Cleaning and Washing ..	6	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	—	—	—	—	—	—
Carding, etc., of buttons, etc.	240	—	—	—	—	—
Total ..	246	—	—	—	—	—

APPENDIX

Causes of Death at different Periods of Life in the County Borough of Smethwick, 1961

	CAUSES OF DEATH	Sex	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
1.	Tuberculosis, respiratory	M	4	—	—	—	—	1	3	—	—
		F	1	—	—	—	—	—	—	1	—
2.	Tuberculosis, other	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
3.	Syphilitic disease	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
4.	Diphtheria	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
5.	Whooping Cough	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
6.	Meningococcal infections	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
7.	Acute poliomyelitis	M	—	—	—	—	—	—	—	—	—
		F	1	—	—	1	—	—	—	—	—
8.	Measles	M	—	—	—	—	—	—	—	—	—
		F	1	1	—	—	—	—	—	—	—
9.	Other infective and parasitic diseases	M	2	—	—	—	—	2	—	—	—
		F	1	—	—	—	—	—	—	—	1
10.	Malignant neoplasm, stomach	M	19	—	—	—	—	1	6	8	4
		F	7	—	—	—	—	—	1	3	3
11.	Malignant neoplasm, lung bronchus	M	39	—	—	—	—	1	16	17	5
		F	5	—	—	—	—	—	4	—	1
12.	Malignant neoplasm, breast	M	—	—	—	—	—	—	—	—	—
		F	15	—	—	—	—	2	3	4	6
13.	Malignant neoplasm, uterus	M	—	—	—	—	—	—	—	—	—
		F	5	—	—	—	—	—	2	1	2
14.	Other malignant and lymphatic neoplasms	M	51	—	1	—	1	—	17	18	14
		F	35	—	—	—	1	1	12	6	15
15.	Leukaemia and Aleukaemia	M	1	—	—	—	—	—	—	—	1
		F	3	—	1	—	—	—	2	—	—
16.	Diabetes	M	1	—	—	—	—	—	1	—	—
		F	4	—	—	—	—	—	—	4	—
17.	Vascular Lesions of nervous system	M	54	—	—	—	—	—	12	11	31
		F	56	—	—	—	1	—	10	14	31
18.	Coronorary disease, angina	M	70	—	—	—	—	1	34	23	12
		F	48	—	—	—	—	—	5	21	22
19.	Hypertension with heart disease	M	3	—	—	—	—	—	1	2	—
		F	13	—	—	—	—	—	2	2	9
20.	Other heart disease	M	41	—	—	—	1	1	9	5	25
		F	82	—	—	—	1	—	2	14	65
21.	Other circulatory disease	M	12	—	—	—	—	—	5	1	6
		F	6	—	—	—	—	1	1	1	3
22.	Influenza	M	11	1	1	—	—	—	3	5	1
		F	10	—	—	—	—	—	2	3	5
23.	Pneumonia	M	46	9	—	—	—	—	9	10	18
		F	28	2	—	—	—	2	5	4	15
24.	Bronchitis	M	48	—	—	—	—	—	14	17	17
		F	14	—	—	—	—	—	3	5	6
25.	Other diseases of respiratory system	M	5	—	—	—	—	1	2	—	2
		F	3	—	—	—	—	2	1	—	—
26.	Ulcer or stomach and duodenum	M	5	—	—	—	—	—	3	2	—
		F	7	—	—	—	—	—	1	2	4
27.	Gastritis, enteritis and diarrhoea	M	1	1	—	—	—	—	—	—	—
		F	5	1	—	—	—	—	—	—	4
28.	Nephritis and nephrosis	M	3	—	—	—	—	—	2	1	—
		F	2	—	—	—	—	—	1	1	—
29.	Hyperplasia of prostate	M	6	—	—	—	—	—	—	2	4
		F	—	—	—	—	—	—	—	—	—
30.	Pregnancy, childbirth, abortion	M	—	—	—	—	—	—	—	—	—
		F	2	—	—	—	1	1	—	—	—
31.	Congenital malformations	M	3	2	—	—	—	—	1	—	—
		F	1	—	—	—	—	—	—	1	—
32.	Other defined and ill-defined diseases	M	27	10	—	—	—	2	8	2	5
		F	41	7	1	—	1	4	7	8	13
33.	Motor Vehicle Accidents	M	8	—	—	1	5	—	2	—	—
		F	3	—	—	1	—	—	1	1	—
34.	All other accidents	M	7	—	—	—	2	2	2	—	1
		F	7	2	—	—	—	—	—	—	5
35.	Suicide	M	3	—	—	—	1	—	2	—	—
		F	4	—	—	—	—	1	2	1	—
36.	Homicide and operations of war	M	1	—	1	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—

INDEX

INDEX (continued)

HERALD PRESS
DUDLEY, Worcs.