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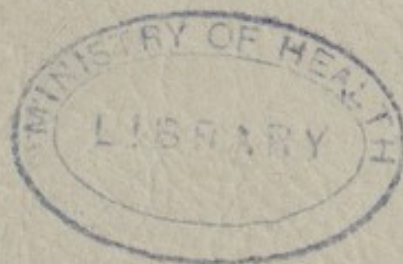
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URBAN DISTRICT OF TETTENHALL

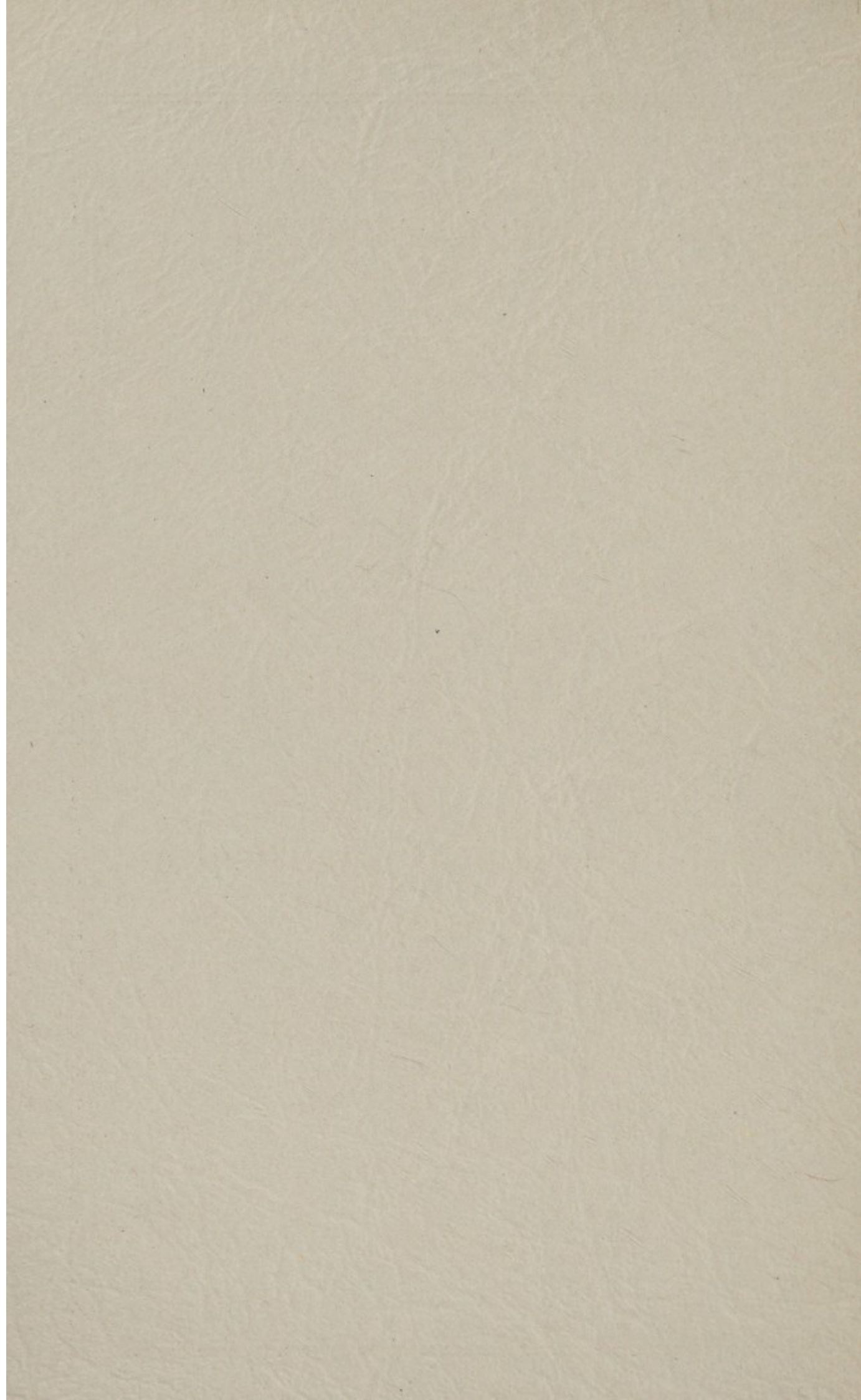


ANNUAL REPORT

of the

Medical Officer of Health

For 1951




URBAN DISTRICT OF TETTENHALL

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**PUBLIC HEALTH OFFICERS OF THE LOCAL
AUTHORITY.**

Medical Officer of Health :

F. B. MACKENZIE

D.S.O., M.C., M.A., M.B., CH.B., D.P.H.

Sanitary Inspector :

E. BARNES

M.S.I.A.

Clerical :

Miss J. E. WITHERS

(Part-time)

STATISTICAL SUMMARY, 1951.

Area : 2,503 acres.

Population : 7,824 (estimated mid-year 1951) : 5,967 (census 1931).

Number of inhabited houses : 2,659.

Sum represented by a penny rate : £232.

Rateable Value : £58,245.

General Rate : 18s. 6d.

Birth Rate : 16.6.

Death Rate : 17.3.

Infantile Death Rate per 1,000 births : 30.7.

Total Deaths from Diarrhoea : Nil.

Death from Pulmonary Tuberculosis : 3.

Deaths from other Tuberculous Diseases : Nil.

Tuberculosis Death Rate—Pulmonary : 0.384.

Tuberculosis Death Rate—Non-Pulmonary : Nil.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1951.

To the Chairman and Members of the Tettenhall Urban District Council.

Mr. Chairman, Lady and Gentlemen,

In accordance with the Ministry of Health Circular 42/51, I present my Annual Report for 1951, incorporating information in respect of the work carried out by your Sanitary Inspector in the course of the year.

It is pleasing to be able to report that the health of your Urban District has been satisfactory, apart from a heavy incidence of measles, which is in keeping with the biennial trend of this disease, and of whooping-cough. In respect of this latter disease I should like to express the hope that in the near future an effective protective vaccine will become available to give immunity or at least to mitigate the distressing features of this disease. At the moment large scale experiments are being carried out and results appear to be sufficiently encouraging to justify the opinion that immunisation will be available at no distant date.

In the early part of the year influenza was prevalent but never became epidemic.

In the body of the report will be found information relating to:—

- (a) General Provision of Health Services.
- (b) Vital Statistics.
- (c) Prevalence of, and control over Infectious and other Diseases.
- (d) Sanitary Circumstances.
- (e) Housing.
- (f) Work which falls within the sphere of your Sanitary Inspector in relation to safeguarding the health of the community.

The Birth Rate was 16.6 per thousand population.

Infantile Mortality Rate was 30.7 per thousand live births, the actual number of children who died before reaching the age of one year being 4 as against 5 last year.

It is preferable in comparing and commenting on previous years to refer to the actual number of deaths which have occurred rather than rates. Comparison with rates for earlier years may have little statistical significance when based on small numbers.

The Crude Death Rate was 17.3 giving a standardised rate of 14.8.

Out of a total of 136 deaths, 102 occurred above sixty years of age, distributed as follows:—

60—70 years	...	...	...	23
70—80 years	...	...	...	36
80—90 years	...	...	...	38
90 years and over	...	...	...	5

Death rates tend to increase with advancing age and therefore, in view of the number of old people you have in your district population, the higher will be the crude death rate. To compensate for age and sex differences in different areas and communities an adjusting factor, supplied by the Registrar-General, is made use of to give a comparable or standardised death rate as stated above.

It will be observed from the relevant Table that the principal causes of death have been heart disease, cancer, vascular diseases of the nervous system and bronchitis, all of which are the diseases to which old people are most likely to succumb. So the increase in the local death rate this year has been mainly attributable to the number of old persons at risk.

Comparative Yearly Tables in respect of births and deaths and infantile mortality are given on another page.

There was one maternal death.

The number of cases of Pulmonary Tuberculosis notified was 2, the same as last year, and the number of deaths 3 as against none last year, giving a death rate of 0.38 as against 0.31 for the country as a whole.

From the public health point of view, prevention takes precedence over cure and therefore the importance of the housing drive is obvious in view of the recognised fact that overcrowding and adverse living conditions are contributory to the incidence and spread of this disease.

Deaths from cancer numbered 13. This disease is the darkest cloud in the medical sky and still evades all attempts by medical science to disperse it.

It is fitting that an annual report besides being informative as to vital statistics and other public health activities in your own district, should also be from time to time informative as to public health achievements nationally, and educative as to public health outlook at the moment and as to trends in the future. The passage of the first 50 years of the present century, with all its notable advances in medical science, suggests that a review of public health progress and achievement over the period is appropriate to this year's report.

I therefore take this opportunity of submitting to you some abridged extracts from an Address, entitled "Reflections and Projections" given by Dr. W. G. Clark, President, Society of Medical Officers of Health, and M. O. H., Edinburgh, at the Health Congress of the Royal Sanitary Institute held recently at Margate. In my opinion they are extracts so informative and embracing that I feel they ought to be communicated to you.

"The aims of public health are to prolong life, promote health and thereby add to the dignity of man. Perhaps its greatest weapon is the health education of the people. That it is achieving some results is within the experience of all who have spent some time in the service.

Smallpox has never assumed the magnitude that it used to although it has raised its head on occasions. Enteric fever is now a rarity, nearly always associated with a carrier. Puerperal fever, scarlet fever and the other streptococcal diseases have been markedly reduced.

Diphtheria has responded to active measures, both curative and preventive, to such a degree that it is now a clinical rarity.

The decreased incidence of ophthalmia neonatorum has given rise to the suggestion that it should be removed from the list of notifiable diseases. Pulmonary tuberculosis has shown a reduction in incidence and mortality. This is the major infectious disease which has not responded so well to public health measures as the others.

Of interest also is the behaviour of the principal causes of death. Those from diseases of the circulatory system are more than twice as common today as they were 30 years ago, those from malignant disease are nearly twice as common, while diseases of the nervous system appear more frequently now as a cause of death. This is undoubtedly due to some extent to the success of the public health service in prolonging life, because these are the diseases which appear most frequently in the death certificate of the aged population.

The success of all these efforts which go to make up the public health service is resulting in a saving of lives at the extremes of age, and is creating the problem of the hour-glass type of population in which the proportion of those in the working productive ages is decreasing in proportion to the unproductive members at the extremes of life.

It is apparent that the activities of public health cannot be dissociated from the economic problem. Is it true that the more successful our efforts are in saving and prolonging life the more we are creating an intolerable burden on the productive members of the population?

The wealth of the country surely depends on the health and the intelligence of those groups between the school-leaving and the retirement ages. The healthier and the more intelligent they are the more they should be able to produce, and the easier should they be able to support those in the extremes of life. These are problems for, amongst others, the economists and the politicians.

Our predecessors in public health showed that insanitary and overcrowded housing conditions were at the root of many of our problems, and a perusal of the reports of medical officers of health today reveals the problem which still confronts the public health official. All of us would place the housing problem as the most urgent one for local government because, without its solution, real public health is impossible.

The new era of public health will be one of continuous research: physiological, bio-chemical, epidemiological, social, psychological, genetic. All should aim at disclosing the causal and contributory factors which bring so many of our people into the healing branches of our national health service."

As education of the public plays an important part in the promotion of the public health, it was encouraging to see that you incorporated in your Festival of Britain celebrations an Exhibit demonstrating the development of the Public Health services during the past century.

The increasing proportion of old people in the population certainly provokes thought as to the future, socially as well as economically. I am, therefore, glad to know that you have established Old People's Welfare Committees in the different parishes of your district for the purpose of assisting those who may be finding circumstances rather difficult in their old age.

It was not found necessary to exercise powers under Section 47 of the National Assistance Act. Mr. Cox, the Area Welfare Officer, continues to give valuable support in visiting those aged and infirm people whom I bring to his notice from time to time with a view to ameliorating their living conditions or offering them hostel or institutional accommodation.

Nursing assistance and the provision of medical comforts, as distinct from Home and Domestic Help provided by the Area Committee, has been given steadily throughout the year by the local Detachment of the British Red Cross Society and too great appreciation and thanks cannot be accorded for the great and admirable services which the Commandant and her Detachment are rendering to your community. At the same time one must be mindful of the valuable and indispensable services given by the District Nurses in alleviating sickness and making illness tolerable. To them appreciation is also extended.

I wish to express my appreciation of the help and support given me by the Chairman and Members of your Health Committee and to commend their watchfulness as to the sanitary conditions of your Urban District.

As much ill-health can result from unsatisfactory housing conditions I am also appreciative of the consideration given by your Housing Committee to cases I refer to them on medical grounds.

I thank the local medical practitioners for their continued co-operation in giving me notice of infectious diseases.

I would also record my appreciation and thanks for the efficient services of your Sanitary Inspector and I am not forgetful of the helpful clerical assistance he has given me in recording statistical information relevant to the health of the district.

I am glad to have this yearly opportunity of thanking your Clerk for his kindness and advice on points which have arisen from time to time. I am also indebted to your Surveyor for his helpful co-operation, and to all other colleagues administrative and clerical.

I have the honour to be,

Your obedient Servant,

F. B. MACKENZIE,

Medical Officer of Health.

September, 1952.

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA.

The Medical Officer of Health is one of the County Assistant Medical Officers of Health, who is posted for part-time duty with your local Urban District Council.

The Sanitary Inspector is a full-time officer and a fully qualified Meat and Foods Inspector.

The Health Visitor is under the direction of the Local Health Authority.

In accordance with Part III. of the new National Health Service Act, Health Services are provided by the Local Health Authority, namely, the County Council, the organisation and administration being in the hands of the County Medical Officer of Health.

The Health Services which Part III. of the Act requires to be provided are : —

- (a) Health Centres.
- (b) Care of Mothers and young children.
- (c) Midwifery.
- (d) Health Visiting.
- (e) Home Nursing.
- (f) Vaccination and Immunisation.
- (g) Ambulance Service.
- (h) Prevention of illness, care and after care.
- (i) Domestic Help.

With the exception of the provision of Health Centres, all the required services are being provided in your area.

As regards the General Hospital and Specialist Services, their administration is vested in the Birmingham Regional Hospital Board.

The Hospitals and Departments available, and easily accessible to your area, are those of Wolverhampton, Dudley and Birmingham,

Infectious Diseases.

The Infectious Disease Hospitals are under the control of the Birmingham Regional Hospital Board.

Ambulance Facilities.

(a) Infectious Diseases. The Ambulance Service is provided by the Birmingham Regional Hospital Board.

(b) Non-Infectious Diseases. The Staffordshire County Council provide an ambulance which is stationed at Tettenhall during the day. After 8 p.m. the Brierley Hill Ambulance serves the district.

Tuberculosis.

Dispensaries are situated at Wolverhampton and Dudley and various Sanatoria are available.

Maternity Cases

are provided for by

- (a) New Cross Hospital.
- (b) Lichfield Hospital.

Laboratory Facilities.

Pathological and Bacteriological examinations and analyses are made by the Public Health Laboratory Service.

National Assistance Act, 1947.

It was not found necessary to exercise powers under Section 47 of the Act.

Regular visits are paid to the old people living on their own in the district with a view to assessing their capabilities to look after themselves. Six houses received regular visits from myself, Welfare Officers and other interested bodies. Elderly people have a decided preference to live and finish their days in their own humble surroundings in an atmosphere of independence and freedom rather than in a controlled, clean and healthy environment with proper attention.

VITAL STATISTICS.

		Total	M.	F.	
Live Births	Legitimate	127	61	66	{ Birth Rate per 1,000 (population) 16.6.
	Illegitimate	3	1	2	
Still Births	Legitimate	1	1	—	{ Rate (per 1,000 total births) 7.6.
	Illegitimate	—	—	—	
Deaths	... ..	136	60	76	Rate (per 1,000 population) 17.3.

Deaths from Puerperal Causes: Nil.

Death Rate of Infants under 1 year of age (per 1,000 live births):

Legitimate ... 30.7

Illegitimate ... 0.0

Deaths from Neoplasm: 13.

" " Measles (all ages): Nil.

" " Whooping Cough (all ages): Nil.

" " Diarrhoea (under 2 years of age): Nil.

BIRTH RATES.

Year	TETTENHALL.		England and Wales. Birth Rate.
	No. of Births.	Birth Rate.	
1942	118	17.0	15.8
1943	131	19.2	16.5
1944	135	19.7	17.6
1945	124	18.3	16.1
1946	122	17.3	19.1
1947	162	22.6	20.5
1948	136	18.2	17.9
1949	133	17.0	16.7
1950	112	14.3	15.8
1951	130	16.6	15.5

DEATH RATES.

Year	TETTENHALL.		England and Wales. Death Rate.
	No. of Deaths.	Death Rate.	
1942	71	10.2	11.6
1943	76	11.2	12.1
1944	67	9.8	11.6
1945	71	10.5	11.4
1946	101	14.3	11.5
1947	92	12.8	12.0
1948	76	10.1	10.8
1949	90	11.5	11.7
1950	99	12.6	11.6
1951	136	17.3	12.5

CAUSES OF DEATH DURING YEAR, 1951.

Causes of Death.				M.	F.
1.	Tuberculosis Respiratory	...	...	2	1
2.	Tuberculosis other	...	...	—	—
3.	Syphilitic disease	...	...	—	—
4.	Diphtheria	...	...	—	—
5.	Whooping Cough	...	...	—	—
6.	Meningococcal infections	...	...	—	—
7.	Acute Poliomyelitis	...	...	—	—
8.	Measles	...	...	—	—
9.	Other infective and parasitic diseases	...	...	—	—
10.	Malignant Neoplasm Stomach	...	...	1	—
11.	Malignant Neoplasm Lung Bronchus	...	...	—	—
12.	Malignant Neoplasm Breast	...	...	—	3
13.	Malignant Neoplasm Uterus	...	...	—	1
14.	Other Malignant and Lymphatic Neoplasms	...	...	4	4
15.	Leukaemia, Aleukaemia	...	...	—	—
16.	Diabetes	...	...	1	1
17.	Vascular Lesions of nervous system	...	...	7	15
18.	Coronary Disease Angina	...	...	9	2
19.	Hypertension with heart disease	...	...	3	—
20.	Other heart disease	...	...	11	21
21.	Other circulatory disease	...	...	4	2
22.	Influenza	...	...	2	3
23.	Pneumonia	...	...	—	5
24.	Bronchitis	...	...	5	4
25.	Other diseases of respiratory system	...	...	1	—
26.	Ulcer of Stomach and Duodenum	...	...	—	—
27.	Gastritis, Enteritis and Diarrhoea	...	...	—	1
28.	Nephritis and Nephrosis	...	...	—	—
29.	Hyperplasia of Prostate	...	...	1	—
30.	Pregnancy, Childbirth, Abortion	...	...	—	1
31.	Congenital Malformation	...	...	2	—
32.	Other defined and ill defined diseases	...	...	5	10
33.	Motor Vehicle Accidents	...	...	1	—
34.	All other Accidents	...	...	1	1
35.	Suicide	...	...	—	1
36.	Homicide and Operations of War	...	...	—	—
All Causes				60	76
Deaths of Infants under 1 year—Total				2	2
Legitimate				2	2
Illegitimate				—	—

INFANTILE MORTALITY, 1951.

Nett Deaths from causes stated at various ages under one year of age.

Cause of Death.	Under one week.	1 to 2 weeks.	2 to 3 weeks.	3 to 4 weeks.	Total under one month.	1 to 3 months.	3 to 6 months.	6 to 9 months.	9 to 12 months.	Total Deaths under one year.
Prematurity ...	1	1	—	—	2	—	—	—	—	2
Congenital Defect ...	1	—	—	—	1	—	—	—	—	1
Cerebral Haemorrhage	1	—	—	—	1	—	—	—	—	1
Totals ...	3	1	—	—	4	—	—	—	—	4

INFANTILE MORTALITY RATES.

Year	TETTENHALL			England and Wales.
	Births	Deaths	Rate per 1,000 births	Rate per 1,000 births
1942	118	2	17.0	49
1943	131	4	30.5	49
1944	135	2	14.8	46
1945	124	4	32.2	46
1946	122	6	49.1	43
1947	162	5	30.8	41
1948	136	1	7.4	34
1949	133	4	30.0	32
1950	112	5	44.6	29.8
1951	130	4	30.7	29.6

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The total number of notified cases of infectious diseases was 258 as against 24 last year, exclusive of Tuberculosis.

Measles.

154 cases were notified as against 5 last year. None were admitted to hospital and there were no deaths.

Scarlet Fever.

Five cases were notified as against 4 last year. None were admitted to hospital. There were no deaths.

Whooping Cough.

There were 85 cases notified during the year. This was an increase of 79 on the number notified last year. No cases were admitted to hospital and there were no deaths.

Diphtheria.

There were no cases.

Typhoid Fever.

One case was notified.

Erysipelas.

One case was notified during the year.

Acute Pneumonia.

12 cases were notified.

Acute Poliomyelitis.

There were no cases of this disease.

In April and June your Urban District was invited by the Medical Research Council to collaborate in the setting and collection of sewer swabs for the purpose of virological investigations by the Public Health Laboratory Service as to the possible factors in the incidence of poliomyelitis.

This not too pleasant work of collection was carried out by your Sanitary Inspector in a most thorough and efficient manner, a total of 120 swabs being laid and collected. Final results as to the investigation are awaited.

Scabies.

There were no cases brought to notice.

The prevalence of this disease would appear to be very slight and necessitates the provision of no special cleansing facilities, all cases being effectively dealt with privately.

**AGE GROUPS OF INFECTIOUS CASES (EXCLUDING
TUBERCULOSIS) NOTIFIED IN 1951.**

Disease	At all ages		Under 1 yr.	1 to 2 yrs.	2 to 3 yrs.	3 to 4 yrs.	4 to 5 yrs.	5 to 10 yrs.	10 to 15 yrs.	15 to 25 yrs.	25 to 45 yrs.	45 to 65 yrs.	65 yrs. and over
	M	F											
Scarlet Fever ...	3	2	—	—	1	1	1	2	—	—	—	—	—
Whooping Cough	37	48	3	9	16	11	23	22	—	—	1	—	—
Measles ...	85	69	4	13	22	25	27	60	—	2	1	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Ac. Pneumonia	6	6	—	—	—	1	—	—	—	—	6	2	3
Erysipelas ...	—	1	—	—	—	—	—	—	—	—	—	1	—
Typhoid Fever ...	1	—	—	—	—	—	—	—	—	—	—	1	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	132	126	7	22	39	38	51	84	—	2	8	4	3

Swabs and Specimens.

Submitted to the Public Health Laboratory Service by local practitioners and myself:—

Nose and Throat	...	...	11
Sputa	...	...	4
Faeces	...	...	4

General Measures.

School Notifications of Infectious Disease are carefully scrutinised and prompt use made of them for the purpose of guidance and localisation.

A close study is also made of the Ministry's Weekly Record of Infectious Disease for any information that may be relative to the district.

The Schools are disinfected when considered desirable.

Terminal disinfection of premises and articles which have been exposed to infection is carried out in all cases of diphtheria, scarlet fever, tuberculosis, cancer and other cases of long-standing disease. Disinfection is by means of formaldehyde and disinfectant fluid.

Diphtheria Immunisation.

Immunisation has been carried out actively in the area throughout the year. Statistical information is held at the office of the Area Medical Officer of Health.

Tuberculosis.

The number of new cases notified during the year was 2 pulmonary and no non-pulmonary, the same figures as in 1950.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 yr.	—	—	—	—	—	—	—	—
1 to 4 yrs.	—	1	—	—	—	—	—	—
5 to 9 yrs.	—	—	—	—	—	—	—	—
10 to 14 yrs.	—	—	—	—	—	—	—	—
15 to 19 yrs.	—	—	—	—	—	—	—	—
20 to 24 yrs.	—	—	—	—	—	—	—	—
25 to 34 yrs.	1	—	—	—	—	1	—	—
35 to 44 yrs.	—	—	—	—	—	—	—	—
45 to 54 yrs.	—	—	—	—	1	—	—	—
55 to 64 yrs.	—	—	—	—	1	—	—	—
65 yrs. and over	—	—	—	—	—	—	—	—
Totals	1	1	—	—	2	1	—	—

Yearly Figures for the Last Decade.

Year.	New Cases.		Deaths.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
1942	6	—	3	—
1943	2	—	1	—
1944	2	—	2	—
1945	5	4	4	1
1946	3	2	2	1
1947	3	—	2	—
1948	4	1	1	—
1949	6	—	2	—
1950	2	—	—	1
1951	2	—	3	—

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

Tettenhall Urban District is within the statutory limits of the Wolverhampton Corporation Water Undertaking.

I am indebted to Mr. B. L. McMillan, B.Sc., M.Inst.C.E., M.Inst.W.E., Water Engineer and Manager, for the following information:—

- (i) The water supply in your area has been satisfactory both (a) in quality and (b) in quantity.
- (ii) The following is a summary of the Bacteriological examination of water going into distribution.

Number of Samples.

Containing presumptive B. Coli-aerogenes per 100 ml.

Total Taken	Nil organisms	1 to 2 organisms	3 to 10 organisms	Over 10 organisms
862	849	7	4	2

In addition chemical analyses of the water from the various sources were carried out by independent analysts.

- (iii) The water supplied by the Wolverhampton Corporation Water Undertaking does not have plumbo-solvent action.
- (iv) Subsequent to treatment at the works, where necessary, there has been no known contamination of the water going into supply.
- (v) Of the houses in the district 2,645 obtain their water direct from the mains, 11 from standpipes and only three houses have a well supply.

The population supplied from mains within the district is 7,815.

The three remaining houses within the district having only a well water supply are considerable distances from mains, thus making it uneconomic to connect to the Wolverhampton Corporation Water Undertaking supply.

A sample was taken from one of these houses and it proved unsatisfactory. All the necessary precautions have been adopted.

Sewerage and Sewage Disposal.

I am indebted to your Surveyor, Mr. J. W. Mason, M.I.Mun.E., M.T.P.I., for the following report on the Blackbrook Sewage Farm, Refuse Collection and Disposal.

Blackbrook Sewage Farm.

"The farm has been maintained in a good condition during the year and samples of water from the Black Brook have been submitted regularly to the County Analyst for report, which is presented monthly to the Council.

Due to the inclement weather in the late summer and early autumn difficulty was experienced in dealing with the sludge due to the insufficient number of lagoons."

Refuse Collection and Disposal.

"Regular collection of house refuse has been maintained at satisfactory intervals throughout the district and after some re-organisation it has been found possible to reduce the time between each collection.

The new tip on the Bridgnorth Road at Compton has been satisfactorily maintained and no complaint as to nuisance has been received."

Sanitary Accommodation.

The undermentioned figures give a summary of the various types of sanitary conveniences other than modern type water closets which were in use at the end of 1951.

Waste Water Closets	...	...	70
Privies or Pail Closets	...	...	18
Cesspools	...	...	50

During the year 10 waste water closets were converted to modern type W.C's. This work was mainly completed by informal action and the Council gave financial assistance towards the cost of conversion.

It was necessary during the year to take statutory action in respect of the provision of an additional W.C. for two cottages. It is anticipated that it will soon be practicable to reduce further the number of pail closets when sewers are available at Compton.

HOUSING.

The policy at the moment is that demolition orders be made only on the worst of the houses, in order to prevent reletting once the occupying family has been re-housed.

To meet the situation in respect of families occupying those worst houses it has been decided by the Housing Committee to make an allocation of 10% of all new houses in the future.

As completion of Council houses increases, the occupants of older dwellings become more and more dissatisfied with their housing conditions. Repairs in many cases will not satisfy them. What they want is a modern house with all its amenities. Nevertheless there may be houses that can be put into a good state of repair but the owner is unable to meet the prevailing high cost of repairs.

It is difficult to find a solution for this type of property and the attitude of the owner is understandable. Purchase by the Local Authority might be the answer. There are families who cannot afford the rents of Council houses but who, nevertheless, should be re-housed. Such houses, if purchased by the Local Authority, might meet the situation and would also be of great use in providing temporary accommodation in those cases where the owners might be willing to give an undertaking to make fit but cannot do so as long as the tenants are in occupation.

Since the coming into force of the Housing Act, 1949, one application has been made under Part II of the Act, for financial assistance.

Altogether, although a great deal has been done by the Housing Committee in the realm of housing during the year under review much still remains to be done in the way of ridding the district of property that has had its day.

The following information gives a summary of the formal work completed in the post war period up to 31st December, 1951.

Demolition Orders operative	...	27 houses.
Undertakings to recondition accepted		5 houses.
Undertakings accepted for premises to be used for business purposes only		1 house.

It has been possible through the co-operation of the Housing Committee to re-house 10 families from condemned houses during the year, leaving only 9 families to be re-housed from those affected dwellings. The greater proportion of this number are elderly people often living on their own and they have no desire to be re-housed in Council houses away from their familiar surroundings.

Three houses were demolished during the year.

Several families were re-housed in Council houses on the recommendation of the Medical Officer of Health.

As some of the demolition property sites become cleared it might be expedient for the Council to consider their purchase with an ultimate view to re-development on a long term policy. A policy of controlled re-development of old sites within the district can be strongly supported with a view to preserving and protecting good agricultural land from building development.

No orders were made under Section 11 of the Housing Act during the year but a comprehensive programme was agreed for dealing with a considerable number of the worst houses within the area during the next few years.

The number of notices served for structural repairs and improvements to houses under the Public Health Act was as follows:—

INFORMAL		STATUTORY	
No. of Houses	No. of Defects	No. of Houses	No. of Defects
39	75	15	26

Details of 291 houses were given to the Planning Authorities with a view to their inclusion in the Development Plan and for appropriate action under the Housing Acts during the next 20 years.

Considering all the difficulties of house building and maintenance through the many varied factors which are out of the control of a Local Authority the aims in the work of a Health Department as far as housing is concerned might be summarised as follows:—

- Primarily, to try and improve the standard of housing.
- Remove unhealthy and dangerous houses.
- Relieve overcrowding.
- Enforce the repair and maintenance of houses.
- Enforce certain provisions of the Rent Restrictions Act.

Moveable Dwellings.

During the year four applications have been considered for licence to station trailer caravans within the district. None of these have been allowed.

Judging by the number of informal inquiries received in the office there is an increasing tendency for people to try and solve their housing difficulties by the use of trailer caravans for permanent homes.

The suitability of this type of accommodation as a permanent home is very debatable. The proper control of this type of development under the Public Health Act would be for Tettenhall and adjoining authorities to provide and control suitable sites where such structures could be stationed. Indiscriminate parking of these structures can be very objectionable.

Perton Aerodrome.

The Seisdon Authorities have now commenced the re-housing of a few of the families who squatted on the aerodrome site on the Wrottesley Park Estate. It is hoped that this work will be completed next year. Good liaison is effected with the Seisdon Housing Department and all the huts and buildings are demolished immediately they are vacated.

House Building Progress.

Your Surveyor has furnished me with the following information:—

Woodhouse Estate.

"The building work on the above estate made considerable progress during the year and the Council have been actively engaged in seeking further land adjacent to "The Woodhouse" on its northern boundary.

The following gives the general housing progress in the district during 1951. Comparative figures for previous years are given:—

Council Housing.	1951.	1950.	1949.	1948.
One bedroom houses	—	—	—	10
Two bedroom houses	9	23	—	—
Three bedroom houses	33	55	2	53
Four bedroom houses	2	—	—	6
Private Enterprise Housing.				
New houses	17	18	6	14
Conversion—large houses into flats	2	5	2	14
	—	—	—	—
	63	101	10	97
	—	—	—	—

The total number of Council houses is 453.

The shops on the Long Lake Estate have made good progress and it is anticipated that they will be available early in 1952."

Your Housing Manager, Mr. W. A. Nicholls, reports as follows:—

"At the end of the year the Council's waiting list numbered 240 applicants without any home of their own, comprising 104 couples with children and 136 childless couples. These of course, are the categories receiving the greatest priority in the allocation of houses, although the Council continued their policy of dealing with all urgent cases of overcrowding or unfit houses. The Council's concentration on the provision of houses for childless couples enabled them to allocate a total of 15 houses to this category and it is anticipated that a much larger number will become available early in the ensuing year.

During the year the Council instituted a scheme for the provision of refrigerators on hire to approved tenants of Council houses and an initial number of 50 were ordered.

The general standard of cleanliness in Council properties continues to be good and in only two or three cases was it necessary to request tenants to effect an improvement."

In conclusion, I do not think it would be amiss to give extracts from the Annual Report of the Chief Medical Officer of the Ministry of Health for 1950 on the housing situation.

"Housing accommodation is a prime factor which profoundly affects the standard of living and therefore the state of the public health in its preventive and positive aspects, its psychological and its more strictly material manifestations."

"The strict ceiling which has to be imposed on building repairs, owing to shortages, hinders the reconditioning of property which, neglected, eventually deteriorates beyond a state where repairs can be economically justified, and houses which are unhealthy and have been condemned still have to be occupied."

"Families who live in a poorer type of property and pay rents of a few shillings a week, have to take on a commitment for rent of twice that amount or more if they accept the higher standard of a Council house. This is a problem which is exercising the minds of many medical officers of health and other Council officers as to the interaction between rents, nutrition and other living standards and the incidence of illness in households for whom the new rent entails a sacrifice in the diet and other essentials to health."

FOOD INSPECTION AND HYGIENE.

Meat.

All meat retailed in the area is brought from the Wolverhampton Abattoir. The only exception to this is where pigs are killed within the district for private consumption under licence from the Ministry of Food.

The handling and transport of meat still calls for a lot of improvement.

Food Poisoning.

There have been no notified cases of food poisoning in the district; but the occurrence of outbreaks of food poisoning from time to time throughout the country draws attention to the necessity for the strictest personal cleanliness of all food handlers whether in preparation of food or in the transport and storage of same.

The importance of the hygienic handling of food has received the closest attention of your Sanitary Inspector throughout the year and observance of the bye-laws adopted by your Authority insisted upon.

Food Inspection.

Regular inspection of all foodstuffs is carried out at shops, storeplaces, food preparing premises and on vehicles.

The following articles were condemned during the year : —

32 tins milk.	13 tins peas.
9 tins luncheon meat.	9 tins beans.
49-lb. 15-oz. ham.	8 tins soup.
36-lb. luncheon meat.	6 tins mixed fruit.
1 tin minced beef loaf.	1 tin peaches.
10-lb. bacon.	1 tin pears.
1 tin pork sausage.	3 tins pineapple.
5-lb. 14-oz. spring chicken.	10 tins plums.
2 tins steak.	3 bottles pineapple.
1 tin crab paste.	3 tins cherries.
6 tins sardines.	6 tins greengages.
4 tins pilchards.	4 tins cranberries.
1 jar shrimps.	2 tins oranges.
1 bottle pickles.	14 tins tomatoes.
2 tins spinach.	2 tins jam.

Hygiene.

During the year steady efforts have been maintained in trying to instil and inculcate the principles of hygiene.

The regular inspection of all premises is carried out with an overall object of improving the standards of cleanliness for premises, commodities and personnel.

In furtherance of general principles your Sanitary Inspector is trying to persuade all tradesmen of the need for cold storage of all perishable foods and to limit the unprotected display of such articles to an absolute minimum.

All meat and fish retailers in the district were circularised regarding the objectionable use of newsprint for wrapping their commodities. Considerable improvement has been effected and all tradespeople now use greaseproof paper for the inner wrapping. All the canteens and catering establishments within the district were visited with a view to obtaining the goodwill and co-operation of the management in respect of hygiene. The standards in those premises are very good.

Hygiene consciousness by tradespeople and the public is basically and primarily a matter of education at school and good example at home, later to be practised at work.

No statutory action was found necessary during the year.

Slaughter of Animals Act, 1933.

Only one slaughterman's licence was renewed during the year.

Game Dealers' Licences.

One licence was issued authorising the buying and selling of game.

Bacteriological Examination of Food.

This work is carried out by the Public Health Laboratory at Stafford.

Ice-Cream.

During the past year, four premises were registered for the purpose of retailing ice-cream, making in all a total of 19 shops from which this commodity can be obtained.

There is only one registered manufacturer within the district. The greater proportion of the ice-cream retailed is manufactured outside the area.

It is surprising the public demand for this commodity. There is approximately one ice-cream retailer to every 400 population and there appears to be no saturation point beyond which it will be unprofitable for further retailers to enter the field.

33 samples of ice-cream were submitted to the County Bacteriological Laboratory for examination with the following results:—

21	...	...	Grade 1
8	...	...	Grade 2
4	...	...	Grade 3

These figures are a considerable improvement on past years and do indicate a genuine effort on the part of all manufacturers to improve their commodity. It is also very satisfactory to note that most of the trade is going over to the pre-packed article.

It might be appropriate here to quote from the Annual Report for 1950 of the Chief Medical Officer of the Ministry in relation to this subject.

"Conditions in the ice-cream trade have continued to show improvement in the matter of bacterial cleanliness since the Ice Cream (Heat Treatment, etc.) Regulations of 1947."

"It must be emphasised that a decision on whether the methods of production of ice-cream are satisfactory cannot be made except as a result of inspection at all stages of the operation and by consideration of the results of a number of samples taken throughout the year."

"Except in instances of heavy and persistent contamination, as indicated by repeated low grading, advisory rather than legal measures are most likely to lead to improvement. Best results will be obtained where there is full co-operation between the public health officers, the bacteriologist and the manufacturer or ice-cream dealer."

Four samples of fruit ices were also submitted for bacteriological examination and proved to be satisfactory.

MILK AND DAIRIES.

There only remains one local dairyman retailing within the district. The major part of the milk sold in the area is retailed by Wolverhampton dairy firms.

There are nine dairy farms within the district; three of these are also retailers. These premises are now under the control of the Ministry of Agriculture and Fisheries.

The following table give a summary of the licences issued by the Council to milk distributors retailing designated milks in the district.

Designation.	Supplementary Licences.	Dealer Licences.	Total.
Tuberculin Tested ...	5	2	7
Pasteurised	5	3	8
Sterilized	5	12	17

The results of samples of milk taken within the district for examination are set out as follows:—

Designation.	No. Samples Submitted.	Phenol Phthalein.		Phosphatase		Turbidity		Methylene Blue	
		Pass.	Fail.	P.	F.	P.	F.	P.	F.
Tuberculin Tested .	9	—	—	—	—	—	—	9	—
T.T. (Past) .	4	4	—	4	—	—	—	4	—
Pasteurised .	9	9	—	9	—	—	—	9	—
Sterilized .	8	—	—	—	—	8	—	—	—
Undesignated	20	1	—	1	—	—	—	12	8

Of the above samples the following were also submitted to biological test:—

Designation.	No.	Negative.	Positive.
Tuberculin Tested ...	6	6	—
Pasteurised ...	1	1	—
Undesignated ...	11	11	—

All samples of milk which fail to pass the standard tests are notified to the Ministry of Agriculture and Fisheries with a view to their checking the production methods.

Two samples of milk were reported to be infected with *Brucella Abortus*. The subsequent action involved diverting the milk to heat treatment. Close liaison is affected with other authorities when they are involved.

During the year six milk bottle rinses were submitted to the Public Health Laboratory at Stafford for examination. The results obtained were of considerable assistance in demonstrating to the dairyman the need for care in bottle cleansing and a satisfactory improvement was obtained.

The national policy regarding milk production and treatment is for all ungraded milks to receive heat treatment and to encourage the production of tuberculin tested milk or milk from attested herds.

It does appear that in the very near future large adjoining urban areas will be involved in a scheme in which all undesignated milks will only be retailed after heat treatment; and, in consequence, Tettenhall will subsequently retail only Heat Treated Milk and Designated Milks. Even from the figures in the preceding table relating to undesignated milks this measure does appear necessary.

FOOD AND DRUGS ACT, 1938.

I am indebted to the County Medical Officer of Health for the following information regarding samples of food taken in Tettenhall.

Details of Milk and General Foods taken during 1951.

Article of Food.	Number of Samples.	Satisfactory	Unsatisfactory
Milk ...	51	51	—
General Foods ...	46	40	6

Details are set out as follows:—

Milk.

T.T. Certified	...	...	...	2
Milk T.T.	...	...	...	3
T.T. Pasteurised	...	...	...	9
Pasteurised	...	...	...	13
Sterilized	...	...	...	14
Undesignated	...	...	...	10
				—
Total				51 All Genuine.
				—

General Foods.

Number of samples taken	...	46
Number of samples genuine	...	40
Number of samples adulterated		6

Nature of Samples.

Powdered Horse Radish.	Beef and Pork Sausage.
Black Pepper.	Pork Sausage (2 samples).
Orange Juice.	Beef Sausage (2 samples).
Antipasto.	Ground Cinnamon.
Granulated Beef Extract	Lemon Curd (2 samples).
Jelly.	Orange Curd.
Grated Parmesan Cheese.	Ground Rice.
Meat Paste.	Non-Alcoholic Port Flavour
Salad Cream (2 samples).	Wine.
Hare Soup.	Spirit of Sal-Volatile.
Preserved Ginger.	Meat Soup.
Cream of Tartar (2 samples).	Ground Nutmegs.
Cayenne Pepper (2 samples).	Curry Powder.
Table Treacle.	Ground Ginger.
Baking Powder.	Marjoram.
Morfat Whipping.	Blackcurrent Jelly F.F.S.
Ready Cooked Creamed	Mint Sauce.
Rice.	Table Jelly Crystals.
Peeled Tomatoes.	Soya Flour.
Dessert Prunes in syrup.	Corn Flour.
Early Garden Sugar Peas.	Seville Orange Marmalade.
Golden Figs in light syrup.	

Particulars of Adulterated Samples.

1. { Cayenne Pepper (Informal).—Musty odour and taste and contained mould spores.
Cayenne Pepper (Formal).—Genuine but poor quality.
2. { Lemon Curd (Informal).—12.5% deficient in fat. Contained no preservative.
Lemon Curd (Formal).—15% deficient of its proper proportion of fat.
3. Pork Sausage (Formal).—13.7% deficient of its proper proportion of meat.
4. Peeled Tomatoes (Informal).—Contains an excessive amount of copper—120 parts copper per million parts dry solid.
5. Spirit of Sal-Volatile (Informal).—60% deficient of Free Ammonia. 31% deficient of Ammonium Carbonate.

Action Taken.

1. Old stock, removed from sale.
2. Taken up with Ministry of Food.
3. Source of supply uncertain. Repeat samples genuine.
4. Foreign produce. Taken up with Ministry of Food.
5. No further stocks available.

ROUTINE INSPECTION WORK.

Summary of the inspection work carried out by your Sanitary Inspector during the year are given in the following table.

Type of Premises inspected	No. of Inspections
Water, Drainage and Sanitary Services	177
Refuse	134
Rodent Control	132
Repairs to Premises	431
Food Shops and Food Preparing Premises	273
Infectious Disease	25
Shops other than Food Premises	51
Factories	71
Dairies	41
Miscellaneous	277
TOTAL	1,612

Total number of houses visited under the Public Health Acts 675

Total number of houses visited under Housing Acts ... 512

Disinfestation.

It was found necessary to treat three houses with insecticide during the year. Also, while one of the premises was being treated one person was taken to Burton Road Hospital for cleansing treatment.

General Information regarding Notices Served during the Year.

Form of Notice	No. Served	Premises	Defects
Informal :			
(a) General Sanitary Defects	89	121	172
Statutory :			
(a) Defects	15	19	30

In addition to the above, informal action resulted in the provision of 34 dustbins.

During the year it was necessary to attend Court in respect of a summons for failure by an owner to carry out works of an essential nature. The case was proved in favour of the Council and the works were completed in default.

Shops Act, 1912-1950.

At the end of the year there were 89 shops within the district. This was a decrease of five on the previous year and included seven retail purveyors from mobile vehicles.

There were also 17 licensed premises, three off-licence shops and one premises with a wine and spirit licence in the district.

Not included are the numerous firms from adjoining districts who deliver goods within the Tettenhall area.

During the year regular inspections were carried out in accordance with the provisions of the Acts and at total of 179 visits were made.

The extension of hours of closing just prior to Christmas was notified in the press in conjunction with the adjoining Authorities.

No difficulty was experienced in enforcing the provisions relating to closing hours of shops or the hours of work by young persons.

It was necessary to bring to the notice of two retailers the transactions that are permissible after the normal closing hours; no further complaints have been received.

Four informal notices to shopkeepers were served and complied with during the year ; no recourse to statutory action was found necessary.

The standard of arrangements and amenities for the health and comfort of shop workers within the district is being steadily improved.

Rodent Control.

The Council continued to give a free service to all domestic premises during the year.

The annual test baiting of 10% of the sewers was completed throughout the district. This gave a negative result.

The major source of infestation in the district was eliminated during the year at Boot Land, Compton. This was achieved by the refuse tip being completely filled in and by the levelling of the site for development as a playing field. Previous to this work being completed it was necessary to treat the tip on two occasions as a major infestation. 27 domestic premises were also treated with an estimated kill of 113 rats.

Seven business premises were treated with an estimated kill of 50 rats.

Among other treatments not in the above were the Smestow brook on two occasions, Blackbrook Sewage Farm twice and one piece of vacant land.

FACTORIES ACT, 1937.**Inspections for purposes of provisions as to Health.**

Premises	No. in District	Inspections	Written Notices	Prosecutions
Factories in which Secs. 1, 2, 3, 4 and 6 are to be enforced by Local Authorities (Workshops).	4	17	Nil	Nil
Factories in which Sec. 7 is enforced by Local Authorities (Factories with Mechanical Power).	16	51	1	Nil
Total	20	68	1	Nil

Defects Found.

Particulars	Found	Remedied
Want of Cleanliness	3	3
Insufficient Sanitary Convenience	1	1



