

[Report 1952] / Medical Officer of Health, Tettenhall U.D.C.

Contributors

Tettenhall (England). Urban District Council.

Publication/Creation

1952

Persistent URL

<https://wellcomecollection.org/works/cu4xazxr>

License and attribution

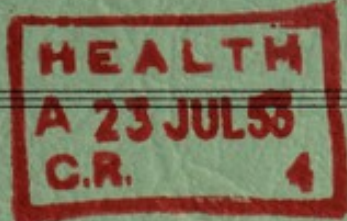
You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



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



Library

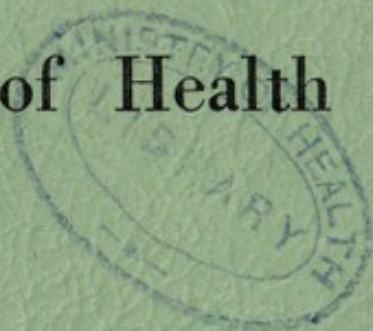
URBAN DISTRICT OF TETTENHALL

ANNUAL REPORT

of the

Medical Officer of Health

For 1952






URBAN DISTRICT OF TETTENHALL

ANNUAL REPORT

of the

Medical Officer of Health

For 1952



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30182384>

**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, 1952.

Area: 2,503 acres.

Population: 7,905 (estimated mid-year 1952): 5,967 (census 1931).
(This figure does not include overspill population Castlecroft
Estates, estimated 800).

Number of inhabited houses: 2,730.

Sum represented by a penny rate: £244.

Rateable Value: £64,585.

General Rate: 19s. 6d.

Birth Rate: 16.4.

Death Rate: 10.8.

Infantile Death Rate per 1,000 births: 46.1.

Death from Pulmonary Tuberculosis: 1.

Deaths from other Tuberculous Diseases: Nil.

Tuberculosis Death Rate—Pulmonary: 0.126.

Tuberculosis Death Rate—Non-Pulmonary: Nil.

**REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR 1952.**

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

Mr. Chairman, Lady and Gentlemen,

I submit my Annual Report for 1952 in accordance with the requirements of the Ministry of Health Circular, 2/53.

The health of the inhabitants of your Urban District would appear to have been satisfactory throughout the year under review. There has been no invalidity attributable to causes or factors related to conditions which could be considered as coming within the province of public health preventive measures, nor has there been any heavy incidence of infectious disease.

The Birth Rate was 16.4 per thousand population.

The Infantile Mortality Rate was 46 per 1,000 live births, the actual number of children who died before reaching the age of one year, being 6 as against 4 of 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.

There were no maternal deaths.

The Crude Death Rate was 10.8 giving a standardised rate of 9.3.

The number of cases of Pulmonary Tuberculosis notified was 13 as against 2 last year and the number of deaths was 1 as against 3 last year, giving a death rate of 0.126 as against 0.24 for the country as a whole. The marked increase in the number of cases notified is accounted for by the transfer to your Authority of cases who were originally on the Wolverhampton register and are now resident on the Castlecroft Housing Estate.

In previous years, I have made a practice of communicating to you in my opening letter, some observations on the vital statistics and health of your Urban District, and have also reviewed the activities of your Health Committee throughout the year to promote and ensure the sanitary conditions of your area. This year my opening letter to you is more of a valedictory nature and any information that you may wish on vital statistics, general health and sanitary conditions of your district must be gleaned from the appropriate sections of the report.

Having reached the statutory age of retirement, an altruistic higher authority has ordained that I now demit office before being overtaken by some cardio-vascular or other physical catastrophe and thus be deprived of enjoying some years of leisured old age.

I was appointed Medical Officer of Health to your Urban District in 1932, succeeding the late Dr. Winter who had given outstanding service to your District for 49 years; and with my own service of 21 years with your Council I think it is worth putting on record that your Urban District has only had two Medical Officers of Health over a period of 70 years.

Seventy years ago, cases of typhoid, diphtheria and scarlet fever were very prevalent in your district. The heavy incidence of those diseases in your district then was no doubt attributable in great part to the fact that excrement disposal was by privies and privy middens. There were no sewers, no scavenging, doubtful water supply, and with the standard of hygiene and sanitation such as it was, is it to be wondered that communicable disease was so prevalent in the district. This primitive state of affairs gave Dr. Winter much concern in his efforts to deal with infectious disease and prevent epidemics.

I was fortunate in the year of my taking up office as by that time the prevailing undesirable conditions of the district, such as privies, open drainage, and unsatisfactory sanitation were being rapidly swept away and replaced by sewage disposal works and deep drainage.

Your original Sewage Disposal Works were commenced in 1890 and brought into action in 1892. Further adaptations and improvements to the original Works were carried out at intervals onwards till 1930 from which year the present existing Works date. Extensions of sewers and connections have been steadily carried out with the result that there are now in 1953 only 18 privies or pail closets in the district as against possibly 1,000 privy-middens in 1890. The Works are now a subject of submission to the Ministry for extension and modernisation on the grounds that they are at an early date certain to be inadequate to deal with the sewage of your rapidly expanding district due to overspill from Wolverhampton and private building enterprise. I report further on this subject in the body of my report.

With the establishment of the water carriage system and the abolition of middens, enteric has disappeared, the incidence of scarlet fever has been much reduced and such cases as do occur are very much milder in type, and diphtheria cases have become rare; but in recent years the dramatic fall in this disease is undoubtedly attributable to the intensive immunisation campaign

that has been carried out throughout the country. There is no doubt much has been accomplished by your Council over the years to promote the health of your residents and your urban district now appears to enjoy comparatively a remarkable freedom from epidemic outbreaks of infectious disease.

Much of this wonderful improvement in the sanitary conditions of your area took place in the interval between the two World Wars. In addition, insanitary dwelling-houses have been brought under demolition orders and their occupants re-housed in attractive Council houses on well-laid-out housing estates. The outbreak of War II. slowed down and halted progress and development of many of the improvement schemes your Council had in mind ; but, since the termination of hostilities in 1945, and in spite of material shortages and economic stringencies, the opening up of further new housing estates and the number of houses erected thereon have placed you high on the list as a progressive housing authority. Your Council has still, no doubt, many projected developments to be carried out to enhance further the attractiveness of the district.

I am proud to have been your Medical Officer of Health and it is with regret that I sever my service with your Urban District and surrender to the younger generation of medical officers of health, no doubt brought up and trained on a curriculum modernised and more adapted to deal with the present outlook on Public Health and the position which it occupies in relation to the National Health Service. That latter service is essentially concerned with the provision of medical and surgical services to the actually sick. Advances in surgical technique and recent discoveries in medicine and anti-biotics have brought both these fields very much into the limelight and rightly too, and naturally so, because it is the curative aspect that appeals to the sufferer. But that does not by one iota detract from the importance of Preventive Medicine, so many ailments and diseases being avoidable.

The Public Health Service is essentially a preventive one and communities owe much to it in the way of prevention and control over infectious diseases ; but at the moment emphasis is on personal service, housing, home helps, care of the aged, social, environmental and industrial conditions.

Preventive public health measures of the past, and paediatrics and geriatrics of the present, would appear to have been so efficient that with decreasing infantile mortality, rise in the expectation of life and resultant increasing longevity, people are now living longer and we are being faced with the problem of the aged.

Nevertheless, in spite of this trend towards personal and social services the old public health problems of protecting water and milk supplies, safeguarding food, ensuring efficient drainage and sewerage and combatting outbreaks of infectious diseases are still with us, and must not be lost sight of or subordinated to the personal and social services.

Having made the foregoing observations on the trend of the Public Health services at the moment, I feel I cannot let go past an extract from the Inaugural Address of The Right Honourable Lord Percy, of Newcastle P.C., to the recent Health Congress of the Royal Sanitary Institute at Hastings. It is an extract which certainly presents an original and thought-provoking point of view on the question of the health of the nation in respect of its industrial workers in relation to the national call for increased production. He asks, more or less, how great a contribution in work and greater production can a community be called upon to give and at the same time maintain its health.

"May we not be approaching a point when we may have to consider what price in work and production a community can be expected to pay and at the same time escape from positive illness? Is there not a danger of outrunning a community's capacity to pay, in terms of health itself? This is not a Budget question about economic rate of taxation . . . it is a question of how high and at what cost in strain upon the producer's constitution, we can afford to raise national production in order, out of it, to finance the cost of breeding a disease-proof nation. For a disease-proof nation may be a hectic nation, working shorter hours at a more intense and continuous expenditure of energy, mental as well as physical; with a longer expectation of life, but possibly an actually shorter expectation of fitness for work at the new level of intensity; with larger, but less reposeful leisure; protected against specific occupational hazards, but more and more exposed to the general hazard of working strain; prone to thromboses and to nervous or mental breakdown, and making increasing demands on our newly-christened science of geriatrics. Such a result, to put it mildly, would not be an 'elegant' solution of our national health problem."

In closing, I take this last opportunity of thanking the various Chairmen and Members of the Health Committees, at whose deliberations I have had the privilege of attending, for the help, co-operation and encouragement they have given me in my efforts to promote and maintain the health of the Urban District during my tenure of office.

To the private practitioners in the district I tender my best thanks for their co-operation and unvarying courtesy.

To the nurses, midwives and local Detachment of the British Red Cross Society I convey my appreciation of the efficient services they have rendered to your residents.

I also pay tribute to your Sanitary Inspectors, past and present, who have contributed so much to improving the hygienic conditions of your district and for their activities in ridding your district of much insanitary property.

It would be remiss and ungrateful if I did not also take this last opportunity of thanking your Clerk, Surveyor and colleagues in charge of other of your Council's departments, for their advice and help when I have had occasion to consult them. It has been a pleasure to serve with them.

I also thank the clerical staff for their invaluable help and ungrudging willingness to be of service to me at all times.

I have the honour to be,

Your obedient Servant,

F. B. MACKENZIE,

Medical Officer of Health.

July, 1953.

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.

Authority was given by the Council to take proceedings in the case of one elderly person. This proved to be unnecessary as he was finally persuaded after constant refusals to go into hospital.

Regular visits are paid to elderly and infirm people within the district.

VITAL STATISTICS.

		Total	M.	F.	
Live Births	Legitimate	122	68	54	{ Birth Rate per 1,000 (population) 16.4.
	Illegitimate	8	2	6	
Still Births	Legitimate	3	3	—	{ Rate (per 1,000 total births) 22.5.
	Illegitimate	—	—	—	
Deaths	... ..	86	48	38	Rate (per 1,000 popu- lation) 10.8.

Deaths from Puerperal Causes: Nil.

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

Legitimate ... 38.4

Illegitimate ... 7.6

Deaths from Cancer: 12.

„ „ Measles (all ages): Nil.

„ „ Whooping Cough (all ages): Nil.

„ „ Diarrhoea (under 2 years of age): 1.

BIRTH RATES.

Year	TETTENHALL.		England and Wales. Birth Rate.
	No. of Births.	Birth Rate.	
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
1952	130	16.4	15.3

DEATH RATES.

Year	TETTENHALL.		England and Wales. Death Rate.
	No. of Deaths.	Death Rate.	
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
1952	86	10.8	11.3

CAUSES OF DEATH DURING THE YEAR 1952.

Causes of Death.

	M.	F.
1. Tuberculosis Respiratory	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	1	—
12. Malignant Neoplasm Breast	—	2
13. Malignant Neoplasm Uterus	—	—
14. Other Malignant and Lymphatic Neoplasms	5	3
15. Leukaemia, Aleukaemia	—	—
16. Diabetes	1	—
17. Vascular Lesions of nervous system	4	7
18. Coronary Disease Angina	8	2
19. Hypertension with heart disease	1	2
20. Other heart disease	8	10
21. Other circulatory disease	1	—
22. Influenza	—	—
23. Pneumonia	—	—
24. Bronchitis	3	—
25. Other diseases of respiratory system	—	2
26. Ulcer of Stomach and Duodenum	—	—
27. Gastritis, Enteritis and Diarrhoea	1	1
28. Nephritis and Nephrosis	1	—
29. Hyperplasia of Prostate	2	—
30. Pregnancy, Childbirth, Abortion	—	—
31. Congenital Malformation	1	—
32. Other defined and ill defined diseases	8	6
33. Motor Vehicle Accidents	1	—
34. All other Accidents	—	3
35. Suicide	—	—
36. Homicide and Operations of War	—	—
All Causes	48	38
Deaths of Infants under 1 year—Total	4	2
Legitimate .	4	1
Illegitimate .	—	1

INFANTILE MORTALITY, 1952.

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.
Asphyxia Neonatorum ...	1	—	—	—	1	—	—	—	—	1
Congenital Hydrocephalus Intracranial birth injury ...	—	1	—	—	1	—	—	—	—	1
Prematurity ...	1	—	—	—	1	—	—	—	—	1
Asphyxia ...	1	—	—	—	1	—	—	—	—	1
Acute Gastro-Enteritis ...	—	—	—	—	—	1	—	—	—	1
Totals ...	4	1	—	—	5	1	—	—	—	6

INFANTILE MORTALITY RATES.

Year	TETTENHALL			England and Wales.
	Births	Deaths	Rate per 1,000 births	Rate per 1,000 births
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
1952	130	6	46.1	27.6

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

The total number of notified cases of infectious diseases was 49 as against 258 last year, exclusive of Tuberculosis.

Measles.

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

Scarlet Fever.

Five cases were notified, the same number as last year. None were admitted to hospital. There were no deaths.

Whooping Cough.

There were 33 cases notified during the year. This was a decrease of 52 on the number notified last year. No cases were admitted to hospital and there were no deaths.

Diphtheria.

There were no cases.

Erysipelas.

One case was notified during the year.

Dysentery.

One case was notified.

Acute Pneumonia.

Six cases were notified.

Acute Poliomyelitis.

There were no cases of this disease.

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 1952.**

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	—	—	—	—	2	3	—	—	—	—	—
Whooping Cough	12	21	1	4	2	4	5	17	—	—	—	—	—
Measles ...	1	2	—	1	—	1	—	1	—	—	—	1	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Ac. Pneumonia	3	3	—	—	—	—	—	1	1	—	2	1	1
Erysipelas ...	1	—	—	—	—	—	—	—	—	—	—	—	1
Typhoid Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	1	—	—	—	—	—	—	—	—	—	1	—	—
TOTAL	21	28	1	5	2	5	7	22	1	—	3	1	2

Swabs and Specimens.

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

Nose and Throat	...	...	9
Sputa	...	...	19

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 13 pulmonary and no non-pulmonary as against two cases in 1951.

The marked increase in the number of cases notified is accounted for by the transfer to your Authority of cases who were originally on the Wolverhampton register and are now resident on the Castlecroft Housing Estate.

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.	—	—	—	—	—	—	—	—
5 to 9 yrs.	—	—	—	—	—	—	—	—
10 to 14 yrs.	—	—	—	—	—	—	—	—
15 to 19 yrs.	1	—	—	—	—	—	—	—
20 to 24 yrs.	3	—	—	—	—	—	—	—
25 to 34 yrs.	5	—	—	—	—	—	—	—
35 to 44 yrs.	1	—	—	—	—	—	—	—
45 to 54 yrs.	1	1	—	—	—	—	—	—
55 to 64 yrs.	—	—	—	—	—	—	—	—
65 yrs. and over	1	—	—	—	1	—	—	—
Totals	12	1	—	—	1	—	—	—

Yearly Figures for the Last Decade.

Year.	New Cases.		Deaths.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
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	—
1952	13	—	1	—

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
839	828	8	—	3

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 has no plumbo-solvent action.
- (iv) A temporary appearance of Bact. Coli Type II. in Essington Water Tower was dealt with by chlorination. Subsequent to treatment at the Works where necessary, there has been no other known contamination of the supply.
- (v) Of the houses in the district 2,716 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 7,897.

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.

Samples were taken from these houses and proved unsatisfactory. All the necessary precautionary measures have been adopted.

Sewage 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 from the Black Brook have been submitted to the County Analyst for report at regular intervals.

Difficulty has again been experienced in dealing with the sludge due to climatic conditions which were not favourable to easy drying of this material. With the increasing population it is apparent that the need for the modernisation of the present works becomes more imperative. In spite of further application to the Ministry of Housing for approval to commence the new scheme this has not yet been forthcoming due to scarcity of money nationally for projects of this kind."

Refuse Collection and Disposal.

"A regular collection of house refuse has been maintained and it is apparent that some re-organisation will be necessary if the collection period is not to become too lengthy due to the influx of new population in the Castlecroft area. This is receiving my careful consideration.

The tip on Bridgnorth Road, Compton, has been satisfactorily maintained. It has been noted during the year that with the easing of the need for collection of waste paper, the house refuse is changing in composition and more paper is being placed in the dustbin. This increases the bulk of the refuse collected and consequently has caused several problems at the tip face, which have been satisfactorily surmounted."

In respect of the report of your Surveyor on Sewage and Sewage Disposal, I submit some observations in amplification of the necessity for the proposed new Sewage Outfall Works for which your Council seeks authorisation.

The contemplated new Sewage Outfall Works on which I make those observations are those envisaged on the Black Brook near Trescott in the Seisdon Rural District.

It is not so much a question of danger to public health as a question of operational and sewage disposal efficiency in relation to the considerable rise in population since the inception of existing works in 1930, and in relation to the anticipated steady increase in population during the next few years as a result of Council Housing Estate development and the anticipated high increase in private house enterprise. And, it must also be borne in mind that the Urban District is committed to dealing with overspill from Wolverhampton and it has also to take a considerable amount of sewage from Seisdon Rural District, which area has also Council Housing Estates which are rapidly expanding and which area is also encouraging private enterprise.

The Report of Messrs. Willcox, Raikes & Marshall reveals the shortcomings of the present existing Sewage Outfall Works and I would say that, with the rising population in the area, they are rapidly becoming overloaded, obsolescent and breaking down under the strain now placed upon them.

The whole area available for land treatment of the sewage is in action at one time and I would disagree with Messrs. Willcox, Raikes & Marshall's Report which says the irrigation of the effluent is over some 32 acres of land. I would put it at 22 acres, 10 acres being useless for the purpose, as due to levels it is impossible to use the land for broad irrigation and also as some of the area is utilised as sludge lagoons. At no time is there any section being rested. To quote from Messrs. Willcox, Raikes & Marshall's Report " . . . the distribution is becoming more difficult as the flow of sewage increases, so that a tendency to pond with a consequent escaping of sewage to the brook occurs"; and that observation was made in 1950. To-day, it is not a tendency to pond, but an established condition. In the strictest sense of the terms, intermittent downward filtration or broad irrigation, neither exists; it is simply flooding and resultant ponding. In other words the Sewage Outfall Works are overburdened, and that condition is with the present population of approximately 13,000. What is the

state of affairs going to be in a few years when the anticipated population will be in the region of 18,000 and when it is remembered that the existing works, when opened in 1930, had only to deal with 7,000 approximately.

I cannot say there is at the moment any actual danger to the health of the people in the area, and strange to say in spite of the adverse irrigation conditions referred to above, analysis results of samples of water taken from the brook above and below the point of entry of the actual effluent, have been satisfactory. I have asked that a sample of the effluent before entering the brook be submitted for examination. Nevertheless, whatever the result of that analysis might be, the effluent in my opinion is bound to deteriorate steadily as the volume of sewage increases with the rapidly rising population in the next few years ; and the discharge of such effluent into the Black Brook I am certain will not be tolerated or accepted with indifference by the Severn River Board. The Sewage Works Manager also informs me that with the increasing flow of sewage, there is a consequent increase in the amount of sludge and that he is experiencing difficulty in dealing with this.

I cannot see how the increasing volume of sewage can be satisfactorily dealt with otherwise than by the construction of the proposed new Sewage Outfall Works. I would therefore advise that the Minister be asked to give the necessary authorisation to proceed.

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 1952.

Waste Water Closets	60
Privies or Pail Closets	18
Cesspools and Septic Tanks	50
	approximately.

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

Statutory notices were served during the year for three cottages and two houses to be connected to the new sewer in Compton area. It is anticipated that this work will be completed in the ensuing year.

The owners of other houses in the district with privies and pail closets were approached with a view to trying to eliminate these unpleasant fittings by informal action, but difficulties were encountered owing to the high cost of new installations.

HOUSING.

During the year the Public Health Committee acting for the Council have placed Demolition Orders on 30 houses under Section 11 of the Housing Acts, 1936.

The following table gives a summary of the formal work completed in the post-war period up to 31st December, 1952.

Demolition Orders made operative on 62 houses.

Undertakings to recondition accepted in respect of 5 houses.

Undertaking accepted for house to be used for business purposes only—1 house.

Seven houses were demolished during the year and three condemned houses became vacant.

Where it is not possible to demolish vacated condemned houses owing to adjacent occupied properties, steps are taken to persuade the owners to make the premises untenable.

One house which was in a dangerous condition was strengthened and re-conditioned during the year, the Housing Committee re-housing the tenant in order that this work could be carried out.

Two families were also re-housed by the Council during the year on medical recommendation.

The progress in clearing sub-standard houses has, of necessity, been slow. The first essential has rightly been for the Council to provide accommodation for people living in rooms; and the 62 houses dealt with in the post-war period have been a mere scratching at the surface of the problem, but it has served to prevent the perpetuation of the worst type houses in the district. I believe that the time is soon approaching when the desirability of removing sub-standard houses will be speeded up by the Government. In dealing with sub-standard houses, it would be a great help to local authorities if legal recognition could be given to the standard of fitness for a house as recommended by the Central Housing Advisory Committee. This standard has now been adopted for improvement grants under the Housing Act, 1949.

Notices served for the repair and improvement of houses under the Public Health Act were as follows:—

INFORMAL		STATUTORY	
No. of Houses	No. of Defects	No. of Houses	No. of Defects
40	58	19	28

The proper repair and maintenance of older houses is a most vexed and contentious problem bristling with all types of difficulties. I am of the opinion, and in this I am in agreement with views expressed in other parts of the country, that older houses are through circumstances, deteriorating into sub-standard houses. The probable reason for the high rate of deterioration of the houses is the inability of the owner to meet the necessary costs out of income from rents received.

Proper maintenance is as important as the building of new houses and over-stressing on new work alone will continue to aggravate this fast deterioration in old houses. The present rent system does not lend itself to owners being able to maintain adequately and improve their property. This to my mind, is borne out by the very few requests this Council has received for Improvement Grants under the Housing Acts, 1949. The general impression appears to be that the 6% permitted increase on rent towards the owner's share of the cost is often either insufficient or too meagre. It is plain that, if the Government wish to improve existing houses, powers will have to be given for a greater increase on the controlled rents. The tenant would have to pay more but I am sure the great majority would be willing to do so in order to have a better house with more modern facilities. This would call for some control by a Local Authority over rents, repairs and improvements.

Movable Dwellings.

During the year two applications have been considered for licence to station trailer caravans within the district. Neither of these has been allowed.

Perton Aerodrome.

The Seisdon Authority has continued to re-house the families who squatted on the buildings in the south-eastern part of the aerodrome just within the district. As soon as these premises are vacated they are demolished.

House Building Progress.

Your Surveyor has furnished me with the following information :—

Woodhouse Estate.

"The year 1952 saw the commencement of the last stage of the development of the Woodhouse Estate.

The Council were successful in obtaining a compulsory purchase order for the acquisition of approximately 59 acres to the north of the Woodhouse Estate to be known as the Grange Estate. The year saw the completion of the provisional layout for this land with a view to an early start being made on the construction of roads and sewers.

The shops on the Long Lake Estate were completed and have been opened for business.

The following gives the general housing progress in the district during 1952. Comparative figures for previous years are given :—

Municipal Housing.		1952.	1951.	1950.	1949.
One bedroom dwellings	...	—	—	—	—
Two bedroom dwellings	...	42	9	23	—
Three bedroom dwellings	...	47	33	55	2
Four bedroom dwellings	...	1	2	—	—
		—	—	—	—
		90	44	78	2
		—	—	—	—
Private Housing.					
New Houses	... ..	28	17	18	6
Conversion—large houses into flats	... ..	—	2	5	2
		—	—	—	—
Total Number of Houses	...	118	63	101	10
		—	—	—	—

The total number of Municipal houses is 524.

It will be seen from the above that the total number of houses erected for private enterprise is the highest in the post-war period."

Your Housing Manager, Mr. S. A. H. Berrisford, reports as follows :—

"During the year a further 90 new houses were completed and tenanted increasing the total of post-war houses provided by the Council to 381. With pre-war houses the Council now control 524 houses comprising the following types :—

One bedroom bungalows	...	...	18
Two bedroom Prefabricated bungalows	...	...	36
Two bedroom Maisonettes	...	...	16
Two bedroom Traditional houses	...	...	48
Three bedroom Traditional houses	...	...	374
Four bedroom Traditional houses	...	...	25
Requisitioned premises	...	...	7
			<hr/> 524 <hr/>

In addition the Council have provided 18 garages on the post-war Estates and, as the need arises, further garages will be erected.

At the end of the year the Council's waiting list included 238 applicants without any home of their own, comprising 110 couples with children and 128 childless couples. This class of applicant receives priority in the allocation of houses, although the Council continue their policy of re-housing families living in overcrowded and unfit houses.

In addition, a further 112 applications have been received from persons already the tenants of separate dwellings ; but until the need of the less fortunate class of applicant has been met no appreciable reduction in this number can be contemplated. After the completion of the Council's present building programmes on the Woodhouse and Grange Estates it is thought that the re-housing problem will have, to the greater extent, been met."

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.

It was necessary to draw the attention of the Ministry of Food to the condition of meat delivered into the district and I re-affirm my comments made last year, that the handling and transport of meat en route to the retailer still calls for a lot of improvement.

During the year the Ministry of Food issued a revised Memorandum regarding the Methods and Criteria of Meat Inspection recommended for adoption by Local Authorities and their Officers. The adoption of this memorandum will result in improvement in the standards of meat inspection, the objects of which are to safeguard public health and to avoid the unnecessary rejection of meat.

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.

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:—

30 tins luncheon meat.	36 cases orchid fruit (12 each).
3 tins lambs tongues.	4 tins pears.
4 tins pork brawn.	2 tins grapefruit.
3 tins braised kidneys.	2 tins peaches.
1 tin pork.	3 tins cherries.
60-lb. smoked bacon.	1 tin strawberries.
3 tins pork sausage.	3 tins young berries.
2 tins shoulder ham.	1 jar sliced apples.
6 tins sardines.	1 jar fruit salad.
15 tins pilchards.	30 tins tomatoes.
2 tins salmon.	3 tins veg. salad.
6 tins peaches in syrup.	1 jar asparagus spears.
4 tins evaporated milk.	1 tin pickled beetroot.
11 tins soups.	1 jar marmalade.
7-lb. cheese.	15½-doz. sticks mint rock.
49 tins apples.	5-lb. chocolate crunch.

Food Shops and Food Preparing Premises.

Regular inspection of all food premises is carried out with a view to maintaining and improving the hygienic standard in shops and other food premises.

Legal action had to be threatened in one instance during the year in order to have the general condition of one shop and storage premises improved. Fortunately, it was not necessary to resort to this type of action as the conditions improved.

Certain difficulties were also experienced in the control of one shop sited just within the boundary of the district. This shop was a converted motor vehicle. With the assistance of the Seisdon Authorities in whose area the retailer's storage and other facilities were situated satisfactory control was able to be arranged.

The observance of the new Bye-Laws under Section 15 of the Food and Drugs Act, 1938, is required of all shop premises and a good standard is maintained in all lock-up shops. The control of small house shops is not so straightforward where domestic and shop arrangements are intermingled.

Slaughter of Animals Act, 1933.

Two slaughtermen's licences were 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 year four premises were registered for the purpose of retailing ice-cream, making in all a total of 23 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.

36 samples of ice-cream taken from shops within the district were submitted to the County Bacteriological Department for examination, and 83% came within the grades 1 and 2. Only two samples were graded 3 and of the remaining four placed within the lower grades, two were a result of a mechanical failure in the ageing vat controls.

These figures show a continued and steady improvement in the cleanliness of manufacture and distribution of ice-cream retailed from shops within the district. By far the greater proportion of this commodity sold from shops is pre-packed by the manufacturers. The Council's policy of persuading tradesmen to sell only pre-packed ice-cream is nullified by itinerant vendors who retail their commodities from open vehicles.

One sample of fruit ice was 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 gives a summary of the licences issued by the Council to milk distributors retailing designated milks in the district.

Designated.	Supplementary Licences.	Dealers' Licences.	Total.
Tuberculin Tested ...	5	2	7
Pasteurised ...	5	3	8
Sterilized ...	5	7	12

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	13	1	—	1	—	—	—	12	1
T.T. (Past)	12	12	—	12	—	—	—	12	—
Pasteurised	11	11	—	11	—	—	—	11	—
Sterilized	10	—	—	—	—	10	—	—	—
Undesignated	17	1	—	1	—	—	—	15	2

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

Designation.	No.	Negative.	Positive.
Tuberculin Tested ...	7	7	—
Pasteurised ...	4	4	—
Undesignated ...	10	10	—

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.

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

During the year 14 milk bottle rinses from the local dairy were submitted to the Public Health Laboratory at Stafford for examination and the results obtained were variable from satisfactory to poor.

It is hoped to have better and more consistent results in future.

The national policy for heat treatment of undesignated milks in the urban areas adjoining Tettenhall appears to be working satisfactorily and it is hoped that in the near future this requirement will be extended to this area.

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 1952.

Article of Food.	Number of Samples.	Satisfactory	Unsatisfactory
Milk	47	47	—
General Foods ...	48	44	4

Details are set out as follows:—

Milk.

T.T. Certified	...	...	...	4
Milk T.T.	...	...	...	2
T.T. Pasteurised	...	...	...	9
Pasteurised	...	...	...	11
Sterilized	...	...	...	10
Undesignated	...	...	...	10
Heat Treated	...	...	...	1
Total				47
				All Genuine.

General Foods.

Number of samples taken	...	48
Number of samples genuine	...	44
Number of samples adulterated		4

Nature of Samples.

Sardines in Edible Oil and Tomato.	Fish Paste—Salmon and Shrimp.
Coffee (2 samples).	Gravy Colouring.
Scotch Broth.	Sweetened Sponge Mixture.
Pepper Flavoured Compound.	Cheese Spread (2 samples).
Ground Cinnamon (2 samples).	Paprika Pepper.
Flowers of Sulphur B.P.	Almond Mixture.
Marmalade F.F.S.	Peanut Butter (2 samples).
Piccalilli.	Boiled Beef and Carrots.
Ground Rice.	White Pepper (2 samples).
Cake Marzipan.	Cherry Flavoured Cordial.
Ground Ginger.	Ice-cream Mix.
Tomato Sauce.	Cream of Tartar.
Ice-cream (4 samples).	Frankforters Sausage in Brine.
Drinking Chocolate.	Pork Sausage.
Cake and Bun Flour.	Blackcurrant Wine—Non-Alcoholic.
Purified Borax.	Lemon Curd.
Lemon Squash.	Non-Alcoholic Tomato Cocktail.
Malt Vinegar (2 samples).	Port Flavoured Wine—Non-Alcoholic.
Bananas in Syrup.	
Welsh Rarebit.	
Coffee and Chicory Essence.	

Particulars of Adulterated Samples.

- Cake Marzipan (Formal).—Contravenes the Labelling of Food Order, 1950.
- Ice-cream (Formal).—40% deficient of its proper proportion of fat. Fined £5 0s. 0d.; Costs £3 7s. 0d.
- Ice-cream Mix (Formal).—Contravenes the Labelling of Food Order, 1951.
- Paprika Pepper (Formal).—No value as a condiment.

ROUTINE INSPECTION WORK.

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

Type of Premises inspected	No. of Inspections
Water, Drainage and Sanitary Services	256
Refuse	93
Rodent Control	219
Repairs to Premises	312
Food Shops and Food Preparing Premises	246
Infectious Disease	27
Shops other than Food Premises	29
Factories	68
Dairies	25
Miscellaneous	241
TOTAL	1,516

Total number of houses visited under the Public Health Acts 688

Total number of houses visited under Housing Acts ... 473

**General Information regarding Notices served
during the Year.**

Form of Notice	No. Served	Premises	Defects
Informal :			
(a) General Sanitary Defects	77	131	148
Statutory :			
(a) Defects	16	25	30

In addition to the above, informal action resulted in the provision of 51 dustbins.

During the year it was not necessary to adopt legal measures to comply with any notices.

Shops Act, 1912-1950.

Within the district there are 82 shops, their main business coming under the following headings:—

Grocers, General Stores and Confectioners ...	25
Newsagents and Tobacconists	5

Meat Purveyors	...	...	...	...	7
Fish Merchants and Game Dealers	...	...	...	...	2
Fried Fish Shops	...	...	...	...	2
Greengrocers and Florists	...	...	...	...	6
Chemists	...	...	...	...	2
Hairdressers	...	...	...	...	4
Haberdashery	...	...	...	...	4
Off Licence Premises	...	...	...	...	3
Motor and Cycle Requisites	...	...	...	...	7
Boot Repairers and Leather Goods	...	...	...	...	3
Hardware	...	...	...	...	2
Sub-Post Offices not included in above	...	...	...	...	3
Dry Cleaners	...	...	...	...	1
Radio and Electrical Goods	...	...	...	...	1
Antiques	...	...	...	...	1
Coal Merchants	...	...	...	...	5
Bakeries	...	...	...	...	1

At least two-thirds of these shops are serviced with little or no staff outside of their own families and half of the premises are combined houses and shops.

There are also 17 licensed premises and one grocer's shop with a wine and spirit licence.

Not included are the numerous firms from adjoining areas who deliver goods into the district.

Regular inspection of premises and records has been carried out during the year and no particular difficulties were experienced in enforcing the various requirements of the Acts. A total of 123 inspections were made.

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

Informal action in respect of two complaints received concerning Sunday trading were satisfactorily dealt with. Three other notices to shopkeepers in respect of standards were served and complied with during the year. No statutory action was necessary.

Rodent Control.

During the year the Rodent Operator has treated 45 premises with an estimated kill of 189 rats. The number of properties inspected prior to treatment with 113.

The Council have continued to give free treatment to all domestic premises.

Other premises treated include the Council's Sewage Farm, Refuse Tip, the Smestow Brook and five business premises.

A 10% test bait of sewers within the district was completed during the year with negative results, altogether 56 manholes being treated.

Outside of scattered minor infestations in the district, there have been no major infestations.

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	18	—	—
Factories in which Sec. 7 is enforced by Local Authorities (Factories with Mechanical Power).	15	44	3	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	1	4	—	—
Total	20	66	3	—

Defects Found.

Particulars	Found	Remedied
Want of Cleanliness	4	4
Insufficient Sanitary Convenience	1	1

Miscellaneous.

During the year one house has been disinfected after the incidence of infectious disease and two other houses were treated for infestation. A sample of water from a swimming bath within the district was also submitted for chemical examination and proved satisfactory.

Advice was also given regarding the use of unsuitable fuel for two large heating boilers.

