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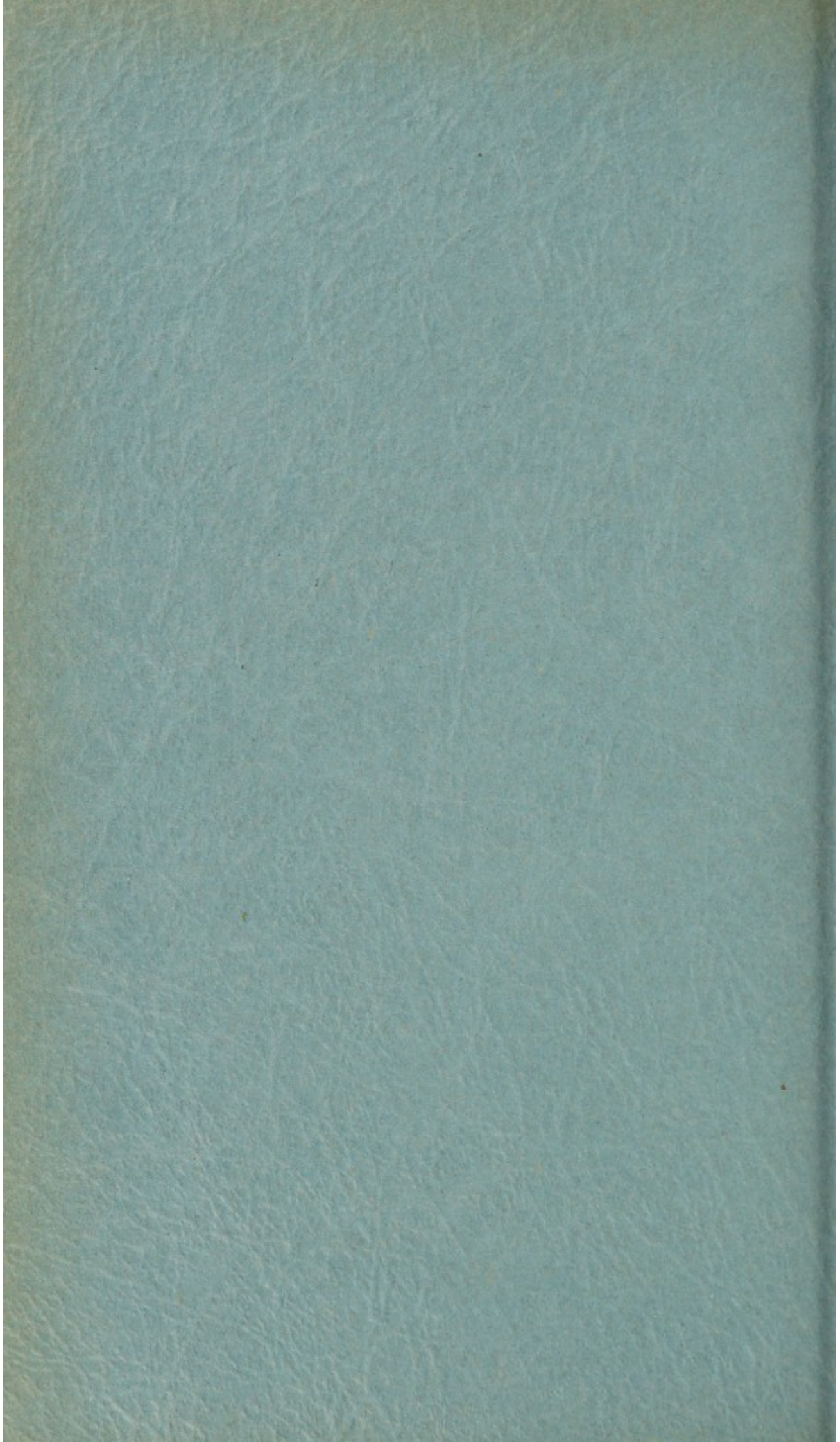
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WALSALL
COUNTY BOROUGH
HEALTH REPORT
1955





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WALSALL

COUNTY BOROUGH

HEALTH REPORT

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THOMAS ROSS, M.B., Ch.B., D.P.H.

Medical Officer of Health and
Principal School Medical Officer



WALSALL
COUNTY BOROUGH
HEALTH REPORT

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THOMAS ROSS, M.B., CH.B., D.P.H.
Principal School Medical Officer
and
Medical Officer of Health

COUNTY BOARD OF WALSH
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COUNTY BOROUGH OF WALSALL

HEALTH COMMITTEE

From May, 1955 to May, 1956

CHAIRMAN:

Councillor D. M. Middleton

VICE-CHAIRMAN:

Alderman M. J. Kavanagh, M.C.

Alderman R. Davies	Councillor L. Harrington
Councillor E. A. Brockhurst, J.P.	Councillor J. Leadbeater
Councillor D. Cartwright	Councillor B. C. Stanley
Councillor E. M. Flint	Councillor A. M. M. Taylor
Councillor H. S. Gwinnutt	Councillor E. M. Thomas

EDUCATION COMMITTEE

CHAIRMAN:

Alderman W. R. Wheway, J.P.

VICE-CHAIRMAN:

Alderman T. P. Riley, J.P.

Alderman H. Busill Jones, J.P.	Councillor E. M. Thomas
Alderman F. W. Evans, J.P.	Councillor S. Wright
Alderman A. McShane	Mrs. V. G. Parkes
Councillor E. A. Brockhurst, J.P.	Rev. Preb. A. T. Jenkins
Councillor J. R. R. Benton	Rev. W. Sheeran
Councillor E. M. Flint	Rev. W. Eric Hodges
Councillor L. Harrington	Mr. H. G. Gibbs
Councillor F. F. Harrison	Mr. E. Jay
Councillor P. H. Musgrove	Mr. A. Lucas
Councillor A. M. M. Taylor	Mr. C. Tomkinson

STAFF

(at 31st December, 1955)

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER	Thomas Ross, M.B., Ch.B., D.P.H.
DEPUTY MEDICAL OFFICER OF HEALTH	H. C. Milligan, M.B., Ch.B., D.P.H.
SENIOR MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE	I. M. Brown, M.B., Ch.B., D.P.H. M.M.S.A., D.R.C.O.G., D.C.H.
ASSISTANT MEDICAL OFFICER OF HEALTH	M. B. Dillon, M.B., Ch.B., B.A.O. D.P.H.
ASSISTANT MEDICAL OFFICER OF HEALTH	Post vacant.
PRINCIPAL SCHOOL DENTAL OFFICER	R. E. Morgan, L.D.S.
SCHOOL DENTAL OFFICER	Mrs. I. M. Millar, L.D.S.
CHIEF SANITARY INSPECTOR	C. A. Stansbury.
DEPUTY CHIEF SANITARY INSPECTOR .. Staff	E. Bayley. 11 Sanitary Inspectors. 3 Pupil Sanitary Inspectors. 7 Clerks.
PUBLIC ANALYST	F. G. D. Chalmers, M.A., B.Sc. F.R.I.C.
SUPERINTENDENT HEALTH VISITOR .. Staff	Miss G. Johnson. 10 Health Visitors. 2 Acting Health Visitors. 2 Pupil Health Visitors. 1 Tuberculosis Visitor. 3 Clinic Nurses. 3 School Nurses.
SUPERVISOR OF MIDWIVES Staff	Mrs. M. E. Smith. 14 Municipal Midwives.
ADMINISTRATIVE ASSISTANT Staff	P. Shoesmith. 9 Clerks. 6 Sales Clerks—Part-time.
DULY AUTHORISED OFFICER (MENTAL HEALTH SERVICE)	F. H. Parker. 1 part-time Deputy.
SENIOR MENTAL WELFARE OFFICER ..	Miss F. Grant. 1 Assistant.
SUPERVISOR OCCUPATION CENTRE ..	Miss E. Ratford. 2 Assistants.
MATRONS—DAY NURSERIES	Mrs. N. Clark. Miss L. D. Smith.
AMBULANCE SUPERVISOR	H. J. Addison.
LADY SUPT.—HOME NURSING Staff	Miss R. E. Bennion. 10 District Nurses (Female) (Full time). 1 District Nurse (Male) (Full time). 5 District Nurses (Female) (Part time).

COUNTY BOROUGH OF WALSALL

ANNUAL REPORT
OF THE
Medical Officer of Health

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY
BOROUGH OF WALSALL

Mr. Mayor, Ladies and Gentlemen,

I present herewith my Annual Report on the health of the County Borough of Walsall during the year 1955.

We have continued to be handicapped in our development of the work of the department by the double disability of limited finances on the one hand and shortage of staff on the other, so that we have little to report in the way of material additions to the Health Department. The work, however, continues to the limit of our capacity, probably with an increasing emphasis compared with past years on the care of the older members of the community, together with some useful work in preventing a breakdown of family life.

The Birth Rate at 16·61 per thousand of the population is virtually the same as last year but still remains slightly above the national rate, which is 15·00. The general Death Rate of 11·92 is

about the same as last year and calls for no special comment. Unfortunately the improvement in the Infant Mortality Rate reported last year has not been maintained, the rate this year being 34·14 per thousand births, compared with 30·77 last year. Examination of the causes of infant deaths reveals that seven deaths were attributed to congenital malformations, which, together with two additional deaths due to accidents, fully account for the increased rate of mortality, and of course, it will be readily appreciated that the preventive services which are our responsibility are not easily able to influence these causes of death.

Five maternal deaths occurred in Walsall in the past year, and an examination of the causes is contained in the report of the Senior Medical Officer for Maternity and Child Welfare. So that the statistical normal may be attained, we have good reason to anticipate a considerably more favourable experience in the next few years. Whereas this regrettable incidence has produced a figure of 2·55 maternal deaths per thousand total births in Walsall, compared with ·64 in England and Wales, the rate for the years 1950 to 1955 inclusive is ·97, which is not so grossly unfavourable as the figure for this year alone would suggest. In any event, it is quite clear from an examination of the causes of death that there has been no failure on the part of the preventive or remedial maternity services. The patients had full ante-natal care and all were confined in hospital, where every facility was available.

Infectious diseases continue to be a negligible factor affecting the health of the people and the incidence of poliomyelitis fell from 16 cases in 1954 to six cases in 1955, with no deaths from this cause.

The really striking statistic in Walsall for 1955 is the vast improvement in the death rate from respiratory tuberculosis, which has fallen to 0·17 per thousand of the population from ·31 in 1954, the rate for England and Wales for 1955 being ·13. It will be recalled that as recently as 1951 the death rate from respiratory tuberculosis was ·54. This reduction in the death rate from tuberculosis is a heartening pointer in a long fight which has been waged for so many years against the disease. New forms of treatment are apparently proving effective and I think we can look forward with hope to maintaining this improvement in the coming years. It must not be forgotten, however, that prevention is our main aim and our efforts to improve the resistance of the people by a good standard of living, clean air, sound nutrition and a decent standard of housing are still the main factors in the fight against tuberculosis. I am pleased to say that the Council have done, and are doing, everything in their power to assist us in our efforts in this direction.

2. Extracts from Vital Statistics

Number of Live Births Registered	...	...	...	1,900
(Legitimate: M., 942 F., 888 Total 1,830)				
(Illegitimate: M., 41 F., 33 Total 74)				
Number of Still Births Registered	...	...	...	50
(Legitimate: M., 28 F., 26 Total 54)				
(Illegitimate: M., - F., 2 Total 2)				
Birth Rate per 1,000 population (Live Births)	...	...	...	16·6
Standardised Birth Rate	...	...	...	15·6
Number of Deaths (M. 729, F. 637)	...	...	...	1,366
Crude Death Rate per 1,000 population	...	...	...	11·9
Standardised Death Rate	...	...	...	13·9
Number of Women dying in or in consequence of Pregnancy, Childbirth or Abortion	...	...	...	5
Maternal Mortality per 1,000 (live and still) Births	...	...	...	2·5
Number of Deaths of Infants under 1 year of age	...	...	...	65
Infant Mortality per 1,000 Births	...	...	...	34·14
Infant Mortality (legitimate infants) per 1,000 births	...	...	...	34·4
Do. (illegitimate infants) do.	...	...	...	27·0
Death Rate per 1,000 Population, from—				
Respiratory Tuberculosis	...	...	...	0·17
All forms of Tuberculosis	...	...	...	0·18
Respiratory Diseases (excluding Tuberculosis)	...	...	...	1·66
Cancer	...	...	...	1·87
Death Rate from Diarrhoea and Enteritis of Children under 2 years of age, per 1,000 births	...	...	...	0·53
Deaths from Diarrhoea under 2 years	...	...	...	1
Deaths from Measles (all ages)	...	...	...	1
Deaths from Whooping Cough (all ages)	...	...	...	—

Coroner's Inquests

The number of deaths reported to the Coroner during the year was 241 (152 males and 89 females).

Deaths investigated by the Coroner but no inquest held, 129

POST-MORTEM EXAMINATIONS ordered by Coroner ... 229

112 inquests were held in the Borough during the year (78 males and 34 females).

SUMMARY OF INQUESTS						M.	F.
Death by Murder	...	...	...	...	...	—	—
„ „ Suicide	...	...	...	...	...	6	5
„ „ Manslaughter	...	...	...	...	...	—	—
„ „ Self-induced Abortion	...	...	...	...	...	—	—
„ „ Neglect	...	...	...	...	...	—	—
„ „ Want of attention at Birth	...	...	...	...	...	—	—
„ „ Want, Exposure, etc.	...	...	...	...	...	—	—
„ „ Accident or Misadventure	—	...	...	...	...	44	24
Death from Natural Causes	...	...	...	...	...	18	4
Death from Industrial Diseases	...	...	...	...	...	10	—
Stillborn	...	...	...	...	...	—	—
Open Verdicts	...	...	...	...	...	—	1
Adjourned	...	...	...	...	...	—	—
						78	34

Vital Statistics

The Birth Rate shows a decrease, being 16·61 per 1,000 of the population, compared with 16·97 for 1954, the figures for England and Wales being 15·00 and 15·20 respectively. The Illegitimate Birth Rate shows a decrease being 0·65 per 1,000 of the population, compared with 0·71 for 1954. There were 74 illegitimate births in 1955 and 82 in 1954.

There was an increase in the Death Rate, this being 11·92 per 1,000 of the population, compared with 11·27 for 1954, the figures for England and Wales being 11·70 and 11·30 respectively.

The Infant Mortality Rate shows an increase, being 34·14 per 1,000 births against 30·77 in 1954. The rate for England and Wales was 24·90 and 25·40 respectively. The illegitimate Infant Mortality Rate has decreased to 27·03 per 1,000 illegitimate births from 36·59 in 1954.

There were 5 maternal deaths. The Maternal Death Rate was 2·55 per 1,000 live and still births; There were no maternal deaths in 1954. The respective rates for England and Wales were 0·64 and 0·69.

The Death Rate from Respiratory Tuberculosis has decreased to 0·17 per 1,000 of the population, from 0·31 in 1954. The rates for England and Wales are 0·13 and 0·16 respectively. From other Respiratory Diseases the Death Rate has slightly increased, being 1·66 against 1·51 in 1954.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN WALSALL COUNTY BOROUGH 1955

As furnished by the Registrar-General

CAUSES OF DEATH	Sex	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
ALL CAUSES	M. F.	729 637	37 28	6 2	2 5	6 5	31 31	213 121	190 176	244 269
1. Tuberculosis—Respiratory	M. F.	18	—	—	—	—	5 1	8	3	2
2. Tuberculosis—Other	M. F.	1 1	—	—	—	—	1	1	—	—
3. Syphilitic Disease	M. F.	3	—	—	—	—	—	1	2	—
4. Diphtheria	M. F.	—	—	—	—	—	—	—	—	—
5. Whooping Cough	M. F.	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	M. F.	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	M. F.	1	1	—	—	—	—	—	—	—
8. Measles	M. F.	1	—	—	1	—	—	—	—	—
9. Other Infective and Parasitic Diseases	M. F.	2	—	—	—	—	—	1	—	—
10. Malignant Neoplasm—Stomach	M. F.	14	—	—	—	—	1	9	3	1
11. " " Lung, Bronchus	M. F.	12	—	—	—	—	1	2	3	6
12. " " Breast	M. F.	47	—	—	—	—	2	30	9	6
13. " " Uterus	M. F.	4	—	—	—	—	—	2	2	—
14. Other Malignant and Lymphatic Neoplasms	M. F.	18	—	—	—	—	2	7	7	2
15. Leukæmia, Aleukæmia	M. F.	12	—	—	—	—	1	6	5	—
	M. F.	57	—	1	—	—	3	22	16	15
	M. F.	49	—	—	—	—	4	16	15	14
	M.	1	—	—	—	—	—	—	1	—

INFECTIOUS DISEASES

Diphtheria

One case of Diphtheria was notified. 1,810 children (822 under the age of five years and 988 between the ages of five and fifteen), were immunised against the disease. 678 children were given a reinforcing dose.

Scarlet Fever

115 cases of Scarlet Fever were notified during the year, as compared with 160 in the previous year. The disease was of a mild character and there were no deaths.

Measles

Measles was much more prevalent, 3,468 cases being notified as compared with 92 in the previous year. There was one death.

Whooping Cough

263 cases of Whooping Cough were notified as compared with 752. There were no deaths.

Acute Poliomyelitis

5 cases of Poliomyelitis (Paralytic) and 1 case of Poliomyelitis (Non-paralytic) were notified. There were no deaths.

Acute Primary or Influenzal Pneumonia

175 cases were notified as compared with 215. There were 66 deaths from this cause during the year, an increase of 4 on the previous year. Influenza accounted for 30 deaths as compared with 23 in the previous year.

Dysentery

66 cases of Dysentery were notified during the year.

Other Diseases

6 cases of Erysipelas, 4 cases of Ophthalmia Neonatorum, 8 cases of Puerperal Pyrexia and 3 cases of Meningococcal Infection were notified during the year.

Food Poisoning

15 cases of Food Poisoning were notified during the year.

NURSING HOMES

At the end of the year there were no nursing homes registered under the Public Health Act, 1936.

There is one Home for Disabled and Old Persons, Registered under the National Assistance Act, 1948.

The Senior Medical Officer has paid 3 visits during the year.

SCABIES TREATMENT

The Scabies Clinic at Hatherton Road is still maintained and during the past year the number of cases attending has decreased.

Although the number of cases of scabies in the town is very much less than in the years following the war, we still feel it is necessary to provide clinic facilities.

During the year 6 men, 2 women and 16 children received treatment, these cases making a total number of 43 attendances for this purpose.

CLEANSING OF PERSONS

The arrangement whereby unclean persons are cleansed at St. John's Hospital has been continued and throughout the year 6 persons received the necessary treatment by arrangement with the Health Department.

Restrictions on building prevented the establishment of our own Cleansing Station at Hatherton Road and, in agreement with the Walsall Hospital Management Committee, the present arrangements for the cleansing of persons are to be continued.

NURSERIES AND CHILD-MINDERS

The Nurseries and Child-minders Regulations Act, 1948, provides for the registration of nurseries and child-minders where children numbering more than 2 and who come from more than one household are cared for. The Act does not apply to the care of children by relatives.

The care of such children in Walsall has never been a serious problem and up to the end of the year no premises or persons had been registered under the Act.

PATHOLOGICAL EXAMINATIONS

The arrangement for the examination of pathological and bacteriological specimens by the National Laboratories Service have continued throughout the year. The laboratory, situated at Stafford, is directed by the Medical Research Council for the Ministry of Health, and the service is a complete one covering all our possible requirements.

The medical staff of the Health Department send specimens for examination regularly and the service is also open to any of the local medical practitioners.

The bacteriological examination of milk and other specimens is also carried out.

VENEREAL DISEASES

The Venereal Diseases Clinic is situated at Manor Hospital, Walsall, the Hospital Management Committee being responsible for the work carried out at the clinic.

We are, however, still concerned with the incidence of Venereal Diseases in the town and continue to work in close co-operation with the Venereal Diseases Medical Officer.

The following table shows the work of the Venereal Diseases Clinic during the year:—

HEALTH EDUCATION

Throughout the year we have continued our campaign of health education by means of posters, lectures and talks to various groups and find these methods a most effective way of bringing our viewpoint to the public. The method adopted is not spectacular, but the cumulative effect of persistently impressing health education on various groups does bring its reward. Posters supplied by the Central Council for Health Education and the Royal Society for the Prevention of Accidents are displayed at the Welfare Centres, Clinics and waiting rooms in the Council House, and these posters prove very useful indeed. Particular attention has been given throughout the year to accidents and dangers in the home and this side of our education work is to receive continued attention.

The system of personal approach to parents relating to vaccination and infant diphtheria immunisation has been continued during the present year. Briefly this approach consists of a reminder, which is sent to parents when their child attains the age of three months, of the facilities which are available for vaccination against smallpox and inviting parents to make an appointment to have their child vaccinated. Upon the child attaining the age of one year a Birthday Card is sent to each child not already immunised, which also reminds the parent of the need for diphtheria immunisation and contains an invitation to make an appointment for this to be carried out. On the whole we feel these steady and persistent reminders of the dangers of diphtheria has its effect, and, whilst we would wish for a much higher percentage of acceptances both for diphtheria immunisation and vaccination nevertheless, the progress made in educating the public must be accounted reasonably satisfactory.

Ten lectures have been given to adult study groups and 3 to parent-teacher associations during the year. Four complete courses of lectures on Home Nursing were given to Civil Defence personnel each course consisting of from 6 to 8 lectures. A considerable amount of practical instruction was included in the courses, this being valued very much by the volunteers taking part. A complete course of mothercraft lectures was given to the local branch of the British Red Cross Society by one of the Health Visitors. Every opportunity is taken to arrange lectures of this type to any voluntary body showing interest and the amount of information that can be imparted on these occasions is quite considerable and undoubtedly helps to stimulate interest in our object of prevention rather than cure.

An innovation in 1955 was the commencement of lectures to the student nurses in the preliminary training school of the hospitals of the Walsall Hospital Management Committee. The syllabus of training of the General Nursing Council requires instruction in the social aspects of diseases and the staff of the Health Department are particularly qualified to give such instruction. The Superintendent Health Visitor gives a short course of lectures to each preliminary training school and the teaching of social medicine to student nurses is, in our opinion, a great advance.

The Health Department has its own film projector and from time to time suitable films are shown during the course of lectures, there being a number of useful films available for this purpose. The officers concerned, medical and nursing staff in particular, freely give of their own time for these lectures and thanks are due to these officers for their enthusiasm and concern for this aspect of our work.

Although we are limited in the amount of time which can be given to health education owing to the shortage of staff, we are always willing to arrange for film shows or lectures to be given to any group which requests this service.

CARE OF MOTHERS AND YOUNG CHILDREN

Dr I. M. Brown, the Senior Medical Officer of Health for Maternity and Child Welfare, has supplied the following report upon the work in her department:—

“During 1955, the balance of hospital and domiciliary confinements were approximately equal, 56% of deliveries occurring on the district. In addition, the district midwives were called in to complete the post-natal nursing of 464 mothers discharged from maternity hospitals before the fourteenth day. The average number of deliveries per midwife works out at 74 (exclusive of premature discharges from Hospital). This is still somewhat higher than the ideal figure to be aimed at, but must be considered satisfactory having regard to the great difficulty experienced in replacing midwives who have left our service.

Mothercraft classes and Relaxation classes continue to be a feature of the clinic services, but attendance is not as satisfactory as we could wish—partly owing to so many mothers continuing at work to qualify for Maternity Benefit.

Mass Radiography is now regularly available and although no routine chest X-rays are carried out, facilities are readily available to have this done where indicated.

We are pleased to report that the Dental Service for expectant and nursing mothers is now much more appreciated and used, but there is still a considerable amount of resistance to treatment by expectant mothers; this attitude is, however, slowly being broken down.

We still maintain our effort to co-operate with the General Practitioners in regard to ante-natal care of expectant mothers, but much closer co-operation can, we feel, be established to the benefit of all concerned.

During the year 448 expectant mothers, new cases, attended the local authority clinics, 37% of whom were due to be confined at home. Routine blood tests were carried out on 285 expectant mothers and of these one mother was referred to the venereal diseases clinic for treatment and we are pleased to report has now a healthy normal baby. One mother was found to be rhesus negative with agglutinins and the patient was transferred to a maternity hospital for delivery.

By present day standards the five maternal deaths attributed to Walsall would appear to be almost catastrophic, but examination of the records shows that these deaths were apparently unavoidable. In one case death occurred eight years after the related pregnancy, from kidney disease, and this type of case, it is felt, bears little relationship to the quality of ante-natal and midwifery services at the time of death. Of the other four deaths, one was due to a pulmonary embolism shortly after confinement, that is to say, a clot in a large blood vessel in the lung. The second case was due to the rupture of a blood vessel in the brain following confinement and there was some evidence that this was caused by a congenital defect of the blood vessel. The third of the remaining cases was from a rupture of the uterus in a woman who had previously had a Caesarean Section, again an unpredictable accident, and the fourth case was one of severe pernicious-type anaemia in a woman who, despite blood transfusion before delivery, nevertheless died of obstetric shock due to a relatively small haemorrhage after delivery. All the latter four cases were hospital cases throughout the ante-natal period and were confined in hospital.

The 53 stillbirths notified to us during the year show an increase over last year, when the number reported was 47. We were able to make detailed enquiries in relation to 50 of these stillbirths, and an analysis of the information relating to the probable causes of these stillbirths is given below:—

Congenital Malformations	11
Ante-partum haemorrhage	6
Toxaemia of Pregnancy	6
Asphyxia	5
Prolapsed cord	4
Inter Uterine Premature Death	4
Delayed labour	2
Eclampsia	1
Prematurity	1
Hydramnios	1
Twin	1
Unknown	8

From the above table it will be noted that congenital abnormalities make up a considerable proportion of the cases of stillbirth, while toxaemia, ante-partum haemorrhage and eclampsia together account for approximately 26% of the stillbirths. We are of opinion that this is a field where more preventive work might help in reducing the stillbirth rate and the indications are that more sustained ante-natal care would help in reducing the number of stillbirths. It is unfortunately true that many young mothers continue to work until they are far advanced in pregnancy and the reason would appear to be purely financial as, by so doing, they qualify for the additional maternity grants. This attitude is to be regretted and the non-attendance of the expectant mother makes regular ante-natal supervision very difficult indeed.

The following table shews the incidence of stillbirths according to the number of pregnancies:—

1st pregnancy	23 stillbirths
2nd pregnancy	8 „
3rd, 4th and 5th pregnancy	5 „ each
6th pregnancy	2 „
7th pregnancy	1 „
10th pregnancy	1 „

Of the 50 stillbirths investigated 23 occurred either in hospital or nursing home, 16 were cases in charge of general practitioners, 9 were general practitioners' cases transferred to hospital and 2 were emergency cases. Only 2 of the patients concerned attended the local authority ante-natal clinic.

CHILD WELFARE CENTRES

There are six child welfare centres in Walsall at which eleven sessions are held weekly, attended by a medical officer and health visitors. There are no special consultant clinics, children requiring a specialist opinion being referred to one of the general hospitals in the town. No arrangements have been made for joint clinics with general practitioners in their own premises. Whilst attendances are not as satisfactory as we would like, nevertheless they must be accounted reasonably good taking into account the services provided by general practitioners under the health services.

Talks on mothercraft are given regularly at the child welfare centres to senior school children, accompanied by suitable demonstrations. In addition, special sewing class sessions for mothers are held at which garment making and remodelling is taught by an instructress provided by the local education authority.

Commencing January, 1954, adult mothercraft classes were instituted for young mothers expecting their first babies. The course consisted of 13 lectures which were later reduced to 6. Attendances were good during the early part of the year but declined towards the end of the year. The greatest difficulty in maintaining these classes is that the young mother tends to continue at work as long as possible.

Last year I reported that plans had been prepared and were under consideration for a combined welfare centre, school clinic and dental clinic to be erected on the Gipsy Lane Housing Estate. It was hoped that final approval for the building would be given during 1955, but, owing to financial stringency, the actual work of erection has not yet been commenced. This welfare centre is very badly needed and it is to be hoped the Ministry will give some priority to the work. The Health Committee intended also to erect a welfare centre in the Coalpool area after the building of the Gipsy Lane centre, but it would appear some time must elapse before approval can be obtained for this erection.

The total number of attendances made by health visitors at local health authority clinics sessions during the year was 1,582.

**Attendances Registered at the Child Welfare Centres
during 1955**

CENTRE	Under 6 months		6—12 months		1—2 years		2—5 years		Total		New Cases
	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	
Pool St.	1214	439	745	276	570	199	617	154	3146	1068	188
F'ld Rd.	2164	786	1342	389	721	213	953	161	5180	1549	349
L'ton St.	1330	401	810	220	623	153	756	84	3519	858	230
C'tess St.	2083	588	1242	303	632	165	448	89	4405	1145	278
Ida Rd.	1549	402	796	206	709	171	1052	172	4106	951	207
D'dley's Fields	472	154	336	98	217	81	236	59	1261	392	72
Totals	8812	2770	5271	1492	3472	982	4062	719	21617	5963	1324

A.—Attendances.

M.—Medical Examinations.

**Attendances Registered at the Ante-Natal and Post-Natal
Clinics during 1955**

	Pool St.		Field Rd.		Countess Street		Ida Rd.		Littleton Street		Totals	
	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.
Ante-natal Cases	290	184	492	333	469	305	308	192	485	329	2044	1343
Ante-natal New Cases	72		110		91		59		116		448	
Post-natal Cases	—	—	—	—	—	—	—	—	—	—	—	—
Post-natal New Cases	—		—		—		—		—		—	

A.—Attendances.

M.—Medical Examinations.

DENTAL TREATMENT

The Council's proposals under Section 22 of the National Health Service Act provide for every expectant mother to be examined by a Dental Practitioner following her first attendance at an Ante-Natal Clinic, for the periodic examination of children under the age of five years and for the necessary treatment to be provided where required, particular attention to be paid to conservative treatment.

During the year 56 dental sessions were devoted to maternity and child welfare patients, 115 expectant and nursing mothers were examined and 112 were found to require treatment. 77 of these patients attended the Dental Clinic and at the end of the year 30 cases had completed their course of attendances. 6 complete dentures and 15 partial dentures were provided. 142 children under the age of 5 years were examined and 58 were found to need treatment, 54 of whom were treated and of these 53 were made dentally fit.

DAY NURSERIES

There are two Day Nurseries, one situated at the Bescot Methodist School and the other at the Blakenall Congregational School, both Nurseries having been open throughout the whole year.

Mainly the Nurseries are now used by priority classes, that is, the children of parents who of necessity must go out to work, and for such priority cases a specially reduced scale of charges has been instituted by the Health Committee. For these priority cases the Nurseries meet a need which probably cannot be met in any other way and it is expected the Nurseries will continue catering for such children.

The following table shows the average attendances at the nurseries during the year:—

Day Nursery	Average No. on Register	Total No. of attendances	Average daily attendances
Bescot	22	3,542	14·6
Blakenall	23	3,522	14·5

Maternity Outfits

The provision of a maternity outfit to each expectant mother confined at home has been continued, and during the year 1,104 outfits have been issued. The composition of the pack is as follows:—

12 Extra Large Maternity Pads, 24 Large Maternity Pads, individually wrapped, 1 Sheet Tarred Brown Paper, 30 x 36, 1 Accouchment Sheet, 24 x 24, 4 2-oz. packets Surgeons Wool, 3 1-yd. Linen Thread, 6 Cord Dressings (5 x 5 lint), 6 packets Sterilized Cord Powder.

The distribution of the outfits is made through the Municipal Midwives, a sufficient stock being maintained by them to meet all possible needs. There is no doubt the provision of these outfits has been of great benefit to mothers whose confinements are to take place at home and we know they are very much appreciated. The Midwives, also, are assured of adequate equipment for the confinement, together with sterile dressings, and their work has been facilitated accordingly.

Provision of Foods

Commencing July, 1954, the Council became responsible for the distribution of National Dried Milk, Orange Juice, Cod Liver Oil and Vitamin Tablets in addition to their normal sale of welfare foods, etc.

Arrangements were made for the distribution of the national foods at the normal welfare centre sessions and we are satisfied that this arrangement is providing an efficient and economical service. All foods are available at these sessions so that mothers have the opportunity of consulting either the Medical Officer or the Health Visitor at the same time that they receive their foods. From our point of view it gives an opportunity for closer supervision and regular contact with infants and children. One whole-time and five part-time sales women are employed on this work.

The following table shows the types and amounts of food sold during the year at the Welfare Centres and it will be noted that provision has been fully made for every type of food to be sold to meet the individual children's needs:—

68,758	tins	Full Cream National Dried Milk.
493	tins	Half Cream National Dried Milk.
16,102	bottles	Cod Liver Oil.
5,451	pkts.	Vitamin Tablets.
73,127	bottles	Orange Juice.
5,525	lb.	Cow and Gate Dried Milk.
2,337	lb.	Ostermilk.
2,035	lb.	Trufood.
360	tins	Lactagol.
1,034	tubs	Virol.
2,281	tins	Ovaltine.
178	lb.	Malt and Oil.
1,355	pkts.	Farex.
467	pkts.	Scotts Cereal Infant Food.
319	pkts.	Groats.
239	pkts.	Robrex.

In addition, should any child need a special food, even for only a limited period, steps are immediately taken to obtain a supply for the mother, though the purchase of such foods may occasionally involve the department in a slight financial loss.

UNMARRIED MOTHERS AND CHILDREN

Care of Illegitimate Children

The Walsall County Borough, as the Welfare Authority, is a constituent authority of the Staffordshire County Council Scheme for the care of illegitimate children and their mothers.

28 cases in which illegitimate births occurred in 1955 have been dealt with by Sister Ellis, the Outdoor Worker for the area. In addition, many girls whose babies were born prior to the year under review continued to need help over the placing of their children or in the matter of Affiliation. 6 expectant mothers whose confinements were due in 1956 were under care and it is estimated that 300 visits have been made in connection with all these cases during the year.

The following is the report of Sister Ellis, the Moral Welfare Worker for the area:—

- 6 mothers remained in their own homes for confinement;
- 14 went to hospital;
- 8 were accommodated in Diocesan Homes;

The babies born in 1955 were accommodated as follows:—

- 18 with their mothers at home;
- 1 with mother in residential post;
- 2 with parents who married;
- 4 adopted through the Association;
- 1 taken into care by Children Committee;
- 2 were stillborn.

7 Affiliation Orders were obtained and 1 private agreement arranged. In all cases efforts were made to trace the putative fathers; in some, the girls refused to take any action; in others, there was no corroboration; the majority could not be located.

6 cases concerned married women; 2 of these were widows, 3 were divorced and 1 separated.

2 girls were married to the putative fathers; one couple appear to have settled happily but in the other case a separation order was made soon after the marriage and the girl returned to her parents.

1 girl was 15 years of age when her baby was born, and she married the putative father as soon as she was 16; one girl was 16 years of age, 2 were 17 and the ages of the others ranged between 18 and 39.

We are satisfied that all the babies are adequately cared for and are thriving. One case, in which the N.S.P.C.C. Officer was called in and the Medical Officer of Health notified, has turned out satisfactorily. The adopted children were placed in homes approved by the Association's Adoption Case Committee and several children from other areas in the Diocese have been taken by Walsall adopters and visited by Sister Ellis.

PREMATURE INFANTS

Notifications were received in respect of 155 infants whose birth weight was $5\frac{1}{2}$ lb. or under, an increase of 4 over the previous year. In some cases the notifications applied to infants who, although the birth weight of $5\frac{1}{2}$ lb. or less, were really full-term, but these infants were given the same care as those prematurely born.

Of the 155 infants notified, 77 were born at home, 76 in hospital and 2 in private nursing homes. There were 13 sets of twins. Sixteen of the infants born at home were transferred to hospital. Four of the 61 infants nursed entirely at home died in the first 24 hours and 55 survived at the twenty-eighth day. One of the 16 infants who were born at home and transferred to hospital, died in the first 24 hours and 9 survived at the twenty-eighth day.

Seven of the 76 infants born in hospital died in the first 24 hours and 66 survived at the end of 28 days.

The two infants born in private nursing homes survived at the twenty-eighth day.

Of the 65 infants who died under the age of one year, 17 were certified as having died from prematurity: all of these babies were of low birth weight.

There were 24 notifications of premature still-births, 16 of these being born in hospital and 8 at home.

Emergency Maternity Service

Arrangements are in force for the services of an emergency team of doctors and nurses from Manor Hospital with the necessary equipment, to attend complicated cases of labour on the district when required.

Maternal Mortality

There were 5 maternal deaths during the year. The death rate was 2.55 per thousand of live and still births, the rate in England and Wales being 0.64.

Infectious Diseases

There were 4 cases of Ophthalmia Neonatorum notified during the year. After treatment the vision was unimpaired and the infants made a good recovery.

There were 8 cases of Puerperal Pyrexia notified during the year.

INFANT MORTALITY

The infant death rate per thousand births was 34·14 for the year, an increase over the rate for 1954 which was 30·77. The infant death rate per thousand births for illegitimate infants was 27·03. The infant death rate per thousand births for England and Wales was 24·90.

An examination of the table relating to Infant Mortality reveals that 72% of deaths under one year of age occurred during the first four weeks of life, 47 children out of a total of 65 dying during this period. A further 8 deaths, or 12%, occurred between the ages of one and three months.

Of the total of 65 infant deaths, 17 were from prematurity, 2 from influenza, 8 from pneumonia, 19 from congenital malformations, 1 from enteritis, 3 accidental, 6 from diseases peculiar to infants and 9 from other causes. It will be seen, therefore, that 65% of the deaths were due to premature birth, congenital malformation and infant diseases, and it would appear the causes of many of these deaths must be sought in conditions which operate ante-natally. It is of the utmost importance that the standard of ante-natal care available to our expectant mothers should be of the highest. The work of hospitals, medical practitioners, ante-natal services, midwives and health visitors should be integrated to attain maximum co-operation of all services and when that satisfactory position has been attained some improvement of the present position may be expected.

Care of Premature Infants

The hospital provision for the care of premature infants is adequate and premature infants are transferred to hospital whenever necessary. To those premature infants remaining at home, special nursing care is given by the midwives and by the health visitors.

MIDWIFERY SERVICE

The Council operates a Municipal Midwifery Service, the staff of which consisted of 1 Supervisor and 14 Midwives at the end of the year. The service is under the medical supervision of the Senior Medical Officer for Maternity and Child Welfare and under the constant supervision of the Supervisor of Midwives. For all practical purposes there are no domiciliary midwives employed other than those engaged by the authority.

All the midwives are qualified to administer analgesics, having received their training either at the Birmingham Maternity Hospital, where special courses were arranged, or as part of their S.C.M. qualification. Six gas and air outfits are available to women at confinement and during the year the apparatus was in use on 704 occasions. The use of Pethedine by the Midwives, commenced in 1951, has been continued, the drug being administered to 558 patients during 1955. Two sets of analgesic apparatus for the administration of Trichloroethylene to maternity cases have been purchased. The midwifery staff are receiving practical instruction in the use of the Inhaler prior to its use in domiciliary cases..

The Midwives arrange for the ante-natal supervision of their cases either at the ante-natal clinic or at the homes of the patients. Following upon negotiations with the general practitioners, a closer working arrangement has been formulated between the ante-natal clinics and the patient's own doctor and it is to be hoped this arrangement will ultimately prove successful. As mentioned previously experimental ante-natal clinics have been commenced at the premises of four general practitioners with members of our midwifery and health visiting staffs attending.

There is close co-operation between the hospitals and the health department relating to the admission of women whose confinement in hospital is recommended on social grounds. Cases are referred to the department by the hospital and the health visiting staff make the necessary enquiries and complete a form of report which is subsequently transmitted to the hospital, where a decision is made relating to the provision of accommodation. The department also co-operates with the Manor Hospital in the training of pupil midwives, the district training being carried out under the supervision of the Supervisor of Midwives, and this arrangement is working well. Lectures are given to the pupil midwives by the medical staff of the department on public health subjects.

Of the Walsall women delivered in the Borough the Municipal Midwives attended 1,039 women, representing 1,051 births (1,033 live and 18 stillbirths) in their own homes. 504 women, representing 512 births (488 live and 24 stillbirths) were delivered in Manor

Hospital, and 301 women, representing 307 births (297 live and 10 stillbirths) were delivered at the Maternity Hospital, Bloxwich. It will be seen, therefore, that 56% of Walsall women delivered in the borough were attended in their own homes by Municipal Midwives, giving an average of 74 cases attended by each Municipal Midwife during the year. 8,193 ante-natal visits were made by Municipal Midwives in 1955.

55 Walsall women, representing 57 births (56 live and 1 stillbirth) were delivered outside the borough, 51 in hospitals or private nursing homes, and 4 in private residences, and 331 women, resident outside the borough, were delivered at Manor Hospital or the Maternity Hospital at Bloxwich.

The Midwives undertake the nursing of mothers discharged from the maternity units before the fourteenth day from their confinements and 464 such mothers were attended. Although this additional nursing throws a considerable volume of work upon the service we always assist the hospitals when patients have to be discharged before the fourteenth day after confinement. We are very glad indeed to have maintained this excellent co-operation with the Walsall Hospital Management Committee's provision; indeed, without this effective co-operation the Midwifery Service of the town would be greatly handicapped.

Domiciliary Midwifery Service—1955 (including Nursing Homes)

	Domiciliary Midwives	Midwives in Nursing Homes	Totals
No. of Midwives practising in the Borough at the end of 1955 (excluding Hospitals)—			
(a) Employed by the Council	15	—	15
(b) In private practice ..	—	—	—
	15	—	15
	Domiciliary Cases	Cases in Nursing Homes	Totals
No. of cases in the Borough attended by Midwives—			
(a) .. Employed by the Council—			
(i) As Midwives	961	—	961
(ii) As Maternity Nurses	78	—	78
(b) In private practice—			
(i) As Midwives	—	—	—
(ii) As Maternity Nurses	—	—	—
TOTALS { (i) As Midwives	961	—	961
(ii) As Maternity Nurses	78	—	78

HEALTH VISITING

Considerable difficulty has been experienced during the year in obtaining trained Health Visitors and various expedients have been employed to cover the many facets of the service now undertaken by the health visiting staff. Clinic Nurses have been appointed to assist the trained Health Visitors at the welfare centres, thus releasing a Health Visitor for more essential work. State Registered Nurses are employed also on visits to aged people and a number of trained Health Visitors and ancillary staff are now employed on a part-time basis. Married women are sometimes able to give this part-time service and, on the whole, the resultant position has proved reasonably satisfactory.

The difficulty experienced in attracting nurses to take the Student Health Visitors' course is partly due to the unattractive financial rewards for the length of training and experience required, and the disinclination to apply for positions in industrial towns.

For some time we have wished to increase our work in the visitation of the aged and towards the end of the year three part-time State Registered Nurses were specially engaged for this important work. An attempt was made to form a register of aged persons, the sources of our information being the Health Visitors themselves, who have an intimate knowledge of the people residing on their own districts, the Women's Voluntary Service, the Gas Board, who are concerned in the care of the aged from an accident prevention point of view, hospitals, and various voluntary sources. Our register of aged persons is now becoming quite effective and we are continually adding to the register as the names of more needy elderly persons are brought to our notice. The nurses visiting the aged help and advise in any way they can, not least of their activities being to direct the aged person in need of help to the appropriate source. Nursing advice is given when necessary and contact is established with the aged persons' general practitioner when required. Some of the old people are very lonely and helpless and this personal contact, advice and assistance, is very welcome indeed. We hope to increase our service in this sphere.

Liaison has continued between the Diabetic Clinic at the General Hospital and the Health Visitors seconded for diabetic work. Two health visitors attend the Diabetic Clinic, one each on alternate weeks, and follow up the cases in their own homes as required by the consultant physician. Advice and assistance is given in the home to diabetic patients in regard to their diet, insulin therapy and any other matter in which the patient might need assistance.

Our work has also been continued in connection with the B.C.G. vaccination scheme whereby children who were in the final year at secondary modern schools some years ago were vaccinated and have since been followed up continuously. This work has been done in conjunction with the Medical Research Council and the co-operation between the Council and the department has been close and effective. It is expected that further work will be carried out during the coming year.

The Superintendent Health Visitor attended a post-graduate course in Manchester during the year and two health visitors attended a mental health course held in Birmingham. These refresher courses are of great benefit and, as far as the staffing position will allow, it is our intention to send more of our health visitors to such courses as opportunity occurs.

The health visiting staff at the end of the year consisted of 1 Superintendent Health Visitor, 10 Health Visitors, 2 acting Health Visitors, 1 Tuberculosis Visitor, 3 Clinic Nurses and 3 School Nurses. Two Student Health Visitors were receiving tuition under the scheme arranged by the City of Birmingham Health Department.

Health Visiting and Tuberculosis Visiting during 1955

HEALTH VISITORS										TUBER- CULOSIS VISITORS		
Number of children under 5 years of age visited during year	Expectant Mothers		Children under 1 year of age		Children age 1 and under 2 years		Children age 2 but under 6 years		Tuberculous Households	Other Cases	Total number of families or households visited by Health Visitors	Total visits paid to tuberculous households
	First Visits	Total Visits	First Visits	Total Visits	Total Visits	Total Visits	Total Visits	Total Visits	Total Visits			
8,480	1,331	1,551	1,823	13,511	7,965	14,009	3	5,994	9,636	1,870		

HOME NURSING

On the 1st April, 1954, the work of providing a nursing service for all persons who require nursing in their own homes was transferred from the Trustees of the Victoria Nursing Institution to the Council. An undertaking was given to the Trustees that the work of the institution, which had been so ably carried on for so many years, would be maintained and that the traditions of the service would be upheld. We are glad to record that the splendid work of the Home Nursing Service has continued exactly in the way it was carried on for such a long period and neither patients nor staff have been aware of any change in control.

The Committee gave early consideration to an increase in the number of staff to be employed and by agreement with the Ministry of Health more staff were engaged as the opportunity occurred, and we feel that, for the time being, there are sufficient nurses available to cope with the normal requirements of the town.

At the end of the year there were employed 1 Lady Superintendent, 11 full-time nurses (10 female and 1 male) and 5 part-time nurses.

We have been anxious to arrange for Refresher Courses for Home Nurses for some years, but have not been able to allow nurses to attend owing to the shortage of staff, but we are pleased to say that, during 1955, we were able to arrange for most of the staff to attend a Refresher Course in Birmingham. In all, various members of the staff attended 52 lectures and arrangements are in hand for the attendance of other members of the staff at Refresher Courses during the ensuing year. By these means the staff are kept aware of modern trends in the care of the sick and in the various problems which they meet in their daily work. The Health Committee is always anxious to keep the staff at the highest point of efficiency and attendance at the courses undoubtedly helps a great deal.

The arrangements with general practitioners and hospitals are very complete, as they have been for many years. Arrangements are made, for cases requiring nursing at home, by the hospital or the general practitioner direct with the Lady Superintendent of the Institution, and the instructions of the medical officers of the hospitals are transmitted to the nurses on the district. Similarly the general practitioner in charge of a case at home gives instructions to the district nurse regarding dressings and treatment, and one can say that there would seem to be little more that can be done to improve the service.

Cases attended and visits paid by Home Nursing Staff during 1955

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Medical	Surgical	Infectious Diseases	Tuber- culosts	Maternal Compli- cations	Others	Totals	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year	Children included in (2)-(7) who were under 5 at the time of the first visit during the year	Patients included in (2)-(7) who have had more than 24 visits during the year
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Cases ..	1,008	47	2	204	9	119	1,389	670	38	455
Visits ..	34,238	1,926	42	8,350	66	1,794	46,416	27,839	242	39,220

VACCINATION AND IMMUNISATION

VACCINATION AND IMMUNISATION

Arrangements are in force whereby infants can be vaccinated, or immunised against diphtheria, at the Child Welfare Centres or by general practitioners. The medical officer attending the centres and the health visitors, both at the centres and during their visits to homes, remind parents continually of the need for this protection. In addition invitation leaflets are sent to parents by the Health Department pointing out the necessity for vaccination and immunisation and this, together with the national publicity campaign on diphtheria immunisation, has its effect upon a good proportion of parents. It can be said that no parent is unaware of the facilities offered, nor do they ignore immunisation in particular through lack of information.

Immunisation against Whooping Cough is available at the Child Welfare Centres.

Facilities for boosting injections of diphtheria prophylactic are available at all child welfare centres and again at school, when immunisation or a boosting dose, as necessary, is offered to every child each year.

VACCINATION

During the year 506 Primary Vaccinations were carried out, 278 by doctors at the Child Welfare Centres and 228 by General Practitioners.

There were 29 re-vaccinations and 18 proved unsuccessful.

The following table shows the ages at vaccination and re-vaccination:—

	Under 1 year	1 year	2—4 years	5—14 years	15 years and over	Total
Vaccinated ..	441	18	18	4	25	506
Re-vaccinated ..	—	—	—	—	29	29

DIPHTHERIA IMMUNISATION

Arrangements are made at each of our Child Welfare Centres, Day Nurseries and School Clinics for the immunisation of children against Diphtheria. Visits are also paid to the schools for the immunisation of school children and for the administration of re-inforcing doses.

During 1955, 822 children under the age of five years and 988 between the ages of five and fifteen were immunised. In addition 678 children were given a re-inforcing dose.

Of the total, 349 were immunised and 20 given a re-inforcing dose by private medical practitioners under the Authority's scheme, the remainder being immunised by the Local Health Authority's own medical officers.

Diphtheria Immunisation—Table showing number of children immunised each year, by age groups

Year immunised	Under 5	5—14	Total	No. of children given re-inforcing injection	Cases of Diphtheria notified
1955	822	988	1810	678	1
1954	856	1027	1883	795	—
1953	858	899	1757	879	—
1952	906	898	1804	1273	—
1951	825	888	1713	1228	2
1950	570	956	1526	1413	2
1949	1171	1167	2338	2111	3
1948	1224	1238	2462	4314	3
1947	1089	725	1814	333	14
1946	957	1104	2061	598	18
1945	1144	1409	2553		34
1944	1136	1610	2746		76
1943	1567	2488	4055	*	196
1942	1708	2766	4474		201
1941	883	2233	3116		117
Total	15,716	20,396	36,112	16,222	667

* Prior to 1946, 2,600 children had received a re-inforcing injection. Prior to 1941, 12,038 children were fully immunised.

Diphtheria Immunisation in relation to Child Population

Number of children at 31st December, 1955, who had completed a course of Immunisation *at any time before that date* (i.e., at any time since 1st January, 1941)

Age at 31.12.55 .. i.e., Born in year ..	Under 1 1955	1—4 1951—1954	5—9 1946—1950	10—14 1941—1945	Under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1951—1955 ..	53	2,755	7,798	2,289	12,895
B. 1950 or earlier ..	—	—	1,252	6,813	8,065
C. Estimated mid- year child popula- tion	1,860	7,740	19,400		29,000
Immunity Index 100 A/C	2.8	35.6	52.0		44.5

AMBULANCE SERVICE

For the first time for many years there has been almost no increase in the number of cases carried by ambulances during the year. Last year a total of 33,444 patients were conveyed, the figure for 1955 being 33,308. There has been a slight increase in the mileage run during the year, 155,651 miles as against 153,279 in 1954. The following is a summary of the work carried out during the year:—

Calls	...	...	...	32,408
Journeys	...	...	...	9,975
Cases	...	...	...	33,308
Mileage	...	...	...	155,651

The fleet at the end of 1955 consisted of 8 ambulances and 4 sitting case ambulances, no new vehicles being delivered during the year, although 2 new sitting case vehicles were on order. One reconditioned vehicle is now used as a Civil Defence training ambulance and is proving very useful for instructional purposes with Civil Defence volunteers.

The ambulance staff at the end of the year consisted of 1 Ambulance Supervisor and 21 Ambulance Drivers, 4 of whom are women. The Health Committee have had under consideration an increase in this establishment and, towards the end of the year, proposals were approved to increase the staff to 1 Ambulance Supervisor, 1 Assistant Supervisor and 26 Ambulance Drivers, and steps were taken at the end of the year to recruit a part of the new establishment thus approved.

All members of the staff have successfully passed the St. John examination and refresher courses are arranged as necessary. Arrangements are in hand for the newcomers to attend the first available course of lectures for the St. John Certificate.

During the year arrangements were made, at the request of the Borough Coroner, for the ambulance staff to convey bodies to the mortuary. Although this work is not part of the normal ambulance service the Health Committee were glad to help the Coroner in this matter and the staff have willingly co-operated.

It will be noted that a total of 33,308 cases were carried during the year. In effect this means that over 90 cases were carried on every day of the year and this usage gives some idea of the extent to which the service is used to maintain both in-patient and out-patient

treatment at the hospitals. It should be remembered that the throughput of cases in hospital is much more rapid than in former years and this acceleration of treatment consequently increases the demands on the ambulance service. Similarly the very large extension of out-patient treatment at the hospitals, an excellent provision, means that a large number of persons are conveyed to hospital daily for their appropriate treatment, and this again demands transport. Ambulance services throughout the country have been designed to meet this new demand and sitting case vehicles are increasingly used for the conveyance of such patients. As we have pointed out before the ultimate benefit to the community is out of all proportion to the amount of expenditure incurred on the ambulance service. The sooner a person can be returned to his or her work or to the domestic circle, the better it is for all concerned, and we make no apology for taking our part in this new concept of the health service as we know it today.

Considerable criticism has been levelled at the type of vehicle used in the ambulance service and the Health Committee have arranged for a special investigation into the types of vehicles available, with especial regard to the comfort of the patients. Many other features enter into this question, the primary cost of the vehicles, the running costs, the manoeuvrability of vehicles in narrow streets and lanes and all these considerations will be borne in mind by the Health Committee before any new vehicle is purchased.

The following table shows the work carried out during the year:—

Month	CALLS		JOURNEYS												CASES						MILEAGE								
	AMB.	S.C.C.	Illness			Emergency			Other			Abortive and Service			Midwives, Home Nurses, Analgesia Apparatus etc.			Illness			Emergency			Other			AMB.	Sitting Case Ambulances]	Sitting Case Cars
			AMB.	S.C.C.	S.C.C.	AMB.	S.C.C.	S.C.C.	AMB.	S.C.C.	S.C.C.	AMB.	S.C.C.	S.C.C.	AMB.	S.C.C.	S.C.C.	AMB.	S.C.C.	S.C.C.	AMB.	S.C.C.	S.C.C.						
Jan.	2776	229	267	—	117	51	27	—	16	11	—	—	—	49	—	1584	1015	—	117	91	76	—	7703	6662	—				
Feb.	2753	140	265	—	114	47	21	—	18	14	—	—	44	—	1578	996	—	114	89	78	—	6874	6196	—					
March	2936	256	296	—	133	59	23	—	15	12	—	—	47	—	1563	1162	—	133	91	82	—	7618	6581	—					
April	2411	210	220	—	127	51	17	—	14	10	—	—	55	—	1180	1051	—	127	87	61	—	6629	5410	—					
May	2556	199	269	—	102	45	23	—	16	9	—	—	60	—	1293	1104	—	105	91	64	—	6826	6112	—					
June	2775	203	297	—	98	28	19	—	14	11	—	—	56	—	1557	1041	—	98	104	73	—	6857	6945	—					
July	2580	174	311	—	139	31	25	—	16	13	—	—	60	—	1316	1074	—	139	109	82	—	6612	7032	—					
Aug.	2571	236	286	—	120	27	22	—	14	9	—	—	50	—	1294	1063	—	120	106	77	—	6748	6273	—					
Sept.	2834	178	372	—	131	28	20	—	16	12	—	—	49	—	868	1724	—	131	88	114	—	5788	4672	—					
Oct.	2672	487	555	—	103	65	20	—	8	19	—	—	51	—	856	1694	—	103	65	20	—	7485	4963	—					
Nov.	2917	462	476	—	118	10	50	—	20	4	—	—	40	—	1341	1374	—	118	10	50	—	7773	5043	—					
Dec.	2627	144	358	—	99	39	17	—	2	24	—	—	37	—	1633	750	—	106	61	17	—	7418	5431	—					
Total	32408	2918	3972	—	1401	481	284	—	169	148	—	—	4	598	16063	14048	—	1411	992	794	—	84331	71320	—					

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Sick-Room Appliances Service

As part of our care and after-care services the Council initiated a scheme for sick-room appliances to be made available, upon a certificate of a hospital, family doctor, district nurse or health visitor. Sick-room appliances are issued on loan, free of cost, and the service has proved to be most beneficial.

The appliances are housed at the Ambulance Station, the Ambulance Supervisor being responsible for the issue and return of all articles and for the care and maintenance of all mechanical appliances. The Ambulance Station is a very suitable place for the issue of such articles, as a twenty-four hour service is ensured.

During the year the following issues were made:—

Rubber Sheets ...	202	Urinals ...	113
Back Rests ...	251	Sputum Cups ...	4
Feeding Cups ...	11	Air Rings ...	210
Crutches ...	13 prs.	Wheel Chairs ...	58
Walking Sticks ...	35	Air Beds ...	2
Bed Cradles ...	39	Bedpans ...	297
Bed Tables ...	11	Dunlopillo Cushions	2
Commodes ...	5		

A small deposit is required for each article lent, and this is refunded when the article is returned to the depot. In those cases where the patient is unable to arrange for the collection of the article, every endeavour is made to see that the delivery is made by the department's transport facilities.

The Sick-Room Appliances Service is one of our most appreciated services. The availability, without charge, of these necessary articles for the sick room helps to alleviate the demand on hospital beds by making conditions more acceptable in the nursing of the patient at home. The service has been extended in each year of its operation and, from the large number of expressions of gratitude we receive from patients, we are assured of the genuine need of the service.

MILK ASSISTANCE SCHEME

The Health Committee, implementing their proposals for the care and after-care of tuberculous patients, instituted a scheme, in conjunction with the Tuberculosis After-Care Committee, for the supply of milk to tuberculous patients. Broadly the scheme provides for the free issue of one pint of milk per day where the total weekly income does not exceed an amount specified in the Council's scale.

The scale was modelled upon that prepared by the Association of Municipal Corporations and the arrangements so far appear to be reasonably adequate.

During the year 19 patients, for varying periods, have been supplied with one pint of milk per day, free of charge. The total amount of milk supplied during the year was 600 gallons.

A grant of free milk is issued by the department upon the certificate of the Chest Physician. Close liaison is maintained between the Chest Physician who, of course, is now an officer of the Regional Hospital Board, and this department. The officers of the Chest Clinic and of this department confer regularly upon the needs of tuberculous patients. The Tuberculosis Health Visitor has an office at the Chest Clinic and works with the Chest Physician. Contact is thereby maintained between the tuberculous patient and other activities of the Health Department.

Milk is supplied through the patient's own Registered Milk Retailer so that the patient is not put to any trouble to obtain milk from a special source, a benefit appreciated by the patients.

PROVISION OF CLOTHING, BEDDING, ETC.

The Tuberculosis After-Care Committee is responsible for the scheme, on behalf of the Council, for after-care for tuberculous patients. Extra assistance for the tuberculous patient in the form of additional food, change of air, clothing, better home conditions, extra beds and bedding, and more suitable occupation are the Committee's main activities. The Committee has functioned for many years and has been of great help to a large number of patients. Mainly the funds are derived from voluntary sources, but the Council also makes a monetary grant to assist the Committee in its work.

During the year patients were sent to convalescent homes, assistance was given for the payment of railway fares for a patient and his wife to go on holiday, up to £200 was distributed as Christmas money gifts to patients, tools were purchased for a patient and, wherever necessary, clothing, footwear and bedding were provided for a considerable number of patients. In addition advice and assistance is always readily given to patients on their personal problems.

I should like to acknowledge the splendid service given to the Tuberculosis After-Care Committee and to the many patients who have attended the Tuberculosis Dispensary for over 25 years by Miss G. A. Cotterell, the late Honorary Secretary to the Committee. Miss Cotterell, who was a member of the Health Department staff for over 20 years, quietly and effectively gave of her best to the patients with whom she was in daily contact. Wherever she could assist her help was always forthcoming and many tuberculous patients must regret her passing. We are glad to note that her sister, Miss K. Cotterell, is continuing this good work and the co-operation which has always existed between the After-Care Committee and the Health Department is happily continuing.

CONVALESCENT TREATMENT

Section 28 of the National Health Service Act, 1946, provides for the prevention of illness, care and after-care. Under these provisions the local authority may make arrangements to provide convalescent treatment for persons certified to require such treatment either by hospitals or by their medical practitioner. The convalescent treatment so provided shall not be given to persons needing medical care.

At the end of the year the following patients had received convalescent treatment:—

- 3 adults to Clevedon Convalescent Home, 2 for 2 weeks and 1 for 4 weeks.
- 5 adults to Rest Haven Convalescent Home, Exmouth, for 2 weeks.
- 1 adult to Llandudno Convalescent Home for Women, for 2 weeks.
- 1 adult to a private boarding house near Alton, Hants, for 3 weeks.
- 1 adult to Westwood Convalescent Home, Blackpool, for 2 weeks.
- 1 adult to a Convalescent Home at Margate, for 2 weeks.
- 1 adult to a Convalescent Home at Ventnor, Isle of Wight, for 3 weeks.
- 9 children to St. Annes Convalescent Home, 8 for 4 weeks and 1 for 8 weeks.
- 1 child to Screen Park Children's Convalescent Home, Walmer, for 4 weeks.

The children's part of the scheme is run on similar lines to that operated by the Walsall Poor Children's Country Holiday Society and co-ordination of the two schemes is well established.

DOMESTIC HELP SERVICE

The Council have approved an establishment of 35 full-time domestic helps. For some years we have experienced considerable difficulty in obtaining the right type of person for employment in this service owing, principally, to the demand for female labour in industry. The demand for domestic helps has always exceeded the amount of help available and this position will continue so long as the industrial demand remains.

The greatest demand for domestic helps is in cases of sickness and more particularly the chronic cases, which require domestic help over a very long period. Acute cases of sickness are given priority over chronic cases and this, owing to our limited staff, means the withdrawal of help from the latter type of case at very frequent intervals. The situation thus created is to be deplored for some of the old folks for whom help is provided rely almost entirely upon the service to meet their daily needs. In the circumstances, even intermittent help is better than none at all, but we should like to be in a position to maintain the domestic help in a home once she has been placed there, so long as the need exists.

The care of the aged sick at home is still a great problem and every endeavour is made to arrange that at least intermittent help is given to those most in need. This help, with that provided by the National Assistance Board and the Home Help Scheme of the Walsall Civic Guild of Help offers considerable assistance to the aged, but even so, the help so provided merely touches the fringe of what is a very large and increasing problem.

The following are the statistics for the Domestic Help Service during the year:—

No. of Helps employed at 31st December, 1955 ...	34
No. of confinement cases at which help was supplied	84
No. of tuberculosis cases at which help was supplied	8
No. of chronic sick (including aged and infirm) cases at which help was supplied	164
No. of other cases at which help was supplied ...	51
Total hours worked at confinement cases	7,439
Total hours worked at tuberculosis cases	2,562
Total hours worked at other cases	46,733

BLIND PERSONS

The care of blind persons is a function of the Welfare Committee in Walsall, and they work in close conjunction with the Walsall, Wednesbury and District Society for the Blind. There is a modern institution and workshops for the blind in the town and the facilities and care provided are of the best.

The following table shows the number of blind and partially sighted persons registered during the year:—

A.—Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year:— Recommendation	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ..	5	—	—	28
(b) Treatment (medical, surgical or optical) ..	16	2	—	15
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ..	4	2	—	10

B.—Ophthalmia Neonatorum

(i) Total number of cases notified during the year ..	4
(ii) Number of cases in which:—	
(a) Vision lost ..	—
(b) Vision impaired ..	—
(c) Treatment continuing at end of year ..	—

Of the 33 cases for whom treatment was recommended, 16 actually received treatment. Of the 17 cases remaining, 6 are on the waiting list for treatment, 2 have refused treatment, one patient died and 8 persons were still receiving treatment at the end of the year.

The two cases who refused treatment were reported upon by the ophthalmic surgeon, as follows:—

- (1) Patient had an invalid wife and refused to leave her.
- (2) Patient was senile and treatment was of no avail.

At the end of December, 1955, there were 271 Walsall residents on the register for the blind and 27 on the register for the partially sighted.

TUBERCULOSIS

The following report has been supplied by Dr. J. N. Macartney, Chest Physician of the Birmingham Regional Hospital Board, who is in charge of the Walsall Chest Clinic which deals with cases of tuberculosis. Dr. Macartney is also responsible to the Walsall Council in all matters relating to environmental conditions of tuberculosis cases in the borough, a part of his salary being paid for this purpose. The report deals with this aspect of his work only:—

“The 1955 Walsall Death Rate for Tuberculosis shows a considerable reduction. During 1954 it was twice the figure for England and Wales, but this deficit has been practically eliminated.

The figures for 1954 and 1955 expressed as Deaths per 1,000 population are as follows:—

	1954	1955
Respiratory tuberculosis ...	0·31	0·17
Other forms of tuberculosis	0·01	0·01
The figures for England and Wales are:—		
Respiratory tuberculosis ...	0·16	0·13
Other forms of tuberculosis	0·02	0·02

It is particularly interesting and encouraging to note that in Walsall in 1955 no children died of Tuberculosis and only one woman of Respiratory Tuberculosis. So far as males are concerned, 13 out of the 18 deaths from Respiratory Tuberculosis occurred over the age of 45. It seems likely that this age group will continue to provide the most difficult treatment problem.

The Death Rate, having reached a very low figure, is likely to fluctuate annually for some time yet. It is important to remember, however, that 123 fresh cases of Respiratory Tuberculosis were discovered in 1955 compared with 110 in 1954, and that the length of treatment for Tuberculosis, although reduced, is still long and tedious. These remarks apply particularly to pneumoconiosis cases with superimposed Tuberculosis, which are frequently found in Walsall.

Protective vaccination for children exposed to Tuberculosis was carried out on 160 children.

Where necessary rehousing of families on health grounds has continued and the Local Authority are to be congratulated on their housing policy for Tuberculosis cases.

The year has seen a complete re-organisation of the Walsall Chest Service with the opening of a modern Chest Clinic at the Walsall General (Sister Dora) Hospital in February, 1955. The provision of regular twice monthly Mass Radiography Sessions has also been started and General Practitioners have made full use of the Mass Radiography facilities with a corresponding increase in the discovery of early cases.”

MENTAL HEALTH

The administration of the Mental Health Service is carried out by the Health Committee, a special sub-committee having been formed to deal with cases of mental defectiveness, the Health Committee itself being responsible for the supervision of the mental illness service.

The following is a list of the staff employed in this service:—

GENERAL SUPERVISION - - -	-	Medical Officer of Health
APPROVED MEDICAL OFFICER - -	-	Deputy Medical Officer of Health.
HANDICAPPED PUPILS AND SCHOOL HEALTH SERVICE REGULATIONS, 1945.		
DULY AUTHORISED OFFICER - -	-	1 male.
		1 part-time deputy.
MENTAL WELFARE OFFICERS - -	-	1 female.
		1 assistant.
SUPERVISOR, OCCUPATION CENTRE -	-	1 female.
		1 assistant.

There is close co-operation with the Birmingham Regional Hospital Board and the Hospital Management Committee of St. Margaret's Hospital, and Mental Deficiency Hospital, and the advice and assistance of the officers of the Board and the Committee are freely available.

The Senior Mental Welfare Officer and her assistant undertake the ascertainment of mental defectives and their supervision when placed under Statutory Supervision. In addition, arrangements have been made with the St. Margaret's Hospital Management Committee for the supervision of Walsall patients placed on licence in Walsall or in the vicinity. The periodic reports on certified patients required by the Visiting Justices are also prepared, after visitation, by these Officers.

The Senior Mental Welfare Officer has spoken at a number of meetings during the year of the work of a Mental Welfare Officer, thus giving the general public a more informed mind on the problems of mental deficiency.

The after-care of patients discharged from mental hospitals is carried out by the health visiting staff, a number of health visitors having attended a special course on such care.

The Walsall Mental Welfare Voluntary Association undertakes the supervision of a large number of voluntary patients who do not come within the purview of the statutory committee. The Mental Welfare Officer is the Secretary of the Association so that effective co-ordination in this matter is obtained.

Mental Illness

In my report of last year I drew attention to the increased number of cases of mental illness seeking voluntary admission to mental hospitals. There has been a further increase of such cases during 1955.

The following table shows the number of cases dealt with in 1955 under the Lunacy and Mental Treatment Acts, or otherwise, by the Duly Authorised Officers:—

No. of Health Service Certified patients removed to Saint Matthew's Hospital, Burntwood	55
No. of Health Service Voluntary patients admitted to Saint Matthew's Hospital, Burntwood	155
No. of Health Service cases, alleged to be of unsound mind, investigated	58
No. of patients referred for after-care	141
No. of after-care visits paid	608
No. of miscellaneous visits by Duly Authorised Officers	258

It will be noted that there has been an increase in the number of Alleged Cases of Unsound Mind investigated by the Duly Authorised Officers, and this has resulted in some of the patients being accepted for treatment as Voluntary Patients under the Mental Treatment Act, 1930. Other visits have been made to the homes of patients admitted to Hospitals, with a view to safeguarding their property. A close co-operation and liaison has been maintained between Hospitals, General Practitioners, patients and their relatives, again through the Duly Authorised Officers.

The arrangement whereby the after-care visiting of patients discharged from mental hospitals is carried out by the Health Visiting staff has been continued and our experience of this method of "follow-up" indicates that the system adopted has been satisfactory. The volume of work to be done in this connection does not warrant the employment of a whole-time After-Care Officer and we find it to be better for the after-care work to be done by the Health Visiting staff rather than by the Duly Authorised Officers, it being borne in mind that the Duly Authorised Officers are the persons concerned in the patient's removal in the first instance.

The Health Visitor's reports indicate that they meet with considerable success, in certain types of cases, in their efforts to help and advise patients discharged from mental hospitals. There are, of

course, the difficult patients who require a great deal of careful visiting before the necessary confidence between the visitor and patient has been established, and it is only right to point out that in a considerable number of cases no progress is made. This difficulty is to be expected with mental patients, but we must continue to offer our help and services even though success is not always achieved.

As we stated in our previous report, quite a number of patients have been assisted to resume their employment and others have been helped to obtain employment more suited to their capacity. The Health Visitors and the Authorised Officers carry out a considerable amount of work behind the scenes, the sole object being to convince the patient that he has a friend to whom he can turn in his trouble, a friend who can smooth out his difficulties and even his financial embarrassment and so assist him to regain his confidence and his place in the community.

Mental Deficiency

The work of ascertaining mental defectives under the Mental Deficiency Acts is very complete in Walsall. The Head Teachers of schools are responsible for reporting to the School Medical Officer any child whom they feel is retarded. The School Medical Officer then arranges for mental examination at the earliest possible date. As stated above these children are then cared for either by admittance to a mental deficiency hospital, or an occupation centre. A large number of cases is placed under voluntary supervision, and those placed under guardianship are under the supervision of the Guardianship Officer, who is also the Assistant Mental Welfare Officer.

Although an occupation centre has been provided no separate arrangements have been made for the provision of an industrial centre for adults. Home tuition is arranged where possible for children, but no group training has been instituted. The question of the erection by the Council of an occupation centre with a larger capacity is still under consideration.

The continued shortage of Hospital accommodation for mental defectives causes much anxiety and it is difficult to convince parents who are in desperate need of such accommodation for their children that the fault does not lie with the Health Authority, whose Mental Welfare Officers do all they can to alleviate their distress.

An impressive waiting list is not submitted to the Birmingham Regional Hospital Board but every case is considered individually according to the urgency it presents and the Board has always endeavoured to meet our requirements where possible.

Patients on Licence, etc.

The Council have made an arrangement with St. Margaret's Hospital, Great Barr Park, for the Council's Mental Welfare Officers to be responsible for reports on home conditions for leave of absence and for the supervision of patients on licence from hospital. These Officers also report on the home conditions of patients expected to be allowed on licence for trial and for discharge from Order. In addition, reports are made to the Visitors for the County of Stafford, and periodic reports on patients on licence to the Medical Superintendent at St. Margaret's Hospital.

The Mental Welfare Officers continue to find employment for patients who are considered suitable for licence and for their supervision afterwards.

Mental Welfare Association

The Senior Mental Welfare Officer is Secretary of the Mental Welfare Association and this officer and the Assistant Mental Welfare Officer are responsible for the work undertaken by the Association. There is a large number of voluntary patients on the register and the Association carries out useful work in supervising cases which do not come within the purview of the Statutory Committee.

Occupation Centre

An Occupation Centre is provided by the Council and is conducted in church school premises rented for the purpose. The centre is for those children who cannot be educated within the normal educational system, the emphasis being on training.

The Junior children attend the occupation centre daily from 10 a.m. to 3 p.m., the Senior Girls' Class meets on Tuesdays and Thursdays from 2 p.m. to 4 p.m. and the Senior Boys' Class meets Mondays and Wednesdays from 2 p.m. to 4 p.m. The Senior Girls and Boys have 1/- a week pocket money, provided their attendance at classes is good.

Rug making, stool seating, embroidery, elementary handicraft, percussion band, eurythmics, country dancing, puppetry, games and speech training form part of the curriculum of this flourishing centre. A number of small children were admitted during the year and the kindergarten group is still growing in size.

On the 31st December there were 36 junior and 31 senior defectives in attendance.

General

More than usual attention has been paid to mental illness and defectiveness in Walsall for very many years. Walsall originally provided a colony for mental defectives, a residential special school for educationally subnormal pupils and an occupation centre. The work of the ascertainment of mental defectives is as effective as possible and the co-operation between the various committees of the Council concerned with children is very complete.

An increasing number of patients are being discharged from Order under the Mental Deficiency Acts by the Board of Control. The results of this new policy are awaited with some anxiety. It remains to be seen how these patients, many of whom have been sheltered in Hospital for many years, will fare when faced with the stresses of everyday life.

Some of the nurses taking the course for health visitors in Birmingham have received instruction from the staff of the Mental Welfare Department and Occupation Centre during the year, and this practical instruction is, we are sure, of benefit to them as a part of their curriculum.

The following tables show in detail persons dealt with under the Mental Deficiency Acts:—

MENTAL DEFICIENCY ACTS, 1913—1938

1. Particulars of cases reported during 1955

- (a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by—
- (i) Local Education Authorities on children
- (1) While at school or liable to attend school
- (2) On leaving special schools
- (3) On leaving ordinary schools
- (ii) Police or by Courts
- (iii) Other sources
- (b) Cases reported who were found to be defectives, but were not at 31st December regarded as "subject to be dealt with" on any ground ..
- (c) Cases reported who were not regarded as defectives or in which action was incomplete at 31st December, and thus excluded from (a) or (b)

Total number of cases reported during the year

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
	7	7	—	—
	1	—	7	2
	3	7	—	—
	—	—	1	—
	1	—	1	2
	—	—	1	3
	—	—	—	—
	12	14	10	7

(The following information is for information only and does not form part of the official statistics.)

(1) Of the cases not investigated to be defectives, 10 per cent were reported to the police or by the courts.

(2) Of the cases investigated to be defectives, 10 per cent were reported to the police or by the courts.

(3) Of the cases investigated to be defectives, 10 per cent were reported to the police or by the courts.

(4) Of the cases investigated to be defectives, 10 per cent were reported to the police or by the courts.

(5) Of the cases investigated to be defectives, 10 per cent were reported to the police or by the courts.

2. Disposal of cases reported during 1955

- (a) Of the cases ascertained to be defectives "subject to be dealt with" number
- (i) Placed under Statutory Supervision
 - (ii) Placed under Guardianship
 - (iii) Taken to "Places of Safety"
 - (iv) Admitted to Hospitals
- (b) Of the cases not ascertained to be defectives "subject to be dealt with" number
- (i) Placed under Voluntary Supervision
 - (ii) Action unnecessary

Total

Under age 16		Aged 16 and over	
M.	F.	M.	F.
12	14	9	1
—	—	—	1
—	—	—	1
—	—	—	1
—	—	—	2
—	—	1	1
12	14	10	7

HEALTH DEFECTIVE CASES 1955-1956

3. Number of Mental Defectives for whom care was arranged by the Local Health Authority under Circular 5/52 during 1955

Admitted to:—	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
(a) National Health Service hospitals	2	2	2	2
(b) Elsewhere	—	1	—	—
Total	2	3	2	2

4. Total cases on Authority's Registers at 31.12.55

(i) Under Statutory Supervision	31	26	75	85
(ii) Under Guardianship	—	—	1	1
(iii) In "Places of Safety"	—	—	—	1
(iv) In Hospitals	13	10	111	144
(v) Under Voluntary Supervision	—	2	279	194
Total	44	38	466	425

5. Number of defectives under Guardianship on 31.12.55, who were dealt with under the provisions of Sec. 8 or 9, Mental Deficiency Act, 1913 (included in 4 (ii))

.. .. .	—	—	—	—
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6. (continued)

- (b) Of the cases included in items, number considered suitable for:—
 - (i) Occupation centre
 - (ii) Industrial centre
 - (iii) Home training
 - Total
- (c) Of the cases included in item 6 (b) number receiving training on 31.12.55:—
 - (i) In occupation centre
 - (ii) In industrial centre
 - (iii) At home
 - Total

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
(i) Occupation centre	22	17	5	7
(ii) Industrial centre	—	—	9	20
(iii) Home training	—	—	—	—
Total	22	17	14	27
(i) In occupation centre	17	8	14	27
(ii) In industrial centre	—	—	—	—
(iii) At home	—	—	—	—
Total	17	8	14	27

COUNTY BOROUGH OF WALSALL

ANNUAL REPORT

OF THE

Chief Sanitary Inspector

ON THE

Sanitary Administration of the Borough
for the Year ended 31st December, 1955

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY
BOROUGH OF WALSALL

Mr. Mayor, Ladies and Gentlemen,

I submit my annual report for the year 1955, on the sanitary administration of the Borough.

Although, because of staff shortages and pressure of other duties, the report has not been prepared in the same detailed form as it was prior to 1952, it nevertheless contains sufficient information to indicate the amount and scope of the public health work undertaken by Sanitary Inspectors. Every effort has been made during the year to maintain the services operated by this section of the department, but attention has been concentrated in the main on slum clearance activity, meat and foods inspection and atmospheric pollution control. In addition, the department was responsible for the management of premises as a public slaughterhouse for the first 7 months of the year. New and projected legislation in connection with slum clearance, food and drugs administration and atmospheric pollution is likely in the years ahead to add considerably to the responsibilities of the department and serious consideration will have to be given to securing an adequate establishment of technical and other officers.

So far as staff resources have permitted, the section has continued its health education activities and members of the staff have given lectures to various organisations on the work of the department.

I again pay tribute to the continued support and co-operation of the Chairman and members of the Health Committee and the Medical Officer of Health, and my thanks are also due to Chief Officers and Heads of Departments for their help and co-operation.

To the members of my staff, who have again given unstinting service, I tender sincere thanks. I wish especially to mention the help and assistance I have received from Mr. E. Bayley, my Deputy, and the Specialist Inspectors, Messrs. Woodward, Kelley, Penn and Monks, in the preparation of this report.

Yours obediently,

C. A. STANSBURY,

Chief Sanitary Inspector.

PART I—STAFF

During the year under review there have been the following changes in the staff of this section of the department:—

Mr. W. Buttery, formerly of the Borough Surveyor's Department, commenced duties as a clerk on 8th May.

On 16th May, Mr. R. J. Moore commenced duties as a District Sanitary Inspector in the department, but resigned on 4th December, in order to take up a similar post with the City of Cardiff Health Department.

Mr. W. C. Wagg, former Pupil Sanitary Inspector, on completing his military service in August of this year, joined the staff of the Reading Health Department as a Sanitary Inspector.

Mr. R. Sidwick, District Sanitary Inspector, left the service of the Corporation on 31st October, in order to take up a similar appointment with the Carlton (Nottinghamshire) U.D.C.

Mr. R. C. Drake, formerly a Pupil Sanitary Inspector, on his return from military service on 1st December, took up an appointment as a District Sanitary Inspector with this department.

PART 2—HOUSING

This section of the report deals with all aspects of housing work carried out under the Public Health Acts and Housing Acts.

Repairs to Houses

Complaints received by the department during the year numbered 3,306 and were 160 more than those received during 1954. The works of repair have again been of a basic character designed primarily to remedy conditions prejudicial to health. While these repairs have been of value in preventing further deterioration of houses, they have not produced the progressive improvement in the standard of housing accommodation which is to be desired.

The total number of visits made to premises was 22,270. Action taken under the Public Health Acts resulted in 572 houses receiving attention for essential repairs, while in a further 1,360 cases repair work in connection with water closets, drainage and abatement of other nuisances was carried out. Works of repair have thus been carried out to 1,932 houses during the year as a result of action by the department.

It was found necessary to institute legal proceedings with respect to non-abatement of nuisances in one instance, details of which will be found in Part 8 (page 84) of the report.

The Housing Repairs and Rents Act, 1954, authorises the owners of controlled houses, in certain circumstances, to increase the rents of their properties by reason of repairs carried out, and contains provisions relating to the issue of certificates of disrepair—that is, the certificates granted by a local authority authorising the tenant to withhold a portion of the rent because the house is not in a satisfactory state of repair. During the year 50 applications for certificates of disrepair were received; 48 of these were granted and 2 refused; 9 of the certificates were later revoked because the owners had carried out repairs which brought the houses up to the prescribed standard.

Slum Clearance Proposals

Section 1 of the Housing Repairs and Rents Act, 1954, required all local authorities to submit to the Minister of Housing and Local Government by 1st August, 1955, a statement of their proposals for dealing with all the unfit houses in their districts.

It was not possible to make a detailed inspection of every house in the borough, but a rapid general survey was carried out in the early part of the year, and on 24th June a report on the conditions revealed by the survey was presented to the Health Committee. The table set out below incorporates the main features of the report submitted to the committee:—

HOUSING REPAIRS AND RENTS ACT, 1954, SECTION 1

Required Form of Proposals

Total number of permanent dwellings in the local authority's area (estimated at 30th June, 1955) ... 34,500

Part 1—The Total Problem

- (i) Estimated number of houses unfit for human habitation within the meaning of Section 9 of the Housing Repairs and Rents Act, 1954, and suitable for action under Section 11 or Section 25 of the Housing Act, 1936 ... 2,782
- (ii) Period of years which the Council think necessary for securing the demolition of all the houses in (i) 10 years

Part 2—Orders Already Made, Etc.

- (iii) Number of houses in (i), in clearance areas and already covered by operative clearance or compulsory purchase orders or owned by the local authority ... 239
- (iv) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders have been submitted to the Minister, but have not yet become operative ... Nil

Part 3—Action in the First Five Years

- (v) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement within the five years ... Nil
- (vi) Number of houses which are to be included in clearance areas still to be declared and which within five years will be owned by the local authority or will have been included in a clearance order or a compulsory purchase order submitted to the Minister 1,350

(vii)	Number of houses under (iii), (iv), (v) and (vi) to be patched (if necessary) and retained within the five years under Section 2 of the Housing Repairs and Rents Act, 1954, for temporary accommodation	Nil
(viii)	Number of houses under (iii), (iv), (v) and (vi) to be demolished in the five years	1,589
(ix)	Number of houses (including those already comprised in operative demolition orders) to be demolished in the five years as a result of action under Section 11 of the Housing Act, 1936 ...	150

The proposals referred to above were approved by the Health Committee and the Council and submitted to the Ministry of Housing and Local Government.

The four clearance areas represented during 1954 were confirmed during 1955 by the Minister of Housing and Local Government in the following form:—

1. **The Walsall (Green Lane No. 2) Compulsory Purchase Order, 1954**

Confirmed with modification on 8th March, 1955. The Order was modified by the exclusion of all land and premises owned by the Corporation.

2. **The Walsall (The Flats) Compulsory Purchase Order, 1954**

Confirmed with modification on 3rd March, 1955. The modification required the exclusion from the Order of land at the corner of Field Road and The Flats, owned by the Wolverhampton & Dudley Breweries Ltd. and coloured grey on the map.

3. **The Walsall (Love Lane) Compulsory Purchase Order, 1954**

Confirmed without modification on 25th February, 1955.

4. **The Walsall (Woodall Street) Clearance Order, 1954**

Confirmed without modification on 25th February, 1955.

These Compulsory Purchase Orders and the Clearance Order added a further 153 houses to the total houses already condemned, and the Demolition Orders, Closing Orders and Formal and Informal Undertakings increased the number of such houses by a further 75. The removal of families from 284 houses resulted in the rehousing

of approximately 1,108 persons. During the year 103 void houses were demolished as a result of slum clearance action.

Housing Act, 1949, and Housing Repairs and Rents Act, 1954— Improvement Grants

The number of property owners seeking improvement grants continued to increase and during the year 222 firm enquiries were dealt with. This figure shows an increase of 129 over the figure for last year. In each case the property was visited and inspected and the owner advised on the best means of alteration, on the approximate cost of the work and on the legal requirements with which he has to comply.

During the year 95 applications for improvement grants were submitted to the Health Committee and all 95 were approved. The total amount of grant involved was in the region of £12,600.

Provision of New Houses

During 1955 new houses were provided as follows:—

(a) By Walsall Corporation	402
(b) By private persons—	
(i) Permanent houses	163
(ii) New dwellings from conversion of existing properties	18

Progress in the Clearance of Unfit Properties

Condemned houses still in occupation at 1st January, 1955	235
Houses included in confirmed Clearance Orders or Compulsory Purchase Orders	153
Houses for which Demolition or Closing Orders were made or undertakings accepted during 1955 ...	50
Houses for which owners gave voluntary undertakings not to re-let when present tenants re-housed ...	25
Condemned houses vacated during 1955	284
Condemned houses demolished during 1955	103
Condemned houses still occupied at 31st December, 1955	179

Progress under Housing Acts, 1930 and 1936 at 31st December, 1955

Houses represented as unfit	3,733
Houses closed	3,299
Approximate number of persons displaced	13,977

PART 3—FOOD

Food administration continues to form a considerable and important part of Sanitary Inspectors' duties, as will be seen by the details of work which has been carried out, and which are set out in this report under the following headings:—

- (a) Slaughtering Facilities;
- (b) Inspection of Meat;
- (c) Unwholesome Food Condemned;
- (d) Milk;
- (e) Ice Cream;
- (f) Food Hygiene;
- (g) Sampling—Food and Drugs Act, 1938;
- (h) Dried Egg Albumen.

(a) SLAUGHTERING FACILITIES

The slaughtering of animals at the slaughterhouse in Shortacre Street continued throughout the year. Until 31st July, 1955, the slaughterhouse was under the control of the local authority and was managed by the authority's officers. On 1st August the slaughterhouse reverted to private ownership and was operated under a licence granted by the local authority, the owner having undertaken for the remaining months of the year to provide public slaughtering facilities similar to those provided by the local authority for the first 7 months of the year.

Although the Shortacre Street premises are popularly referred to as "the slaughterhouse" they consist, in fact, of two licensed slaughterhouses.

(b) INSPECTION OF MEAT**General Review**

There was again a substantial increase in the number of carcasses examined at the slaughterhouse during the year under review, 86,339 being examined compared with 76,889 in the previous year. There was a further reduction in the number of cattle and cows slaughtered, the 1955 figure being 8,516, compared with 9,661 for 1954. There was an appreciable increase in the number of calves slaughtered, but killings of sheep were somewhat less than in the previous year. The number of pigs slaughtered again showed a great increase, 31,056 being killed, compared with 18,438 for the previous year. The figures are given in detail at the commencement of Table 3 on page 64.

Meat inspection at the slaughterhouse was carried out on a full-time basis by Mr. A. D. Kelley, Mr. J. W. Fairless and Mr. J. F. Marshall, assisted from time to time by other qualified meat inspectors in the department. It is essential, for public health reasons, that meat be inspected at the time of slaughter and this principle is consistently observed in Walsall in order to maintain a proper standard of inspection.

The total weight of diseased meat and offals condemned during 1955 was approximately 10% less than that condemned during the preceding year; nevertheless, condemnations during 1955 amounted to nearly 114 tons. There were variations in the incidence of different diseases found on post mortem examination, the most notable variations being in respect of the incidence of tuberculosis in cows.

During 1955 tuberculous lesions were found in the carcase or organs of about 20% of all the cows examined; for the years 1954 and 1953 the corresponding figures were respectively approximately 59% and 43%; it is probable that this reduction is due more to the careful purchase of animals than to any overall reduction in the incidence of tuberculosis in cows throughout the country. Further details of the incidence of disease among different animals are given in Tables 2 and 3 on pages 63 and 64, but a full detailed analysis of the causes of condemnation has again been omitted for reasons of economy.

In addition to the carcasses of animals slaughtered on the premises, a number of dressed carcasses were received at the slaughterhouse for sale to the meat trade; where necessary, these carcasses and organs were inspected before re-distribution.

Meat condemned because of bruising

The amount of carcase meat condemned during the year by the meat inspectors because of bruising was 11,317 lbs., compared with 11,426 lbs. in 1954 and 10,791 in 1953.

Congenital Tuberculosis in Calves

Two cases of congenital tuberculosis in calves were recorded in 1955, compared with six during 1954. Information with regard to these cases was forwarded to the Animal Health Division of the Ministry of Agriculture, Fisheries and Food.

Cysticercus Bovis

Concern has been expressed in recent years about the incidence of cysticercus bovis in cattle. This is a parasitic disease which is capable, under certain conditions, of setting up a tapeworm infestation in man. During 1955 evidence of cysticercus bovis was found in the organs or carcase meat of 167 bovine animals, compared with 85 cases in 1954. All diseased meat and offals were condemned and the apparently healthy carcasses were refrigerated for 21 days so as to render the meat safe for human consumption. Table 1 gives fuller details of the incidence of this disease.

TABLE I

Cysticercus Bovis in Cattle, 1955

Animals	Masseter muscle of head	Tongue	Heart		Skirt	Carcase muscle	
			Muscle	Surface		Local	Generalised
Bullocks	51	3	13	—	3	—	—
Heifers ..	52	2	23	1	2	—	—
Cows ..	12	2	2	1	—	—	—
Bulls ..	—	—	—	—	—	—	—
Totals ..	115	7	38	2	5	—	—

Swine Fever

During the year a number of pigs which had been in contact with known cases of swine fever were received at the slaughterhouse for immediate slaughter. The carcasses of those pigs which on examination showed post-mortem signs of swine fever were incinerated under police supervision in accordance with the Diseases of Animals Acts.

Tuberculosis (Slaughter of Reactors) Order, 1950

At the request of veterinary officers of the Ministry of Agriculture, Fisheries and Food, the Meat Inspectors carried out post-mortem examinations on 31 bovine animals slaughtered under the Tuberculosis (Slaughter of Reactors) Order, 1950. The animals were sent in for slaughter because they had been found on veterinary examination to give a positive reaction to the tuberculin test. Reports on post-mortem examinations were sent to the appropriate veterinary officers of the Ministry.

Diseased Meat and Offals

During the year the following quantities of meat and offals were found to be diseased, unsound and unfit for human consumption:—

TABLE 2

ALL DISEASES				
EXCEPT TUBERCULOSIS :				
	Tons	Cwts.	Qrs.	Lbs.
Carcase Meat ...	33	13	2	5
Offals ...	52	17	-	14
TUBERCULOSIS ONLY :				
Carcase Meat ...	11	16	2	14
Offals ...	15	9	2	26
TOTAL	113	17	-	3

It has been the practice in recent years to include in the report tables showing the analysis of condemnations but, although tables have been prepared and are available in the office, they have been excluded on grounds of economy.

Meat and Food Inspection Statistics

The following table sets out the number of carcasses inspected, together with particulars of the carcasses or parts thereof condemned, and is in the form required by the Ministry of Agriculture, Fisheries and Food.

TABLE 3
1955

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ..	7,272	1,244	5,311	41,456	31,056	—
Number inspected	7,272	1,244	5,311	41,456	31,056	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCI:						
Whole carcasses condemned ..	3	14	68	39	79	—
Carcasses of which some part or organ was condemned	3,921	705	156	12,748	10,450	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ..	53.96%	57.71%	4.21%	30.84%	33.90%	—
TUBERCULOSIS ONLY:						
Whole carcasses condemned ..	17	12	8	—	9	—
Carcasses of which some part or organ was condemned	544	246	18	—	953	—
Percentage of the number inspected affected with tuberculosis ..	7.71%	20.73%	0.48%	—	3.09%	—
CYSTICERCOSIS: Carcasses of which some part or organ was condemned						
	150	17	—	—	—	—
Carcasses submitted to treatment by refrigeration ..	150	17	—	—	—	—
Generalised and totally condemned ..	—	—	—	—	—	—

(Total number of carcasses examined 86,339)

(c) UNWHOLESOME FOOD CONDEMNED

The following table gives details of the nature and weight of foodstuffs found to be unfit for human consumption during the year 1955. The bulk of the foodstuffs were surrendered to the Sanitary Inspectors at the time of inspection.

	Tons	Cwts.	Qrs.	Lbs.
Meat and Offal (at Slaughterhouse, Shortacre Street)	113	17	—	3
Meat (at Butchers' shops) ...	—	—	3	16
Tinned and other packed foods	3	10	2	20
Fish	—	—	2	24
Mussels	—	1	1	2
Bacon	—	2	1	7
Butter	—	—	—	2
Margarine	—	—	—	1
Cheese	—	4	2	16
Flour	—	—	—	15
Oatmeal	—	10	—	—
Rice	—	—	—	20
Tapioca	—	—	1	12
Cake	—	1	1	16
Sweets	—	—	—	17
Apples	—	—	2	24
Raisins	—	—	1	2
Dates	—	—	—	7
Dried Egg Albumen ...	—	—	1	6
TOTAL	118	11	0	14

Subject to the adoption of satisfactory public health safeguards in the method of disposal, every effort was made to salvage for purposes other than human consumption the food condemned as unfit.

(d) MILK

General Review

Walsall is a "Specified Area" within the terms of the Milk (Special Designations) (Specified Areas) Order, 1952, which means that all milk sold in the borough (other than tuberculin tested milk) must be heat treated either by pasteurisation or sterilisation.

The number of dairy firms in business in Walsall has further diminished during the year. Two family concerns—one licensed to pasteurise and sterilise milk, the other concerned wholly with distribution—have been sold to a large dairy company. This means that Walsall is now supplied with milk from five dairy firms, three of which process milk within the borough.

Towards the end of the year one of the three remaining Walsall firms changed its pasteurisation plant from the "Continuous Holder" to the "High Temperature Short Time" method. After initial "running in" troubles and adjustments, the plant is now working efficiently.

During the year the same seasonal fall in chemical quality was again noticed in connection with milk from certain sources. Where possible, Ministry of Agriculture Livestock Officers were given the names and addresses of the producers concerned and some improvement in the chemical quality of milk from these sources was observed later in the year.

In all, 132 samples of milk were analysed by the Public Analyst and 7 of these, equal to 5.3% of the total, were found to be below presumptive legal standard for milk.

It becomes increasingly clear that the absence of an absolute legal standard of chemical composition for milk is resulting in the production of increased quantities of milk of low fat or solids not fat content. As the law stands at present the sale of such milk is not an offence if it is sold "as it comes from the cow"; that is, there has been no addition of water or abstraction of cream.

Milk (Special Designation) Regulations

During the year 812 samples of milk were sent to the Public Health Laboratory, Stafford, and subjected to one or more of the following statutory tests: the Methylene Blue Reduction Test (a test of cleanliness), the Phosphatase Test (a check on the efficiency of pasteurisation) and the Turbidity Test (a test of efficient sterilisation). The results of these tests are set out in Table 4 on page 69.

The Methylene Blue Reduction Test was applied to 608 samples of designated milk, 28 of which failed the test. Of the 28 unsatisfactory samples, 9 were declared void by reason of the atmospheric shade temperature at the laboratory having exceeded 65°F during the time the milk was kept at the laboratory. Of the remaining 19 samples, 12 were farm bottled milk (7 T.T. Channel Island and 5 T.T. milk), 3 were T.T. Pasteurised milk and 4 were Pasteurised milk. The 12 farm bottled (T.T.) milks and 1 T.T. Pasteurised milk were from areas outside Walsall, and the authority for the area concerned in each case was notified.

Two samples of Pasteurised milk, both from the same local dairy, failed the Phosphatase Test; the failure in the first case was partly responsible for the firm deciding to replace the continuous "Holder" process plant by a High Temperature Short Time Pasteurisation Plant. In the other case the failure was due to a defective flow diversion control; the faulty control was subsequently replaced by a new control unit which has proved satisfactory in use.

All the 135 samples of Sterilised milk satisfied the Turbidity Test.

Biological Testing

From the raw milk produced at 16 local farms, 69 samples were examined for the presence of tubercle bacilli and brucella abortus. Of these 69 samples, 3 were positive for tubercle bacilli, but none was positive for brucella abortus. The Animal Health Division of the Ministry of Agriculture, Fisheries and Food was notified of the farms from which the positive tubercle samples were received and in each case notice was served under Section 20 of the Milk and Dairies Regulations, 1949, requiring the milk of the infected herds to be heat treated.

During the year 2 of the 16 farms ceased milk production, and in the case of 5 farms the milk was diverted to a dairy outside the Walsall area.

(e) ICE CREAM

Ice Cream (Heat Treatment, etc.) Regulations, 1947-1952

During the year 5 ice cream manufacturers in the borough carried out the heat treatment procedure on their own premises and 3 made ice cream by the "cold mix" method of adding water to a prepared ice cream powder which had been heat-treated during its manufacture. Another local manufacturer prepared his product by freezing a liquid mix obtained from a different manufacturer: this mix, after heat treatment, had been cooled to refrigeration temperature and was delivered to the Walsall manufacturer in sealed containers which kept it at refrigeration temperature until it was subjected to the freezing process.

The Methylene Blue Reduction Test (a cleanliness grading test) was applied to 254 samples of ice cream during 1955. Samples of ice cream manufactured locally numbered 126, while those of manufacturers outside Walsall numbered 128. Of the total number of samples, 88.19% were in Grades 1 and 2 (satisfactory) and the remaining 11.81% were in Grades 3 and 4 (not satisfactory).

On page 70, Table 5 shows the results of these tests and below is a comparison with results of previous years.

		Grades 1 and 2	Grades 3 and 4
1953	...	89·94%	10·06%
1954	...	93·04%	6·96%
1955	...	88·19%	11·81%

It will be noted that results this year are not quite so satisfactory as those for 1954; this deterioration is probably due partly to the abnormally warm summer and partly to plant troubles experienced by certain local manufacturers.

Food Standards (Ice Cream) Order, 1953

There were 33 samples of ice cream analysed during the year for the purpose of the above-mentioned order. All samples were above the required standard and gave an average composition of:—

			Minimum legal standard
Milk solids-not-fat	...	11·58%	7·5%
Fat	... ..	9·12%	5·0%
Sucrose	... ..	13·52%	10·0%

Compared with the previous year this average showed a slight all-round increase in quality, the increase being most marked in the fat content, which showed a gain of 1·25% over the 7·87% of 1954.

TABLE 4
THE MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1949 to 1954
RESULTS OF BACTERIOLOGICAL EXAMINATION OF MILK, 1955

MILK DESIGNATION	SUMMARY OF RESULTS				STATUTORY TESTS						BIOLOGICAL TESTS			
	Satis- factory	Unsatis- factory	Void *	Totals	Methylene Blue		Phosphatase		Turbidity		Tubercle B.		Br. Abortus	
					Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Nega- tive	Posi- tive	Nega- tive	Posi- tive
T.T. Channel Island ..	28	7	—	35	—	7	—	—	—	—	—	—	—	—
T.T. (farm bottled) ..	55	5	—	60	—	5	—	—	—	—	—	—	—	—
T.T. (Pasteurised) Channel Island ..	8	—	—	8	8	—	—	—	—	—	—	—	—	—
T.T. (Pasteurised) Pasteurised ..	125	3	4	132	125	3	8	1	—	—	—	—	—	—
Channel Island ..	64	1	1	66	64	1	65	1	—	—	—	—	—	—
Pasteurised ..	154	—	4	158	154	—	158	—	—	—	—	—	—	—
Pasteurised (Schools milk) ..	146	3	—	149	146	3	149	—	—	—	—	—	—	—
Sterilised ..	135	—	—	135	—	—	—	—	135	—	—	—	—	—
T.T. Channel Islands (Bulk) ..	4	—	—	4	—	—	—	—	—	—	4	—	4	—
T.T. (Bulk) ..	10	—	—	10	—	—	—	—	—	—	10	—	10	—
Channel Islands (Bulk) Undesignated (Bulk) ..	1	—	—	1	—	—	—	—	—	—	1	—	1	—
	51	3	—	54	—	—	—	—	—	—	51	3	54	—
TOTALS ..	781	22	9	812	580	19	511	2	135	—	66	3	69	—

* Samples declared "Void" by reason of atmospheric shade temperature exceeding 65°F. at the Laboratory.

TABLE 5

RESULTS OF ICE CREAM SAMPLES, 1955
(METHYLENE BLUE REDUCTION TESTS)

Classification	No. of Samples	Percentage of total samples	Number in each Grade				Percentage in each Grade			
			1	2	3	4	1	2	3	4
Local Manufacture (Heat Treated)	113	44.49	71	13	10	19	62.84	11.50	8.85	16.81
Local Manufacture (Cold Mix)	13	5.12	12	1	—	—	92.30	7.70	—	—
Local Manufacture (Total)	126	49.61	83	14	10	19	65.87	11.11	7.94	15.08
Other Manufacture	128	50.39	125	2	1	—	97.66	1.56	0.78	—
All Samples (Total)	254	100.00	208	16	11	19	81.89	6.30	4.33	7.48

RESULTS OF BACTERIOLOGICAL EXAMINATION OF MILK, 1955
THE MILK (SPECIFIC DESIGNATIONS) REGULATIONS, 1946 to 1954

TABLE 5

(f) FOOD HYGIENE

From time to time during the year visits have been paid to various food premises in Walsall in order to investigate the conditions under which foodstuffs were manufactured, prepared, stored or sold. Where unsatisfactory conditions or unhygienic practices have been found, representations were made to the traders concerned to rectify matters. While it has been necessary to caution a number of traders about unsatisfactory conditions on their premises, no legal proceedings were taken in respect of such contraventions.

Because of pressure of work and shortage of staff it has not been possible to make routine visits to food premises on a scale anything approaching that which is desirable. The visits referred to in the preceding paragraph have in the main taken place because of some specific reason; that is, complaints have been made by a purchaser about the unsatisfactory nature of some food or the premises from which it has been sold. New Food Hygiene Regulations have been made, which will come into operation on 1st January, 1956. The extent to which it will be found possible to enforce these regulations in Walsall during the next year will be conditioned largely by the availability of technical staff.

It is again regretted that it has not been practicable to proceed with the recommendations made in a report to the Health Committee in 1952 for the improvement of hygienic conditions in public houses in Walsall. In a few cases, however, action has been taken to secure the carrying out of certain essential improvements.

The conditions under which food is sold in the town's open market remain the same as in preceding years.

(g) SAMPLING (FOOD AND DRUGS ACT, 1938)

Mr. F. D. G. Chalmers, M.A., B.Sc., F.R.I.C. (of the firm of Messrs. Bostock, Hill and Rigby, Birmingham) held the appointment of Public Analyst. Samples taken under the Food and Drugs Act, 1938, were submitted to him for analysis.

Of the 272 samples submitted under the Act, 171 were formal and 101 informal; of these, 9 (equivalent to 3.30%) were unsatisfactory. Of the samples taken, 133 were milk, of which 2 (equivalent to 1.50%) were unsatisfactory.

Detailed list of samples

Milk 133, Ice Cream 33, Pork Sausages 19, Tea 8, Oranges 7, Fruit Drinks 6, Butter 5, Pickles 4, Fish Pastes 4, Marzipan 4, Beef Sausages 3, Beef Suet 2, Whipping Compound 2, Table Jelly 2, Dressed Crab 2, Vinegar 2, Sauce 2, Honey 2, Buttered Brazils 2, Linctus Pastilles 2, Turpentine Liniment 2, and 1 each of the following: Cheese Spread, Pie Filling, Cake, Olive Oil, Aspirin Tablets, Tincture of Iodine, Gravy Browning, Mincemeat, Custard Powder, Cake Mix, Mint, Bay Leaves, Rainbow Trout in Butter, Bottled Cream, Tinned Cream, Blackcurrant Juice, Methyl Aspirodine Liniment, Camphorated Oil, Extract of Malt with Halibut Liver Oil, Essence of Cinnamon and Quinine, Ground Almonds, Mixed Fruits, Glacé Cherries, Xmas Pudding, Raisins, Currants.

DETAILS OF UNSATISFACTORY SAMPLES

Serial No. of Sample	Article	Whether formal or informal	Nature of Adulteration	Observations
1	Shredded Beef Suet	Formal	Contained 76.7% beef fat (should contain not less than 83%).	Cautionary letter sent by Town Clerk.
95	Milk	Do.	Deficient of 6% fat.	Ditto.
118	Ditto.	Do.	Do.	Ditto.
218	Turpentine Liniment	Informal	Deficient of 18.40% Volatile Oil and Camphor.	Ditto.
229	Marzipan	Do.	Ingredients not stated on label.	Ditto.
233	Pork Sausages	Formal	Deficient of 15% meat.	Ditto.
234	Ditto.	Do.	Deficient of 7.6% meat.	Ditto.
238	Ditto.	Do.	Deficient of 10.7% meat.	Ditto.
268	Ditto.	Do.	Deficient of 4% meat.	Ditto.

(h) DRIED EGG ALBUMEN

The bakery trade uses considerable amounts of dried egg albumen in the preparation of meringues and in fillings for certain types of cake.

During the latter part of the year 9 samples of this imported dried albumen were submitted to the Public Health Laboratory Service at Stafford for general bacteriological examination; of this number, 4 samples were found to be infected with organisms of a food poisoning type. Visits were made to the premises from which infected samples had been obtained and all infected material was surrendered to this department.

In addition, 6 samples of other egg products prepared in this country were tested and found to be free from pathogenic organisms.

Drinking Water **PART 4—WATER**

The water supply for the Borough comes from the mains of the South Staffordshire Waterworks Company and was satisfactory throughout the year both as regards quantity and quality. There are only a few houses in Walsall without mains water supply and most of these are in outlying districts.

The following figures, which are approximate estimates only, indicate the proportion of houses with separate and shared water supplies:—

	Houses	Population	Percentage
(a) Direct to houses ...	33,355	112,136	97·8
(b) Houses sharing stand-pipes or common taps	736	2,464	2·2

Many of the houses without mains supply, or with shared mains water services, are either already condemned or are scheduled for action under the Council's 10-year slum clearance programme.

Bacteriological examinations were made of 16 samples of water used for drinking purposes or for purposes connected with food processing. Nine samples taken from a public supply and a food factory were all reported as being satisfactory; of 7 samples taken from shallow wells 2 were of a suspicious quality, 3 were unsatisfactory and 2 were satisfactory.

Swimming Baths

Samples of water were taken during the year from the following bathing establishments:—

Tower Street 1st Class Swimming Bath ...	...	...	14
„ „ 2nd Class „ „ (Summer)	„	„	8
„ „ Brine „ „ (Winter)	„	„	7
Bloxwich Swimming Bath ...	...	...	9
Arboretum Open-Air ...	...	...	5
Reedswood „ ...	...	...	5

Bacteriological reports on these waters, applying the same standard as for drinking water, were very satisfactory in 47 cases and satisfactory in the remaining case.

In addition to the visits made for the purpose of sampling, visits were also made to test the chlorine content of the water. In nearly all cases this was found to be above the recommended range of from 0·2 to 0·5 parts per million.

PART 5—ATMOSPHERIC POLLUTION

General Policy

The department has continued its endeavour to secure the abatement or reduction of smoke, fume and similar emissions from existing industries and to prevent such nuisances from developing in industries proposed to be established in the town. Although the greatest attention has again had to be paid to the larger industrial concerns, many visits have also been made to smaller factories.

In connection with the control of domestic smoke it was hoped that a large new Council-owned housing estate would have become the first smokeless estate in the borough. This could have been achieved by making it a condition of tenancy that smokeless fuel be burned in the grates of the houses, but various considerations led the Council to decide against such policy.

By allowing examination of plans for new factories and extensions the Borough Surveyor has again enabled this department to make recommendations to the firms concerned with a view to preventing or minimising possible nuisance. During the year 87 plans were inspected, 24 of which related to processes involving risk of smoke nuisance; in 20 other instances there appeared to be danger of fume nuisance, and in another 13 cases a risk of dust emission.

Improvements in Industrial Fuel Burning Plant

During 1955 five boilers have been equipped with mechanical stokers and two hand-fired horizontal boilers have been fitted with smoke-eliminator fire-doors. At three factories new mechanically-fired boilers have been installed.

Dust and Fume Control

Because of the risk of nuisance occurring as a consequence of breakdown of plant, factories specially liable to emit dust or fume have been subjected to frequent observation and visits. At two factories the grit arresting apparatus has been overhauled and re-sited in positions less likely to give rise to nuisance in the event of mechanical failure. At several factories the plant has been overhauled and improved, with a consequent diminution of nuisance.

Training in Boilerhouse Practice

It is regretted that there were insufficient candidates to enable the course in boilerhouse practice to be held at the Walsall Technical College this year.

Measurement of Air Pollution

The chemist's report on the analyses of the contents of the deposit gauges and lead peroxide instruments are set out in tabular form on pages 76 and 77 and in graphical form on pages 78—81.

Over 200 authorities throughout the country now operate similar instruments, and the information obtained enables the Department of Scientific and Industrial Research to form a reliable estimate of the degree and extent of air pollution throughout the country. There are in Walsall 6 deposit gauges so situated as to cover practically the whole area of the borough and which indicate the amount of soot, dust and similar matters suspended in the air of the town, whilst the amount of sulphur dioxide present is estimated by the use of 9 lead peroxide instruments similarly sited. In 3 areas of the town the amount of zinc oxide received by the deposit gauges is also calculated.

The 1955 figures for deposited matters are somewhat lower than those for 1954, whilst the amount of sulphur dioxide present shows a slight overall increase.

During the year the Department of Scientific and Industrial Research published a statistical survey of atmospheric pollution for the winter and summer periods, giving averages for the 5-year period 1949-1954 for the various authorities participating. So far as Walsall is concerned it is interesting to note, with regard to deposited matter for last year, that the monthly average for all districts except Bloxwich is slightly lower than the average for the preceding 5 years. The figure for Bloxwich for the summer period (i.e., April to September) approximates to the 5-year average, but that for the winter period is somewhat higher. This is no doubt due to the considerable housing development which has taken place at the northern end of the borough during the last 5 years.

The lead peroxide gauges show that the amount of sulphur dioxide present during 1955 was slightly higher than during the preceding year and quite considerably in excess of the 5-year average. It would seem that the amount of sulphur dioxide discharged to the atmosphere increases with every year that passes.

In March of this year apparatus was installed for the daily recording of atmospheric pollution by the volumetric method. The results are expressed as milligrammes per cubic metre for suspended matter and in parts per million by volume of sulphur dioxide. As this is the first year of operation there are no previous records for comparison, but once again this instrument demonstrates the lessening of pollution during the summer months. In addition to showing the day to day fluctuation in atmospheric pollution, the apparatus clearly indicates the tremendous build-up of suspended matter and sulphur dioxide which occurs during fog.

Once again I am indebted to the Sewage Works Manager (Mr. Barnes) and his staff for carrying out the chemical analyses in connection with atmospheric pollution work and to Mr. J. C. W. Day, F.R.Met.Soc., for meteorological information.

TABLE 6

Deposit Gauges—Records of Deposits, 1955

Deposits in tons per Square Mile per Month

Month	Bloxwich (Station St.)	North (Transport Depot)	Central (Hatherton Road)	East (Sutton Rd.)	South (Brockhurst)	South-West (Alumwell School)
Jan.	23.43	23.89	22.55	11.90	15.73	17.54
Feb.	11.84	11.54	19.47	9.29	9.19	9.67
March	16.22	17.08	23.37	8.92	14.44	14.71
April	17.32	—	20.09	8.11	15.13	14.51
May	18.28	21.72	22.96	10.12	15.90	13.74
June	14.37	18.51	20.77	11.40	12.01	13.04
July	10.22	8.71	12.87	3.95	7.04	7.84
August	15.20	26.45	21.21	5.93	15.70	14.44
Sept.	16.82	22.32	28.88	12.00	14.44	—
October	17.39	—	—	10.12	17.03	10.90
Nov.	19.54	20.85	18.24	8.08	15.27	11.24
Dec.	38.22	31.93	27.75	12.54	25.06	—
Totals	218.85	203.00	238.16	112.36	176.94	127.63

MONTHLY AVERAGES:

1955 ..	18.24	20.30**	21.65*	9.36	14.74	12.76**
1954 ..	18.99	23.62*	23.03	12.74*	12.84	14.39*
1953 ..	15.44	16.15	18.76*	8.94	16.05	—
1952 ..	15.36*	18.52*	21.33	10.28	17.54*	—
1951 ..	20.61	21.96	24.36	10.37	20.85	—

* Averages for 11 months only.

** Averages for 10 months only.

1955 Average for whole town: 16.17 tons/sq. mile/month.

1954 Average for whole town: 17.60 tons/sq. mile/month.

TABLE 7

Lead Peroxide Gauges—Record of Sulphur Pollution, 1955

Weight of Sulphur Trioxide collected, expressed in milligrammes of SO_3 per 100 sq. centimetres per day

Month	Blox-wich	North (Transport)	Central (Hather-ton Rd.)	East (Sutton Road)	South (Brock-hurst)	Blox-wich Road	Manor Hospital	Dartmouth Avenue	Trees Road
Jan.	4.22	5.51	4.27	1.51	3.45	3.32	4.26	2.06	2.13
Feb.	3.46	4.34	4.83	1.59	3.54	2.50	3.85	2.07	—
March	3.07	3.86	4.63	1.19	3.12	2.42	3.46	3.43	1.64
April	2.77	—	2.75	0.87	2.07	1.93	1.98	1.38	1.49
May	2.15	1.32	2.80	0.68	2.16	1.50	1.95	1.29	1.59
June	1.73	1.76	1.99	0.41	1.40	1.13	1.69	0.89	0.77
July	1.47	1.55	2.22	0.56	1.02	1.07	1.50	0.85	1.10
Aug.	1.35	1.30	1.63	0.38	1.24	0.97	1.43	0.81	0.70
Sept.	2.24	1.82	2.89	0.76	1.94	1.58	1.37	1.14	1.18
Oct.	3.01	2.70	3.81	1.00	2.80	2.22	2.26	1.74	1.67
Nov.	4.40	5.01	4.35	1.43	3.47	3.05	3.66	2.15	2.21
Dec.	3.68	4.47	4.58	1.59	3.72	3.22	3.17	2.51	2.41
Totals	33.55	33.64	40.75	11.97	29.93	24.91	30.58	20.32	16.89

MONTHLY AVERAGES (Crude) :

1955	2.79	*3.06	3.39	0.99	2.49	2.08	2.55	1.69	*1.54
1954	*2.63	3.01	3.21	1.17	2.42	2.25	2.28	1.63	1.52
1953	1.63	**1.55	1.89	0.89	1.42	1.43	1.38	1.11	1.25
1952	1.63	1.72	2.06	*0.78	1.79	1.57	1.59	*1.29	1.31
1951	2.40	2.51	2.30	*0.80	2.36	2.07	1.74	1.81	**1.42

* Average for 11 months.

** Average for 10 months.

1955 Average for whole town: 2.29 m.grs./100 sq. cms./day.

1954 Average for whole town: 2.23 m.grs./100 sq. cms./day.

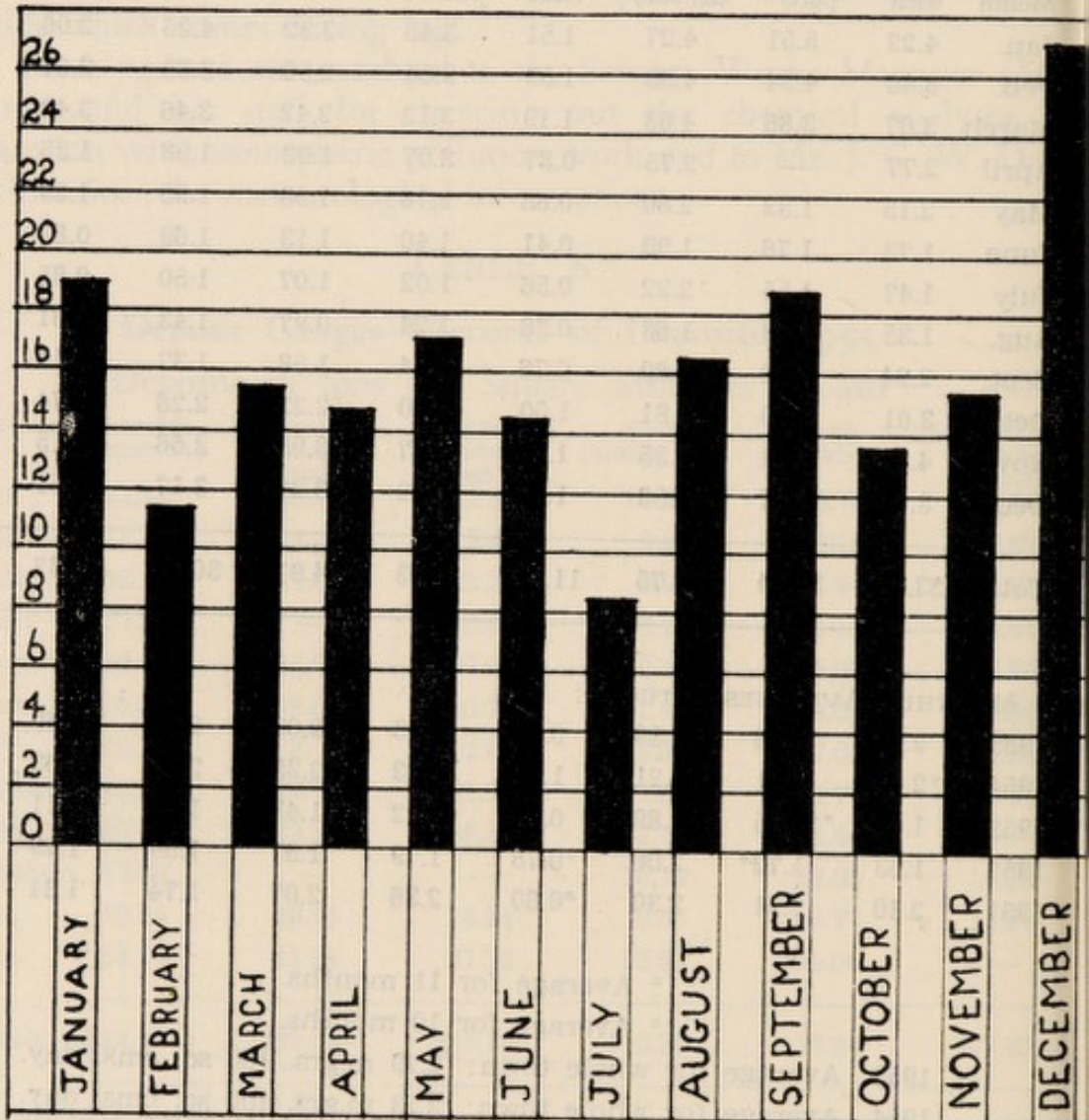
ANNUAL RAINFALL

1955	...	...	26.28 inches
1954	...	...	36.23 inches
1953	...	...	24.22 inches
1952	...	...	28.64 inches
1951	...	...	34.28 inches

DEPOSIT GAUGES, 1955.
SEASONAL INCIDENCE (AVERAGES).

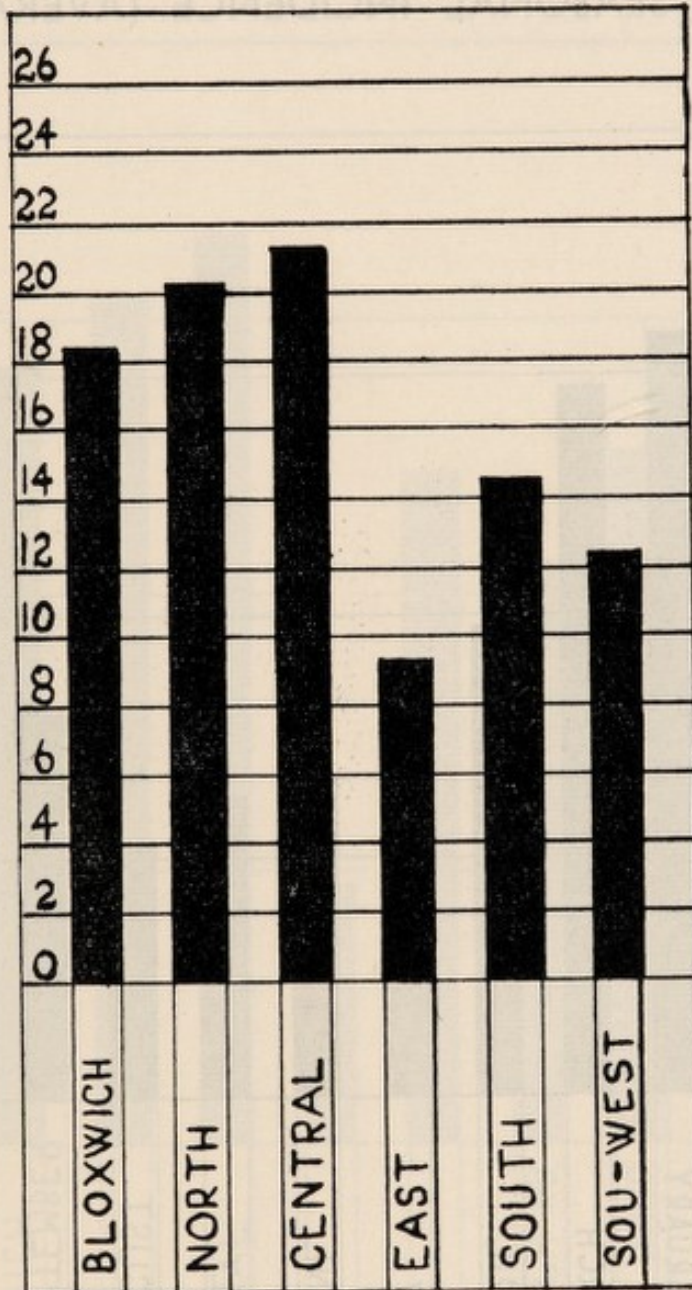
Seasonal
Averages
for whole
of town.

Tons/sq.
mile/month.



DEPOSIT GAUGES, 1955.
DISTRICT INCIDENCE (AVERAGES).

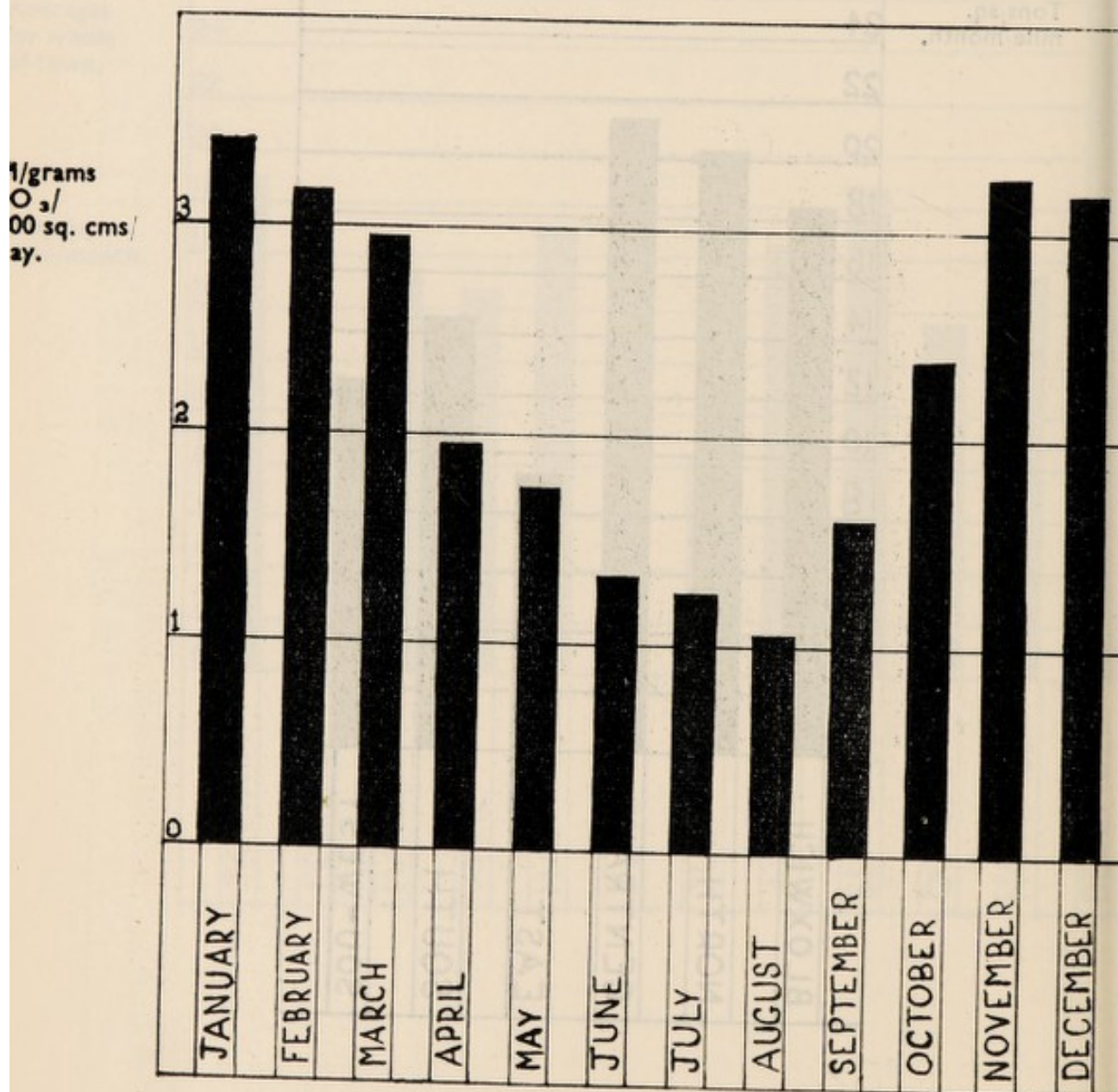
Tons/sq.
mile/month.



DEPOSIT GAUGES, 1955.
LEAD PEROXIDE GAUGES, 1955.

(SULPHUR DIOXIDE)

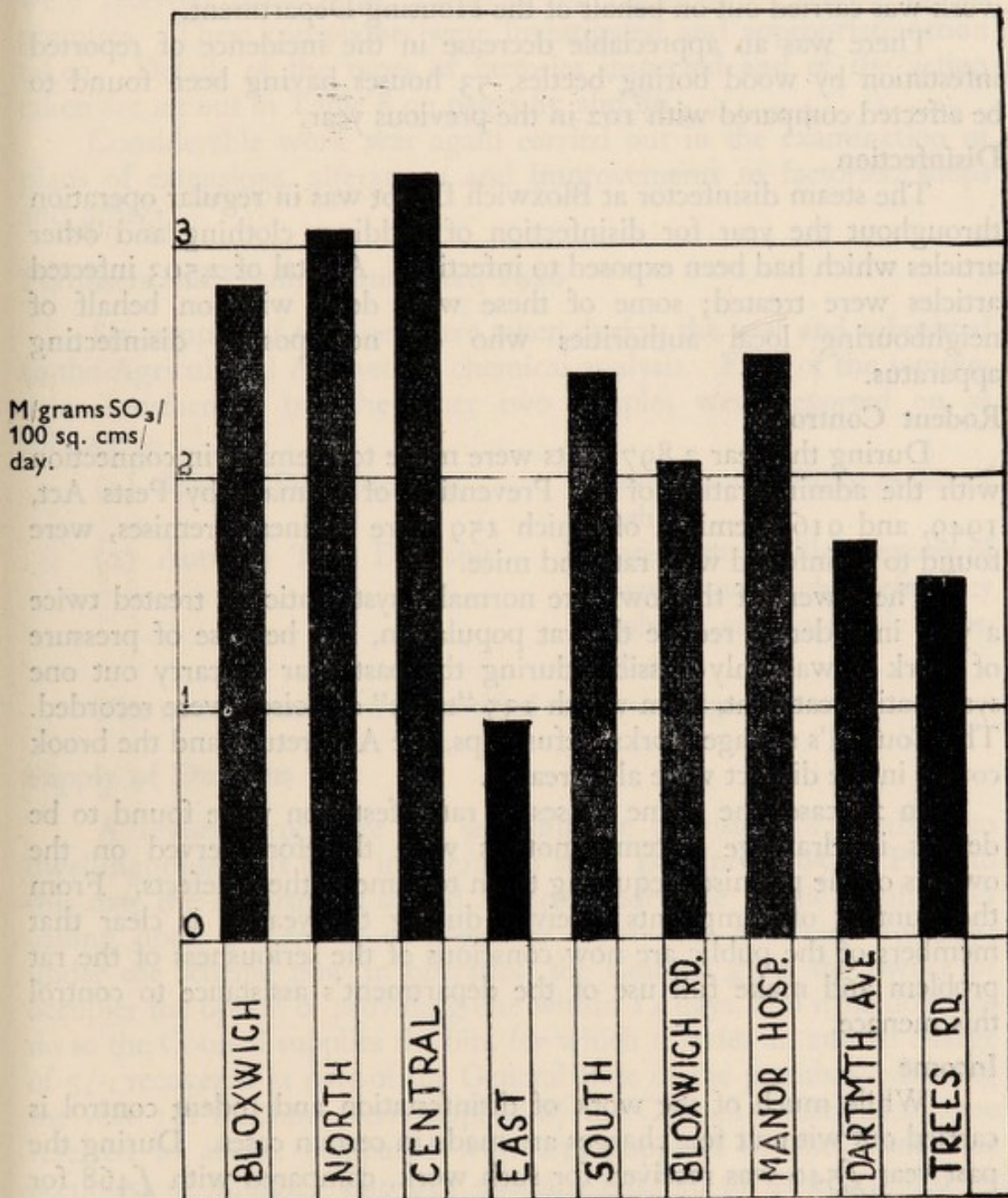
SEASONAL INCIDENCE (AVERAGES).



LEAD PEROXIDE GAUGES, 1955

(SULPHUR DIOXIDE)

DISTRICT INCIDENCE (CRUDE AVERAGES).



PART 6—DISINFESTATION

Re-housing Operations and Hydrogen Cyanide Fumigation

During the year under review the house and household effects of each prospective Council house tenant were inspected. Where the inspection revealed the presence of vermin or timber boring beetles, the removal work was undertaken by this department. During 1955, the furniture and effects of 199 families were disinfested by hydrogen cyanide gas because of the presence of bed bugs or timber beetles; this work was carried out on behalf of the Housing Department.

There was an appreciable decrease in the incidence of reported infestation by wood boring beetles, 53 houses having been found to be affected compared with 102 in the previous year.

Disinfection

The steam disinfector at Bloxwich Depot was in regular operation throughout the year for disinfection of bedding, clothing and other articles which had been exposed to infection. A total of 2,503 infected articles were treated; some of these were dealt with on behalf of neighbouring local authorities who do not possess disinfecting apparatus.

Rodent Control

During the year 2,897 visits were made to premises in connection with the administration of the Prevention of Damage by Pests Act, 1949, and 916 premises, of which 159 were business premises, were found to be infested with rats and mice.

The sewers of the town are normally systematically treated twice a year in order to reduce the rat population, but because of pressure of work it was only possible during the past year to carry out one systematic treatment, from which 135 "takes" of poison were recorded. The Council's sewage works, refuse tips, the Arboretum and the brook course in the district were also treated.

In 21 cases the prime causes of rat infestation were found to be defects in drainage systems; notices were therefore served on the owners of the premises requiring them to remedy these defects. From the number of complaints received during the year it is clear that members of the public are now conscious of the seriousness of the rat problem and make full use of the department's assistance to control this menace.

Income

While much of the work of disinfestation and rodent control is carried out without fee, charges are made in certain cases. During the past year £540 was received for such work, compared with £468 for 1954. Of the £540, charges for general disinfestation work accounted for £310, the balance of £230 being from charges for rodent control work.

PART 7—GENERAL

Factories, Shops and Offices

There are now 850 factories on the departmental register, compared with 851 last year.

Complaints of infringements of those sections of the Factories Act, 1937, which are enforceable by the Local Authority (including infringements of the Sanitary Accommodation Regulations, 1938) were received from H.M. Inspector of Factories in respect of 30 premises. These complaints were investigated and appropriate action taken. Details of the types of factories inspected and of the action taken are set out in Table 8 on pages 85 and 86.

Considerable work was again carried out in the examination of plans of extensions, alterations and improvements to factories, shops and offices.

Fertilisers and Feeding Stuffs Act, 1926

Six samples of fertiliser were taken during the year and submitted to the Agricultural Analyst for chemical analysis. Four of the samples were satisfactory, but the other two samples were reported on as follows:—

- | | |
|--------------------------|---|
| (1) Special Top Dressing | Unsatisfactory. Slight excess of Potash. |
| (2) Autumn Turf Dressing | Unsatisfactory. Slight excess of nitrogen and slight deficiency of soluble and insoluble phosphoric acid. |

The manufacturers were notified of these irregularities.

Supply of Dustbins

A revised procedure for securing the provision of dustbins to dwellinghouses has been in operation since 1st April, 1954. Prior to this date the department served Notices under the Public Health Act calling upon owners or occupiers to supply the necessary dustbins; under the scheme now in operation the Council gives the owner or occupier the option of providing one within 14 days, and if he does not do so the Council supplies the bin, for which it levies an annual charge of 5/-, recovered as part of the General Rate of the premises. During the year 731 dustbins were supplied by the Council under the scheme referred to above, compared with 234 supplied by the owners or occupiers of houses. The 234 dustbins referred to were supplied by owners or occupiers as a consequence of action taken by this department; many dustbins were, of course, provided privately without the knowledge of the department.

Cinemas

During the year visits were made to cinemas in the town, mainly for the purpose of ensuring that the premises generally and the sanitary accommodation in particular were in a reasonably hygienic condition.

It was not practicable during the year to carry out tests on the ventilating systems in use at cinemas in the town.

Rag Flock and Other Filling Materials Act, 1951

The main aim of this Act is to ensure that filling materials used in upholstered and similar articles are clean. The Act requires premises on which filling materials are used in the manufacture of bedding, toys and baby carriages, etc. to be registered, and premises on which rag flock is manufactured or stored for certain purposes to be annually licensed.

There are no premises in Walsall where rag flock is made or is stored for distribution to registered premises, but there are 3 factories at which rag flock is used for various trade purposes, and these premises are visited from time to time.

The Prescribed Analyst is Mr. L. W. Ogden, of Slumberland (Research) Ltd., Stockport, and six samples of rag flock were taken during the year and submitted to him for analysis. All six samples were found to conform to the requirements of the Regulations.

Pet Animals Act, 1951

This Act, which precludes a person from occupying a pet shop unless he holds a licence granted by the local authority, applies to all premises (including private houses) where the business of selling animals as pets is carried on.

During the year 6 applications for licences were received and all were granted, subject to the observance of certain conditions.

PART 8—LEGAL PROCEEDINGS

It was found necessary to institute legal proceedings in accordance with the provisions of the Public Health Act, 1936, on only one occasion. Details of the proceedings are set out below:—

Act under which proceedings were taken	Nature of Offence	Remarks
Public Health Act, 1936, Section 94.	Non - abatement of nuisance. Premises in such a state as to be a nuisance.	Work done before Hearing, but case heard. £2 2s. 0d. costs and 5/- Court fees awarded.

TABLE 8

FACTORIES ACTS, 1937 AND 1938

Prescribed particulars on the administration of the Factories Act, 1937

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises (1)	M/c line No. (2)	Number on Register (3)	Number of			M/c line No. (7)
			Inspections (4)	Written notices (5)	Occupiers prosecuted (6)	
(i) Factories in which Sections 1, 2, 3, 4 and 6, are to be enforced by Local Authorities	1	39	52	4	—	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2	809	72	29	—	2
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	3	2	—	—	—	3
TOTAL		850	124	33	—	

TABLE 8 (continued)
2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	M/c line No. (2)	Number of cases in which defects were found				Number of cases in which defects were found		M/c line No. (8)
		Found (3)	Remedied (4)	To H.M. Inspector (5)	Referred By H.M. Inspector (6)	Number of cases in which prosecutions were instituted (7)		
Want of cleanliness (S.1)	4	19	16	—	19	—	4	
Overcrowding (S.2)	5	—	—	—	—	—	5	
Unreasonable temperature (S.3)	6	—	—	—	—	—	6	
Inadequate ventilation (S.4)	7	—	—	—	—	—	7	
Ineffective drainage of floors (S.6)	8	—	—	—	—	—	8	
Sanitary Conveniences (S.7)								
(a) insufficient	9	8	5	—	5	—	9	
(b) unsuitable or defective	10	4	3	—	3	—	10	
(c) not separate for sexes	11	1	1	—	1	—	11	
Other offences against the Act (not including offences relating to Outwork)	12	30	24	—	23	—	12	
TOTAL	60	62	49	—	51	—	60	

OUTWORKERS.—In accordance with Section 110, reports were received of a total number of 143 outworkers, 102 engaged in making wearing apparel, 4 engaged in connection with brush making and 37 engaged in connection with the making of Christmas Cake Decorations. It was not necessary to take any action with respect to Outworkers.

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year ended 31st December, 1955

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my report on the School Health Service for the year ended 31st December, 1955.

For the greater part of the year we have been fortunate in having a full complement of medical staff. However, at the end of September, Dr. F. N. Garratt resigned his appointment in order to undertake a full-time course of study at London University for the Diploma in Public Health. Up to the time of writing a successor has not yet been appointed.

The volume of work carried out in 1955 is about the same as that done in the previous year. There has, however, been more selective attention given to the ascertainment of the educationally sub-normal and investigation of minor cases of maladjustment. A total of 69 children were ascertained as educationally sub-normal compared with 26 in 1954.

The dental staffing position still remains serious in that only two full-time dental officers were available for a school population of some 21,000. Some slight improvement was effected in October by the appointment by Dr. M. L. M. Bridges, a Consultant Anaesthetist, for two sessions per week, thereby releasing a dental officer for conservative treatment.

Dental caries continues to be widespread. A figure of 77% of routine patients requiring attention as compared with an average of 60% in the country as a whole indicates how seriously staff resources are strained. There is no doubt that the high incidence of dental caries occurring in infant schools can be reduced by improved dietetic habits, particularly during weaning and early infancy. The substitution of savoury foods and cleansing foods for a soft diet of refined cereals would pay handsome dividends in this respect.

It is disappointing to report that the incidence of infestation in schools continues to rise. The number of individual children found to be infested with nits or vermin was 9.27% as against 6.3% in 1954, and this despite the fact that the number of cleanliness inspections effected has diminished from 85,000 to 60,000. The shortage of school nursing staff has been responsible for the curtailment of the number of these inspections and it is an indication of the unceasing battle that any lay-up is immediately followed by a serious rise in the infestation rate. It cannot be emphasised too strongly that parental co-operation is of prime importance in checking the spread of infestation in schools. Advice and assistance continues to be given readily where required, but until an improvement in the general standard amongst a small section of the population is effected the infestation rate will still constitute a reproach to the community.

The opening of a special class for educationally sub-normal children at the W.R. Wheway Secondary Modern School has gone some way to provide the required special educational treatment for handicapped children over the age of 11, and during the year 55 children were receiving special educational treatment in the special classes in three junior schools. The establishment of a special day school has been approved in principle by the Education Committee and there is no doubt that it is highly desirable insofar as the special classes can devote themselves more exclusively to children requiring merely remedial treatment. The Beacon Residential School for Educationally Sub-Normal Boys continues to provide excellent service to such boys and the results achieved demonstrate most conclusively the advantages both educational and social of special educational treatment for the mentally handicapped.

The good offices of the West Bromwich Education Department continue to be available to this Authority for the investigation and treatment of cases of maladjustment in school children, and during the year 9 children were referred for investigation and treatment at their Child Guidance Clinic.

I.—SCHOOL HEALTH WORK

The following notes on various aspects of the School Health Service have been provided at my request by Dr. H. C. Milligan.

Medical Inspections. In 1955 the total number of children examined at periodic medical inspections by medical officers of the Health Department was 8,131. Of these 1,049 were found to have some disability requiring observation or treatment. Most of those requiring observation were re-inspected at intervals throughout the year, which brought the total number of inspections up to 12,623. It is again pleasing to report that the attendance of parents at school medical inspections continues to be good, although the attendance of parents at examinations in senior schools leaves considerable room for improvement. The attendances were, entrants 95%, juniors 84% and school leavers 35%. There is no doubt that the findings of the final school medical inspection, together with the advice and assistance of the Youth Employment Officer, can enable boys and girls leaving school to find employment suitable to their ability and aptitude and may prevent leavers with certain disabilities entering unsuitable occupations.

It is usual at school medical inspections to grade children according to their general condition, which includes physique and nutrition, the grades used being A (excellent), B (good) and C (poor). In 1955 the percentage of children in Grade A was 49·53, Grade B 49·77 and Grade C 0·70. These are, of course, purely subjective and reflect the individual opinion of the examining medical officer.

In addition to medical inspections by medical officers, many examinations are made by school nurses alone, particularly those made to promote cleanliness amongst the children, including the control of infestation with head lice. It is disappointing to report that the incidence of infestation has not declined during the year, but in fact has risen. To some extent this may be explained by the less frequent inspections carried out due to the shortage of school nursing staff, examinations having declined from 85,100 in 1954 to 60,540 in 1955, but it is a sad commentary on present day standards to report that a total of 1,911 individual children were found to be infested during the year, compared with 1,305 in 1954, representing a rate of 9·27% as opposed to 6·3% in 1954 and 5·6% in 1953. There is no doubt that this rate, whilst high, is certainly no worse than in other industrial areas, but leaves considerable room for improvement and requires constant vigilance by the School Nursing Staff.

As in the case of medical inspections we would plead for the co-operation of parents towards the reduction of this figure. Infestation is eminently preventable and reliable and effective preparations are freely available for its treatment. The combined efforts of parents and nurses can reduce this problem to negligible proportions.

No children were dealt with under the provisions of Section 54 (cleanliness) of the Education Act, 1944, compared with 5 in 1954.

School Clinics. There are in Walsall today three School Clinics, one at Bradford street, one at Field Road, Bloxwich, and one at Littleton Street. The Walsall Clinic is open for medical advice by medical officers three times a week, and for advice and treatment by nurses every working day. The Bloxwich Clinic has two medical sessions and three nursing sessions a week. Both clinics are well attended, and, whilst their main purpose is the investigation of disease and the assessment of disability, they are equipped for the treatment of cases of minor illness and injury. The Clinic at Littleton Street is used for Speech Therapy and special examinations only.

The following details are given of the work undertaken in each of the above clinics:—

Bradford Street Clinic, Walsall

Minor Ailments	3 sessions weekly
Dressings	6 sessions weekly
Ophthalmic	2 sessions weekly
Dental	7 sessions weekly

Littleton Street Clinic, Walsall

Speech therapy	7 sessions weekly
Dental	9 sessions weekly

Field Road Clinic, Bloxwich, Walsall

Minor ailments	2 sessions weekly
Dressings	3 sessions weekly
Speech therapy	3 sessions weekly
Dental	4 sessions weekly

During 1955, 2,285 children attended the minor ailments clinics to consult the medical officers, many being referred for fuller investigation to the clinics from school inspections, and others presented by their parents for advice. Altogether, some 3,681 examinations were carried out.

The school nurses hold their own sessions at the clinics for the dressing of minor injuries and the application of treatment recommended by the medical officers. 4,782 children attended for these purposes and a total of 9,209 attendances was made.

Handicapped Children. There are many children in the community who suffer from a disease or disability to a degree affecting their ability to attend school or their ability to benefit from ordinary educational methods. Such children are known as Handicapped Children, and the handicap may be one of the body or of the mind. It is a major duty of the School Health Service to ascertain and assess such children, and to make recommendations concerning the child's particular requirements.

As a result of such recommendations, 9 children are receiving education in their own homes, 9 were admitted to Residential Schools for Physically Handicapped Children, 19 to Residential Schools for Mentally Handicapped Children and 3 to schools for the Maladjusted.

The presence of a Day School for Delicate Children in Walsall has allowed many children with minor physical disabilities to be educated in an environment suited to their medical needs.

Children who have made poor progress at school are referred for an opinion to the Principal School Medical Officer. The children are given a full medical examination, and an assessment is made of their intelligence by the school medical officers. If there is impaired intelligence a recommendation may be made for schooling in a Special Day School equipped for this purpose. There were, at the end of 1955, 116 children awaiting admission to such a school.

The opening of a class for backward children in a secondary modern school is proving of great value to some of the older children transferred from the junior classes.

Beacon School, Lichfield, has been most valuable in receiving educationally sub-normal children when special education was advisable in a residential school, and 14 children were admitted to this school in the 13 months ended 31st January, 1956.

The statistics given for handicapped children in this report refer to the period of 13 months ended 31st January, 1956. This method has been adopted by the Ministry to cover the admission and discharge of children to schools at the end of the year. In succeeding years the statistics will cover a period of 12 months ending 31st January in each year.

2.—SCHOOL ACCOMMODATION

Queen Mary's High and Grammar Schools	900	pupils	
Technical College	150	"	
Elmore Green High School	440	"	
Joseph Leckie Comprehensive Secondary School	960	"	
Edward Shelley High School	360	"	
(a) No. of Secondary Schools			12
County Schools	10		
Voluntary Schools	2		
with accommodation for 4,330 pupils.			
(b) No. of Primary Schools			49
County Schools	35		
Voluntary Schools	14		
with accommodation for 15,064 pupils.			
(c) Nursery Schools			3
with accommodation for 120 pupils.			
(d) Reedswood Park Day Special School			for 60 pupils.
(e) Beacon Residential School for Educationally Sub-Normal Pupils			77 pupils

The number of pupils on the register at 31st December, 1955, was 20,596, as follows:—Primary and Secondary Modern Schools 17,665, Queen Mary's Schools 910, Technical College 121, Elmore Green High School 416, Edward Shelley High School 340, Joseph Leckie Comprehensive Secondary School 962, Nursery Schools 120, Reedswood Park 62.

Of the 17,665 pupils in Primary and Secondary Schools, the average attendance was 16,196.

3.—PUPILS EXAMINED

8,131 pupils were examined in the course of routine inspections; of that number the general condition was described as good in 49·53%, fair in 49·77%, and as poor in 0·7%.

The following table shows the average heights and weights of all pupils medically inspected during 1955:—

		Number		Height, ins.		Weight, lbs.	
		Boys	Girls	Boys	Girls	Boys	Girls
New Entrants	(5+)	822	822	43·2	42·9	44·0	43·0
Juniors	(8+)	977	946	51·3	51·1	61·7	60·4
Juniors	(10+)	936	869	55·2	54·8	73·2	74·0
Seniors	(12+)	739	672	58·6	58·6	89·1	90·4
Seniors	(14+)	684	664	62·5	62·2	108·5	108·6

4.—SCHOOL CLINICS AND FOLLOW-UP

The treatment of Minor Ailments is carried out at the Bradford Street and Field Road Clinics. The Littleton Street Clinic is reserved for Special Examinations and Speech Therapy.

988 children were referred to the Ophthalmic Surgeon for errors of refraction and squint. Spectacles were prescribed in 836 cases and obtained in 834 cases. 285 children received operative treatment for adenoids and for chronic tonsillitis, 6 for other nose and throat conditions, 4 for ear conditions and 18 received other forms of treatment.

The vigilance of the School Nurses in home visiting has been well maintained, 1,766 visits being paid during the year for the following purposes—(a) obtaining the consent of parents for eye treatment, (b) interviewing parents with regard to their children failing to keep appointments with the Orthopaedic Specialist, or failing to attend for treatment, (c) post tonsillectomy visits to arrange for breathing exercises, (d) following up bad defects found at school medical inspections to ensure that treatment was obtained, (e) following up cases of long absence from school where it was thought that no treatment was being obtained, (f) arrangement of special medical examinations, particularly for Mental Testing, (g) arrangement of Sunlight and Convalescent Holiday treatment, (h) Survey work for a selected group of children.

5.—UNCLEANLINESS

There has been a decrease in the number of cases of Scabies treated—16 as against 39 in 1954.

The improvement shown during recent years in the general standard of head cleanliness has not been maintained; a marked increase is shown in the incidence of uncleanliness in spite of much effort on the part of the School Nursing Staff.

The average uncleanliness rate is 9·27% as against 6·3% in 1954, the incidence of uncleanliness varying in the different schools from 0·56% to 14·5%.

During the three school terms there has been a shortage of school nursing staff for periods totalling 15 weeks and it has not, therefore, been possible to spend as much time on the work of cleanliness inspection in schools as in previous years.

The relaxation of vigilance appears to be largely responsible for the increased number of children found unclean. During the year 1,911 individual children were found to have head lice, nits, or both, compared with 1,305 in 1954, though 886 of this number were found to be unclean on only one occasion.

The fact remains, however, that 9·27%, representing approximately 1 in 11 of the school population was found to be unclean on at least one occasion.

It is interesting to record that in one Secondary Modern School a weekly visit was maintained for a long period at the request of the Headteacher. In this school, the incidence of uncleanliness was reduced from 17·5% to 7·3%. It would appear that results can be achieved given available staff and the full co-operation of the teachers.

Vigilance in home visiting has been well maintained and D.D.T. head lotions continue to be given free of charge.

6.—PHYSICAL EDUCATION

I am indebted to Mr. A. J. Spears, Physical Training Organiser, for the following interesting report on Physical Education in the Schools:—

“We have had an opportunity this year of assessing the merits of some of the latest types of Infant and Junior Agility Apparatus, which it has been possible to provide for 14 departments from the year’s financial provision, and the results have been most gratifying. There is no doubt that the various forms of climbing and heaving apparatus have the greatest appeal, as they so obviously cater for the young child’s natural and instinctive forms of self-expression and development. The frequent opportunities for even passive hanging from the climbing equipment is contributing much more to the expansion of the chest cavity and extension of the spine than can possibly be achieved through free standing exercises. It is much to be hoped that financial restrictions will not unduly delay the wider provision of these forms of equipment to more of our Infant and Junior schools. It will be necessary to guard against the tendencies of the children in the somewhat free approach to physical education lessons, to devote all their time to this apparatus. The teachers are generally alive to the need for the inclusion of activities which encourage quick footwork and mobility of the body as a whole, and which develop the basic skills of throwing, catching, balancing, leaping and jumping.

The pupils in the Secondary departments are showing good control of the body in their apparatus work and in the general form and finish of their exercises. Varied forms of dance and exercises

leading to grace and good deportment are stressed by head teachers of departments with senior girls and a growing awareness of the need for tougher work to improve stamina with the older boys is evident. To this end many schools are now developing cross-country running and several of our boys have competed with distinction in Junior Meetings of the Birmingham League with the Walsall Athletic Club.

Boxing is also included in the training programmes of an increasing number of departments and good boxing technique is shown by schools staging their own individual tournaments. Four Walsall boys have qualified to compete in the County Championships early in 1957. We have watched the physical development and quickening reactions of several boys who have been boxing with their school teams for two or three years and these bear ample testimony to the value of their boxing training.

Considerable progress has been made with the coaching of Athletic events, and our Annual Sports Meetings not only produced some outstanding performances, but revealed a generally high level of technical ability in Field and Track Events.

Swimming instruction has produced another successful year culminating once again in two galas. The secondary meeting held on the 5th July produced some outstanding performances and close finishes and the junior one on 14th July showed a further improvement in standards with new record times for two events. The representative Town Team for the girls won the inter-town relay in a new record time for the 4 x 50 yards race of 2 minutes 11 $\frac{3}{5}$ seconds.

There has been an overall increase in the number of successes in the Swimming Certificate and Life Saving Examinations, and this is due in no small measure to the enthusiasm of the teachers undertaking the instruction, in the case of Life Saving awards, largely out of School hours.

The usual summary of awards is given below, together with the comparative results for 1954:—

	Boys				Girls			
	1955	...	1954	...	1955	...	1954	
1st Class	46*	...	77	...	26*	...	55	
2nd Class	139	...	124	...	118	...	108	
3rd Class	213	...	168	...	136	...	114	
Proficiency	168	...	152	...	112	...	144	
Learners	253	...	188	...	200	...	148	

* More difficult test conditions now applicable.

Total, boys and girls, 1954	...	1,278
Total, boys and girls, 1955	...	1,411

Royal Life-Saving Society Awards

	Boys		Girls	
	1955	1954	1955	1954
Award of Merit	1	1	0	0
Instructor	1	0	1	1
Scholar Instructor	2	0	8	2
Bronze Cross	7	1	2	0
Bar to Bronze Medallion	8	4	6	6
Bronze Medallion	21	30	28	45
Intermediate Certificate	30	21	24	39
Elementary Certificate	41	26	41	41
Total for Boys and Girls, 1954			217	
Total for Boys and Girls, 1955			221	

A.S.A. Scholars' Award

	Boys		Girls	
	1955	1954	1955	1954
Medallist	13	13	18	12
Advanced Award	1	0	0	3
Total for Boys and Girls, 1954			28	
Total for Boys and Girls, 1955			32	

7.—PROVISION OF MEALS AND MILK FOR SCHOOL CHILDREN

I am indebted to Mrs. D. M. Curtis, School Meals Organiser, for the following report on the School Meals Service.

"It is again satisfactory to report that 1955 has shown an increase (132,942) in the number of school meals served, most of them during the period from the re-opening of the schools in September. Furthermore, there was no noticeable drop during the early part of the year due to epidemics. Due to the increased demand, the new school kitchen at the Busill Jones School has been put into service, and meals have been supplied to the Gipsy Lane Infants' School since its opening.

The total number of meals served during the year was 1,121,677, of which 947,044 were paid and 174,633 free.

The "Milk in Schools" Scheme, whereby all children on school registers (even when absent through illness) are supplied with one-third pint daily—free of charge—remains in operation.

The latest figures, as returned to the Ministry of Education, and relating to a day in October, are 17,039 one-third pints, or 87·38% of the children in school on that day."

8.—INFECTIOUS DISEASES

Diphtheria. One case of diphtheria occurred amongst school children during the year. The child had not been immunised. 822 children under the age of 5 years and 988 between the ages of 5 and 15, a total of 1,810 were immunised against diphtheria. 678 children received a re-inforcing dose.

Scarlet Fever. There were 76 cases of scarlet fever amongst school children, against 118 in 1954. There were no deaths.

Other Diseases. 1,534 school children were notified as suffering from measles and there was one death. There were 76 cases of whooping cough, 25 of pneumonia, 18 of dysentery, 1 of food poisoning, 2 of meningococcal infection, 3 of poliomyelitis (paralytic) and 1 of poliomyelitis (non-paralytic). There were no deaths from poliomyelitis.

9.—HANDICAPPED CHILDREN

Deaf. There were 13 children in residential schools for the deaf or partially deaf at the end of the year. One child was in attendance at a special day school. Five children were discharged during the year, 3 by reason of age, 1 having proved unsuitable and 1 left the area of this Authority.

Blind. Three totally blind and 2 partially sighted children were in residence in special schools at the commencement of the 1956 Spring Term. One partially sighted girl was discharged during 1955 by reason of age.

Educationally Sub-Normal. 14 boys were admitted to Beacon Residential School, Lichfield, 3 to St. Francis School and 2 to Townhill Park, Southampton, during 1955 and January, 1956.

Nine boys were discharged from the Beacon School during the year by reason of age, 2 boys were discharged as unsuitable and one boy was transferred to a normal school. There were 42 boys in residence in January, 1956.

69 children examined during the year were found to be educationally sub-normal and in need of educational training in special schools.

There were 116 ascertained educationally sub-normal children awaiting admission to a special school at the end of the year.

55 children were attending special classes in the Harden, Busill Jones and Edward Shelley Primary Schools and 15 in the W.R. Wheway School.

The following children were notified to the local health authority:—

Under Section 57 (3)	Idiots or Imbeciles	15
Under Section 57 (5)	Educationally Sub-Normal	18
		—
	Total ...	33
		—

Other Handicapped Pupils. During the year 5 boys and 1 girl were admitted to special residential schools for cases of asthma and bronchitis. Three boys were placed in boarding special schools for the maladjusted, 1 blind boy was placed in a residential school, 1 deaf boy and 1 partially deaf girl were placed in residential schools.

One boy was discharged during the year and one at the end of the year from a school for the maladjusted, as fit to return to a normal school. One girl, discharged last year, had to be re-ascertained after only 1 term in a normal school, and a place in a hostel for the maladjusted was again found for her. Six boys and 1 girl were discharged from residential schools for delicate children.

These handicapped children were in the following special schools in January, 1956:—

Royal School for the Deaf, Birmingham	3	1	4
The Mount School for the Deaf, Stoke-on-Trent	2	5	7
Royal School for the Deaf, Derby ...	—	1	1
Rangemore Hall, Needwood (Partially Deaf)	—	1	1
Moseley Road Day School for the Deaf	1	—	1
Royal Institute for the Blind, Birmingham	3	1	4
Exhall Grange, Warwickshire (Partially sighted)	1	—	1
Exhall Grange, Warwickshire (Physically Handicapped)	—	1	1
Carlson House, Harborne (Day School for Spastics)	2	1	3
Ogilvie School of Recovery, Clacton-on-Sea	—	1	1
St. Catherine's Home, Ventnor ...	3	—	3
Colthurst House, Warford (Epileptics)	—	1	1
Maghull Homes, Liverpool (Epileptics)	1	—	1
Ledston Hall, Leeds (Maladjusted) ...	1	—	1
Shenstone Lodge, Shenstone (Maladjusted)	1	—	1
Bodenhams Manor, Hereford			
Wennington Hall, Wennington (Maladjusted)	1	—	1
Farmhill House, Stroud (Maladjusted) (Maladjusted)	1	—	1
Wellesley Home, Windsor (Maladjusted)	—	1	1

	Boys	Girls	Total
Educationally Sub-Normal—			
Beacon School, Lichfield ...	42	—	42
St. Francis, Monyhull ...	—	6	6
Besford Court, Worcester ...	1	—	1
Townhill Park, Southampton ...	—	2	2

Home Tuition. Education was provided in their own homes for the whole or some part of the year for 17 children whose physical condition was such that they were unable to attend any Primary or Secondary School. 9 children were receiving home teaching at the end of the year. Teaching was also provided at the Manor Hospital and the General Hospital for children who were confined to Hospital for a long stay.

Crippled Children. 695 children received treatment at the Orthopaedic Clinic, Bradford Street, and 90 children received inpatient treatment at the Royal Orthopaedic Hospitals, The Woodlands and The Forelands.

Hospital Treatment. 651 school children were admitted to local hospitals for inpatient treatment.

Speech Therapy. During the year 168 children received treatment at either the Littleton Street Clinic or the Field Road Clinic. Classification of the children treated is as follows:—

Stammerers 60, Dyslalics 98, Cleft Palate 5, Others 5.

These children made 1,870 attendances, and 339 attendances of parents were made to the clinics during the period.

71 children were referred for treatment and 76 patients were discharged during the year; 60 children were awaiting treatment at the end of the year and, except in the most urgent cases, it is necessary for children to wait for several months before admission for treatment. It has, however, been found possible to interview suitable cases and to advise parents, so that the waiting period may be utilised to minimise the disability.

The Speech Therapy Clinics were, unfortunately, closed for several weeks during the Spring, due to the illness of the Speech Therapist.

There has, nevertheless, been a slight increase in the total number of children treated during the year.

11 children referred for treatment have had to be removed from the waiting list since parents refused to co-operate. The children failed to attend when an appointment for treatment was given and, when the homes were visited, the offer of a second appointment was refused. The popular excuse given by parents was that "they felt treatment was unnecessary." Several other children, having commenced treatment, had to be discharged through lack of attendance.

For the vast majority of cases, however, attendance was very satisfactory. Many mothers have accompanied their children regularly so that they could co-operate fully, especially in the correct use of exercises at home.

In a number of cases of very severe multiple dyslalia, where home co-operation was lacking, the children greatly benefited by daily practice of the exercises at school.

Excellent co-operation has been given by the head teachers and both schools and homes have been visited by the Speech Therapist whenever possible.

10.—BEACON RESIDENTIAL SCHOOL

The following report on the work of the school during the year has been supplied by Mr. C. A. Norman, the Headmaster of the Beacon Residential School for Educationally Sub-Normal Children.

"The year 1955 will long be remembered at the Beacon School because comprehensive building operations to modernise the school started in August. The pioneers in work with educationally sub-normal children spent their chief efforts on the classroom side. In recent years it has been realised that the social side, too, is of vital importance, and that what matters is that children shall be enabled to develop fully in pleasant and stimulating surroundings. Therefore, it is particularly pleasing to know that when the work is completed it will be possible to do so much more in the way of social training.

Again this year, many visitors have come to see the work of the school, and important among these were those teachers who after observation hoped to use the methods in their own special classes.

Standards of work continue to be good, with a high average standard of literacy among the seniors. The much freer approach to learning now made in the reception class is clearly resulting in higher standards of work, and, more important at this stage, in the more rapid resolution of behaviour problems.

Leisure time activities have been developed during the year, and the Committee's generous provision of a sound film projector and regular entertainment films recognises the special needs of a residential school like this. Several new activities were introduced at times during the year, notably modelling in balsa wood, and riding on two ponies loaned for boys to use.

The teaching staff has been constant throughout the year, but the constant changes in domestic staff, which have now become a normal feature in the life of any establishment, have continued.

News has been received from many former scholars, in a variety of posts. In the senior class some time is given to the discussion of employment possibilities, and a number of visits have been paid to industrial establishments.

Boys' health has been very good during the year, and standards of growth have been well maintained.

During the year 19 boys were admitted (including 10 Walsall boys) and 17 were discharged (including 11 Walsall boys).

Age Distribution:—

	Age in Years									Total
	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15	15-16	
Walsall Boys	1	5	1	1	9	11	6	3	4	41
Other Boys ..	—	—	5	1	2	6	11	3	8	36
Total	1	5	6	2	11	17	17	6	12	77

I.Q. Distribution:—

	I.Q. Distribution					Total
	Below 50	50-59	60-69	70-79	80-89	
Walsall Boys ..	—	6	14	15	6	41
Other Boys ..	—	6	14	13	3	36
Total	—	12	28	28	9	77

11.—DENTAL TREATMENT

The following report on the School Dental Service has been received from Mr. R. E. Morgan, L.D.S., Principal School Dental Officer.

“The volume of work during the year was very satisfactory in view of the fact that only two whole-time dental officers were available. The general situation however was far from favourable, with the staff resources overstrained, an increasing school population and a high incidence of dental caries. Efforts to secure additional personnel were unsuccessful and it appears this position will remain unless a national movement is instituted to counter the preference towards private dental practice.

The staff situation showed a deterioration on the previous year, when the equivalent of three full-time officers were on duty for the

greater part of the period. With two dentists responsible for the dental care of 21,000 children, the difficulties encountered may be well understood.

During the year 5,364 children were inspected, of whom 1,359 were emergency cases. The prevalence of dental defects continued to be widespread, 77% of routine patients needing attention, compared with an average of 60% for the country as a whole. With the inclusion of emergency cases, the actual incidence of dental conditions requiring treatment was 83%. Extensive caries were present in many mouths, indicating the urgent need for regular treatment. The deleterious effects arising from the consumption of sticky non-cleansing foods such as sweets and biscuits, between meals, were very apparent, a dietetic habit to be deplored. Response to treatment was very good, 85% of patients giving acceptance, an increase on the previous year. It will be noted from the statistical returns that not all those requiring attention were referred for treatment. Instances included those where decayed temporary teeth would shortly be shed, defective temporary teeth which were allowed to remain, continuing to give good service for varying periods, and carious permanent teeth of patients refusing conservative treatment, extraction of these being deferred to a later date.

The volume of work included 2,354 fillings in permanent teeth, extraction of 1,420 permanent and 6,328 temporary teeth and "other operations" numbering 1,043. A policy of restricted individual treatment was again necessary in order that as many children as possible could be seen. Priority continued to be given to pre-school children and those entering school for the first time. Cases of irregularity were numerous, many of which could be related to bottle-feeding and the use of the "dummy" in infancy, and in later years, to a preponderance of soft foods requiring little mastication. The pernicious habit of thumb-sucking was also responsible for cases of this type. Progress continued in the Maternity and Child Welfare sphere, extractions totalling 340 teeth and dentures fitted numbering 21.

During the last two months of the year, a doctor was available for two anaesthetic sessions per week, thereby releasing a dental officer for conservative treatment. In the coming year, it is hoped that three sessions will be covered in this manner, with a corresponding increase in the output of fillings.

The endeavours of the year showed substantial returns, but these were quite inadequate for the present urgent requirements. Only a portion of the school population could be inspected and treated, resulting in progressive defects in those awaiting attention and delayed dental care for those already treated.

My thanks are due to the staff for their untiring efforts during the year, with a tribute to Mrs. Millar in this respect."

12.—HEALTH EDUCATION

The lectures on hygiene and mothercraft, which have been given in previous years to senior girls, have been continued during 1955, the arrangements for the lectures being under the direction of Miss G. Johnson, the Superintendent Health Visitor. Most of the lectures have been given by members of the Health Visiting Staff.

During the year five courses of lectures were given to senior school girls, 40 lectures being given in all. In addition visits were arranged to Child Welfare Centres where practical instruction was given in the care of infants. Each course consisted of eight lectures, covering personal hygiene, general hygiene and mothercraft, and followed the pattern which proved so successful in previous years. Examinations were held at the conclusion of the mothercraft lectures and 59 first class and 43 second class certificates were awarded to successful candidates. The value of these lectures is now becoming evident when former pupils who have taken the mothercraft course whilst at school now have children of their own and many have expressed their thanks for the tuition which they received.

Three lectures have been given during the year to parent-teacher associations by the Superintendent Health Visitor. The lectures included a résumé of the services covered by the Health Department and the maintenance of good health in the school child. The Superintendent Health Visitor also lectures to senior girls at Queen Mary's High School on the services covered by the Health Department, this lecture being the first of its kind for some years. A lecture was given to senior girls at a secondary modern school on "Nursing as a Career." In addition the Superintendent acted as examiner in tests given to the Girl Guide Movement and also lectured to St. Matthew's Boy Scouts on infectious diseases in connection with their Public Health Badge.

13.—CONCLUSION

My sincere thanks are due to the Education Committee, the Director of Education and his staff, and to the Head Teachers of the schools for their very helpful co-operation during the year. There is a very satisfying liaison between the Health and Education Departments and the Schools, which undoubtedly brings the maximum benefit to the school children.

I should also like to thank the medical, nursing and administrative staff for their competent and energetic work throughout the year, and I feel sure that all persons concerned with the well-being of our children see the obvious improvement in their physical and mental condition.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

THOMAS ROSS,

April, 1956.

Principal School Medical Officer.

MEDICAL INSPECTION AND TREATMENT RETURNS
Year ended 31st December, 1955

TABLE I

**Medical Inspection of Pupils Attending Maintained Primary
and Secondary Schools (including Special Schools)**

A. PERIODIC MEDICAL INSPECTIONS

(1) Number of Inspections:			
Entrants	...	...	1,644
Second Age Group	...	...	1,805
Third Age Group	...	...	1,348
			Total 4,797
(2) Number of other Periodic Inspections			3,334
			GRAND TOTAL 8,131

B. OTHER INSPECTIONS

Number of Special Inspections	...	...	2,918
Number of Re-Inspections	...	...	1,574
			TOTAL 4,492

C. PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical
Inspection to require treatment (excluding Dental Diseases
and Infestation with Vermin)

Group	For defective vision (exclud- ing squint)	For any of the other conditions recorded in Table 2A	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	5	174	179
Second Age Group	104	138	226
Third Age Group	100	96	190
Total (prescribed groups)	209	408	595
Other Periodic Inspections	221	266	454
Grand Total	430	674	1,049

TABLE 2

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1955

Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	No. of defects		No. of defects	
	Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
Skin	49	160	212	15
Eyes—				
a. Vision ...	430	393	39	38
b. Squint ...	103	131	18	17
c. Other ...	10	35	59	4
Ears—				
a. Hearing	9	45	6	6
b. Otitis Media	33	90	58	8
c. Other ...	31	35	43	3
Nose or Throat ...	167	650	179	80
Speech	28	41	7	6
Cervical Glands ...	3	122	11	28
Heart and Circulation	9	137	23	7
Lungs	14	197	125	13
Developmental—				
a. Hernia ...	12	21	3	2
b. Other ...	14	148	14	19
Orthopaedic—				
a. Posture ...	51	80	6	8
b. Flat Foot	50	116	8	9
c. Other ...	80	241	82	31
Nervous System—				
a. Epilepsy	—	15	—	1
b. Other ...	10	70	47	10
Psychological—				
a. Development	21	26	2	1
b. Stability	4	32	13	4
Other	35	203	397	17

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	1,644	607	36.92	1,030	62.65	7	0.43
Second Age Group ...	1,805	980	54.29	815	45.15	10	0.56
Third Age Group ...	1,348	749	55.56	582	43.18	17	1.26
Other Periodic Inspections	3,334	1,691	50.72	1,620	48.59	23	0.69
Total ...	8,131	4,027	49.53	4,047	49.77	57	0.70

TABLE 3

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorized persons	60,540
(ii) Total number of individual pupils found to be infested	1,911
(iii) Number of individual pupils in respect of whom cleansing notices were issued	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued	—

TABLE 4

TREATMENT TABLES

Group 1—DISEASES OF THE SKIN (excluding Uncleanliness for which see Table 3)

					Number of cases treated or under treatment during the year by the Authority
Ringworm—					
(i) Scalp	...	...	...	...	—
(ii) Body	...	...	...	...	—
Scabies	...	...	...	...	16
Impetigo	...	...	...	...	883
Other skin diseases	...	...	...	...	936
Total					1,835

Group 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	No. of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	59	—
Errors of Refraction (including squint)	988	611
Total	1,047	611
No. of pupils for whom spectacles were		
(a) Prescribed	836	—
(b) Obtained	834	—

Group 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Total No. treated other than by the Authority
Received operative treatment—	
(a) for diseases of the ear	4
(b) for adenoids and chronic tonsillitis	285
(c) for other nose and throat conditions	6
Received other forms of treatment	18
	<hr/>
Total	313
	<hr/>

Group 4—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) No. treated as in-patients in hospitals	90
(b) No. treated otherwise, e.g. in clinics or out-patient departments other than by the Authority	695

Group 5—CHILD GUIDANCE TREATMENT

No. of pupils treated at Child Guidance Clinics	7
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Group 6—SPEECH THERAPY

Number of pupils treated by Speech Therapists by the Authority	168
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Group 7—OTHER TREATMENT GIVEN

	No. of cases treated by the Authority
(a) Miscellaneous minor ailments	2,602
(b) other than (a)	
(i) Minor Eye Defects	142
(ii) Minor Ear Defects	219
(iii) Post-Tonsillectomy Breathing Exercises	201
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Total	3,164
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TABLE 5

DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's Dental Officers—					
	(a) Periodic age groups	...	...	...	4,005	
	(b) Specials	...	...	...	1,359	
	(c) TOTAL (periodic and specials)	...	...	...	—	5,364
(2)	Number found to require treatment	...	...	...	4,487	
(3)	Number offered treatment	...	...	...	4,037	
(4)	Number actually treated	...	...	...	3,467	
(5)	Attendances made by pupils for treatment	...	...	...	4,707	
(6)	Half-days devoted to:—					
	Inspection (Periodic)	...	...	...	20	
	Treatment	...	...	...	690	
	TOTAL	...	...	...	—	710
(7)	Fillings:—					
	Permanent Teeth	...	...	...	2,354	
	Temporary Teeth	...	...	...	18	
	TOTAL	...	...	...	—	2,372
(8)	No. of teeth filled:—					
	Permanent Teeth	...	...	...	1,753	
	Temporary Teeth	...	...	...	18	
	TOTAL	...	...	...	—	1,771
(9)	Extractions:—					
	Permanent Teeth	...	...	...	1,420	
	Temporary Teeth	...	...	...	6,328	
	TOTAL	...	...	...	—	7,748
(10)	Administration of general anaesthetics for extraction	...	...	...	...	2,708
(11)	Other operations:—					
	Permanent Teeth	...	...	...	811	
	Temporary Teeth	...	...	...	232	
	TOTAL	...	...	...	—	1,043

TABLE 2.—DISEASES AND DEFECTIONS OF THE NOSE AND THROAT

DENTAL INSPECTION AND TREATMENT	
(1) Number of pupils inspected by the Authority's Dental Officers—	Total
(a) Periodic age groupings (years) and special	4,095
(b) Specials ...	2,359
(c) TOTAL (periodic and special) ...	6,454
(2) Number found to require treatment ...	4,487
(3) Number offered treatment ...	4,037
(4) Number actually treated ...	3,467
(5) Absences made by pupils for treatment, or to be treated, or to be treated in g.s. schools ...	20
(6) Full days devoted to treatment ...	690
(7) Attendance for treatment ...	710
(8) No. of pupils treated at Child Guidance Clinics	
Billings—	
Permanent Teeth	2,324
Temporary Teeth	18
TOTAL	2,342
(9) No. of teeth filled:—	
Permanent Teeth	1,753
Temporary Teeth	18
TOTAL	1,771
(10) Extractions:—	
Permanent Teeth	1,420
Temporary Teeth	638
TOTAL	2,058
(11) Administration of general anaesthetics for extraction	
(a) Miscellaneous ailments	811
(b) Minor Eye Defects	232
(c) Minor Ear Defects	232
(d) Post-Tonsillectomy	1,043