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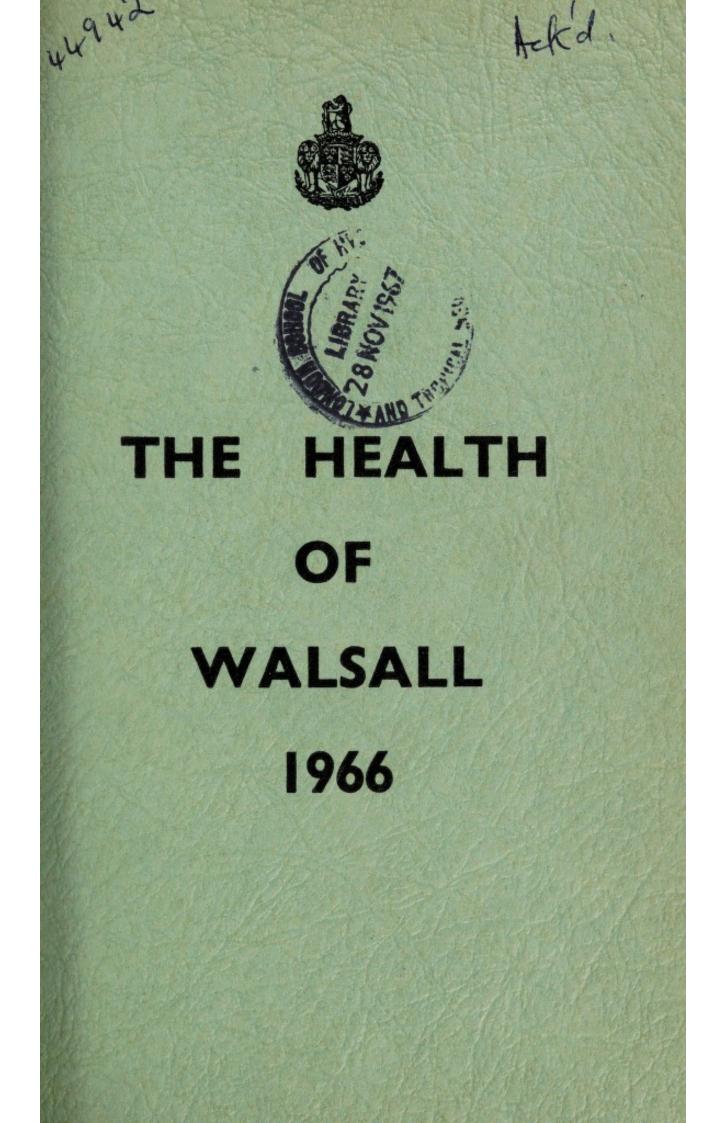
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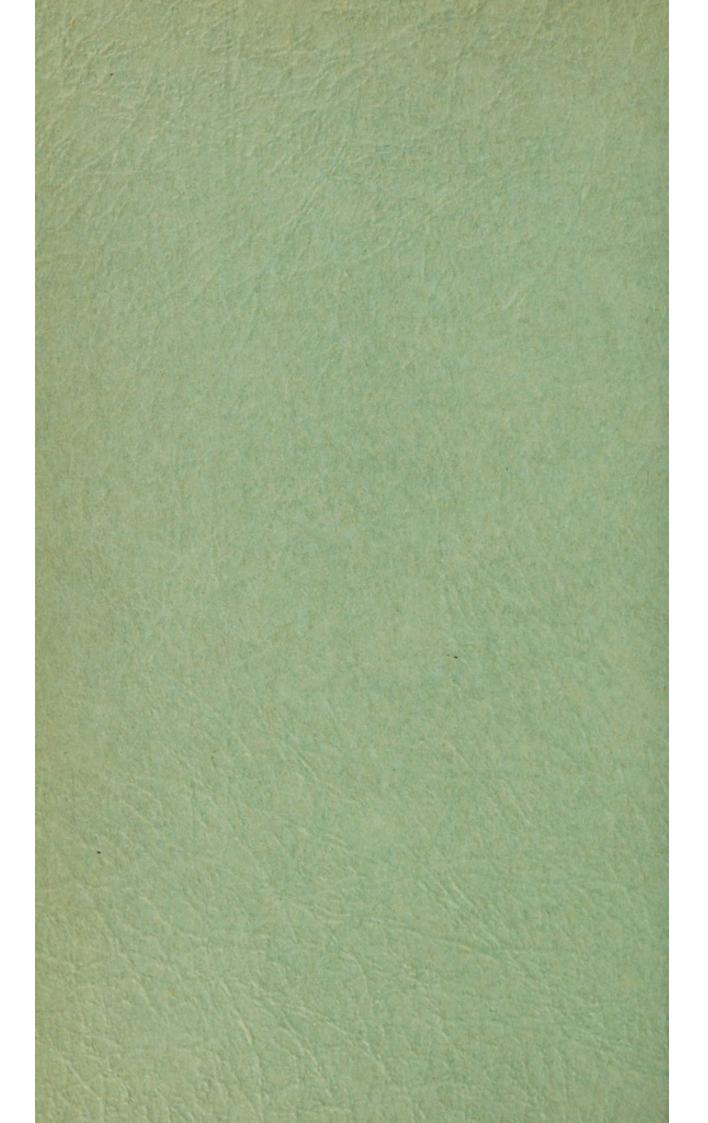
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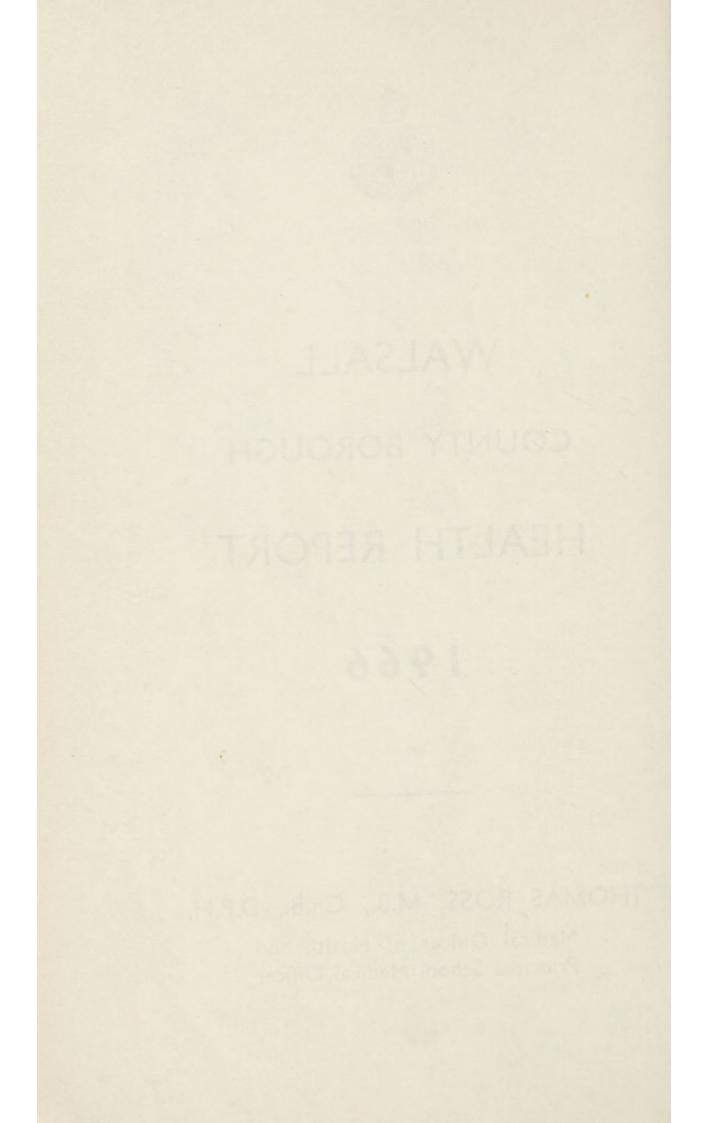




# WALSALL COUNTY BOROUGH HEALTH REPORT 1966

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

Medical Officer of Health and Principal School Medical Officer



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# COUNTY BOROUGH OF WALSALL

# HEALTH COMMITTEE

#### From April, 1966 to May, 1967

CHAIRMAN: Councillor Mrs. D. M. Middleton

> VICE-CHAIRMAN: Councillor H. Rudge.

Alderman R. H. M. Baines (From October 1966)
Alderman Mrs. E. A. Brockhurst, J.P.
Alderman F. Watkins
Councillor J. Bassett
Councillor J. Davis
Councillor Mrs. D. L. Harrington Councillor Mrs. K. G. Pollitt Councillor Mrs. D. L. Purcell, M. Taylor Councillor Mrs. A. M. M. Taylor Councillor A W. Toon, J.P. Councillor J. G. Whitehouse (To October 1966)

# EDUCATION COMMITTEE

CHAIRMAN: Councillor P. H. Musgrove

#### VICE-CHAIRMAN:

Alderman C. L. Tomkinson

Alderman Mrs. B. E. Hemmings Councillor E. F. T. Richards, M.A. Councillor C. J. Andrew, A.A.I.E. Councillor H. Ashby Councillor W. Clarke, K.S.G., J.P. Councillor J. Davis Councillor E. Elliott (To October 1966) Councillor Miss E. M. Flint, F.R.S.A. Councillor E. C. Gill, B.Sc., A.M.Inst.F. Councillor J. A. Moore Councillor Sir A. G. B. Owen, C.B.E., D.Sc., O.St.J.

Councillor Mrs. V. G. Parkes Councillor Mrs. D. L. Purcell, J.P. Councillor R. A. Spooner Councillor Mrs. A. M. M. Taylor Councillor F. G. Tunley Councillor J. G. Whitehouse (From October 1966) Mrs. E. A. Riley Rev. H. Wilson Very Rev. Canon J. W. Dunne, M.A. Rev. Prebendary V. S. Nicholls Dr. M. C. P. Tyack Mr. A. B. Gilbert Mr. E. Allison Mr. B. S. Powell Dr. M. H. Dale

# STAFF

(at 31st December, 1966)

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER ... .... ... DEPUTY MEDICAL OFFICER OF HEALTH ... ... ... ... SENIOR MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE ASSISTANT MEDICAL OFFICERS OF HEALTH .... ... ... ... PRINCIPAL SCHOOL DENTAL OFFICER CHIEF PUBLIC HEALTH INSPECTOR DEPUTY CHIEF PUBLIC HEALTH INSPECTOR .... ... ... DIVISIONAL AND SENIOR INSPECTORS Staff ... ... ... 5

CHIEF NURSING OFFICER ... ... SUPERINTENDENT HEALTH VISITOR Thomas Ross, M.B., Ch.B., D.P.H.

- H. A. H. Summers, M.B., Ch.B., B.A.O., D.P.H.
- I. M. Brown, M. B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.
- S. D. Chaudhuri, M.B., B.S., D.I.H., D.P.H.
- M. C. Grant, L.R.C.P., L.R.C.S., D.R.C.O.G., D.P.H.
- P. M. Twist, M.R.C.S., L.R.C.P., D.P.H.
- R. I. Wootton, M.B., Ch.B.
- Mrs. I. M. Millar, L.D.S.
- J. P. Barton, D.M.A., A.M.I.P.H.E.
- H. E. T. Lowbridge, F.A.P.H.I., M.R.S.H.
- F. B. Owen (District Work)
- G. Lowbridge
- B. M. Roger
- V. F. Penn (Housing)
- J. A. Disbury (Meat and Food)
- S. Monks (Smoke and Factories)
- 7 Specialist Public Health Inspectors (3 vacancies).
- 6 District Public Health Inspectors (4 vacancies).
- 3 Additional Public Health Inspectors (1 vacancy).
- Pupil Public Health Inspectors (1 vacancy).
- 11 Technical Assistants and Authorised Officers.
- 4 Miscellaneous Grade Officers and 5 Manual Workers.
- Chief Clerk-W. F. Buttery.
- 10 Clerks.
- Miss G. Johnson.
- Miss M. Scott.
  - 12 Health Visitors (10 full-time 2 part-time).
    - 1 Acting Health Visitor.
    - 1 Health Visitor/Health Education Officer.
  - 1 Tuberculosis Visitor.
  - 10 School Nurse/Geriatric Visitors.
  - 2 Geriatric Visitors (part-time).
  - 3 Clinic Nurses (part-time).

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#### STAFF-continued

(at 31st December, 1966)

...

...

SUPERVISOR OF MIDWIVES

SUPERINTENDENT OF HOME NURSING SERVICE ... ... ...

SENIOR ADMINISTRATIVE ASSISTANT

SENIOR MENTAL WELFARE OFFICER

MANAGER, BREWER STREET ADULT TRAINING CENTRE ....

- MANAGER, SHEPWELL GREEN ADULT TRAINING CENTRE ... ...
- SUPERVISOR, BREWER STREET JUNIOR TRAINING CENTRE ...

MATRON, HILLFIELD HOSTEL

MATRONS, DAY NURSERIES ....

SUPERVISOR, AMBULANCE SERVICE ORGANISER, HOME HELP SERVICE CHIROPODISTS Mrs. M. E. Smith. 22 Midwives (20 full-time, 2 part-time). 4 Maternity Nurses (part-time).

- Mr. P. H. Freeman.
  - 23 District Nurses (19 full-time, 4 part-time).
    5 Nursing Auxiliaries (part-time).
- Mr. H. D. Parsons.
  22 Clerks (17 full-time, 5 part-time).
  7 Food Sales Clerks (part-time).
- Mr. W. E. Biddulph. 5 Mental Welfare Officers.

Mr. R. Fryer.

Mrs. R. Moss.

Miss E. Ratford.

Mrs. E. H. Brewer.

Mrs. S. Kulik. Miss J. Dear.

- Mr. H. J. Addison.
- Mrs. H. Ebbans.

Mr. G. Harding. Mr. C. J. Bradbury (part-time). Miss J. C. Hayes (part-time). Miss R. E. Lake (part-time). Mr. M. Williams (part-time). Digitized by the Internet Archive in 2018 with funding from Wellcome Library

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# 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 1966.

The outstanding event of the year, of course, was the extension of the Borough by the inclusion of the adjacent County areas of Willenhall and Darlaston, together with a small part of Wednesbury, which had the effect of increasing the population and area of the Borough by about 50 per cent. At the Appointed Day, the staffing position was proportionately about the same as in the old Borough, the most important deficiency being in health visitors. In view of the new population it is difficult to make direct comparisons with previous years but the general impression is that all our vital statistics are about the level of recent years. Because of considerable preparation before the Appointed Day, transfer of services was effected smoothly and it is doubtful if the public were generally aware of the change.

Within a month of the Appointed Day, we were involved in a mild outbreak of smallpox, which nevertheless involved the department in a serious deployment of personnel from the normal tasks in order to deal with the vaccination of contacts and their surveillance. Very considerable help was afforded to us by the Department of Virology of Birmingham University in establishing early diagnosis in suspect cases by means of the electron-microscope. The effect of this early diagnosis and close surveillance of contacts resulted in there being no case of infection with smallpox following the discovery of the index case in hospital. There were, of course, no deaths but we had a valuable exercise which will stand us in good stead in the event of an outbreak of major smallpox, as the procedures are the same for both conditions.

Although in general our departmental responsibilities increased by some 50 per cent. in view of the population and area increase, there was a disproportionate increase in respect of the mental health service and latterly of the ambulance service. The former resulted in our acquiring from Staffordshirt County Council an adult training centre and a hostel for adult subnormals which were considerably in excess of the provision necessary for the transferred population. These two establishments continue to provide accommodation for the former clientele although the financial responsibility for a large proportion is borne by adjacent authorities pending alternative arrangements.

The position with regard to fluoridation is as stated last year, namely that we await the concrete proposals of the South Staffordshire Water Works Company.

Co-operation with other branches of the Health Service goes on smoothly and to an increasing extent, notably with regard to infant welfare, the care of elderly persons and the mentally ill.

In conclusion I wish to place on record my appreciation of the support given by the Chairman and members of the Health Committee, and to thank the staff of the department for their efforts during the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

#### THOMAS ROSS,

Medical Officer of Health.

Health Department,

Darwall Street,

Walsall.

Telephone No. 21244.

# SUMMARY OF STATISTICS (Walsall C.B.)

Area in acres	8,777
	March) 12,990
	n April)
	120,290 March)
	March) 182,080
(From	n April)
Rateable Value (1.4.66) £7,0	056,487
Sum represented by a Penny Rate (1966/67)	E27,800
Live Births: —	
Number (M. 1,623; F. 1,554)	3,177
Rate per 1,000 population	18.99
do. (standardised)	18.23
Illegitimate Live Births per cent of total live births	5.89
Stillbirths:	
Number (M. 35; F. 29)	64
Rate per 1,000 total live and stillbirths	19.75
Total Live and Stillbirths (M. 1,658; F. 1,583)	3,241
Infant Deaths (deaths under 1 year) (M. 53; F. 34)	87
Infant Mortality Rates:	
Total infant deaths per 1,000 total live births	27.38
Legitimate infant deaths per 1,000 legitimate live births	27.10
Illegitimate infant deaths per 1,000 illegitimate live births	32.09
Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000	
total live births)	20.77
Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births)	17.63
Perinatal Mortality Rate (stillbirths and deaths under	17100
1 week combined per 1,000 total live and stillbirths)	37.03
Maternal Mortality (including abortion):	
Number of deaths	2 0.62
Rate per 1,000 total live and stillbirths	0.02
Deaths: — Number (M. 993; F. 825)	1,818
Rate per 1,000 population	10.87
do. (standardised)	13.70

+	
SUMMARY OF STATISTICS (For the period 1st January to 31st March, 1966). (Willenhall U.D.C.)	
Population (estimated for statistical purposes)	9,010
Live Births:	
Number (M. 105; F. 93)	198
Rate per 1,000 population	21.98
Illegitimate Live Births per cent of total live births	3.03
research in a Teamy lane (1966/67)	
Stillbirths:	
Number (M. 1; F. 1)	2
Rate per 1,000 live and stillbirths	10.00
Total Live and Stillbirths (M. 106; F. 94)	200
Infant Deaths (deaths under 1 year) (M. 2; F. 0)	2
Infant Mortality Rates:	
Total infant deaths per 1,000 total live births	10.10
Legitimate infant deaths per 1,000 legitimate live births	10.42
Illegitimate infant deaths per 1,000 illegitimate live births	Nil
Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 live births)	5.05
Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births)	5.05
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	15.00
Maternal Mortality (including abortion):	
Number of deaths	Nil
and the double of the transmission of the tran	1111

Deaths: ---Number (M. 63; F. 34) ... 97 . . . . . . . . . Rate per 1,000 population 10.76 ... ... ... ...

# SUMMARY OF STATISTICS

(For the period 1st January to 31st March, 1966).

# (Darlaston U.D.C.)

Population (estimated for statistical purposes)	5,350
Live Births:	
Number (M. 39; F. 45)	84
Rate per 1,000 population	15.70
Illegitimate Live Births per cent of total live births	3.57
Stillbirths: —	
Number (M. 1; F. 0)	1
Rate per 1,000 live and stillbirths	11.76
Total Live and Stillbirths (M. 40; F. 45)	85
Infant Deaths (deaths under 1 year) (M. 0; F. 0)	Nil
Infant Mortality Rates:	
Total infant deaths per 1,000 total live births	Nil
Legitimate infant deaths per 1,000 legitimate live births	Nil
Illegitimate infant deaths per 1,000 illegitimate live births	Nil
Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 live births)	Nil
Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births)	Nil
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	11.76
Maternal Mortality (including abortion):	
Number of deaths	Nil
Deathar	
Deaths:	77
Number (M. 41; F. 36)	77 14.39
Rate per 1,000 population	14.59

#### SECTION A

#### VITAL STATISTICS

#### General

Statistical information has been provided for the County Borough as a whole for 1966, representing three months prior to and nine months following the implementation of the West Midlands Order 1965. Separate figures have been supplied for the added areas of Darlaston and Willenhall for the first three months of the year.

#### Population

The Registrar General's estimate of population for the County Borough for mid-year 1966 was 167,270, which is a weighted average of the mid-year population of the area as constituted before and after the change, and is intended for the calculation of valid Birth and Death rates.

The following table shows the population trend over the last five years: —

1962	 	119,700
1963	 	120,590
1964	 	119,910
1965	 	120,290
1966	 	182,080 (From April)

#### Live Births

There were 3,177 live births in the Borough during 1966, giving a birth rate of 18.99, which is in excess of the national rate of 17.7.

During the period 1st January to 31st March 1966, Willenhall U.D. had 198 live births and Darlaston U.D. 84 live births, the rates being 21.98 and 15.70 respectively.

#### Stillbirths

64 stillbirths occurred during 1966 in the Borough, showing a rate of 19.75, compared with a rate for England and Wales of 15.4.

Willenhall had 2 stillbirths and Darlaston 1, giving rates of 10.0 and 11.76 per 1,000 live and stillbirths respectively.

Dr. I. M. Brown, Senior Medical Officer for Maternity and Child Welfare gives a detailed investigation of stillbirths which occurred in the Borough, later in the report.

#### Deaths

1,818 deaths occurred among Walsall residents during 1966, giving a death rate of 10.87. The rate for England and Wales was 11.7.

Heart diseases accounted for 29 per cent of the deaths, and 384 persons died from cancer. From 1st January to 31st March, there were 97 deaths in Willenhall U.D. and 77 in Darlaston U.D., giving rates of 10.76 and 14.39 respectively.

#### Infant Deaths

87 children under one year of age died during 1966, giving a rate of 27.38 per 1,000 live births, compared with a national rate of 19.0. 64 per cent of these deaths occurred during the first week of life, due mainly to prematurity and congenital defects. Proper ante-natal care can prevent many of these deaths so early in life, and once again I urge all expectant mothers to take advantage of the services provided by the hospitals, general practitioners and local health authority clinics.

In Willenhall there were 2 infant deaths, giving a rate of 10.10, but no deaths of infants occurred in Darlaston.

The following table shows the infant deaths and rates over the last 20 years: --

	umber o nt deat	Rate per thousand live births		umber o nt deat	Rate per thousand live births
1947	 127	 50.14	1957	 53	 26.57
1948	 99	 42.76	1958	 58	 27.31
1949	 123	 55.63	1959	 65	 34.17
1950	 59	 28.64	1960	 49	 21.65
1951	 75	 37.18	1961	 51	 22.47
1952	 75	 36.50	1962	 61	 26.00
1953	 84	 40.82	1963	 54	 22.55
1954	 60	 30.77	1964	 56	 23.97
1955	 65	 34.14	1965	 63	 26.92
1956	 54	 27.04	1966	 87	 27.38

#### Maternal Deaths

There were 2 deaths associated with pregnancy during the year, giving a rate of 0.62 per 1,000 live and stillbirths. The rate for England and Wales was 0.26. In one case the patient did not avail herself of the ante-natal services and died following an abortion. The second death occurred following multiple pregnancies. I am satisfied that there was no failure on the part of the ante-natal services.

No maternal deaths occurred in either Willenhall or Darlaston during the period 1st January to 31st March 1966.

# **Deaths Reported to Coroner**

was	The number of deaths reported to the Coroner 400, (285 males and 115 females).	during	the ye	ear
	Deaths investigated by the Coroner but no inqu	est held	1 2	273
	POST-MORTEM EXAMINATIONS ordered by Corone	er	. 3	884
	Deaths on which inquests were held		. 1	27
VER	dicts Returned at Inquests:			
		М.	F.	
	Death by Murder	-	-	
	Death by Suicide	9	6	
	Death by Manslaughter	1000	-	
	Death by Self-induced Abortion	-	—	
	Death aggravated by lack of care or self-neglect		-	
	Death by want of Attention at Birth	1	_	
	Death by Want, Exposure, etc	- <sup>1</sup>	—	
	Death by Accident or Misadventure	60	25	
	Death from Natural Causes	2	_	
	Death from Industrial Disease	16	-	
	Stillborn	_	1	
	Open Verdicts	1	1	
	REF 10. 40-52 106.0 106.0 10.0	-		
		*89	33	

8 inquests adjourned and not resumed.

6 deaths reported during the year will be dealt with in 1967 verdicts.

\* Includes verdicts on 9 deaths reported in 1965.

OF DEATH AT DIFFERENT PERIODS OF LIFE IN WALSALL COUNTY BOROUGH 1966 as furnished by the Registrar-General CAUSES

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	CAUSES OF DEATH	:	s-Respir	s-Other	Disease		Cough	cal Infect	omyelitis		tive and 1	Neoplasm.		:	:	mant and	Aleukæm
		ALL CAUSES	Tuberculosis-Respiratory	Tuberculosis-Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm-Stomach	:	:		Other Malignant and Lymphatic Neoplasms	Leukæmia, Aleukæmia
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Causes of Death At Different periods lst JANUARY TO 31st MARCH, ALL CAUSES       Sex         ALL CAUSES           Causes or Death       Sex         ALL CAUSES           1. Tuberculosis—Other        M.         3. Syphilitic Disease        M.         4. Diphtheria         M.         5. Whooping Cough        M.       M.         6. Meningococcal Infections        M.       M.         7. Acute Poliomyelitis        M.       M.         9. Other Infections        M.       M.         10. Malignant Neoplasm—Stomach        M.       M.         11         M.       M.	AARODS Sex A. Sex A. Se	OF LFE 01 00 LFE 01 00 LFE 01 00 05 03 04 00 05 05 05 05 05 05 05 05 05 05 05 05		Invitation         Nill           1         2         1         <	WillENHALL           shed by the B           1           2           1           3		L       U.D.       DURING         Registrar-General       3       4       5         3       4       25       45-         -       -       -       7         -       -       -       1         -       -       -       7         -       -       -       1         -       -       -       1         -       -       -       -         -       -       -       1         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         -       -       -       -         - <th>-General</th> <th><b>7 1 1 1 1 1 1 1 1 1 1</b></th> <th>PERIOD</th>	-General	<b>7 1 1 1 1 1 1 1 1 1 1</b>	PERIOD
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CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN DARLASTON U.D. DURING THE PERIOD 1st JANUARY TO 31st MARCH, 1966 as furnished by the Registrar-General

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M.       1         3       12       16       3       8       9       16       16       16       16       16       16       16       16       16       16       16       16       16       1</th><th>CAUSES OF DEATH       Sex       All       0-       1-       5-       15-       25-       45-       65-       7             M.       41        1-       5-       15-       25-       45-       65-       7            M.       41         12       8       8         sis-Respiratory        M.       1         1       8       8       8       8         sis-Other        M.         M.         1        1        1       8       6       16       16</th><th>CAUSES OF DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-               M.         41           12         16         9             M.         <math>H</math> <math>H</math></th><th>CAUSES OF DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-               M.         41           13         12         16         9           sis:-Respiratory          <math>M</math>         1           <math>M</math>         1          <math>B</math> <math>B</math>         19           sis:-Other          <math>M</math> <math>1</math> <math>M</math> <math>1</math> <math>B</math> <math>B</math> <math>B</math>           bisease          <math>M</math> <math>H</math> <math>H</math></th><th>CAUSES OF DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-           <math>m</math>&lt; <math>m</math> <t< th=""><th>CAUSES OF DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-               M.         41           12         16         9           sisRespiratory          M.         1           12         16         9           sisRespiratory          M.         1           12         16         9           sisRespiratory          M.         1           12         16         9           bisease         M.   </th><th>CAUSES OF DEATH         Sex         All         0-         1-         5-         15-         25-         45-         <math>65-</math>         75-           <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>0 1 5 15 65 75 75 \dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>1 1-</math></th><th>Causes or Dearn         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-           L CAUSES         <math>\dots</math> <math>\dots</math> <math>M</math> <math>41</math> <math>\dots</math> <math>M</math> <math>41</math> <math>M</math> <math>11</math> <math>11</math></th><th>CAUSES or DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-           L CAUSES           M.         41          <math>36</math>         19         19           L CAUSES           M.         <math>41</math> <math>36</math> <math>12</math> <math>31</math> <math>31</math> <math>31</math> <math>31</math>           Tuberculosis-Respiratory          M.         <math>11</math> <math>11</math> <math>21</math> <math>21</math> <math>32</math> <math>31</math> <math>9</math> <math>19</math>           Tuberculosis-Other          M.         <math>11</math> <math>21</math> <math>21</math> <math>21</math> <math>21</math> <math>32</math> <math>11</math> <math>11</math> <math>12</math> <math>12</math></th><th>CAUSES of DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-           L CAUSES  </th><th>Causes or Dearm         Sex         All         <math>0 1 5 15 25 45 55 75-</math>           L CAUSES              <math>34</math> <math>2 1 5 45 55 75 75-</math>           L CAUSES             <math>34</math> <math>2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1-</math></th><th>Causes or Dextri         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-           L CAUSES         <math>\dots</math> <math>\dots</math> <math>\mathbb{R}</math> <math>\mathfrak{d}_1</math> <math>\square</math> <math>\mathfrak{d}_1</math> <math>\mathfrak{d}_2</math> <math>\mathfrak{d}_2</math></th></t<></th></t<>	CAUSES OF DEATH       Sex       All       0-       1-       5-       15-       25-       45-       65-            M.       41         12       45-       65-       3            M.       41         1       3       12       16          F.       36         M.       1         1       8       9       9       9       9       9       9       9       9       9       9       9       9       9       9       9       9       9       9       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16	CAUSES OF DEATH       Sex       All       0-       1-       5-       15-       25-       45-       65-             M.       41        1-       5-       15-       25-       45-       65-       3            M.       41         1       8       8       8         sis-Respiratory        M.       1         1       8       8       8         sis-Respiratory        M.       1         1       8       8       8         bisease        M.	CAUSES OF DEATH       Sex       All       0-       1-       5-       15-       25-       45-       65-       3            M.       41         1       3       12       16       3           M.         M.       1         3       12       16       3       8       9       16       16       16       16       16       16       16       16       16       16       16       16       16       1	CAUSES OF DEATH       Sex       All       0-       1-       5-       15-       25-       45-       65-       7             M.       41        1-       5-       15-       25-       45-       65-       7            M.       41         12       8       8         sis-Respiratory        M.       1         1       8       8       8       8         sis-Other        M.         M.         1        1        1       8       6       16       16	CAUSES OF DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-               M.         41           12         16         9             M. $H$	CAUSES OF DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-               M.         41           13         12         16         9           sis:-Respiratory $M$ 1 $M$ 1 $B$ $B$ 19           sis:-Other $M$ $1$ $M$ $1$ $B$ $B$ $B$ bisease $M$ $H$	CAUSES OF DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75- $m$ < $m$ <t< th=""><th>CAUSES OF DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-               M.         41           12         16         9           sisRespiratory          M.         1           12         16         9           sisRespiratory          M.         1           12         16         9           sisRespiratory          M.         1           12         16         9           bisease         M.   </th><th>CAUSES OF DEATH         Sex         All         0-         1-         5-         15-         25-         45-         <math>65-</math>         75-           <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>0 1 5 15 65 75 75 \dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>\dots</math> <math>1 1-</math></th><th>Causes or Dearn         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-           L CAUSES         <math>\dots</math> <math>\dots</math> <math>M</math> <math>41</math> <math>\dots</math> <math>M</math> <math>41</math> <math>M</math> <math>11</math> <math>11</math></th><th>CAUSES or DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-           L CAUSES           M.         41          <math>36</math>         19         19           L CAUSES           M.         <math>41</math> <math>36</math> <math>12</math> <math>31</math> <math>31</math> <math>31</math> <math>31</math>           Tuberculosis-Respiratory          M.         <math>11</math> <math>11</math> <math>21</math> <math>21</math> <math>32</math> <math>31</math> <math>9</math> <math>19</math>           Tuberculosis-Other          M.         <math>11</math> <math>21</math> <math>21</math> <math>21</math> <math>21</math> <math>32</math> <math>11</math> <math>11</math> <math>12</math> <math>12</math></th><th>CAUSES of DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-           L CAUSES  </th><th>Causes or Dearm         Sex         All         <math>0 1 5 15 25 45 55 75-</math>           L CAUSES              <math>34</math> <math>2 1 5 45 55 75 75-</math>           L CAUSES             <math>34</math> <math>2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1-</math></th><th>Causes or Dextri         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-           L CAUSES         <math>\dots</math> <math>\dots</math> <math>\mathbb{R}</math> <math>\mathfrak{d}_1</math> <math>\square</math> <math>\mathfrak{d}_1</math> <math>\mathfrak{d}_2</math> <math>\mathfrak{d}_2</math></th></t<>	CAUSES OF DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-               M.         41           12         16         9           sisRespiratory          M.         1           12         16         9           sisRespiratory          M.         1           12         16         9           sisRespiratory          M.         1           12         16         9           bisease         M.	CAUSES OF DEATH         Sex         All         0-         1-         5-         15-         25-         45- $65-$ 75- $\dots$ $\dots$ $\dots$ $\dots$ $\dots$ $\dots$ $\dots$ $\dots$ $0 1 5 15 65 75 75 \dots$ $\dots$ $\dots$ $\dots$ $\dots$ $\dots$ $1 1-$	Causes or Dearn         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-           L CAUSES $\dots$ $\dots$ $M$ $41$ $\dots$ $M$ $41$ $M$ $11$ $11$ $11$ $11$ $11$ $11$ $11$ $11$ $11$ $11$ $11$ $11$ $11$ $11$ $11$	CAUSES or DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-           L CAUSES           M.         41 $36$ 19         19           L CAUSES           M. $41$ $36$ $12$ $31$ $31$ $31$ $31$ Tuberculosis-Respiratory          M. $11$ $11$ $21$ $21$ $32$ $31$ $9$ $19$ Tuberculosis-Other          M. $11$ $21$ $21$ $21$ $21$ $32$ $11$ $11$ $12$	CAUSES of DEATH         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-           L CAUSES	Causes or Dearm         Sex         All $0 1 5 15 25 45 55 75-$ L CAUSES $34$ $2 1 5 45 55 75 75-$ L CAUSES $34$ $2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1-$	Causes or Dextri         Sex         All         0-         1-         5-         15-         25-         45-         65-         75-           L CAUSES $\dots$ $\dots$ $\mathbb{R}$ $\mathfrak{d}_1$ $\square$ $\mathfrak{d}_1$ $\mathfrak{d}_2$

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INFANT MORTALITY IN WALSALL COUNTY BOROUGH DURING THE YEAR 1966 Deaths from stated Causes at various ages under One year of age

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	6 and under 9 months	1	1	1	1	2	1	1	1	1	1	1	1	1	5	- 10 10
	3 and under 6 months	1	1	1	1	1	1	5	I	T	I	T	1	1	7	
	1 and under 3 months	1	1	1	ſ	1	1	1	I	1	2	1	I	5	7	
	Total under 4 weeks	1	1	1	I	I	32	13	2	1	2	1	1	10	66	11
,	3-4 weeks		1	1	I	ſ	1	1	1	1	1	1	1	1	1	nts, 6.
	2-3 weeks	1	1	1	1	1		4	1	1	1	1	[	2	9	ate, 187. Illegitimate Infants, 6.
	1-2 weeks		1	1	1	1	ľ	3	1	1	1	1	1	Ι	4	B
	Under 1 week		I	1	1	1	32	9	7	1	2	1	1	8	56	90; Illegi Infants, 81
	Total Deaths under 1 year	1	1	L	1	3	32	18	7	1	2	5	2	17	87	timate, 29 egitimate ]
	CAUSES OF DEATH	Measles	Whooping Cough	Meningococcal Infections	Other Infective and Parasitic Diseases	Diarrhœa and Enteritis	Premature Birth	Congenital Malformations	Infant Diseases	Influenza	Pneumonia	Bronchitis	Accidents	Other Causes	TOTALS	Nett Births in the Year—Legitimate, 2990; Illegiti Nett Deaths in the Year of Legitimate Infants, 81;

#### SECTION B.

# INFECTIOUS DISEASES IN WALSALL C.B. DURING 1966 Smallpox

13 cases of smallpox were confirmed during an outbreak which lasted from the beginning of March to the middle of May.

The first case, which we will call 'A', was a man lodging in Birmingham who became ill and two or three days later developed a rash. He recovered from this illness at his home in Stone, Staffordshire, but smallpox was not diagnosed. It can be seen how subsequent cases occurred from the following table. I shall of course only refer to cases resident in the Walsall area.

		Date of onset	Date of rash	Mode of contact
Case	1	4.3.66	9.3.66	Assistant at a shop in Walsall. Visited by "A" at the time he had a rash.
Case	2	27.3.66	1.4.66	Friend of case 1 at Youth Club, Willenhall.
Case	3	2.4.66	6.4,66	Sister of case 1, and contact of case 2 at Youth Club.
Case	4	15.4.66	19.4.66	Worked at same shop as case 1. Contact with other case at Youth Club.
Case	5	16.4.66	19.4.66	Brother of cases 2, 6 and 7, Member of Youth Club.
Case	6	16.4.66	19.4.66	Brother of cases 2, 5 and 7. Member of Youth Club.
Case	7	20,4.66	22.4.66	Sister of cases 2, 5 and 6. Member of Youth Club.
Case	8	24.4.66	26.4.66	Cousin and contact of cases 1 and 3.
Case	9	28.4.66	30.4.66	Contact of cases 3 and 6.
Case	10	11.3.66	14.3.66	School Master—dined with case "A".
Case	11	6.5.66	8.5.66	Mother of case 4.
Case	12	5.5.66	7.5.66	Youth Club Member.
Case	13	7.5.66	10.5.66	Brother of case 4, and son of case 11.
Case	14	12.5.66	15.5.66	Contact of case 4 in Isolation Hospital.

It will be seen that there was a definite source of infection in each case, of the 14 cases 13 were confirmed as suffering from smallpox. 7 were admitted to hospital and all recovered.

Vaccination was restricted to persons having direct contact with cases or suspected cases, mass vaccination being discouraged, contact tracing and surveillance was carried out by medical officers, public health inspectors and nursing staff, involving a considerable amount of evening and week-end work. Clerical staff and telephone operators had the task of dealing with the numerous enquiries received by telephone and at the enquiry office. All staff concerned are to be commended on their willingness in so efficiently carrying out the additional work involved.

#### **Typhoid Fever**

One case of typhoid fever was notified. The patient was admitted to Manor Hospital, Walsall on 2nd April as a pyrexia of unknown origin. He was transferred to Moxley Isolation Hospital on 16th April as a suspected typhoid which was later confirmed bacteriologically. Family contacts were placed under strict surveillance.

#### Diphtheria

No cases of Diphtheria were notified during the year.

#### Scarlet Fever

104 cases of Scarlet Fever were notified during the year, as compared with 119 in the previous year. There were no deaths.

#### Measles

1,631 cases of Measles were notified as compared with last year's figure of 1,042. No deaths occurred from this cause.

# Whooping Cough

289 cases of Whooping Cough were notified as compared with 69. There were no deaths.

#### **Acute Poliomyelitis**

No cases of Poliomyelitis were notified during the year.

#### Acute Primary and Influenzal Pneumonia

85 cases were notified as compared with 57. There were 127 deaths from this cause during the year. Influenza accounted for 17 deaths as compared with 3 in the previous year.

#### Dysentery

22 cases of Dysentery were notified as compared with 31 in 1965.

#### Food Poisoning

One case of Food Poisoning was notified during the year.

#### Ophthalmia Neonatorum

4 cases of Ophthalmia Neonatorum were notified during the year.

#### **Other Diseases**

8 cases of Erysipelas, 5 of Puerperal Pyrexia, 3 of Encephalitis (Post-Infectious) and 1 case of Malaria were notified during the year.

#### Infectious Diseases in Willenhall and Darlaston

Tables showing the infectious diseases notified in Willenhall and Darlaston Urban Districts during the period 1st January to 31st March appear later in the report.

#### Tuberculosis

The following report has been supplied by Dr. J. N. Macartney, a 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.

"Death rates per 1,000 population, with comparative figures for England and Wales: —

WALSALL	1965	1966
Respiratory Tuberculosis	0.033	0.042
Other Forms of Tuberculosis	Nil	0.012
England and Wales		
Respiratory Tuberculosis	0.042	0.043
Other Forms of Tuberculosis	0.006	0.005

The local Walsall death rate for tuberculosis of the lungs and other organs still remains at a low level, and compares very favourably with the national figures.

The incidence continues to fluctuate from year to year, and especially with the numerous coloured population, new cases have increased to some extent. Continued vigilance is essential if the disease is going to be eradicated in the foreseeable future."

#### 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 Venereologist.

#### Scabies Treatment

The Scabies Clinic at Hatherton Road is still maintained and during the year the number of cases attending increased as compared with the previous year.

During the year 22 men, 23 women and 97 children received treatment, these cases making a total of 280 attendances for this purpose.

#### **Cleansing of Persons**

Cleansing of persons was carried out at the Cleansing Station at the Ambulance Station in Hatherton Road and during the year 33 persons were treated. CASES OF INFECTIOUS DISEASES NOTIFIED IN WALSALL COUNTY BOROUGH DURING THE YEAR 1966

65	years	and	upwards	1	I	4	1	1	1	1	1	1
45	to	65	years	1	١	3	1	1	1	1	1	1
35	to	45	years	1	1	1	1	1	2	I	1	1
25	to	35	years	1	1	1	1	T	1	2	3	1
15	to	25	years	5		1	۱	ſ	3	1	2	1
10	to	15	years	5	1	1	2	١	3	2	1	1
5	to	10	years	1	I	1	64	١	585	93	1	1
4	to	2	years	1	1	1	16	1	203	36	1	1
3	to	4	years	1	١	1	10	1	253	42	1	1
2	to	e	years	ŀ	١	1	5	1	255	52	1	1
1	to	2	years	1	1	۱	1	1	227	38	1	1
	Under	1	year	1	١		1	1	66	23	1	1
	At	All	Ages	13	1	80	104	1	1631	289	5	1
	Notifiable	DISEASE		Small-Pox	Diphtheria	Erysipelas	Scarlet Fever	Typhoid Fever	Measles	Whooping Cough	Puerperal Pyrexia	Meningococcal Infection

I	١	I	1	17	1	1	I	e	I	24
1	I	I	I	27	1	2	1	24	2	59
1	I	I	I	5	1	4	1	14	2	29
1	I	I	I	6	1	3	1	19	4	42
1	1	1	1	6	1	1	1	20	7	49
1	I	I	1	I	1	3	1	æ	I	23
1	1		I	4	1	2	1	2	I	752
1	1	I	I	1	1	1	1	1	1	260
1	1	I	I		1	2	1	1	1	310
1	ł	١	I	-		2	1	I	1	316
1	I	I	I	1		2	1	2	1	272
1	I	I	4	10	1	1	1	1	I	136
ŝ	I	I	4	85	1	22	1	88	17	2272
Encephalitis (Post-infectious)	Poliomyelitis— Paralytic	Poliomyelitis— Non-Paralytic	Ophthalmia Neonatorum	Acute Primary and Influenzal Pneumonia	Malaria	Dysentery	Food Poisoning	Tuberculosis of Respiratory System	Other Forms of Tuberculosis	TOTALS

CASES OF INFECTIOUS DISEASES NOTIFIED IN WILLENHALL U.D. DURING THE PERIOD 1st JANUARY TO 31st MARCH, 1966

	65 years and upwards	t:	1 1	1	1	1	1	]	⊴ 1	1		
	45 to 65 years	1	1-1	I	1	1	-	1	a I			
	35 to 45 years	k	1-1	1	1	I	1	1	~ 1	-		
	25 to 35 years	4	1-1	ŀ	I	1	1	1	01	1		
	15 to 25 years	Ŀ	1-1	1	1	1	1	1	01	1		
	10 to 15 years	1	1 1	1	1		-1		1	1		-
	5 to 10 years	Ţ,	1 1	2	١	45	-1	1	- 1			
	4 5 years	Ţ		1	ſ	2	1	-1	- 1			
•	3 to 4 years	E	1-1	1	1	14	1	1	- 1			
	to to 3 years	1	1-1	1	I	12	-1	1	- 1			
	1 to 2 years	Į.	1 1	1	I	18	1	1	- 1			
	Under 1 year	1	111	1	1	2	1	ſ	2 1			
	At All Ages	1.	1=1	2	1	98	1	1	8 1	-		
	NOTIFIABLE DISEASE	Small-Pox	Diphtheria Erysipelas	Scarlet Fever	Typhoid Fever	Measles	Whooping Cough	Puerperal Pyrexia	Meningococcal Infection	introtection		

					4			
1	1	1	1	1	1	1 1	I	1
1	1	I	1	6	1	T I	-1	2
1	1	1	1	1	1	-	1	1
1	1	I	1	1	1	1   1	1	1
1	1	I	I	1	1		1	1
1	1	1	1	1	1		I	1
I	1	1	1	1	1	1 1	1	47
1	1	1	1	1	1		1	2
1	1	1	1	1	1	1	1	14
1	1	١	1		1		I	12
1	1	1	1	1	1	1	Ι	18
1	1	١	1	1	1	1	T	2
1	I	I	1	2	I	1 2	1	105
Encephalitis (Post-infectious)	Poliomyelitis— Paralytic	Poliomyelitis— Non-Paralytic	Ophthalmia Neonatorum	Acute Primary and Influenzal Pneumonia	Dysentery	Tuberculosis of Respiratory System	Other Forms of Tuberculosis	TOTALS

CASES OF INFECTIOUS DISEASES NOTIFIED IN DARLASTON U.D. DURING THE PERIOD 1st JANUARY TO 31st MARCH, 1966

	65	years and	upwards	1   1	1	1	I	1	I	1	1			
				I to I	1	1	Ī	1	T	1	1			
	-			1-1								_	•	
	25	to 35	years	1~1	1	1	1	1	T	1	1	1		
	15	to 25	years		I	1	- 1	1	J	1	1	1		
	10	to 15	years		1	1	1	1	I	1		1		
2	5	10	years	191			-					1		
	4	o, to	years	121			-		1	1	I	1		
	3	4 to	years	[=]	1	1	1	4	1	1	I	1		
	2	3 to	years	.t≂t	1	T	1	3	1	1		1		
-	1	19 ¢2	years	1=1		1		2	T	ſ	1			
		Under 1	year	1	1	1	1	2	1	1				
2		At All	Ages	1001	1	2	1	33	2	T	I	1		
		NOTIFIABLE DISEASE		Small-Pox Diphtheria	Erysipelas	Scarlet Fever	Typhoid Fever	Measles	Whooping Cough	Puerperal Pyrexia	Meningococcal Infection	Children of the		

	25								
1	1	1		1	1	1	1	I	1-
1 1	1	1		2		1	2	I.	5
1 1	1	1		1	1	1	1	1	I
	Î		No.	1	1	1	5.0	1	1
1-1	1	1		1	1	1	1		1
1	12	1	12	1	J	1		1	1
	1	1		1	1	1	I	1	21
1 =1	I	1	hth	1	1	1	1	1	5
1 - 1	-1	1	10.50	1	1	1	1	-1	4
1 1	I	1	1	1	1	1	١	1	3
	I	1		1	1	1	I	I	2
1 1	I	1	111	1	1	1	1	ł	2
1 1	1	l		2	1	1	2	1	42
Encephalitis (Post-infectious) Poliomyelitis— Paralytic	Poliomyelitis	Neonatorum	Acute Primary and Influenzal	Pneumonia	Dysentery	Food Poisoning	Tuberculosis of Respiratory System	Other Forms of Tuberculosis	TOTALS

TABLE SHOWING THE WORK OF THE VENEREAL DISEASES CLINIC DURING THE YEAR 1966

		Syp	Syphilis	Gono	Gonorrhœa	Cond other Ven	Conditions other than Venereal	Tot	Totals
		М.	F.	M.	F.	M.	F.	M.	F.
Number of new cases:	:	11	7	201	51	264	343	476	401
Walsall	:	-	13	17	176	332	32	521	
Staffordshire			4	Ū	64	258	88	326	90
Other Areas	:		1	1	12	ſ	17		30
startists		18	8	252	22	607	7	877	17
Total attendances of all patients	:	294	184	708	146	821	1939	1823	12269

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### SECTION C.

# NATIONAL HEALTH SERVICE ACT, 1946

### Care of Mothers and Young Children

Dr. I. M. Brown, Senior Medical Officer for Maternity and Child Welfare reports as follows upon the work of her section: —

"I am pleased to report that our Maternity and Child Welfare Services have functioned efficiently throughout the year despite the additional work placed on doctors and nurses in covering the added area. The change of authority was very smoothly carried out in relation to the five clinics in the new areas and all are functioning efficiently at the time of writing.

It was regrettable to note that we had the deaths of two mothers attributed to pregnancy, which serves as a warning to all expectant mothers to take advantage of the expert ante-natal care available.

A survey of 63 of the 64 stillbirths occurring during 1966 showed that 53 occurred in hospital and 10 on the district, causes being as set out in the following table: —

Foetal abnormality		 	13
A.P.H		 	13
A.N. Death		 	11
Hypertension		 	9
Illness of mother		 	3
Prematurity		 	2
Prolapsed cord		 	2
Difficult delivery		 	2
Foetal asphyxia		 	2
Concealed pregnand	y	 	2
Cause unknown		 	2
Syphilis		 	1
Rhesus incompatab	ility	 	1

Relaxation and mothercraft classes at which instruction is given by nurses and midwives are progressing satisfactorily. These classes, together with the advice given at ante-natal and infant welfare clinics, provide invaluable information to expectant and nursing mothers. It must also be mentioned that an essential factor to ensure the well-being of the expectant mother is good co-operation between hospital, general practitioners and the local health authority, which continues to be forthcoming in Walsall. The dental service for expectant and nursing mothers and children under five years of age is also much appreciated, and treatment was provided in all such cases referred.

Vaccination against smallpox and immunisation against whooping cough, diphtheria and poliomyelitis is available at all child welfare centres.

### Ante-Natal Clinics

The following table shows the attendances, medical examinations and the number of new cases at the Authority's Ante-Natal Clinics during the year: —

			Atten- dances	Medical Examinations	New Cases
Pool Stre	eet	 	<b>46</b> 9	286	149
Pinfold		 	799	698	271
Countess	Street	 	808	736	266
Ida Road	d	 	211	189	72
Littleton	Street	 	445	403	137
Mossley		 	257	188	89
Beechdal	e	 	276	256	95
Coalpool		 	316	279	117
*Kingshill		 	465	390	75
*Short He	eath	 	601	524	180
*Bilston S	Street	 	649	613	142
*Churchill	Road	 	193	175	42
*Walsall	Street	 	492	425	112
			5,981	5,162	1,747

\* From 1st April, 1966—Clinics transferred under the West Midlands Order, 1965.

### Child Welfare Centres

On 1st April five clinics in the added area were transferred to this authority, two in Darlaston, two in Willenhall and one in Kings Hill, Wednesbury. There are now 16 child welfare centres in Walsall at which 19 sessions are held weekly attended by a doctor and health visitors. The following table shows attendances in age groups at Child Welfare Centres during the year: —

Centre	Une 6 mo		6		1- yea		2- yea		Tot	al	New
	А.	M.	А.	М.	А.	М.	А.	М.	А.	М.	Cases
Pool St.	1293	440	690	86	417	143	145	50	2545	719	207
Pinfold	2261	791	1268	229	809	248	500	102	4838	1370	379
C'tess St.	2121	864	1362	300	1400	396	1102	252	5985	1812	412
Ida Rd.	1142	425	790	149	386	101	121	37	2439	712	162
L'ton St.	1224	238	614	66	295	60	73	16	2206	380	185
Beechdale	1022	310	656	127	417	115	279	73	2374	625	165
Broadway	666	166	518	56	333	98	213	48	1730	368	135
Coalpool	1281	392	788	127	398	76	466	76	2933	671	208
Mossley	1167	352	688	111	452	124	273	106	2580	693	178
Little Bloxwich	1119	427	605	110	405	151	253	62	2382	750	131
Delves	1082	256	464	41	281	32	187	12	2014	341	161
*Kingshill	1144	279	745	108	663	128	870	70	3422	585	177
*Bilston Street	1192	395	744	133	626	151	594	77	3156	756	144
*Walsall Street	912	301	447	63	197	48	209	47	1765	459	150
*Short Heath	2458	505	1374	145	1086	265	1129	179	6047	1094	274
*Churchill Road	744	264	474	82	334	125	332	85	1884	556	87
Totals	20828	6405	12227	1933	8499	2261	6746	1292	48300	11891	3155

A.—Attendances. M.—Medical Examinations

\*From 1st April, 1966-Clinics transferred under West Midlands Order 1965.

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### **Provision of Foods**

Various types of proprietary baby foods, National Dried Milk, orange juice and cod liver oil are available at all child welfare sessions, and part-time women are employed on the work of distribution. The following table shows the amounts of foods sold during the year: —

23,780	tins	National Dried Milk
2,129	bottles	Cod Liver Oil
2,571	pkts.	Vitamin Tablets
33,660	bottles	Orange Juice
47,196	lbs.	Proprietary Dried Milk.
48,409	packages	other proprietary Nutrients.

### **Dental Treatment**

The Council's dental service provides for every expectant mother to be examined by a dentist 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 being paid to conservative treatment.

During the year 34 dental sessions were devoted to maternity and child welfare patients, 31 expectant and nursing mothers were examined, 13 patients commenced treatment at the Dental Clinic and during the year 9 cases had completed courses of treatment and 10 dentures were provided. 241 children under the age of 5 years were examined, 86 commenced treatment and 41 completed courses of treatment.

#### Maternity Outfits

Maternity outfits are supplied to all expectant mothers confined at home and to some mothers discharged from hospital before the tenth day after confinement and during the year 1,386 outfits were issued.

#### Unmarried Mothers and Children

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

The following is a report submitted by the Organising Secretary, Lichfield Diocesan Association for Moral Welfare Work: —

"43 cases in which illegitimate births occurred in 1966 have been dealt with by Sister Ellis and these are reported on below. In addition 9 cases in which births occurred prior to 1966 were helped according to their various needs including placing babies for adoption, advice re Affiliation proceedings, finding accommodation etc. 27 expectant mothers whose babies were due to be born in 1967 had the necessary plans made for their confinements. This makes a total of 79 cases under care during 1966.

14 mothers were accommodated in Diocesan Homes remaining until their babies were aged two months; 26 went into hospital for their confinements and 3 went into Broadfield House.

2 cases concerned married women who were later reconciled with their husbands and 1 case concerned a married woman living apart from her husband.

Although efforts were made to trace and interview the putative fathers only one Affiliation Order was made.

I girl married the father of her baby.

The ages of the mothers ranged between 15 and 32 and are listed as follows: —

Age 15-6, age 16-5, age 17-5, age 18-4, age 19-8, age 20-5, age 21-3, age22/27-4, age 28/34-3.

The ages of the putative fathers ranged between 17 and 32 years. 38 were single men and 4 were married. In 4 cases the age was not known and in one case there were no details about the putative father.

The babies were placed as follows:-

28 with mothers at home;

1 with parents married;

1 with mother in a Home;

3 with foster parents;

1 in a Voluntary Children's Home;

9 were adopted through this Association.

468 visits have been paid in connection with the 79 cases under care. In addition the homes of 42 prospective adopters have been vetted and reported on, 45 babies placed by other Caseworkers have been kept under supervision, girls conveyed to Homes and accompanied when they have had to appear in Court or to have their signatures witnessed when consenting to an Adoption Order being made.

We wish to express our appreciation of the help and advice given by the Medical Officer of Health and his staff."

#### **Day Nurseries**

The Memorial Park Day Nursery, Willenhall, a training nursery accommodating 50 children, was transferred to this authority on the implementation of the West Midlands Order on 1st April 1966.

	No. on Register at 31.12.66	Total No. of attendances	Average daily attendance
Central Day Nursery, Lichfield Street, Walsall	24	4,814	19.3
Memorial Park Day Nursery, Pinson Road,			
Willenhall	50	6,894	36.9

### **Premature Infants**

Notifications were received in respect of 236 infants whose birth weight was  $5\frac{1}{2}$  lbs. or under. In some cases the notifications applied to infants who, although the birth weight was  $5\frac{1}{2}$  lbs. or less, were really full-term, but these infants were given the same care as those prematurely born.

Of the 236 infants notified, 54 were born at home and 182 in hospital. 5 of the infants born at home were transferred to hospital. All of the 49 infants nursed entirely at home survived at the twentyeighth day. 3 of the 5 infants who were born at home and transferred to hospital died in the first 28 days.

26 of the 182 infants born in hospital died in the first 28 days.

There were 29 notifications of premature stillbirths, 25 of these being born in hospital and 4 at home.

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 midwives and by the health visitors.

### **Congenital Defects**

Congenital defects apparent at birth are notified to the department by hospitals, doctors and midwives, the existence of a congenital abnormality being entered on the birth notification cards. Particulars of the actual defect are obtained by forwarding the appropriate Ministry of Health form for completion to the source of the notification. An analysis of the congenital defects notified during 1966 is given below: —

Number of notificatio	ons of congenital	defects	receiv	red	42
Number of live birth	hs in above				28
Number of stillbirth	s in above				14

#### Defect No. of cases Spina bifida 12 Deformity of hand 4 ... Macerated ... ... 4 Hydrocephalus ... ... 4 ... Talipes ... 4 ... ... ... Multiple abnormalities ... 3 ... 2 Deformity of back ... ... 2 Exomphalos ... ... ... 22 Anencephalic ... ... .... Cleft lip ... ... ... ... 1 Mongolism ... ... ... Defects of skull and face 1 ... Oesophageal atresia ... 1 ...

# MIDWIFERY SERVICE

### Staff

The midwifery staff, which at the end of the year consisted of one Supervisor and 22 midwives, (20 full-time and 2 part-time), is under the immediate and medical supervision of the Senior Medical Officer for Maternity and Child Welfare.

Five midwives were transferred to the department under the West Midlands Order 1965, hardly sufficient to cover the added area. Despite staffing shortages, however, we have, with the employment of part-time nurses, been able to cover demands on the service, particularly the nursings of the ever increasing number of early discharges from hospital.

### Work of the Municipal Midwives

During the year municipal midwives attended 1,137 births, representing 40 per cent of the total births to Walsall women occurring in the borough, and also 8 births to women not normally resident in Walsall. 814 births to Walsall women took place in Manor Hospital and 865 in Bloxwich Maternity Hospital. 430 births occurred outside the borough. 7,722 ante-natal visits and all necessary visits to 1,696 mothers discharged from maternity units before the tenth day after confinement were made during 1966.

All midwives are quailfied to administer analgesics and during the year gas and air outfits were in use on 419 occasions, and trilene analgesic apparatus used on 416 occasions. Pethedine was administered to 598 patients.

### **Emergency Maternity Services**

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.

#### Pupil Midwives Training Scheme

In co-operation with the Manor Hospital 19 pupils completed their district training in the department and 7 were still in training at the end of September. 6 of the domiciliary midwives are approved as teaching district midwives. The Deputy Medical Officer of Health gives a course of lectures in public health to pupil midwives in the hospital part of their training.

### **Refresher Courses**

6 municipal midwives attended approved refresher courses during the year as required by the Rules of the Central Midwives Board.

## HEALTH VISITING

#### Staff

During 1966 we were able to recruit 2 Student Health Visitors. Several applicants for training were interviewed but they failed to reach the required educational standard for entrance to the training course. It is regrettable that we fail in many cases to retain the services of Health Visitors trained under our scheme for very long after the expiration of the contract, which is obviously due to the unattractiveness of the area. At the time of writing, however, we have been fortunate enough to recruit five local students and have seconded them to the local maternity hospital for abstetric training for entry to the 1967/1968 Health Visitors Training Course.

1966 has been a particularly difficult year as the new area did not provide us with adequate staff to cover our new responsibilities and to add to our troubles the few staff transferred to us have unfortunately now left. We anticipate, however, that the situation will improve in 1967 with our success in recruitment of students.

### Work of the Health Visitors

Health Visitors are required to undertake visitation for the purpose of general supervision in connection with the care of mothers and young children. The service has, however, extended from year to year, and now covers the general care and the health education of the household as a whole, special attention being given to the care of old people. The work of the health visitor, therefore, covers not only the supervision and welfare of young children but is concerned generally with the prevention of illness and care and after-care of all members of the family.

The table on page 36 gives details of health visiting and tuberculosis visiting during 1966.

### Liaison

Our good liaison with the Walsall hospitals has continued throughout 1966, health visitors being attached to various branches for collaborative work. Valuable information is obtained by health visitors in their weekly attendances at the Pædiatric Unit, Diabetic Clinic, Geriatric Unit and Chest Clinic which assists them greatly in dealing with cases discharged from hospital. The information obtained is particularly useful in the case of diabetic patients and enables health visitors to give advice regarding diet and insulin therapy.

As part of their training, second and third year student nurses from the local hospitals are given two lectures by the Chief Nursing Officer concerning the public health aspect of their course. Following upon these lectures the nurses are given practical instruction on the district, a feature which is most enlightening and much appreciated. Lectures are also given by the Chief Nursing Officer to student nurses at the Preliminary Training School.

During 1966 the Chief Nursing Officer gave talks to Student Enrolled Nurses at the Manor Hospital, Walsall, on the work of the Health Department. Each student as a further part of their training spends 1 day on the district with a health visitor, geriatric nurse, midwife and district nurse. The students concerned found this part of their training very interesting as it gave them a good insight into the workings of the local authority nursing services. There is good liaison between Psychiatric Social Workers at St. Matthew's Hospital and health visiting staff. A weekly visit is paid, as far as the staffing position allows, to consult with Psychiatric Social Workers and visit selected mental patients to offer help in any way required.

### **Geriatric Nursing**

The geriatric nurses continued to carry out most useful work during the year in the extended Borough. Many of the old folk are unaware of the services available to them, such as domestic help, meals on wheels, home nursing etc., and the geriatric nurses are able to help and advise them in this respect. The old people look forward to the periodic visits of the nurses which help to alleviate their loneliness and give them a feeling that they are not forgotten. The geriatric visitor also endeavours to help and advise relatives in the care of their elderly parents. The geriatric nurses also co-operate with the Rotary Club in recommending needy old folk for Christmas gifts and in selecting suitable persons for the annual summer outing. One of the nurses accompanies the old folk on this outing.

In the course of their visits geriatric nurses give valuable advice regarding the prevention of accidents in the home. We find that personal contact with this section of the public is much more effective than posters and press publicity.

Treater visiting and Tuberculosis	* ISIC	ing during	
		Number	Total
		of cases	Visits
Children born in 1966		3,041	10,022
Children born in 1965		3,489	7,104
Children born in 1961–1964		7,347	14,310
Persons aged 65 years and over		2,566	9,481
Mentally disordered persons		3	3
Persons discharged from hospital		110	143
Tuberculous households		30	59
Infectious Diseases		34	38
Expectant Mothers		1,026	1,143
Post-natal Mothers		2,872	3,307
Housing enquiries		188	188
Other classes		1,073	1,660
Tuberculosis Visitor-			
Tuberculous households		202	556

Health Visiting and Tuberculosis Visiting during 1966

# HOME NURSING

### Staff

The home nursing staff at the end of 1966 consisted of one Superintendent of Home Nursing Service, 19 full-time and 4 part-time nurses and 5 part-time Nursing Auxiliaries.

#### Work of the District Nurses

It will again be seen from the following table that in 1966 a large proportion of cases attended by district nurses, 64 per cent in fact, were over 65 years of age. The value of this service in relieving pressure on hospital accommodation is becoming more apparent from year to year. The great demand for district nursing service continued, 1,596 persons being nursed during 1966. District nursing is a branch of nursing which in some aspects veers from the normal preventive functions of a Local Health Authority in that treatment is given on the instructions of hospitals and general practitioners. The duties of this branch of Local Authority nursing services are very arduous but the appreciation shown by patients and their relatives must be a great consolation to the staff concerned.

As the West Midlands Training School for District Nurses ceased to function in 1965 we were unable to send any candidates for district training during 1966. This has been sadly missed as a nurse requires a great deal of additional knowledge when coping with patients in their own homes often with very inadequate facilities. A training course teaches a nurse the best possible use of whatever she can find in a home. During 1966 is was possible, due to the Home Nursing Service being fully staffed, to commence a five day week in October, whilst still maintaining a seven day week service of the same high standard.

### Cases attended by Home Nursing Staff during 1966

Total number of persons nursed during the year	1,596
Number of persons who were aged under 5 years at first visit in 1966	12
Number of persons who were aged 65 years or over at first visit in 1966	1,015

# VACCINATION AND IMMUNISATION

Arrangements are in force for the vaccination and immunisation of persons up to 16 years of age, either by their own doctor or by the medical staff of the department.

The following tables show the work carried out during the year.

100 mil	0-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	1 year	2-4 years	5-15 years	Total
Vaccinated	7	19	41	79	1057	462	855	2520
Re-vaccinated	-	-	_	_	_	14	185	199

#### Smallpox

### B.C.G.

The regular programme of B.C.G. vaccination was carried out during the year, vaccination being offered to all school children over the age of 13 years, including students attending the Technical College. Skin tests are carried out by the Heaf Gun method and negative reactors are offered vaccination. Children with strongly positive skin tests are referred to the Chest Clinic for investigation.

	School children and Students	Contact Scheme
Number skin-tested	1,787	487
Number found positive	180	87
Number found negative	1,454	360
Number vaccinated	1,453	389

Turns of unsains or does	gnia	Ye	ar of E	Birth	hatte -	Others	Total
Type of vaccine or dose	1966	1965	1964	1963	1959- 1962	age 16	Total
1. Quadruple DTPP		1	-	-	10-20	-	1
2. Triple DTP	978	957	84	49	51	1	2120
3. Diphtheria/Pertussis	_		-	-			-
4. Diphtheria/Tetanus	-	3	2		418	244	667
5. Diphtheria	-	_	-	1	1	_	2
6. Pertussis					1.4	_	
7. Tetanus				-	1	2	3
8. Salk	_	-		-	-		_
9. Sabin	454	1180	162	96	159	17	2068
10. Lines 1-2-3-4-5 (Diphtheria)	978	961	86	50	470	245	2790
11. Lines 1-2-3-6 (Whooping Cough)	978	958	84	49	51	1	2121
12. Lines 1-2-4-7 (Tetanus)	978	961	86	49	470	247	12791
13. Lines 1-8-9 (Poliomyelitis)	454	1181	162	96	159	17	2069

# Other Vaccination and Immunisation

## Other Vaccination and Immunisation

enteres at the shift have	Others							
Type of vaccine or dose	1966	1965	1964	1963	1959- 1962	under age 16	Total	
1. Quadruple DTPP	1	-	_	_	-	_	-	
2. Triple DTP	-	113	268	51	91	9	532	
3. Diphtheria/Pertussis		- di	-	n	60-	1	-	
4. Diphtheria/Tetanus		-	2	-	653	501	1156	
5. Diphtheria	-	-	-	-	425	268	693	
6. Pertussis		-	1		-	_	1	
7. Tetanus	-	-	-	-	1	-	1	
8. Salk	-	1	-	-	-	_	1	
9. Sabin	-	25	97	35	1061	24	1242	
10. Lines 1-2-3-4-5 (Diphtheria)	I	113	270	51	1169	778	2381	
11. Lines 1-2-3-6 (Whooping Cough)	_	113	269	51	91	9	533	
12. Lines 1-2-4-7 (Tetanus)	Ĩ	113	270	51	745	510	1689	
13. Lines 1-8-9 (Poliomyelitis)	-	26	97	35	1061	24	1243	

### Table 2-Reinforcing Dose.

# AMBULANCE SERVICE

### Vehicles

The fleet at the end of 1966 consisted of 13 ambulances and 9 sitting case vehicles, two of which are buses used for the transport of out-patients to and from hospital. We have continued to convey pupils to and from the Junior Training Centre by means of our two 26 seater buses and the service has been partly extended to the new Adult Training Centre. Five ambulance vehicles were transferred from Staffordshire County Council under the West Midlands Order 1965.

### Staff and Buildings

The ambulance staff at the end of the year consisted of one Ambulance Supervisor, one Assistant Supervisor and 48 Ambulance Drivers, two of whom are women. All members of the staff have successfully passed the St. John examination and refresher courses are arranged as necessary.

Fourteen ambulance drivers were transferred to the staff of this authority under the West Midlands Order, 1965 and an Ambulance Station at Richard Street, Darlaston was continued in operation pending the opening of the new Ambulance Station which we hope will be completed in 1968. The new building will provide facilities for 30 vehicles and will replace the present inadequate accommodation in Hatherton Road, Walsall and Richard Street, Darlaston.

In spite of the considerable increase in the amount of work brought about by local government re-organisation on 1st April 1966, the ambulance service has been able adequately to cope with the demand. The following summary illustrates this increase.

		1965	1966
Calls	 	43,989	72,018
Journeys	 	12,297	18,978
Cases	 	44,660	76,027
Mileage	 	171,910	270,089

# AMBULANCE SERVICE

The fleet at the end of 1066 consisted of 13 ambalances and 9 time case vehicles, two of which are beens used for the transport out-patients to and from hospital. We have continued to convey rolls to and from the Junior Training Centre by means of our two one the bases and the service has been partiy extended to the new out Training Centre. Five ambalance vehicles were transferred and Stationstehrs County Council radies the West Midlands Order

							4	1										
	EAGE	FTER-CA	s.c.v.	эм	6529	6763	7915	10322	11702	12082	11753	12836	14804	15313	15259	14163	139441	
	MIE	tients on 1	AMB:		8197	7641	8366	10404	12562	11145	11954	11220	11003	12093	13092	12971	8344 130648 13944	ler. 1965.
			s.c.v.		1		4	8	4				3038	1810	2200	1280	8344	ls Order.
		Other	ANCE	Sitting Cases	1	1	1	1	1	1	1	1	1	96	83	560	739	Midlands
ur:		ISI	AMBULANCE	Stretcher Cases	19	29	15	15	17	17	27	23	151	1126	1009	420	2868	the West
the year:		105	s.c.v.	1	1	1			gla		1		1	1	1			under th
and the second se	ES	Emergency	ANCB	Sitting Cases	1	1	1	1	1	1	1	1	1	1	1	1		
t during	CASES	a	AMBULANCE	Stretcher Cases	217	220	234	289	306	260	304	305	317	267	292	273	3284	transferred
ed out		laidweithea	s.c.v.		1920	2170	3608	2023	3129	3917	2795	2086	1312	3491	3371	2258	32080	ch was
carried			ANCE	Sitting Cases	1125	620	970	1470	1520	1620	1807	2049	1500	1307	1871	2000	17859 32080	Sta tion which
e work	100	ssəulli	AMBULANCE	Stretcher Cases	851	850	910	1000	905	1065	1065	1381	1139	306	433	948	10853	
vs the		Analgesia Apparatus etc.	AMB: S.C.V.		78	50	54	40	79	51	62	11	38	101	40	63	667	Ambulance
show		Midwives, Midwives	AMB :	nine) Pro	24	70	60	82	29	26	26	90	71	1	32	10	520	
table		Service	s.c.v.	dish	10	3	0	10	16	14	14	20	18	14	14	11	151	Darlaston
		Abortive	AMB:		31	60	68	70	63	67	99	78	88	60	53	47	751	1.1.1
lowin	JOURNEYS	- Ofpet	s.c.v.		1	1	4	8	4	1			129	306	328	426	1205 751	include
The following	loui	10410	AMB:	100	19	29	15	15	17	17	27	23	60	100	131	306	759	April
Th(		- Emergency	s.c.v.		1	1	1	1	1	1	1		1	1	1	1	1	from
		N. Managara H	AMB : S.C.		209	211	228	283	292	255	304	299	311	267	286	264	5389 3209	figures
		86011111	s.c.v.	opliqu	194	316	287	513	460	477	725	789	646	347	455	180	5389	The fig
		ssəulli -	AMB : S.	o br	521	461	578	722	698	541	479	447	398	555	534	393	6327	
	CALLS	ant ye			4172	4140	5690	3940	5500	5937	5601	5822	7352	7264	8843	7757	72018 6327	NOTE.
		Month		dini b li	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	

# PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Sick-Room Appliances Service

Sick-room appliances are available for issue to patients on loan on the recommendation of the hospital, family doctor, district nurse or health visitor.

During the year the following articles were issued: -

Rubber Sheets	 305	Walking Aids	 6
Back Rests	 241	Urinals	 124
Feeding Cups	 15	Sputum Cups	 2
Crutches	 26 prs.	Air Rings	 201
Walking Sticks	 44	Wheel Chairs	 115
Bed Cradles	 59	Bedpans	 235
Bed Tables	 8	Bed Boards	 6
Commodes	 77	Air Beds	 1

A small deposit is required for each article loaned, which is refunded on the return of the article.

### **Provision of Incontinence Pads**

Incontinence pads are issued on the recommendation of the general practitioner and are distributed by the district nurses on their routine visits to patients. 12,500 pads were issued to 249 patients during 1966.

No serious difficulties were encountered during the year in the disposal of used pads and in all cases use was made of the domestic fire. An incinerator has however been installed at the Health Department Depot and this will meet any disposal problems which may arise.

#### Milk Assistance Scheme

Under the Council's Milk Assistance Scheme a grant of free milk is issued by the department to tuberculous patients upon the certificate of the Chest Physician. 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 patient. For varying periods during the year, 14 patients suffering from tuberculosis were supplied with one pint of milk per day, free of charge. A close liaison with the Chest Physician continues and officers of the Chest Clinic and of this department confer regularly upon the needs of tuberculous patients. The Tuberculosis Health Visitor, who is actually employed by the Local Authority, has an office at the Chest Clinic and works with the Chest Physician and consequently obtains very useful information regarding patients, which helps her later in environmental duties.

### **Convalescent Treatment**

Under the Council's convalescent treatment scheme arrangements are made to provide convalescent holidays for persons certified by medical practitioners to require them.

During the year 31 children were sent to the Ormerod Convalescent Home, St. Annes-on-Sea, for three weeks.

Seven adults went to convalescent homes at Blackpool and Llandudno for two 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.

### Chiropody

A full-time and a part-time chiropodist were transferred to us on 1st April, 1966 which accounts for the considerable increase in attendances for treatment. Chiropody sessions are held at three clinics in the added area together with some domiciliary work. The demand for chiropody increases from year to year as is illustrated in the following table:—

> Number of attendances for treatment

1961	 	 693	
1962	 	 562	
1963	 	 611	
1964	 	 827	
1965	 	 1,700	
1966	 	 4,097	

At the time of writing we have recruited a further full-time chiropodist, whose services will enable us to provide treatment to school children and extend domiciliary chiropody.

# DOMESTIC HELP SERVICE Staff

At the end of the year the number of domestic helps employed was 14 full-time and 131 part-time. There is one full-time organiser and one full-time assistant organiser.

### Work of the Domestic Helps

831 persons received help during 1966 of whom 630 (76 per cent) were aged 65 years or over. The number of confinement cases attended was 104. The service has met the demands of the enlarged

County Borough in spite of a large turnover in staff and some difficulties in the transfer of staff on 1st April, 1966. The neighbourly help service operated by the Staffordshire County Council in the added area prior to the implementation of the West Midlands Order 1965 was discontinued and all the neighbourly helps were offered employment as part-time domestic helps. Differences in methods of assessment and charging occurring on 1st April have now been resolved.

The following statistics show the work done by the domestic helps during the year: ---

No. of Helps employed at 31st December, 1966 (14 full-time, 131 part-time)	 145
No. of confinement cases	 104
No. of chronic sick and tuberculous cases	 52
No. of cases aged 65 years or over	 630
No. of mentally disordered cases	 3
No. of other cases	 42

# MENTAL HEALTH

### Administration and Staff

General Medical Supervision	Medical Officer of Health. Deputy Medical Officer of Health
Mental Welfare Officers	<ol> <li>Senior Mental Welfare Officer.</li> <li>Mental Welfare Officers.</li> </ol>
Training Centres: — Junior—Brewer Street	<ol> <li>Supervisor.</li> <li>Assistant Supervisors.</li> <li>Male Instructor</li> <li>Cook/Instructress.</li> <li>General Assistant.</li> <li>Part-time Female Instructor.</li> <li>Part-time Clerical Assistant.</li> </ol>
Adult—Shepwell Green (Transferred premises)	<ol> <li>Manager.</li> <li>Deputy Manager.</li> <li>Male Instructors.</li> <li>Female Instructors.         <ul> <li>(one on N.A.M.H. Course)</li> <li>Domestic Staff.</li> <li>Part-time Clerical Assistant.</li> </ul> </li> </ol>

Adult—Brewer Street (Operational from 5th December, 1966).	<ol> <li>Manager.</li> <li>Deputy Manager.</li> <li>Instructors.</li> <li>Domestic Staff.</li> <li>(Other appointments to be made in 1967).</li> </ol>
Hillfield Hostel Willenhall.	<ol> <li>Matron.</li> <li>Deputy Matron.</li> <li>Female Attendants.</li> </ol>

Ancillary Staff.

# Approval of Medical Practitioners

The following doctors are approved by the Local Health Authority under the Mental Health Act, 1959, to give medical recommendations for compulsory admission of mentally disordered persons to hospital or reception into Guardianship: —

Dr. T. Ross	 Medical Officer of Health.
Dr. I. M. Brown	 Senior Medical Officer.
Dr. G. M. Baker	 General Practitioner.
Dr. A. B. Davies	 General Practitioner.
Dr. L. A. Redlich	 General Practitioner.
Dr. P. G. H. T. Pollitt	 General Practitioner.
Dr. M. H. Bott	 General Practitioner.
Dr. E. R. S. Grice	 General Practitioner.
Dr. J. W. Tanner	 General Practitioner.

### Admissions and After-Care

The following table shows the number of cases dealt with in 1966 under the Mental Health Act, 1959, by the Mental Welfare Officers: —

Removed to Hospitals			 	 161
Cases investigated			 	 150
No. of patients referred f	for afte	er-care	 	 435
No. of after-care visits pair	id		 	 2,201
No. of miscellaneous visit	ts		 	 525

### Local Government Reorganisation

The reorganisation of Local Government resulted in administrative changes within the Mental Health Service of this authority.

Two additional Mental Welfare Officers were appointed. Patients suffering from mental illness were admitted to the appropriate Hospitals based upon the original catchment area, and the resulted in close co-operation with the four hospitals concerned, St. Matthew's, Burntwood; St. George's, Stafford; New Cross, Wolverhampton; and All Saints', Winson Green.

The following establishments were transferred from the Staffordshire County Council: —

The Adult Training Centre, Shepwell Green, Willenhall		Total places	68
The Hillfield Hostel (Subnormals), Shepwell Green, Willenhall	10 00	Total places	20

By mutual agreement with the surrounding authorities there was no alteration in provision of services and out-Borough cases continued to benefit from the original arrangements with a charge being made to the appropriate authorities. This principle was applied in regard to the persons who were accommodated on behalf of this authority in other areas.

The following is a summary of placements as at 31st December, 1966.

Out-Borough Cases:

Table	Burton	Dudley	Stafford- shire	West Bromwich	Wolver- hampton
Junior Centre	-		1		_
Adult Centre:					
Brewer Street	100 <u>19</u> 10		2	2	1 -
Shepwell Green	-	9	11	9	17
Hillfield Hostel	1	3	10	1	-
		Alter A	(Includes 'No Home'	')	

Other Authorities Services:

	Wolverhampton	Warley	Staffordshire
Junior Trainees	20	in another	-
Adult Trainee	-	1	Cashering
Home for Aged		_	1

Home Tuition was continued for a mentally handicapped girl, the service having been an established arrangement prior to April 1966, but this exceptional provision of Tutor has been the subject of special review. Holiday Home arrangements were continued for the Adult mentally handicapped Trainees who attended at Shepwell Green Centre. Two parties attended at Tan-y-Bryn Home, Rhos-on-Sea by arrangement with the Staffordshire County Council and with the approval of the appropriate authorities. Similar facilities were provided for some of the children in attendance at the Bilston Centre, Wolverhampton.

An additional bed at Dr. Barnardo's Home, Holbrook, Derbyshire was negotiated and this resulted in two children being accommodated for short term care for two month periods during the past year.

### **Training Centres**

JUNIOR CENTRE, BREWER STREET, WALSALL.

This continued as an All-age Centre pending the construction of the Adult Centre.

At the end of the year there were 53 Juniors and 6 Seniors in attendance. The curriculum of the Centre includes rug making, stool seating, embroidery, handicrafts, percussion band, eurhythmics, country dancing, puppetry, games and speech training.

The Special Care Unit facilities are provided for pupils with added physical disabilities.

A group has now been established for weekly visits to the local Swimming Baths.

Selected Trainees were conveyed by ambulance coaches from points near to the Trainee's home.

### ADULT CENTRE, BREWER STREET, WALSALL.

This purpose-built Centre was officially handed over to the Local Authority on 25th November, 1966. It was operational from 5th December, 1966 when an established group of adults was transferred from the Junior Centre in order to make an adjustment in preparation for a full scale programme of activities in the New Year. Number on Register: 39. There was no great problem regarding attendance as most of the group were able to travel by public transport.

The output incentives which are in existence at the other Adult Centre were introduced.

It could be foreseen that the ideal conditions, excellent choice of equipment, together with an enthusiastic staff, must result in a high standard of training and socialization being obtained. It is intended to introduce a group of former mentally-ill patients into this Centre in the near future.

### ADULT CENTRE, SHEPWELL GREEN, WILLENHALL.

This was a well established Centre transferred from Staffordshire County Council. The programme of training and work output has been the result of original work methods developed into skills which are necessarily applied into a workshop routine for the mentally handicapped adults. The high standards obtained reflects the knowledge and abilities of the personnel transferred to this authority. Number of Trainees on Register: 68.

The main products relate to woodwork and metalwork, generally under contracts to local firms, but sales are also made to the public. Upon the introduction of Jigs and Templates and the simple assembly methods applied, the handicapped persons are encouraged without stress, by sympathetic instructors. Socialization, Housecraft and Swimming groups are also included in the weekly programme of activities.

An incentive Bonus is payable based upon output and attendance. Free mid-day meals are provided.

In view of the large catchment area most of the trainees are conveyed by a contract coach service which was in existence prior to March 1966. Some trainees reside at the nearby Hostel for part of the week and attend at the Centre.

The Instructors on the staff attended an annual Refresher Course by arrangement with the Staffordshire County Council.

#### Residential Accommodation

HILLFIELD HOSTEL, BILSTON LANE, WILLENHALL.

Transferred from Staffordshire County Council, the Hostel accommodates a total of 20 persons, (10 male and 10 female). Some of the residents are able to attend for employment in Industry while the others are required to attend at the Shepwell Green Centre. An arrangement already in existence, permitting some residents to remain for part-time only (four nights) continues by agreement with the appropriate authority. A contribution towards the cost of maintenance is made by the residents.

The daily care and guidance is given by the Matron and every effort is made to provide a family atmosphere. Medical attention is readily available from a local general practitioner, but periodic visits are also paid by the Medical Staff of this authority.

#### **Future Projects**

Following the increased population within this authority it will be essential to review the requirements to meet future needs, and matters relating to Hostels for the mentally ill, Shelterd Workshops, Short-stay Homes, adaptation of existing buildings and additional Social Clubs, will eventually be needed to provide a comprehensive service.

## Day Hospital Service

This service is available for the mentally handicapped at St. Margaret's Hospital and the mentally ill at All Saints' Hospital, Winson Green. Patients are conveyed by ambulance.

### Short Term Care

Two contract beds at Dr. Barnardo's Home, Holbrook, meet some of the demands for relief to the families of mentally handicapped children. Other places are allocated at St. Margaret's Hospital.

### Mental Health Week

A varied programme was publicised for the special activities and was well attended by interested members of the community. A similar project is envisaged for 1967.

### Social Club

The Phoenix Social Club, which meets weekly, is a club for patients who have been discharged from Mental Hospitals and for persons who are in need of a preventive service, has proved to be a valuable contribution to the Council's Mental Health Service. A varied programme is arranged and this includes coach trips, social evenings, film shows, and on alternate evenings, a handicraft session is held, when instruction is given by Health Visiting staff and voluntary members from local organisations. Mental Welfare Officers are always in attendance and this allows the patients an opportunity to discuss any problems relating to family matters, employment and general rehabilitation.

### General

A clinic session for the diagnosis of mental subnormality is held monthly in Walsall and the Medical Superintendent of St. Margaret's Hospital is usually in attendance. General practitioners have been notified of this arrangement in order that the service can be made easily available if required. Much work in the field of mental subnormality is carried out by the medical staff of the Health Department in the course of their clinical duties.

Mental Welfare Officers have attended at the appropriate hospitals to appear before Mental Health Review Tribunals to support the home conditions reports which have been requested, following an appeal by a patient to a Tribunal. Progress reports are submitted at appropriate periods after discharge.

The after-care of patients discharged from mental hospitals is carried out by Mental Welfare Officers. Resulting from the improvement in the employment situation, it has been found necessary for after-care visits to be made during the evening to some of the discharged patients. Weekly case discussions are held at St. Matthew's Hospital and a Mental Welfare Officer attends to assess the social requirements before the discharge of patients who have received treatment for mental illness. There is close co-operation with the local psychiatric hospitals, and the services of their Consultants are readily available for advice and assistance.

There is complete co-operation with various agencies, Ministry of Labour, National Assistance Board and Ministry of National Insurance, to provide the appropriate service for patients in the community.

A Mental Welfare Officer is available for on-call duties on a rota to deal with any special emergency where the services are requested by general practitioners, police, etc.

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Number of patients referred to Local Health Authority during year ended 31.12.66

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s			2.2						
Totals			125	472	25	38	15	246	921
Severely Subnormal	16 years and over	E						16	16
Subn	16 and	M		5				14	16
erely	Under Age 16	F	-			10		22	33
Sev	1	M				11		II	22
al	16 years and over	Ĥ		-		00		22	31
Subnormal	16 and	M	1	4		6	1	19	32
Sub	Under Age 16	H						1	
-	1.	M	1					1	1
hic	16 years and over	F						1	1
lopat		M				1			1
Psychopathic	Under Age 16	H						1	
		M							
Ш	16 years and over	H	62	200 265	12		-	75	415
Mentally III		M	62	200	13	1	14	67	356
Ment	Under Age 16	Ĥ						1	1
	U Ag	W						1	1
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			General Practitioners	Hospitals, on discharge from in-patient treatment	Hospitals, after or during out-patient or day treatment	Local Education Authorities	Police and Courts	r Sou	
			Gene	IsoH	IsoH	Loca	Polic	Other Sources	

51

MENTAL HEALTH ACT, 1959

mporary residential care or admitted to guardianship during 1966 4 60

	Mentally III	lenta.	Mentally Ill		Elderly	srly	Ps	Psychopathic	pathi	c	S	Subnormal	rmal	0	evere	ely Su	Severely Subnormal		Total
	Under Age 16	ler 16	16 and over	T	Mentally Infirm	rm	Under Age 16	ler 16	16 and over	er	Under Age 16	ler 16	16 and over	nd	Under Age 16	er 16	16 and over	p	
	W	F	M	H	M	F	M	Li Li	M	Ц	M	Ц	M	H	Μ	H	M	E	
	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17) (1	(18)	(19)
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year.				1	1	1	1				1							1	
(a) In urgent need of hospital care	1			-1		1	1	1	1	1	1	1	1		3	1	1	1	9
<ul> <li>(b) Not in urgent need of hospital care</li></ul>		1			1	1			1			1	1	1	3	-	-	-	9
2. Number of admissions for temporary residential care (e.g. to relieve the family).	1		1	1							1				9	3	3	4	16
:	1	1	1			1	1	1	1	1	1		9		1	1	1	1	-
sidential accommodation			1	1	1	1	1	1			1	1		1	9	2	1	1	=
here	1	1	1	1	1	1	1	1	1	1	1	1	1	1	13	œ	8	4	28
(d) 1otal	1		1	1		1	1	1	1	1	1	1	5	1		1	1	1	C1
(b) Total number under guardianship at end of		1	1	- 1	1	1	1	1			1		5		1	1	1	1	4

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343	Total	110	(19)	953	140	25	1	1	8	+	1	2	10	49	730	NIL	NIL	2	NIL		
rmal	und er	F	(18)	81	36	3	1	1	5	1	+	1		15	27						
Severely Subnormal	16 and over	M	(17)	63	27	1	1	1	1	1	1	Ι	1	12	23	le	nale	le	Female		
ely S	ler 16	Ŀ	(16)	58	39	12	1	1	1	L	1	1	2	1	9	Male	Female	Male	Fei		
Sever	Under Age 16	W	(15)	45	33	10	1	1	1		1	1	3		1	ories	sp.	0			
	nd er	Ц	(14)	118	1	1	-	1	1	1	1		i	00	108	catego					
rmal	16 and over	W	(13)	186	1	1	1	1	4	E	1	1	1	6	176	in the					
Subnormal	er 16	Ц	(12)	1	1	1	1			1	1	1			1	e with		1			
S	Under Age 16	M	(11)	1	1	1	1	1	1	1		1	1	aur	1	ot com			948		
dou	nd	H	(10)	1	1	1		1			1	1		1	-	v do no		6	Act, 1		
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rly	m'n'	E	(9)	9	1	1	1	1	-	1	1	1	1	Jane .	0	ded in			r the l		
Elderly	Mentally Infirm	W	(5)	3	1	1	1	1	1	1	1	10	1	1	3	n inclu		12	1 unde		
	1	1	(4)	229	2	1	1	1	1	1		1	3	61	225	ot beer	Ta	21	ovided		
Mentally Ill	16 and over	M	(3)	164	-	1	1	1	1	1	1	1	1	9	157	nave n		R	tion pi		
ental	er 16	E	(2)	1	1	1	1	1	1	1	1	1	1	enth	1	who			unoda		
M	Under Age 16	W	(1)	1	1	1	1	1	1	1	1	1	L	India	1	centres	centres				accon
	bash bash bash bash bash bash bash bash	Band a subscription of the	in a loss of the l	. Total number	2. Attending training centre	3. Awaiting entry to training centre	4. Receiving home training	5. Awaiting home training	6. Resident in L.A. home/hostel	7. Awaiting residence in L.A. home/hostel	8. Resident at L.A. expense in other homes/hostels	9. Resident at L.A. expense by boarding out in private household	10. Attending day hospitals	<ul><li>11. Receiving home visits and not included in lines training centre 2.10</li></ul>	(b) others	19 Number of shildren under see 16 attending training of	covered in columns (1) to (18)		13. Number of persons included in item 6 who reside in accommodation provided under the National Assistance Act, 1948		

### SECTION D.

# MISCELLANEOUS

### Health Education

The appointment of a full-time health education officer, who is a qualified health visitor, in August 1966 enabled several more schools and adult clubs to have the benefit of our health education teaching. This is an important aspect of the work of the Health Department which due to staffing shortages, has often had to be cut to a minimum by health visiting staff to allow home visiting and staffing of child welfare and ante-natal clinics to be carried out.

The programme in schools covers mothercraft, personal hygiene, learning to live, child care, growing up, sex and life, films and demonstrations being used whenever possible. Visits to our child welfare centres by senior school girls are included in the curriculum. During the year 13 courses were carried out in schools, involving 114 lectures and as a result of an examination at the end of each course 110 first class and 75 second class mothercraft certificates were awarded.

Lectures and demonstrations have been given to girls and boys taking part in the Duke of Edinburgh's Award Scheme. As the Superintendent of Home Nursing is a male we are able, through him, to give the boys in some schools instruction in health attitudes to growing up, hygiene, adolescent growth and sex education. We are still only able to touch the edge of male health education at present, however, but it should be the endeavour of the Department to see that boys as well as girls have the same opportunity to learn healthy attitudes to growing up.

In child welfare and ante-natal clinics, 69 short talks have been given to mothers attending clinics, the subjects covered being vitamins, teeth, child management, clothing, home safety, ante-natal care, old wives tales, breast feeding, physiology of labour etc.

Mothercraft classes have been well attended during the year, two new classes were started in the added area at Bentley and Short Heath Clinics. During the year 473 mothers made 2,602 attendances at mothercraft and relaxation classes. Fathercraft classes held in the evenings at the end of each course are well attended and obviously much appreciated by young fathers-to-be.

The Chief Nursing Officer and her staff are still asked to address adult groups on various subjects. A careers evening at Queen Mary's Girls School was held in the Autumn with the Medical Officer of Health and the Chief Nursing Officer present, when school leavers were advised on facilities available for medical and nursing training.

In November 1966 a mothers' evening club was commenced at Beechdale Clinic, which gives mothers an opportunity to leave father at home whilst she mixes with other women and enjoys a few leisure hours. This club rapidly filled to capacity and soon had a waiting list. The mothers themselves, with a health visitor to help, formed their own Committee and many interesting evenings have been arranged for 1967. The first evening was a social occasion, followed by a demonstration of home-made Christmas decorations. It is felt that this club fills a need for the young mother and is a worthy use of local authority premises. Towards the end of the year discussion took place regarding clubs for immigrants, and it is hoped to commence them early in 1967.

In December the Old People's Welfare Committee were granted the use of Little Bloxwich Child Welfare Centre for an elderly persons' club. This rapidly built up in numbers and chairs had to borrowed to seat all who wished to join. The health visitor in charge of Little Bloxwich Clinic keeps a friendly eye on this club

Sewing classes in clinics continue to hold the attention of many of our mothers and the work done is of an excellent standard. Our thanks are due to the Education Committee for granting us the services of a very experienced instructress.

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, often give freely 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.

### Nursing Homes

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

### **Medical Examinations**

The medical staff of the health department carry out medical examinations on behalf of the various corporation departments on candidates for admission to the superannuation scheme and also act as medical examiners in cases where corporation employees are reported to be medically unfit to continue in the Council's service. The following table shows the number of medical examinations carried out during the year: ---

Transport Department		296
Education Department		366
Public Works Department		132
Health Department	·	90
Housing Department		37
Children Department		14
Town Clerk's Department		32
Borough Treasurer's Department		26
Fire Department		15
Baths, Parks and Cemeteries Department		73
Welfare Department		20
Public Libraries		20
Weights and Measures		1
Civil Defence Department		2
Magistrates Clerk's Office		7
Borough Architect's Department		19
		1 150

1,150

# Water Supplies

The following information has been received from suppliers of water to the County Borough of Walsall.

The Engineer-in-Chief, of the South Staffordshire Waterworks Company reports as follows: —

"The supply to the County Borough of Walsall has been satisfactory in quality and quantity.

The supply to the County Borough of Walsall is derived from pumping stations outside the boundaries of the Authority. These pumping stations are examiend regularly, and, where treatment is installed, bacteriological examinations of the raw water are also carried out.

During 1966, routine samples were examined within the County Borough from the Walsall Reservoirs, Daisy Bank Crescent, the Company's Depot in Bridgeman Street, The Pinfold, Bloxwich and 15 Slater Street, Darlaston.

10 samples from Bloxwich, 13 from Darlaston, 10 from Daisy Bank Crescent and 19 out of 21 samples from Walsall Depot were all free from coliform bacteria.

20 out of 22 samples from Walsall Reservoirs were free from coliform bacteria.

Only one of the supplying stations (Seedy Mill) contained any measurable quantity of naturally occurring fluoride, the average being .27 p.p.m.

The waters are not liable to plumbo-solvency, all the tap samples being free from any measureable quantities of lead.

In cases of possible contamination, such as a burst or damaged main, emptying reservoirs etc., emergency chlorination is performed. Special apparatus and staff are available for this work. New mains etc. are not brought into use until the water has been examined and proved satisfactory.

The number of houses with a piped water supply in the County Borough of Walsall at 31st December, 1966, was 45,800, which includes 3 supplied from an outside tap.

Based on an average of 3.24 persons per house, the estimated population would be 148,392."

Secondly the Chief Chemist and Bacteriologist of the Wolverhampton Corporation Water Undertaking reports as follows:—

"The water supplied to the area has been satisfactory in (i) quality and (ii) quantity.

All supplies are piped.

### **Bacteriological Examinations**

	No. of Samples	0	of sampl 1-2 form orga	3-10	Over 10
Raw water and during treatment	975	913	8	2	52*
Water going into distribution	872	854	15	2	1
Water in Distribution system	502	477	11	10	4
Miscellaneous samples	344		1		
Total	2,693				

\* All from River Worfe.

These results conform to a satisfactory standard of quality.

### **Chemical Examinations**

A total of 1,700 chemical samples were taken and examined.

As a mixed water is supplied to the Walsall district, no single fluoride figure can be given. At any given time, however, this value will fall between 0.04-0.18 p.p.m.

The water supplied is not plumbo-solvent.

No serious contamination occurred.

On two occasions coliform organisms other than E.Coli I were detected in samples from end hydrants. These were immediately flushed and re-sampled, and found to be satisfactory.

The number of dwellinghouses supplied is 13,410 and the population estimated as 42,033.

All are supplied directly from the mains."

#### Sewerage

G. J. Whitehouse, Esq., T.D., A.M.I.C.E., A.M.I. Mun. E., Borough Engineer and Surveyor, has supplied the following information relating to sewerage and sewage disposal in Walsall:—

"Following the reorganisation of local government on April 1st, 1966, the County Borough is now divided into seven catchment areas.

An added difficulty is that much of the sewage cannot be drained by gravity to the various Sewage Works and there are now 23 pumping stations to be maintained.

During the year no major sewerage schemes have been carried out in the County Borough and in consequence many sewers are now seriously overloaded and, in times of storm, flooding is experienced in parts of the area. Where there are storm overflows to brookcourses then these discharge crude sewage in times of storm and this particularly occurs in the Broadway area of Walsall.

Whilst the principle of separate sewerage systems on new developments has continued these invariably have to be connected to an existing combined sewer at the point of outfall. This means that the existing sewers are having to carry ever increasing flows.

Flooding of properties has also been experienced due to freak storms which occurred during the year, in particular during August 1966. This caused houses in Willenhall to be flooded with both river water and foul sewage. As a temporary expedient the banks of the River Tame at Cedar Road have been sheet piled and new pumps have been installed at Aston Road Pumping Station, this having been reasonably successful. I am now attempting to find a permanent solution to the problem. Redevelopment of some sites in the Borough has meant that existing sewers have had to be diverted to avoid new buildings and in some cases a less desirable pattern of drainage has had to be accepted.

The sewerage of the District has deteriorated during the past year due to lack of resources in the department, and several major schemes are urgently required to produce a satisfactory drainage system for the County Borough.

The disposal of sewage has been handed over to the Upper Tame Main Drainage Board, who also carried out the Trade Effluent Surveys in the Borough. The only work which the department has been concerned with is the completion and commissioning of the sludge pressing scheme for the mechanical dewatering of sludge. This work was commenced before the reorganisation of local government and on its completion in August 1967, it will be handed over to the Upper Tame Drainage Board."

### Pathological Examinations

The arrangements for the examination of pathological and bacteriological specimens by the National Laboratories Service has 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.

### National Assistance Act, 1948, Section 47

This section provides for the compulsory removal of persons in need of care and attention. There were no cases during the year where action was necessary.

### Cremation

The Medical Officer of Health is the Medical Referee to the Walsall Corporation under the regulations made in pursuance of the Cremation Acts, and is responsible to the Corporation for the final authority to cremate. The Deputy Medical Officer of Health and the Senior Medical Officer for Maternity and Child Welfare act as medical referees in the absence of the Medical Officer of Health.

During 1966 certificates were given in respect of 621 deaths of persons who had resided in Walsall, and 364 in respect of persons who had resided outside the Borough, a total of 985.

# Nurseries and Child Minders

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

Nine nurseries and eight persons registered as child minders were on the register at the end of the year. The necessary inspections and supervision are carried out by the Senior Medical Officer for Maternity and Child Welfare and the Chief Nursing Officer.

### **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.

At the end of 1966 there were 366 Walsall residents on the register for the blind and 61 on the register for the partially-sighted.

COUNTY BOROUGH OF WALSALL

# ANNUAL REPORT

### OF THE

# **Chief Public Health Inspector**

## for the year ended 31st December, 1966

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

### Mr. Mayor, Ladies and Gentlemen,

I present my Annual Report on the work of the Public Health Inspectorate for the year 1966. This particular year saw the implementation of the West Midlands Order, 1965, with the alteration of the Borough boundaries. The changes in the Borough boundaries brought an increase in acreage from 8,777 to 12,990 principally by the inclusion of Darlaston, most of Willenhall and part of Wednesbury within the Borough. The changes also brought an increase in population of a third from about 120,000 to about 180,000, but the general volume of work appears to have increased in a greater proportion.

Many day to day difficulties were encountered at first from changes in practice and changes in staff accompanied by both the dispersal of records and staff. These difficulties were generally overcome after the first three or four months particularly with the opening of the new central offices in June.

It was decided by the Health Committee to maintain two suboffices at Darlaston and Willenhall in addition to the sub-office which had existed at Bloxwich for some years. The offices were staffed with full-time clerks. In the first few months the offices were used by the field staff who could not be contained in the central office, but later were used only by the district inspector operating in the area concerned.

The revised organisation of the public health inspectorate into four divisions was put into effect and worked well apart from staff shortages. The divisions cover general district work, housing, meat and food inspection, noise and smoke control and each division is in the charge of a divisional inspector. It is the general pattern of organisation adopted by the other West Midland County Boroughs and lends itself to good liaison. It is unfortunate that a severe shortage of public health inspectors has been a dominant feature of the year's working, but it is hoped that, despite all the difficulties, the accompanying Report will show that much worthwhile work has been done.

My thanks are expressed to the Health Committee for their support. Thanks are also due to my Deputy, Senior Inspectors and all other members of the staff, for the work set out in this report and for their assistance in the preparation of this report.

# J. P. BARTON,

Chief Public Health Inspector.

# PART 1-GENERAL

# Complaints.

The department continues to receive a high number of public health complaints and enquiries every year by letter, telephone, or personal calls at the central office in Walsall or the three sub-offices at Bloxwich, Darlaston and Willenhall. It is to the credit of the clerical staff handling these enquiries or complaints that it is very rare to receive any subsequent complaint that the matter has not been dealt with pleasantly and efficiently.

No exact record is kept of the numerous enquiries received although it is known that enquiries concerning "lifes" of sub-standard houses alone must run to three or four thousand a year. The following figures also give some indication of the flow of work in the department: —

Complaints	dealt	with		3,873
Notices serv	red		<sup>0</sup> D	1,593

#### Visits.

In addition to the investigation of complaints, numerous routine visits are made in connection with the work described elsewhere in this Report and when these are totalled with the investigation of complaints they give the substantial figure of:

Visits for all purposes ... 28,246

# Offices and Shops.

Under the provisions of the Offices, Shops and Railway Premises Act, 1963, numerous inspections have been made by public health inspectors and technical assistants. Prescribed particulars have to be supplied to the Ministry of Labour each year on the administration of the Act and the following statistics were provided—

# Registrations and general inspections :

Class of premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general insp. during the year	
Offices	48	373	287	
Retail shops	90	961	587	
Wholesale shops, warehouses	8	60	30	
Catering establishments, open to the public, canteens	11	222	89	
Fuel Storage Depots		5	2	
Total	157	1,621	995	

Number of visits of all kinds by inspectors to registered premises ... ... ... 1,849

Analysis of Persons Employed in registered premises by workplace :

Class of workplace	Number of persons employed	
Offices	3,117	
Retail shops	4,894	
Wholesale departments, warehouses	591	
Catering establishments open to the public	1,470	
Canteens	78	
Fuel storage depots	46	
Total	10,196	
Total Males 3,643 Total Females 6,553		

Only one exemption certificate from the provisions of the Act was issued during the year and this was in respect of washing facilities and sanitary accommodation at a shop, where adequate provision was made at adjoining premises.

No prosecutions were instituted during the year.

13 inspectors consisting of the department's public health inspectors have been appointed as inspectors under the Act whilst two technical assistants and one clerk are also employed for most of their time on work in connection with the Act.

The narrative comment submitted to the Ministry of Labour was as follows:

"1,621 premises had been registered by the end of the year as being within the scope of the Act. Generally speaking this means all offices and shops where persons other than self employed persons, or close relatives of the employer, work more than a total of 21 hours in any week.

"The figure of 1,621 is an increase of 512 on the figure for the end of the previous year. This increase includes approximately 370 registrations transferred from the former Darlaston U.D.C., Willenhall U.D.C., and Wednesbury Borough Council on 1st April, 1966 under the terms of the West Midlands Order, 1965 which extended the boundaries of the Walsall County Borough Council. The remainder of the increase consists of late registrations and new registrations, less those registrations cancelled during the year.

"The Health Committee have accepted late registrations during the year with no more than a formal warning expressing concern at the lateness of the notification. The decision has now been taken to take into account the circumstances of each late notification and to consider the possibility of legal proceedings, particularly if the premises concerned seriously contravene the provisions of the Act.

"It is still uncertain how many premises coming within the scope of the Act remain unregistered but it is thought that the number must be few. The initial general inspections of all premises are now almost completed. It is hoped that the checking of all offices and shops in the enlarged Borough will be carried out during 1967. All unregistered premises will be reported to the Health Committee with a report on the conditions found.

"The department has been severely affected by a shortage of public health inspectors but the two technical assistants engaged full time on work under the Offices, Shops and Railway Premises Act have ensured that steady progress has been maintained. It may be necessary to employ another full-time technical assistant to keep a proper rate of re-inspection and investigation. In the case of food premises the inspections are carried out by public health inspectors to combine work under food legislation with work under the Offices, Shops and Railway Premises Act in one visit. "513 letters have been sent drawing the attention of employers to contraventions of the Act as set out in more detail below. Re-inspections will be commenced in early 1967 to determine what action has been taken to bring premises into compliance with the Act and the appropriate reports will be made to the Health Committee.

"57 notifications of accidents were received during the year. All cases were investigated but in no case was it considered necessary to take legal proceedings. Most of the notifications came from large multiple organisations and it may be that the smaller employers are not fully aware of their statutory duty to notify accidents disabling an employee for more than three days.

"Approximately half of the 995 premises inspected during the year were found to have contraventions of the Act although not all these contraventions were major items. There was little to choose between the conditions prevailing in offices or shops, although on the whole offices were somewhat better. The conditions found were as follows: —

"Washing facilities. About 190 of the offices and shops were lacking in the provision of such items as hot water, soap or towels, but only about 34 of the shops completely lacked washing facilities.

"Heating. About 185 offices and shops were not provided with a thermometer but only about 15 were actually deficient in heating arrangements.

"Decoration. About 208 offices and shops required some redecoration, of which 78 were considered to be dirty.

"Ventilation and Lighting. About 41 offices and shops were deficient in ventilation but approximately 238 were deficient in lighting. It is noted that employees often seem unaware of the low lighting standard or express no concern at the low standard.

"Sanitary facilities. In 339 cases the sanitary accommodation was found to be unsatisfactory but many of the defects were of a nature which could be remedied fairly simply. In 63 cases there was a lack of sufficient sanitary accommodation.

"Drinking Water. 76 offices and shops were without a supply of drinking water. The provision of a drinking water source in the sanitary accommodation is not accepted as a satisfactory arrangement.

"Information for Employees. There were about 272 cases in which the employer had failed to display the requisite "Information for Employees." Again, full advice was given.

"Fencing of machinery. In only 12 cases was there considered to be any danger arising from the use of inadequately protected machinery.

"Floor coverings and provision of handrails. In 203 cases floor coverings were defective, and in 65 cases there was a lack of a suitable handrail. Most of the defective floor coverings were found in communal passages and stairs. "First Aid. It was found that about 208 premises had not been provided with the proper first aid equipment required by the Act and there seemed to be a general lack of knowledge of the standards required.

"Miscellaneous. Other items of deficiency related to lack of accommodation for clothing, the provision of seating arrangements and the provision of eating facilities. In all cases the numbers involved were relatively small."

# Factories and Outworkers

Under the Factories Act the inspection of factories with mechanical power is mainly carried out by the Factory Inspectorate. Local authorities have more duties in respect of factories without mechanical power but this type of factory is very few in number. Details of inspections are set out on Pages 90 and 91.

The inspections were carried out by the technical assistants of the department attached to the Smoke and Factories Division and it was possible to carry out systematic inspections for the first time for some years. Many notices were served and much work of improvement or repair was carried out. The inspection of factory canteens under the Food Hygiene Regulations and the investigation of noise, smoke, fume and grit complaints is dealt with elsewhere in the Report.

# **Caravan Sites**

The control of these sites falls under the provisions of the Caravan Sites and Developments, Act, 1960. The position at the end of the year was: —

Licensed sites	13
Licences lapsed, not renewed or transferred	3
Licences granted, renewed or transferred	5
Licensed sites at the end of 1966	13
Number of caravans on sites at end of 1966	32

All sites were inspected during the year to secure observance of site licence conditions. Generally no difficulities were encountered except in respect of one site and in this case compliance with the site conditions was ultimately achieved.

Itinerant caravans were largely dealt with by the Public Works Department since virtually all illegal siting of caravans was on vacant Corporation land. The illegal siting of a residential caravan on a private site was dealt with by the Health Department.

# **Disinfestation and Disinfection**

The control of rats and mice and other vermin was dealt with by the staff of the disinfestation depot at Bloxwich. Very little time was available for survey work since the depot staff were usually fully engaged in dealing with incoming complaints. A small amount of work was handled for adjoining authorities. The work handled during the year can be summarised as follows:—

Complaints received of rats and	mice	1,519
Visits to deal with rats and mice		6,523
Premises treated for insect pests		595

The baiting of sewers with sodium fluoracetamide to control sewer rats was carried out, over 5,400 manholes being treated.

Over 1,800 inspections were made of the premises and effects of prospective or exchanging council tenants. In agreement with the Housing Committee, the practice of HCN fumigation for all tenants' effects from clearance areas was discontinued and the practice was substituted of fumigation only when found to be necessary. The number of fumigations has dropped in consequence from two or three hundred a year to a mere handful with a considerable saving in labour and money. No adverse effects have been apparent from this change in practice although the position will be reviewed after more experience.

The clothing and bedding or 35 vagrants was treated during the year. The steam disinfector was used to good effect on several occasions during the smallpox out break in the early part of the year, including disinfections carried out for another County Borough.

# Infectious Disease enquiries.

This subject does not usually figure largely in Annual Reports these days, but in the early part of the year the public health inspectors were fully engaged in a smallpox outbreak. All the available staff were engaged on investigations and routine checking of contacts for over three weeks. Most of the work was carried out during the evenings or at weekends and at the end of the outbreak over 3,400 visits had been made, and 3,600 miles covered in pursuit of investigations.

# Swimming Baths.

322 samples were taken of swimming baths water during the year from the various public and school swimming baths in the Borough. Practically all these samples were found to be satisfactory, and in the case of the few adverse samples remedial measures were soon taken.

# Hairdressers and Barbers.

The 160 premises registered under local Act powers have been inspected from time to time and particularly in connection with the new Offices, Shops and Railway Premises Act. Conditions were usually satisfactory.

#### Animal Boarding Establishments.

A new Aot has now come into force designed to protect the welfare of animals boarded out in kennels, and to ensure the maintenance of hygienic conditions. Only 1 establishment was registered in Walsall. Another establishment was found to be operating under unsatisfactory conditions but the business closed down.

#### Pet Shops.

15 shops were licensed under the Pet Animals Act, 1951. Routine inspections showed that licence conditions were generally observed and that conditions were satisfactory.

# Rag Flock and Other Filling Materials Act.

There are 4 premises in the town requiring registration under the Act. No samples were taken during the year.

#### Fertilisers and Feeding Stuffs Act.

The sampling of these products was carried out in conjunction with food and drugs sampling. 30 samples were taken during the year. Most of these samples were of small quantities from retail shops although several samples were obtained of bulk quantities of nitrogenous gas liquor. Some adverse comments on small retail samples were received but no serious infringements were found, and all cases were dealt with informally.

#### Drainage.

The free drainage clearance scheme continued to operate very satisfactorily, and 678 complaints were dealt with. Upon the enlargement of the Borough it was found that different practices had been adopted in adjoining districts although all operated some form of free scheme. The different practices were kept in being as a temporary measure but towards the end of the year discussions were being held with a view to the Public Works Department taking over the whole of the scheme as being the best equipped department for the kind of work involved.

#### Supply of Dustbins.

The scheme for the rental of dustbins was transferred to the Public Works Department on the 1st January, 1966. Towards the end of the year a scheme for the supply of dustbins to all properties as a charge to the General Rate Fund was under discussion.

# Licences and Registrations.

Numerous applications were made during the year for the granting or renewal of various licences, registrations or similar authorisations. The position at the end of the year including those registrations mentioned elsewhere can be summarised as follows: —

Persons listed for the sale of poisons		00
		90
Premises registered for the sale etc. of milk		306
Premises registered for manufacture of preser	ved	dirvie ;
foods		16
Premises registered for sale etc. of ice cream		453
Registered food hawkers		49
Licensed slaughtermen		42
Licensed slaughterhouses		5
Licensed pet shops		15
Licensed animal boarding establishments		1
Registered hairdressers and barbers	1	160
Offices, Shops and Railway Premises Act-		H. peription I
Registered premises		1,621
Factories shown on register		1,348
Licensed caravan sites		13
Total		4,119

# Pharmacy and Poisons Act, 1933.

90 authorised sellers were listed for the sale of poisons in Part II of the poisons lists, such as certain horticultural products, certain disinfectants and cleaning agents. Routine checks were made to ensure that poisonous products were not stored in the vicinity of foodstuff and that unauthorised sales were not taking place.

# PART II-HOUSING

# Repair of Houses.

During the year 707 houses were repaired as the result of notices served by the district inspectors. It is not possible to make a comparison with previous years because of the change in the Borough boundaries.

#### Certificates of Disrepair.

Applications for Certificates of Disrepair under the Rent Act, 1957 are now rarely made. These certificates enable a certain proportion of the rent to be withheld by a tenant until specified defects are remedied. Whereas in 1958 applications were received for 121 certificates, during 1966 only 2 applications were received. 1 application for the cancellation of a certificate was received and granted.

#### Houses in Multi-occupation.

With the continuing staff shortages is has been impossible to maintain the desired supervision of houses in multi-occupation. Visits have been confined to dealing with complaints, which have generally been concerned with accumulations of rubbish, or alleged overcrowding. The number of houses in multi-occupation is not exactly known but is thought to be about 500. If the staffing position permits, it is hoped to carry out a survey of the town during 1967 to determine the exact position.

#### Common Lodging Houses.

The Ministry of Health has asked for specific reference to common lodging houses in Annual Reports. There are no registered Common Lodging Houses in the town. The Salvation Army maintains a hostel in Goodall Street which has about 200 beds of which rather less than half are in cubicles, and are used on a residential basis. Dormitory accommodation is available for other residents, itinerant travellers and workers, or those in temporary difficulties. A restaurant is available in the Hostel which is open to members of the public.

The hostel has been provided by the conversion of former factory buildings and in consequence suffers from a poor layout due to the original design and siting of the buildings. The accommodation can be described as being of a bare institutional character, but within the limitations of the building the hostel has always been found to be clean, well maintained and managed. The dormitory accommodation is contained in an Annexe which is owned by the Corporation and rented to the Salvation Army, but the main building is owned by the Salvation Army.

A fire unfortunately occurred in the Annexe in the early part of the year in which two men lost their lives. At the inquest the jury drew attention to the need for improved fire precautions.

The Salvation Army proceeded without delay to carry out repairs and improvements whilst the question of the future of the hostel was again examined in relation to Town Centre redevelopment proposals.

Subsequently the Corporation made a substantial grant towards the cost of work in the Annexe and the main building covering all recommended fire precautions work, the modernisation of sanitary and washing facilities, redecoration throughout and the renewal of electrical systems.

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# Unfit Houses.

It is with considerable regret that a substantial fall has to be reported in the number of unfit houses represented for clearance during the year. Whereas in the former area of the Walsall County Borough Council an average of 300 houses had been brought forward for clearance every year, the total for 1966 is only 136 and this figure covers the enlarged Borough since 1st April, 1966. There is no doubt that the severe staff shortages in the department were a major cause in this decrease.

Particulars of the unfit houses represented in clearance areas are set out below.

# Cleavance Areas.

The Walsall (Old Birchills Nos. 1 to 6) Clearance Areas, 1966	43	houses
The Walsall (Lichfield Road, Bloxwich) Clearance Areas, 1966	6	,,
The Walsall (Eldon Street) Clearance Area, 1966	17	,,
The Walsall (Essington Road Nos. 1 and 2) Clearance Areas, 1966	15	,,
The Walsall (Dale Street—Alexandra Road Nos. 1, 2, 3) Clearance Areas, 1966	23	,,
The Walsall (Dale Street Nos. 1, 2, 3) Clearance Areas, 1966	10	,,
The Walsall (Elmore Row) Clearance Area, 1966	5	,,
	119	

The Walsall (Pleck Road) Compulsory Purchase Order, 1966	12 houses
The Walsall (Caldmore Road) Compulsory Purchase Order, 1966	8 ,,
The Walsall (Hospital Street) Compulsory Purchase Order, 1966	9 ,,
The Walsall (Stafford Street Part III) Compulsory Purchase Order, 1966	5 ,,
The Walsall (New Street, Bloxwich) Compulsory Purchase Order, 1966	33 ,,

The Walsall (Little Albert Street) Compulsory Purchase
Order, 1966
The Walsall (Eldon Street) Compulsory Purchase Order,1966 </td
The Walsall (Lichfield Road, Bloxwich) Compulsory Purchase Order, 1966 6 ,,
The Walsall (Moxley Road, Darlaston) Compulsory Purchase Order, 1966 2 ,,
plus 3 Corporation owned houses
The Walsall (Willenhall Road, Darlaston) Compulsory Purchase Order, 1966 6 houses
The Walsall (Bush Street, Darlaston) Compulsory Purchase Order, 1966 6 ,,
The Walsall (Bridgeman Street) Clearance Order, 1966 8 houses
The Walsall (Augustus Street) Clearance Order, 1966 5 ,,
The Walsall (Hatherton Street) Clearance Order, 1966 4 ,,
The Walsall (Littleton Street East) Clearance Order, 1966 15 ,,
The following orders were confirmed by the Minister of Housing and Local Government without modification on the dates shown below: —

The Walsall (Bridgeman Street) Clearance Order,	
1965	11th July, 1966
The Walsall (Elmore Green Road) Compulsory Purchase Order, 1965	19th July, 1966
The Walsall (Hospital Street) Compulsory Purchase Order, 1966	19th July, 1966
The Darlaston (Park Road) Clearance Order, 1965	28th June, 1966
The Walsall (Blakenall) Clearance Order, 1966	12th Aug., 1966
The Walsall (Bloxwich Road) Compulsory Purchase	
Order, 1965	16th Aug., 1966
The Walsall (Stafford Street) Compulsory Purchase Order, 1966	9th Sept., 1966
The Darlaston (Cope Street) Compulsory Purchase Order, 1966	14th Sept., 1966
The Darlaston (Wolverhampton Street) Compulsory Purchase Order, 1966	14th Sept., 1966
The Walsall 1966(Caldmore Road)Clearance Order, 	25th Oct., 1966
The Walsall (Hatherton Street) Clearance Order, Order, 1966	4th Nov., 1966
The Walsall (Little Albert Street) Compulsory Purchase Order, 1966	7th Dec., 1966

The following orders were confirmed by the Minister of Housing and Local Government with modification on the dates shown below: —

The Walsall (Caldmore) Compulsory Purchase Order, 1965 ... ... ... 17th Mar., 1966

This Order was confirmed subject to the modification that references Nos. 171 to 173 (Land behind Nos. 38 to 48 even Thorpe Road) and references Nos. 177 to 188 (Nos. 41 to 46A and 49 and 50 Spout Lane and yards and garages) be excluded from the Order.

The Walsall (Bell Lane) Compulsory Purchase Order, 1965 ... ... ... 25th Mar., 1966

This Order was confirmed subject to the modification that reference No. 31 land in The Green, Bloxwich adjacent to the Bell Inn, Bloxwich and at the rear of Nos. 5 to 15 Bell Lane, Bloxwich, be excluded from the Order. Well maintained payments were recommended in respect of Nos. 24 The Green, Bloxwich, 18 The Green, Bloxwich and 48 Bell Lane, Bloxwich.

The Walsall (Blakenall) Compulsory Purchase Order, 1965 ... ... ... 12th Aug., 1966

This Order was confirmed with the modification that Nos. 249 and 150 Blakenall Lane, 2 Chapel Street, 11, 13, 15, Foster Street be excluded from the Compulsory Purchase Order.

The Walsall (Hatherton Street) Compulsory Purchase Order, 1965 ... ... ... 23rd Aug., 1966

This order was confirmed with the modification that Nos. 115, 116, 117, 118, Hatherton Street and Nos. 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39 Littleton Street East be excluded from the Order. These houses were later included in the Walsall (Hatherton Street) Clearance Order, 1966 and The Walsall (Littleton Street East) Clearance Order, 1966 respectively.

The Bilston (High Street, Moxley) Compulsory Purchase Order, 1966 ... ... ... ... 5th Dec., 1966

This Order was confirmed with the modification that No. 27 High Street be transferred to the 'grey' (fit) section of the schedule. No properties have been excluded from the order.

The Darlaston (Park Road) Compulsory Purchase Order, 1965 ... ... ... ... 28th June 1966

This Order was confirmed with the modifications that the land shown coloured pink on the map which has been hatched green and which comprises reference number 31, 11 Park Road shall be excluded from the order. The undermentioned compulsory purchase orders were the subject of Public Inquiries as follows: —

The Walsall (Hatherton Street) Compulsory Purchase Order, 1965. R. E. Barry Esq., LL.B., A.R.I.C.S., Ministry of Housing and Local Government Inspector, conducted the Public Inquiry into the above Order on 5th January, 1966.

The Darlaston (Cope Street) Compulsory Purchase Order, 1965.

The Darlaston (Wolverhampton Street) Compulsory Purchase Order, 1965.

J. A. Martin Esq., D.C.M., D.A. (Edin.), Architect, Ministry of Housing and Local Government Inspector, conducted the Public Inquiry into the above orders on 29th June, 1966.

The Walsall (Littleton Street East) Clearance Order, 1966.

E. F. J. Peacock Esq., Ministry of Housing and Local Government Inspector, conducted the Public Inquiry into the above order on 14th December, 1966.

The Walsall (Bridgeman Street) Compulsory Purchase Order, 1965.

The Walsall (Milton Street) Compulsory Purchase Order, 1965. A. S. Barnes Esq., F.R.I.B.A., Dip. Arch., Ministry of Housing and Local Government Inspector, conducted the Public Inquiry into the above Orders on 6th September, 1966.

The Bilston (High Street) Moxley, Compulsory Purchase Order, 1966. C. M. Bond Esq., A.R.I.B.A., Ministry of Housing and Local Government Inspector, conducted the Public Inquiry into the above Order on 2nd August, 1966.

#### Individual Unfit Houses.

Apart from the houses dealt with under the Housing Act, 1957 in clearance areas, 11 individual privately owned houses were represented as unfit under Sections 16 and 17 of the Housing Act, 1957 and 16 demolition or closing orders were served in respect of houses previously represented. 1 demolition order was substituted for a closing order. 6 informal undertakings not to relet were received. A further 6 Corporation owned houses were considered to be unfit and the Housing Committee agreed to their closure and subsequent demolition.

# Families rehoused and houses demolished.

556 families were rehoused from 545 houses. 197 houses were demolished and the total number of persons moved was 1,573. On the last day of the year 604 condemned houses were still in occupation and the total number of occupied houses which had been represented and were included in confirmed and unconfirmed orders was 997. This figure includes all houses represented before the end of the year and includes some in orders from previous years.

# Summary.

The summary below sets out in detail the progress made during the year in the clearance of unfit properties.

Condemned houses still occupied at 1st January, 1966 (Estimated—Walsall, Darlaston, parts Willenhall, Wednesbury, Bilston).	624
Houses represented with a view to the making of individual demolition or closing orders	11
Certificates of Unfitness issued in respect of Council owned properties	6
Houses represented in Clearance Areas	119
Condemned houses vacated	545
Condemned houses demolished	197
Condemned houses still occupied at 31st December,	hubercar
1966	604

The progressive total of houses dealt with since 1930 under the slum clearance programme is summarised as follows: —

Houses represented as	unfit			 5,962
Houses demolished or	closed			 6,344
Approximate number	of persons	displa	ced	 23,000

# New Houses.

(a) Walsall	Corpora	tion	 	 		794
(b) Private	Persons		 	 		390
					Total	1,184

#### Improvement of Houses.

The number of Improvement Grants for the installation of baths, sink, hot water supplies and inside water closets, has been running at an annual total of about 200. To encourage an increased number of applications the Health Committee sponsored a House Improvement Exhibition in the Town Hall early in the year at which many modern bathroom and heating appliances were on display. The Exhibition was opened by R. J. Mellish, Esq., M.P., Joint Parliamentary Secretary to the Minister of Housing and Local Government. Good attendances were recorded on all the days the Exhibition was An increased number of enquiries was received during the open. year, probably as a result of the publicity arising from the Exhibition, but unfortunately, the number of firm applications was slightly less than in previous years. There was, however, a substantial number of applications from tenants under the new provisions of the Housing Act, 1964 requesting the Council to exercise their powers to require the improvement of tenanted houses. It is regretted that the severe staff shortages of the department, together with the complications and cumbersomness of the new legislation, combined to prevent the tenants' requests being dealt with promptly, and complaints of delay arose. By the end of the year the necessary arrangements had been made to deal with all outstanding applications in the New Year.

The Health Committee also sought to use further new powers under the Housing Act, 1964 to improve streets of houses area by area. The Walsall No. 1 North Walsall Improvement Area covering Essex Street, Derby Street, Kent Street, Hereford Street had been declared in October 1965 and the first notices were served in January 1966. The same area was also declared to be a smoke control area to permit the payment of grant for all fireplace conversions at the same time as the provision of bathrooms with grant aid. This procedure is recommended by the Minister of Housing and Local Government but the complications of Improvement Area procedure are such that the task of marrying them in with smoke control grant procedure becomes an exercise in ingenuity not to be entered upon lightly.

The year's works may be summarised as follows: -

Owner's Applica	ations	dimme	anemi zenere
Applications received			293
(a) Discretionary grants			105
(b) Standard grants			78
Amount of grant aid		e:	£33,600

Tenant's Applications				
Representations received				78
Preliminary notices served				15

Improveme	nt Ar	eas	s opene	
Preliminary notices served				54
Improvement notices serve Immediate	ed—			4
Suspended				7
Improvements completed				11

# Food Hygiene.

A comprehensive inspection of food shops has been carried out under the provisions of the Food Hygiene Regulations in conjunction with inspections relating to the welfare and safety of employees of shops registered under the Offices, Shops and Railway Premises Act. It is hoped to continue this work to cover the smaller shops and other types of food premises not included in the work under the Offices, Shops and Railway Premises Act.

The number and type of food shops in the enlarged Borough is not exactly known but the following provisional figures can be given: —

Grocery and Provisions			658
Butchers			192
Fishmongers and Poulter	ers		47
Bakers and Confectioners			44
Sweets etc			151
Greengrocers			130
Mixed Food Shops			9
		Total	1,231

A full survey of the added shops in the enlarged Borough will take some time but it is believed that most of the shops are fitted with the basic facilities of sinks and wash handbasins.

The inspection of most food premises was carried out by district inspectors but the inspection of butchers' shops and meat preparation premises was carried out by inspectors of the meat and foods division. The total number of inspections was approximately 1,200 during the year. Although most works of improvements were achieved by persuasion, it was necessary to prosecute in four cases involving a dirty meat vehicle, the unsatisfactory condition of meat premises, and unhygienic practices. Fines totalling £97 were imposed with added costs.

Towards the middle of 1966 the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, came into force requiring higher standards in construction and cleanliness, and the provision of washing facilities, for market stalls, mobile shops and delivery vehicles. The Regulations were to be welcomed as marking a major step forward in food hygiene standards, but it proved impossible to meet the requirements of the Regulations in the six months allowed for their implementation.

Numerous discussions took place in respect of the three markets in Walsall in attempts to reconcile the requirements of the Food Hygiene Regulations with the wish to retain the traditional sale of open food in street markets from stalls which must be easily dismantled and transported. The position was further complicated by the fact that all three market sites were affected by redevelopment proposals and that money spent had as far as possible to be part of the future overall scheme.

Some progress was made. Mobile washing units were ordered and several new materials and designs for stalls were examined. Arrangements were discussed for ablution blocks and sanitary conveniences to be made available for use of market traders. The scheme was advanced for market traders accommodation in Walsall market containing adequate storage facilities, food preparation rooms, ablution facilities and sanitary conveniences, in conjunction with the provision of a multi-storey car park.

As far as delivery vehicles and mobile shops were concerned it was again found impossible to meet the requirements of the Regulations within the stipulated time. Apart from the difficulties of tracing and inspecting all vehicles, it was found that the manufacturers of mobile washing units were faced with such an unprecedented demand that they were quite unable to meet their commitments.

Discussions took place with colleagues in adjoining districts and representatives of the larger food distributors and agreement was reached on the standards required. Washing facilities were required on all vehicles used in the delivery of open food. Towards the end of the year arrangements were being made to carry out a comprehensive inspection of all other food traders.

#### Meart Inspection.

The problems of staffing referred to elsewhere in the report have been particularly acute in the work of meat inspection which has to be maintained whatever the circumstances to meet the demands of a notedly unpredictable trade.

On 1st April, 1966, three further slaughterhouses were brought under the control of the Health Committee, two of the slaughterhouses being in Willenhall and one in Darlaston. The addition of these three slaughterhouses to the meat inspection programme led to many complications, but 100 per cent. meat inspection was maintained at all times. A principal trade at the Darlaston slaughterhouse was found to be preparation of ewe carcases for the Pakistani community which involved ritual Mohammedan slaughter. This type of slaughter involves no pre-stunning of the animal before it is bled. The Health Committee regarded with disfavour the granting of slaughtermen's licences for this type of slaughter but found that legally there was no alternative.

With the additional slaughterhouses in the enlarged Borough the meat inspection load rose considerably, the figures being—

No. of animals killed and inspected				ignes asila	Year 1965	Year 1966
Cattle	(exclu	iding c	ows)		8,023	11,447
Cows					280	180
Calves					586	1,527
Sheep					47,600	81,294
Pigs					29,678	31,497
an for	REAL	]	ſotal		86,168	125,945

Two extra inspectors were transferred from the former Darlaston and Willenhall staffs to the meat inspection division but one inspector soon resigned and had to be replaced from the limited staff of district inspectors within the department. With this replacement and a rota of district inspectors on rota duty for meat inspection it was just possible to maintain 100 per cent. meat inspection but in consequence other work of the department had to be neglected and many delays arose.

In September, 1966, new Regulations were brought into force giving local authorities for the first time power to exercise some control over the hours of slaughter in the interests of efficient meat inspection. Powers of this nature had been sought for many years by local authorities and it is unfortunate that when having been granted they were found to be relatively ineffective. Generally speaking the interests of the meat trade were found to be the primary consideration and the cost to the local authority, or, the welfare of local authority staff with early starts or late finishes, and periods of wasteful inactivity separating periods of feverish work were to remain part of the pattern of meat inspection.

The Health Committee entered into joint consultation with the other County Borough authorities in the Midlands in an attempt to secure some uniformity in slaughtering hours and particularly with a view to eliminating evening and Saturday morning slaughtering. A complete prohibition of Sunday work was sought. Discussions were still continuing towards the end of the year. The Darlaston slaughterhouse had been the subject of purchase negotiations by the former Darlaston Council for some time, in connection with the central development scheme. With the full application of The Slaughterhouses (Hygiene) Regulations and The Slaughterhouses (Prevention of Cruelty) Regulations to the former area of Darlaston by the Ministry of Agriculture, Fisheries and Food from 1st July, the Health Committee decided not to renew the slaughterhouse licence. An appeal was lodged against this decision and the slaughterhouse was thus allowed to continue in operation pending the hearing of the appeal. Negotiations for the purchase of the slaughterhouse were pressed forward and towards the end of the year these were in sight of completion with agreement to close down the slaughterhouse on completion of the purchase.

# Tuberculosis.

Evidence of this disease was found at the low rate which has been one welcome feature of meat inspection in the last few years. A further decline in the incidence of the disease in pigs was noted, although this animal remains the most commonly affected. The figures for 1966 are: —

	No. affected with	Percentag number i	
	tuberculosis	Year 1965	Year 1966
Cattle	 6	0.072%	0.071%
Sheep	 Nil		
Pigs	 473	2.14%	1.71%

In no case was a whole carcase affected and condemned. The six cases of tuberculosis in cattle were notified to the Ministry of Agriculture, Fisheries and Food to assist in the tracing of the source of infection and the complete eradiction of the disease.

# Cysticercosis

This heading covers all the cystic stages found in animals of various tapeworms. Fortunately most of these cysts are not transmissible to man. The cyst known as Cysticercus bovis found in beef is one important exception to this statement and a close watch was kept for this parasite. Affected beef was destroyed and the remainder of the carcase was subjected to deep refrigeration to kill the parasite. It is pleasing to record that there was a marked fall in C. bovis from the rather high incidence previously found in Walsall. The figures for all types of cysticercosis during 1966 were: —

	No. affected with cysticercosis	Percentag number	ge of the inspected
	cysticercosis	1965	1966
Cattle	 99	1.82%	0.75%
Sheep	 207	0.62%	0.36%
Pigs	 Nil		_

Only in the case of one sheep carcase was it necessary to condemn the whole carcase.

# Casualty and Emergency Slaughtered Animals.

Animals known or suspected of being injured or diseased are sent in for slaughter for humane and economic reasons and are classed as casualties. Some 179 animals fell into this class and subsequently on post mortem inspection 49 were rejected as unfit for food. 29 animals were found dead in the lair or dead on arrival. The high percentage of casualties rejected shows the importance of segregation, special handling, and ante and post mortem inspection as practised in Walsall.

# Poultry Inspection.

There are no poultry processing plants in the districts and little poultry inspection has been carried out.

# Diseases of Animals Acts.

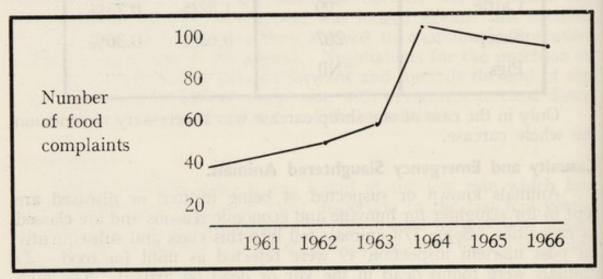
No outbreaks of Notifiable Disease occurred during the year and work has been confined to preventive measures. 29 deaths of animals were investigated and reported as necessary to the Veterinary Inspectors of the Ministry of Agriculture, Fisheries and Food.

Local traders continue to surrender voluntarily large quantities of unsound foodstuffs to the department for destruction. The certificates of surrender issued are used in trade channels to recover payments from the suppliers or to account for stock during stock taking. No charges are made for the issue of the certificates. The figures for 1966 are:

Raw meat and offals	tons 73	cwts 3
Fruit and vegetables	3	18
Other foods (mainly canned)	5	16
Total	82	17

# Food of Unsatisfactory Quality.

91 complaints were received during the year from members of the public concerning the unsatisfactory quality of foods sold to them. The number of complaints received rose sharply about three years ago but has now tended to level off at about a hundred a year, as illustrated.



The complaints received during the year can be broken down into the following categories: ---

Foreign	bodies	in	bottled milk				10
,,	,,	,,	other bottled p	roducts			3
,,	,,	,,	bread and bal	kery pro	ducts		18
,,	,,	,,	canned goods	bidening	1	le	12
,,			other foods				6
Unsound	d food		in in the ins				10
Food no	ot of n	atu	re, substance o	or quality	y requ	ested	10

It will be seen from the figures that—not surprisingly—the complaints about foreign bodies relate mainly to those foodstuffs which are mass produced in large quantities. It is a very common plea of large manufacturers that a particular food complaint represents only a minute proportion of the total production, but this is of little comfort to the complainant who is the sole recipient of the unwholesome object. One is also left wondering how many other complaints are never lodged by customers unwilling to make a fuss, and how many are lodged directly by the customer with the retailer or manufacturer and are never known to the Health Department. Do a hundred complaints a year in Walsall, lodged with the department, represent a small or large fraction of the total justifiable complaints arising in a year? After thorough investigation of all complaints, and after taking into account the representations of the suppliers or manufacturers, with any report of the Public Analyst, legal proceedings were taken during the year on the instructions of the Health Committee in 17 cases. Fines totalling £284 were imposed by the Court with added costs. In other cases the complaints were dealt with by warning letters to the supplier or manufacturer, and in some cases no further action was considered necessary after investigations had been made and advice given.

In the case of canned goods where the importer can claim to be completely unaware of the contents of the can, the most effective action is to take up the complaint with the Embassy of the exporting country.

There is no doubt that the larger manufacturers now take food complaints very seriously and go to great expense to prevent complaints arising. Overalls are designed without pockets to prevent the carrying of articles which may fall into the food and all materials which are liable to fray, break or become dislodged are eliminated from food rooms. Foodstuffs are sieved or sorted. Electric devices or other scanners are being developed to secure the rejection of packages and bottles containing foreign bodies and the standards of care are generally rising. Unfortunately these are often mullified by carelessness, or negligence, or lack of thought. The continued use of nailed wooden boxes containing foodstuffs would, for example, seem almost certainly to lead to the eventual appearance of a nail or splinter of wood in some food product, and the probable appearance of the vendor in Court. Refusal to accept foodstuffs in nailed wooden boxes would seem to be the better course.

# Sampling and Food Control.

An extensive sampling programme is drawn up each year to detect the adulteration, alteration, or contamination of foodstuffs, and to check on misleading claims. This excellent preventive work is unfortunately the work first to suffer from staff shortages, since there is often no immediate noticeable effect from the cessation or restriction of sampling work, but there is an inevitable deterioration in standards with the ever attendant possibility that the inadequacy of sampling may reveal itself in some serious or extreme manner.

Milk is a product which is sampled very frequently for keeping quality and purity, the prescence of anti-biotics, adulteration or the extraction of cream.

To check keeping quality, purity and processing	 601
To detect tuberculosis or brucella abortus	 6
To detect anti-biotics	 10
To detect adulteration or extraction	 12
Total	 629

A few samples of unsatisfactory keeping quality were obtained of a supply coming from outside the Borough. The representations of the department were used by the public health inspector of the local authority concerned to reinforce his own action and as a result the source of the unsatisfactory supply was discontinued. No other samples proved unsatisfactory.

Several milk bottles from washing machines were submitted for examination for cleanliness and all were found to be satisfactory.

**Ice cream** was sampled for nutritional quality on 26 occasions and all samples were found to be satisfactory. Some routine checking of food premises and vehicles was carried out but it is unfortunate that no sampling of ice cream for purity was possible during the whole year. This type of sampling has to be carefully arranged in advance since only a limited time can be allowed to lapse between the sampling and the delivery of the samples to the laboratory. The finding of itinerant ice cream salesmen—who are the main concern of the department—is also an extremely time consuming process. With the severe staff shortage of the department it proved impossible to meet the requirements of this type of sampling during the year, although the omission was realised and regretted.

**Other foods,** were sampled for the detection of adulteration, or extractions or to check misleading claims. 226 samples were taken during the year. The rate of sampling has not been as high as could be desired, again because of staff shortages but it can be claimed to have been highly selective, aimed at searching out real malpractices, rather than simply boosting figures with the repetitive sampling of high quality goods so readily available. The following unsatisfactory products were detected during the year—

Batter mix		Labelling did not clearly indicate the absence of egg.
Milk loaves (6)	-	Not made with whole milk.
Lolly	-	Contained copper above the permitted limit.
Milk drops (sweets)		Not made from whole milk.
Milk chocolate drops (sweets) (2)	-	No cocoa matter present.
Chocolate liqueurs	_	Insufficient alcohol.
Mustard oil	-	Contained 85% mineral oil.
Strawberry flavoured syrup	-	Word "Flavoured" not sufficiently prominent. Use of fruits as illustration not justified.
Syrup	nois a	Inadequate labelling. Use of fruits as illustration not justified.
Pork in natural juice	_	Slightly deficient in meat.

In all cases the appropriate legal proceedings were recommended or warning letters were sent to the manufacturer bringing about the required change in practice.

Three samples of tinned fying pans were submitted to the analyst who reported adversely on the lead content of one pan. The matter was taken up with the manufacturers who stressed that the pan was from old stock and that the linings of new pans no longer contained a high proportion of lead.

A baby soother, wrongly labelled, gave cause for concern but analysis showed it to be non-toxic and sterile. The labelling was taken up with the manufacturers who agreed to alter the label.

Twelve other miscellaneous samples of food, including nine of dried egg, were submitted for bacteriological examination and all proved satisfactory.

There are no egg pasteurising plants in the district and no liquid egg samples were examined.

Water supplies from mains and boreholes were subjected to continual sampling by the department. In addition mains waters were subject to the supervision exercised by the water undertakings as reported elsewhere. The total number of samples taken by the department was 96 divided as follows—

Mains water for bacteriological examination	31
Borehole water for bacteriological examination	62
Water for chemical analysis	3

Unsatisfactory samples were obtained from the two borehole supplies sampled. Since one supply was used without chlorination the unsatisfactory results caused some concern although this was lessened by the fact that the water was used mainly for general hosing down and cleansing. The position was closely watched, with the need to install chlorination plant or to cease using the water being kept in mind of all concerned, but no firm decision had been reached by the end of the year. In the case of the other borehole supply the existing chlorination plant was duplicated by a new plant linked in series and all reasonable possibility of danger was considered to be removed.

# PART IV-CLEAN AIR AND NOISE CONTROL

### Examination of Plans and Proposals.

Close co-operation was continued during the year with the Public Works Department in the examination of plans, or proposals for industrial and commercial proposals which could give rise to complaints of noise, vibration, dust, fume, grit or smoke. The work carried out can be summarised as follows—

Number of proposals examined	261
Recommendations made to mitigate dust, grit and fume	84
Recommendations made in respect of chimney heights	40
Recommendations made to mitigate noise or vibration	13

In addition to proposals requiring the submission of plans, 34 notifications were received of intention to install fuel burning equipment and the appropriate recommendations were made.

#### Dust and Fume Control.

The long expected Report of a Government Working Party on emissions from foundries had not been received by the end of the year. The delay in publishing this Report is regretted since little progress can be made on this subject until the approved recommendations are published. The Report is expected to deal in particular with emissions from cupolas.

The reorganisation of the two copper works has not yet been completed, but modifications of one of them has resulted in marked diminution of low level emissions from the blast furnace. The department continues to work in close co-operation with the Alkali etc. Works Inspectorate in matters of joint concern.

#### Noise Control.

The general public is becoming more conscious of the noise problem and less tolerant of excessive noise from industry or commerce with a resultant increase in complaints to this department. All complaints received during the year were investigated and where possible, action taken to minimise the level of sound emission, though it must be admitted, not always to the satisfaction of the parties concerned.

The public are led to believe by the title of the Noise Abatement Act that the local authority possess extensive powers, whereas in fact the powers available are ill defined. The powers which are available are further severely restricted by the "best practicable means" defence, which refers not only to the current state of technical knowledge but also to the cost of any suggested remedy and its effect upon the firm concerned. These two factors are a formidable obstacle in the way of statutory enforcement and it is often found, particularly with the larger firms, that far better results are obtained by an informal approach leading to a willingness by the firm to carry out experimental measures in an effort to live in harmony with the neighbourhood and the local authority. Unfortunately such an approach, with its trials and errors spread over a lengthy period, leads to many allegations of dilatory enforcement, when in fact all practicable haste is being made. The time for defined statutory limits of noise, with increased power of prior control or enforcement, has surely now arrived. Whilst the legislation might be difficult to frame, the problem would not seem to be insurmountable and whilst any standard would be imperfect it would be better than no standard at all.

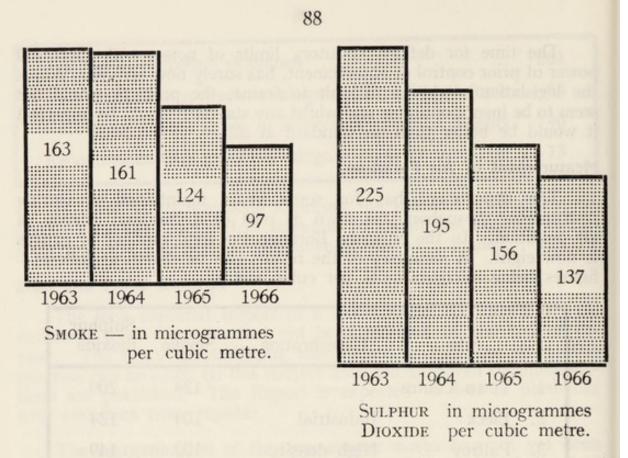
# Measurement of Air Pollution.

The department has for some years maintained measuring instruments throughout the town as part of a National Survey of air pollution. In the enlarged Borough the total number of gauges is now eight. A summary of the results can be shown as follows—figures being microgrammes per cubic metre: —

	Site	Classification	Smoke	Sulphur dioxide
1.	Town Centre	6361	124	209
2.	Pleck	Industrial	104	124
3.	Palfrey	High density residential	102	149
4.	Beechdale	Low density residential	99	130
5.	Brookhouse	Low density residential (Smoke control a	54 area)	81
6.	Darlaston	Town Centre	86	140
7.	Bentley	Low density residential	81	119
8.	Willenhall	Industrial	93	114

These figures, if broken down into the pollution for the winter and summer months, again show as in previous years that pollution in the winter is two or three times higher than that of the summer months, showing without doubt, the unfortunate effect of the obsolete coal fire adding its surplus waste of soot and tar to the atmosphere. The high sulphur dioxide content in the Town Centre in relation to smoke in the air is probably due to the high concentration of central heating plant in offices and shops, burning smokelessly, but emitting substantial quantities of sulphur dioxide.

It is encouraging to find that the gauges indicate a further downward trend in pollution, both by smoke and sulphur dioxide. The following diagrams indicate the improvements which have taken place over the last four years taking the yearly average of the five pollution gauges within the former boundaries of the Borough: —



A site in the country might have a yearly average of around 50 microgrammes of smoke. It will be seen therefore that although Walsall has still a long way to go before reaching such idyllic conditions it is making encouraging progress.

# Smoke Control Areas.

It has to be admitted that the decrease in smoke of the last year has been brought about without the aid of further smoke control areas since no areas have been made during the year. A combination of doubt about financial restrictions, with departmental staff shortages and the complications following the boundary changes in April, effectively prevented the formal declaration of any areas. Three smoke control areas were, however, surveyed and the preparatory work completed for submission of the areas for confirmation in 1967. The factors leading to the actual reduction in smoke and sulphur pollution were in all probability the tendency to replace smokey coal fires with modern gas fires; the move towards central heating with smokeless fuels; the growing number of smoke control areas in adjoining authorities and a continued diminution in industrial pollution.

The Health Committee considered their policy in relation to Improvement Areas where houses were being improved by the provision of bathrooms and other facilities. The Committee recognised that to declare these rather small areas to be Smoke Control Areas would mean that they would still be subject to pollution from immediately adjacent chimneys just outside the area. On the other hand the owners and tenants of the houses would receive the benefit of both Improvement Grants and Smoke Control Grants, and all structural alterations could be carried out at the same time. The Committee decided to consider each Improvement Area individually and resolved that the No. 1 Improvement Area covering Essex Street, Derby Street, Hereford Street and Kent Street should be a Smoke Control Area. Arrangements were made towards the end of the year to put the resolution into effect, although the co-ordination of these two pieces of complicated legislation and grant arrangements has been commented upon earlier.

As in previous years, thanks are expressed to Mr. B. A. Edmunson, A.R.I.C., M.Inst.S.P. and his staff for carrying out chemical analysis and to Mr. J. W. C. Day, B.Sc., F.R.Met.Soc. for meteorological information.

Prescribed Particulars on the Administration of the Factories Act, 1961.

# PART 1 OF THE ACT

1.-INSPECTIONS for purposes of provisions as to health.

		Number		Number of	
	Premises	Number on Register	Inspections	Written notices	Occupiers prosecuted
	(1)	(2)	(3)	(4)	(5)
0 5	Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	20	20		I
đ	Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,322	896	168	1
3A F	<ul><li>(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises</li></ul>	6	1	1	
	Total	1,348	916	168	

2Cases in which DEFECTS were found.					
			Refe	Referred	Number of cases in
Particulars	Found	Remedied	To H.M. Inspector	By H.M. Inspector	which prosecutions were
(1)	(2)	(3)	(4)	(5)	instituted (6)
Want of cleanliness (S.1)	1	1	I	1	1
Dvercrowding (S.2)	1	1	1	I	1
Unreasonable temperature (S.3)	1	1	1	1	1
fnadequate ventilation (S.4)	1	1	1	I	I
Ineffective drainage of floors (S.6)	1	1	1	1	1
Sanitary Conveniences (S.7) (a) insufficient	8	7	1	1	I
<ul><li>(b) Unsuitable or defective</li><li>(c) Not separate for sexes</li></ul>	159 1	130 1	11	4	11
Other offences against the Act (not including offences relating to Outwork)	1	181 - AV	1	013	I
TOTAL	168	138	1	4	I
					STREET, ST

		OUTWORK	ORK			
	(S	ECTIONS 13	(SECTIONS 133 AND 134)			
(b) you when the marks (b) the second		Section 133	I IIII	11	Section 134	
Nature of Works (1)	No. of out-workers in August list required by Section 133(1)(c) (2)	No of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing Making	18	1	1	1	1	1
Cleaning and Washing	Lange of	Ĩ	Ţ	Ŧ	1	1
Paper bags	1	1	Dall-strength	Techorow and	Independent in the second	1
Carding, etc., of buttons etc	1	1	1	1	1	to reduced
Total	18	1	1	1	1	1

PART VIII OF THE ACT

# REPORT

# OF THE

# PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year ended 31st December, 1966

# MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting my Report for the School Health Service for the year 1966. During the period under review, two events took place of so exceptional a nature that closer study is warranted.

The first instance was the coming into effect on the 1st April 1966 of the Local Government Boundary Re-organisation, when the Walsall County Borough extended its territory to include most of Willenhall and Darlaston and a portion of Wednesbury. This change resulted in an abrupt expansion overnight of the school population by half as much again and the taking over of 33 schools which were until that date the responsibility of Staffordshire County Council. No medical officers were added to our staff by transfer following the amalgamation, but two new Assistant Medical Officer appointments were made, Dr. R. Wootton in April and Dr. R. L. Tandan in June, although Dr. Tandan resigned again in November to take up a similar post in Manchester. Locum Assistant Medical Officers were employed while permanent staff vacancies remained unfilled. Despite a certain amount of administration difficulty, because of staffing problems, it is worth recording that all outstanding medical matters inherited with the new areas were dealt with expeditiously and largely disposed of by the end of the summer term, thereby enabling the activities of the School Health Service to proceed in all parts of the town on equal This highly satisfactory state of affairs can be credited in terms. large part to the preparations made with the co-operation of Staffordshire County Council School Health Department prior to 1st April, 1966, and to help received from the Head Teachers of the newly acquired schools during the period immediately following the Appointed Day.

The second and rather less welcome instance was a sudden outbreak of Smallpox which began only a few weeks after the boundary adjustments had taken place. The infection, happily of the milder variety, had originated in another part of the Midlands and was centred almost exclusively in the New Invention district of Willenhall. Six of the thirteen cases diagnosed were children of school age. As a number of children attending a local comprehensive school were thought to be contacts of the disease a carefully selected group of pupils was vaccinated against smallpox as a part of the plan of preventing a further spread of infection. The event attracted the attention of TV Newsmen who visited the school and carried out interviews whilst the vaccine was being administered. Fortunately the outbreak remained strictly limited so far as Walsall was concerned, and all the affected children recovered in due course.

It is a matter of regret to have to report that continuing inadequacy of medical staff has lead to a further suspension of the scheme of selective medical examination of school children for the time being. It had been hoped that, once the assimilation of the added schools had been completed, the scheme would have been reintroduced before the end of the year. However, good progress in routine inspections was made and it gives great satisfaction to be able to record that, out of more than 9,000 children examined, only 4 were in such poor physical condition as to merit classification as "unsatisfactory".

# 1-SCHOOL HEALTH WORK

# Periodic Medical Examinations.

9,296 children were medically examined during 1966 and of this number only 4 children (0.04 per cent.), the lowest number on record, were classified as 'unsatisfactory'.

The system of selective medical inspections which was so successfully inaugurated in 1965 was necessarily suspended in the new enlarged County Borough due to shortage of School Medical Officers, there being a full staff for only a relatively short period of the year.

It was found in April that a considerable number of routine examinations in various age groups required to be carried out in the newly added schools. During the summer term nearly the whole of the School Health Service staff worked in these schools, and by this means it was possible in September to return to a more organised system.

Tribute must be paid to the headteachers of the new area schools who gave real co-operation in helping us to carry out in a short space of time a far greater number of medical inspections than would normally be the case. They adapted to our different methods and welcomed our visits without complaint, frequent though these had to be during the Summer term. It is felt that the good liaison and friendly relationships which we have so long enjoyed with schools in the "old" Walsall will apply also to the newly acquired schools. The following table of medical examinations carried out in 1966 again shows a marked decrease in the number of children accompanied by parents at routine medical examinations in all age groups:—

Year of Birth	Percentage	accompanied	Number examined		
1961	81.9%	(89.28%)	1,000		
1960	86.7%	(89.28%)	1,363		
1959	85.6%	(86.81%)	485		
1958	80.2%	(81.0%)	807		
1957	75.4%	(82.56%)	374		
1955	71.5%	(83.9%)	1,601		
1954	66.9%	(82.15%)	798		
1952	17.9%	(29.46%)	1,533		
1951	15.6%	(22.37%)	1,072		

(% for 1965 in brackets)

Whilst the trend is noticeable in all age groups it should be remembered that selective examinations were carried out in Junior Schools in the previous year and this undoubtedly aroused the interest of parents and increased their attendance at the schools.

# School Clinics.

The number of individual children attending the medical sessions was 2,067, an increase of nearly 400 in comparison with last year but there were, of course, five additional Clinics in the new area for the greater part of the year.

The sessions at present held in the Clinics are as follows: ----

BRADFORD STREET CLINIC.

DRADFORD STREET OF				
Medical			2	sessions weekly
Dressings			5	sessions weekly
Ophthalmic			2	sessions weekly
Dental			9	sessions weekly
PINFOLD CLINIC.				
Medical			2	sessions weekly
Dressings				sessions weekly
Speech Therapy				session weekly
Dental				sessions weekly
LITTLETON STREET CL	INIC.			
Speech Therapy			2	sessions weekly
Dental		1		sessions weekly
BEECHDALE CLINIC.				
			1	session weekly
Dressings				sessions weekly
Speech Therapy			1	
Child Guidance				sessions weekly
Cinia Guidance				bebbronio weekiy

COALPOOL CLIN	IIC.				sidul guisolini an
Medical					session weekly
Dressings					sessions weekly
Dental				2	sessions weekly
MOSSLEY CLINI	c.				
Medical				12	session weekly
Dressings				12	session weekly
Speech The	erapy			1	session weekly
KINGS HILL CI	LINIC.				
Medical					session weekly
Dressings					sessions weekly
Speech Th				1	session weekly
BILSTON STREE	T, DAR	LASTON	CLIN	VIC.	
Medical				1	session weekly
Dressings				11	sessions weekly
WALSALL STREE	ET, WII	LENHAI	L CI	LINIC.	
Medical				1	session weekly
Dressings				1	session weekly
BENTLEY CLINI	ic.				
Medical				1	session fortnightly
Dressings				1	session weekly
				1	session weekly
Speech Th	erapy			1	Session weekiy
-				1	session weekiy
Short Heath Medical					session fortnightly
SHORT HEATH Medical	CLINIC.			1	talm part of the
SHORT HEATH	Clinic.			1 1	session fortnightly

Nursing sessions at School Clinics were attended by 1,942 individual children and 7,378 attendances were made. These sessions are complementary to medical ones in that medical recommendations regarding treatment are carried out and various conditions not requiring a medical opinion are dealt with by nurses in the first instance.

The examination of the hearing of all children in the first year junior age group was continued by pure-tone sweep audiometry, and other children were included whenever teachers expressed any doubt regarding the hearing of particular children. The hearing of children in the Second Year Infant age group was alco tested for the first time and, whilst taking a little longer than with the older children, was satisfactorily accomplished. It is of considerable advantage to detect hearing defects before children enter the Junior Schools and to provide any help which may be required to enable them to obtain maximum educational benefit at this earlier age. Children failing the sweep test in school are further examined and tested by medical staff in clinic and, whenever necessary, referred to an E.N.T. Consultant. It will no longer be necessary to test the hearing of children in the First Year Junior Age-group but it is hoped that it will now be possible to carry out an annual hearing re-test between the ages of ten and eleven years.

# 2—HANDICAPPED CHILDREN

In January of this year, 252 children were on the registers of Special Schools, Day or Residential, for educationally subnormal pupils and 142 children were attending Special Schools for other categories of handicapped, making a total of 394.

One child was newly placed in a school for partially sighted, one in a school for partially hearing, 18 in schools for physically handicapped, 12 in schools for delicate, 5 in schools for maladjusted and 43 in schools for educationally subnormal, making a total of 80 new placements.

During the year, 78 children were ascertained as requiring admission to special schools for educationally subnormal and 43 were placed, leaving a waiting list of 83 requiring placement at the end of the year compared with 35 requiring placement at the end of the previous year. It was anticipated that the waiting list would be considerably lengthened in the new enlarged County Borough of Walsall and provision has already been made in the building programme for a second Day Special School. It is obvious, however, that waiting time for admission to the Castle School will be prolonged until the new school is established, but efforts are being made to ease the position during the interim period by the possible provision of an Annexe to the Castle School.

In other categories of handicapped pupils, three blind children, one partially sighted child, one deaf child, one delicate child and one maladjusted child were awaiting placement in special schools at the end of the year.

#### (a) School Placement

The following table shows the number of handicapped children who were in attendance at special schools (day and residential) in January, 1967:—

	Boys	Girls	Total
BLIND AND PARTIALLY SIGHTED.			
Royal Institute for the Blind,			
Birmingham	1	1	2
Overley Hall Sunshine Nursery, Salop	1	-	1
Royal Normal College, Shrewsbury	1		1
Exhall Grange, Warwickshire	1		1
Priestley Smith Day Special School, Birmingham	3	3	6
0			

	Boys	Girls	Total
DEAF AND PARTIALLY HEARING. Royal School for the Deaf, Birmingham The Mount School for the Deaf,	7	1	8
Stoke-on-Trent	1	1	2
Bridge House, Harewood, Yorks Rangemore Hall, Needwood, Staffs	1	1	2 1 2
Braidwood Day Special School,			
Birmingham	7	2	9
PHYSICALLY HANDICAPPED. Ian Tetley, Harrowgate	1	_	1
Hinwick Hall, Wellingborough	1	-	1
Lord Mayor Treloar College, Hampshire Penhurst, Chipping Norton	1		1 1
Ingfield Manor, Sussex	_	$\frac{1}{2}$	
Wightwick Hall, Staffs. (Residential)	$\frac{1}{2}$	2	$1 \\ 3 \\ 2$
Carlson House Day Special School,	TRACT		Duni
Birmingham	$1 \\ 21$	33	1 54
Reedswood Park Day Special School	21	55	
DELICATE. Kingswood, Albrighton	1	3	4
Uplands, Hereford	1	3	1 3
Fairfields House, Broadstairs Reedswood Park Day Special School	12	6	18
MALADJUSTED.	-		0
Whittington Grange, Nr. Lichfield	8 2	3	8 5
Shenstone Lodge, Shenstone Edward Rudolph Memorial Sch., Dulwich	_	1	1
Ashlev Hall, Staffs	1	-	1
Clelfham Mill, Nr. Barnstaple EDUCATIONALLY SUBNORMAL.	1	in an an an	
Beacon School, Lichfield	36	-	36
St. Francis School, Monyhull	_	7 2	2
Town Thorns, Coventry Spring Hill, Ripon	1		7 2 1 3 2 3
Wavendon House, Bletchley	- 2	3	32
Standon Bowers, Staffs Loxley Hall, Staffs	2 3	12	
Walton Hall, Staffs	83	1 75	1 158
The Castle Day Special School William Baxter Day Special School	20	9	29
High Arcal Day Special School	2 6	1	2 7 1
Fitzwarren Day Special School Mobb Lane Day Special School	0	-	1
EPILEPTICS.		in the second	Links
Colthurst House, Warford	- 1	1	1
Sedgwick House, Kendall	1		1

#### (b) Speech Therapy

The staff shortage in this field remained acute but our only Speech Therapist, Mrs. B. J. Cooper, increased her weekly sessions from six to eight at the beginning of April. The two additional sessions were allocated to the Kings Hill and Bentley Clinics in the extended area, providing a service for a limited number of children at least though much more needs to be done.

Speech Therapy has necessarily been confined almost entirely to Clinics but it is hoped to resume work in schools as soon as additional staff can be recruited. This method has, in the past, proved very helpful since children with the most severe defects sometimes have parents who are either unable or unwilling to make regular weekly attendances at the Clinic. Sporadic attendances not only fail to produce good results but also, in effect, deprive other children of the opportunity to receive treatment. It is also extremely difficult for parents with families of young children to supervise daily exercises at home, although teachers have given most efficient help and co-operation in this respect.

During 1966, 279 children received speech therapy compared with 220 in the previous year. 186 children commenced treatment during the year and 147 were discharged. Of the number treated, 224 exhibited dyslalia, 23 had a stammer, 3 a cleft palate, and 29 were classified as having miscellaneous defects.

### (c) Child Guidance

51 children received treatment during 1966 at the Child Guidance Clinics under our arrangements with West Bromwich Local Education Authority. The children attended the Beechdale Clinic, Walsall, on Thursday and Saturday mornings or the Child Guidance Centre in West Bromwich.

The West Bromwich Authority has found it impossible, with their own enlarged area, to continue the provision of a shared service with Walsall. The service has not yet ceased, but will do so when all the children at present receiving treatment are discharged, new cases being no longer accepted.

Efforts are now being made to recruit suitable staff for the commencement of a full-time Child Guidance Centre in Walsall. There is a great demand for this service and it has been becoming obvious for some time that the existing part-time basis was inadequate.

Should the services of an Educational Psychologist and a Psychiatric Social Worker be obtainable it is hoped that for the convenience of parents they will work from at least two and preferably three, Clinics in the Borough.

### 3-PUPILS EXAMINED

#### Heights and Weights

The following table shows the average heights and weights of pupils medically examined during 1966. Schools in the extended area have not yet been provided with weighing-machines and it was, therefore necessary to exclude children attending these schools from the calculations for the period under review.

	Height ins. Boys Girls	Weight lbs. Boys Girls
Children born in 1961	42.2 41.5	44.5 42.7
Children born in 1960	44.4 43.9	48.0 42.5
Children born in 1959	43.2 42.5	45.2 44.9
Children born in 1958	49.1 49.3	53.8 57.8
Children born in 1957	50.7 50.8	61.2 60.3
Children born in 1955	53.0 50.7	79.0 76.7
Children born in 1954	56.5 54.9	77.4 81.5
Children born in 1952	. 63.5 60.0	114.2 112.9
Children born in 1951	. 64.5 62.0	115.2 112.9

# 4-THE WORK OF THE SCHOOL NURSES

The School Nurses assisted the Doctors at medical inspections in schools and in the Clinics. This work was followed up, whenever necessary, by home visiting and a total of 809 domiciliary visits were made.

Other work in the schools included vision surveys with the introduction of Colour-vision testing for 11-year old children, Heaf-testing in connection with the BCG scheme, and audiometric sweep testing.

Some 3,807 children in the second year Infant age group were included in the audiometric sweep tests. 163 children who failed the sweep tests were re-tested in the Clinics by the School Medical Officers and 24 were referred for the opinion of the Hospital Consultants.

The School Nurses have continued to hold their own Clinic sessions for 'Dressings' and have carried out a wide variety of treatments for minor ailments, including verrucas. A total of 1,942 children made 7,378 attendances at these Clinics.

#### 5-UNCLEANLINESS

A total number of 55,974 individual examinations were made by the Lay Hygiene Assistants during the year and the number of children found to have varying degrees of infestation was 1,464, a decrease of 120 compared with the previous year. Of this number, 831 were found to have a slight infestation of nits on only one occasion, and 141 found to be lice infested were satisfactorily cleansed by the parents or by the Lay Hygiene Assistants. It was not found necessary on any occasion to issue a Compulsory Cleansing Order.

The policy of concentrated effort by weekly visiting of schools where the need is greatest for the supervision of groups of children has again been pursued, and is largely responsible for the decrease in infestation by nits. The 'hard core' appears to remain, and among these children there was an increase in the number found to be lice infested due to unavoidable relaxation of effort because of staff shortages towards the end of the year.

There has, for many years, been a very stable and thoroughly reliable staff in this field but for several reasons, e.g. promotion, and domestic difficulties, some members resigned and a completely new team was constituted, one of whom unfortunately left again after two months service. The present three Lay Hygiene Assistants appear to be settled and it is hoped that they will prove to be just as efficient as their predecessors.

The distribution, free of charge, of special shampoo for the use of whole families when necessary has continued, and also of Head Lotion as a preventative to all children willing to use it.

The number of children treated for scabies was 97 compared with 66 in the previous year This would appear to represent a significant increase but it is in fact identical with the 1964 figure and includes, for the first time, several families of immigrant children.

#### 6-INFECTIOUS DISEASE

**Diphtheria**—No cases of diphtheria occurred in Walsall during the year, the last notification having been received eleven years ago. 2,790 children under the age of 16 years were immunised against the disease. 2,381 children received a reinforcing or "booster" injection. The good response to the practice of immunisation in schools has been maintained.

**Smallpox**—During an outbreak of smallpox in Willenhall, 6 children of school age were notified.

Scarlet Fever—There were 71 cases of Scarlet Fever among school children, as compared with 89 in 1965. No deaths were recorded.

Measles—588 school children were notified as suffering from measles, as compared with 362 in 1965, but there were no deaths.

**Tuberculosis**—6 cases of respiratory tuberculosis and 2 of other forms of tuberculosis in children of school age were notified during the year. Other Diseases—There were 95 cases of Whooping Cough, 3 of Primary Pneumonia, 1 of Influenzal Pneumonia, 1 of Encephalitis (post-infectious) and 5 of Dysentery.

### 7-SCHOOL ACCOMMODATION

(a)	No. of	Secondary Schools	 	 	25
()		County Schools		 18	
		Voluntary Schools		 7	
(b)	No. of	Primary Schools	 	 	73
101		County Schools		 57	
		Voluntary Schools		 16	
(c)	Nursery	Schools	 	 	4

(d) Reedswood Park Day Special School for 60 pupils.

- (e) Beacon Residential School for 80 Educationally Subnormal Boys.
- (f) The Castle Day Special School for 160 Educationally Subnormal Pupils.

### 8-PHYSICAL EDUCATION

My thanks are due to Miss J. M. Brookes, Organiser of Physical Education, for the following report on Physical Education in the Schools: —

"There has been a considerable development in Physical Education at a National level in the past few years and this is already affecting our school Physical Education programme and the formation of the Walsall Sports Advisory Council during the latter part of the year will mean greater developments in physical recreation in the town of Walsall.

Many of the Secondary Schools in the town are fortunate in having a continuity of Physical Education Staff and therefore a follow through in teaching which results in a high standard of work. There is still a need for teachers who are specialists in their own particular sport, to continue the development of individual sporting activities with senior groups in secondary schools. Such activities as archery, golf, judo, fencing and horse riding, which are receiving a good response, are restricted due to a lack of these specialists. If the Physical Education programme is to be broadened before a child leaves school, and this is one of our aims, then the Physical Education specialist must have some assistance in covering such a wide range of activities.

At primary level staffing changes have had a greater effect on the Physical Education programme, but many of the teachers in primary schools have been encouraged to follow modern trends in the teaching of physical education by attending courses held in educational gymnastics, folk dancing and modern educational dance. The depth of physical education work in the primary schools determines the extent to which boys and girls can take advantage of the wide physical education programme in secondary schools.

The growth of Outdoor Pursuits has been encouragingly steady. This year, for the first time, teachers and youth leaders in Walsall were able to attend a Mountain Leadership Training Course in Wales thus enabling parties to be led in the utmost safety in mountainous areas. Canoeing courses have again been held for pupils, teachers and youth leaders and many schools have built their own canoes from kits provided by the Authority. The present possibility of a building in Wales will enable the growth of these activities to continue.

The swimming programme this year has been highly successful, with two full-time swimming instructors. The holiday classes for non-swimmers have continued. A total of two and a half thousand children have learned to swim during 1966.

It is of the utmost importance that facilities for Physical Education should be available for the young people of Walsall and with continued progress of development of a Physical Education programme, the children of today, as citizens of tomorrow, will be able to make the fullest possible use of their leisure time."

## 9-PROVISION OF MEALS AND MILK FOR SCHOOL CHILDREN

Mr. G. Cass, School Meals Organiser, has been good enough to supply a report on this subject: —

			1964-65	1965-66
No. of Pa	id Meals		1,377,133	 1,793,829
No. of Sta	aff Meals		117,775	 161,487
No. of Fr	ee Meals		140,467	 174,195
		Total	1,635,375	2,129,511

The year has been a progressive one and many changes have taken place in the School Meals Service. Owing to enlargement of the County Borough, as a result of the implementation of the West Midland Review Order on the 1st April 1966, there are now some 40 kitchen/dining rooms and two central kitchens, providing approximately 15,500 meals per day. Meals are also supplied to the Mealson-Wheels Service for aged persons in the added area of Willenhall and Darlaston.

Additional transport has been provided to meet the demands of the new area.

Some complaints have been received from schools, regarding the quality of the milk provided in  $\frac{1}{3}$  pint bottles, but the Dairy concerned have been most co-operative and do their best to ensure that the quality is maintained.

The supply of other food commodities has been satisfactory.

The new proposals of the Departmental Working Party of the Department of Education and Science on the nutritional standard of the school dinner, was implemented in September 1966. The nutritional standard is as follows: —

Total protein—29 Grammes, inclusive of 18.5 Grammes of animal protein. 880 Calories and 32 Grammes of Fat.

The demand for school meals is still increasing and during the year some dining accommodation problems have been encountered and production in kitchens still exceeds cooking capacity. In some establishments this is now having an adverse effect on the quality of the meals provided. However, during the current year it is expected that three additional kitchens will be built on to older schools and new kitchens and dining rooms will be included in new schools which are to be built in the near future. A new type of Stainless Steel cooking equipment will be installed in all new kitchens. The equipment is more expensive, but the high cost is off-set by lower building costs, as a result of smaller kitchens being required to accommodate the equipment.

Improvements have been carried out at Hillary Street kitchens; additional cooking equipment has been provided, thus increasing the cooking capacity from 500 to 750 meals per day.

The problem of obtaining unskilled staff for kitchens has improved during the past year but it is still difficult to obtain the service of skilled workers.

On the whole the staff have been most helpful and co-operative especially teaching staff, at all schools, and thanks are due to them in no small measure.

### 10-BEACON RESIDENTIAL SCHOOL

I thank Mr. R. W. Peat, Headmaster of the Beacon Residential School for Educationally Subnormal Children, for the report on the work of the school in 1966: —

"During the year 1966 there were 24 admissions to the school, 12 of whom came from Walsall. Of the boys who left during 1966, 13 had reached the age limit, transferrals were as follows: -5 to Day Special School, 1 to Approved School, 1 to Training Centre and 1 unsuitable for education in a special school.

The pattern of the Age Range and the I.Q. Range remains fairly stable: —

				AGE	RANGE	ε.			
7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15	15-16	16 +
2	7	4	6	12	8	16	12	11	2
				I.Q.	RANGE	i.			
			50-59	60-69	70-	79	80-90		
			7	28	3	7	9		

Four out of the nine boys with an assessed I.Q. of 80 or over are in the care of their Children's Committees, which is an indication of the problems of maladjustment and very poor home background in these cases.

The secondary handicap, mentioned in previous reports, remains a noticeable characteristic of the E.S.N. child in the residential school. Details of handicaps present are as follows: —

Physical Handicap	 	 14
Eneuretics	 	 14
Eye Defects	 	 13
Epileptics	 	 3
Speech Defects	 	 27
Aural Defects	 	 4

The figures given above remain fairly constant and it is to be regretted that there still seems to be little likelihood of obtaining specialist speech therapy for those boys with this additional handicap.

The figures for the boys who display severely maladjusted behaviour remains over 30 and it would therefore seem that there has been no alleviation of the problem of placement for maladjusted boys who come within the I.Q. range 70-90. Over half the 24 boys admitted during the year present severe behaviour problems in one form or another. Although the number of boys who are "in care" has deceased from 27 to 23, the fact remains that there is an additional number of boys, who come from known "problem" families and in some of these cases the boys would probably have had to be taken into care had it not been for the fact that by being in a residential school they are away from the home environment for a greater part of the year.

The applications by parents for early release of their children from school seem to have fallen off and the restraint in industry has not, as yet, presented any more severe a problem in finding suitable employment for the school leavers. The benefit of the highly individualised treatment in the small remedial groups has again been evident. Unfortunately, however, this is an aspect of the school's work which suffers most when there is shortage of staff.

During the year the part-time School Medical Officer made 33 visits to the school and treated several cases on each occasion.

In addition, medical attention was given as detailed below: ----

	No. of Cases treated			No. of visits		
Treatment at Dental Clinic		35		130		
Treatment at Eye Clinic		18		18		
Admissions to Hospital		3		Fundad		

In addition to the individual treatments given above (and many other visits to hospitals and clinics for consultations, audiometric tests, etc.) the regular annual full medical and dental inspections were carried out and the systematic immunisation against diphtheria, poliomyelitis and tuberculosis was continued.

Apart from occasional outbreaks of mild gastro-enteritis and isolated instances of chickenpox there have been no epidemics during the past year and it has therefore been possible to hold the usual annual activities. The high standard of health and welfare of the boys has been well maintained and thanks are due to all those who have worked to make this possible."

### 11-SCHOOL DENTAL SERVICE

The Principal School Dental Officer, Mrs. I. M. Millar, L.D.S. has supplied this description of the work of the School Dental Service: —

"We now have excellent, well-equipped dental clinics over the whole borough, with the exception of a central clinic, which we hope will be built in the near future. When this is accomplished, Walsall will be able to compete favourably with any borough or county in the country for pleasant and efficient surroundings in which to work.

The staffing of these clinics however is a more difficult problem and until we can appoint more full-time or even part-time staff, we cannot hope to give adequate dental care to the children of Walsall. Instead of 10 full-time dental surgeons we have only 2 full-time and 2 part-time officers—an equivalent of 3.2 full-time dental officers. We have 5 modern clinics, well equipped with no dental staff to man them.

It would improve immeasurably the dental health of the children of the borough if the fluoridation of the water could be carried out as soon as possible. Dental inspections during the year numbered 13,569. 6,933 permanent fillings and 1,575 temporary fillings, 1,102 permanent and 4,182 temporary extractions with 1,813 anæsthetics were carried out during the year. 216 cases were emergencies. 274 new orthodontic cases were undertaken and 241 removable appliances made—only 2 cases being sent to a consultant. 118 patients were X-rayed in our own clinics—none having to be sent to hospital.

I would like to thank Mr. Kelman and the staff for their work and co-operation during the year but even their high endeavours are quite inadequate for the present urgent requirements in our larger but understaffed borough."

For their co-operation during 1966 I wish to thank the Education Committee, the Director of Education and his staff and the head teachers of Walsall schools. To the doctors, nurses and administrative staff of the Service my renewed thanks are due for their loyal service during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

#### Your obedient Servant,

#### THOMAS ROSS,

Principal School Medical Officer.

# MEDICAL INSPECTION AND TREATMENT RETURNS Year ended 31st December, 1966

### PART 1

## Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

		Physica	l Condition of	of Pupils In	spected	
	Number	Satisf	factory	Unsatisfactory		
Age Groups (Year of Birth)	of pupils Inspected	No.	% of col. 2	No.	% of col. 2	
(1)	(2)	(3)	(4)	(5)	(6)	
1962 and later	290	290	100.00	_	-	
1957	4,002	4,002	100.00	-	-	
1954	2,399	2,399	100.00	-	-	
1952	1,533	1,530	99.80	3	0.2	
1951 and earlier	1,072	1,071	99.90	1	0.1	
Total	9,296	9,292	99.96	4	0.04	

# A. PERIODIC MEDICAL INSPECTIONS.

## PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTION.

(excluding Dental Diseases and Infestation with Vermin)

Age Groups (Year of (1)	Birth)	4	For defective vision (exclud- ing squint) (2)	For any other condition recorded in Part II (3)	Total individual pupils (4)
1962 and later			1	7	8
1957			96	113	202
1954			111	31	140
1952			52	16	66
1951 and earli			55	15	69
	Tota	.1	315	182	485

### B. OTHER INSPECTIONS.

Number of Special Inspections			 2,908
Number of Re-Inspections			 1,169
	ioni en	Total	 4,077

### C. INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	55,974
(ii)	Total number of individual pupils found to be infested	1,464
(iii)	Number of individual pupils in respect of whom cleansing notices were issued	Byes-
(iv)	Number of individual pupils in respect of whom cleansing orders were issued	9 8

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# PART II

# DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

# A. PERIODIC INSPECTIONS.

Printers and Seconds	PERIODIC INSPECTION		IONS	Others		Total		
Defect or Disease	Entr	Entrants		Leavers				
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
Skin	11	57	7	76	9	104	27	237
Eyes—a. Vision b. Squint c. Other	45 7 1	121 52 11	107 1 —	169 12 14	163 6 —	266 66 15	315 14 1	556 130 40
Ears—a. Hearing b. Otitis Media c. Other		8 88 11	1 1 —	7 49 6		22 65 15	2 2 1	37 202 32
Nose and Throat	36	391	16	243	37	632	89	1266
Speech	12	34	1	10	5	19	18	63
Lymphatic Glands	1	45	-	11	1	63	2	119
Heart	2	19	1	8	2	31	5	58
Lungs	-	66	2	38	1	61	3	165
Developmental— a. Hernia b. Other	34	9 67		1 44	2 1	6 185	5 6	16 296
Orthopædic— a. Posture b. Feet c. Other	$\frac{-}{1}$	4 43 16	$\frac{1}{2}$	22 23 28	2 3 4	36 58 43	2 5 9	62 124 87
Nervous System— a. Epilepsy b. Other		7 12		8 10		8 36		23 58
Psychological— a. Development b. Stability		27 58		78	-2	24 47		58 113
Abdomen	1	13	-	4	-	8	1	25
Other	1	11	-	49	1	93	2	153

AND STORES BALL	Special Inspections			
Defect or Disease	Requiring Treatment	Requiring Observation		
Skin	325	45		
Eyes—a. Vision b. Squint c. Other	14	73 8 4		
Ears—a. Hearing b. Otitis Media c. Other	20	21 23 2		
Nose and Throat	103	63		
Speech	13	11		
Lymphatic Glands	3	3		
Heart	17	7		
Lungs	49	15		
Developmental— a. Hernia b. Other	10	2 25		
Orthopædic— a. Posture b. Feet c. Other	. 60	16 11 19		
Nervous System— a. Epilepsy b. Other	22	7 10		
Psychological— a. Developmen b. Stability	1 (1	7 6		
Abdomen	. 22			
Other	. 343	11		

# PART III

# TREATMENT TABLES

A	. Eye	DISEASES.	DEFECTIVE	VISION	AND	SOUINT.
---	-------	-----------	-----------	--------	-----	---------

A. LIE DISEAS	,			D Dgemm
			N	o. of cases known
				to have been dealt with
External and other, exclu	iding errors	of refrac	ction	
and squint				24
Errors of Refraction (inc	luding squi	nt)		839
		Total		863
				internet of the second
No. of pupils for whom sp	pectacles we	re presci	ibed	491
B. DISEASES AND	DEFECTS OF	F EAR, 1	Nose .	and Throat.
			N	o. of cases known to have been dealt with
Received operative treats	ment: —			dount min
(a) for diseases of the	ear			31
(b) for adenoids and	chronic ton	sillitis		267
(c) for other nose and	l throat con	nditions		Land - Daniel
Received other forms of	treatment			16
		<b>T</b> ( )		
		Total		314
Total number of pupils in	Schools wi	o are kr	own	
to have been provided				
(a) In 1966				3
(b) In previous yea	.rs			25
C. Orthop	PÆDIC AND	Postura	l Def	ECTS.
			N	o. of cases known
				to have been
(a) Pupils treated at	Clinics or	Out-pa	tient	treated
Departments				116
(b) Pupils treated at scl				_
ALL SALE I	242	-		and a second second
		Total		116

# D. DISEASES OF THE SKIN.

(excluding Uncleanliness for which see Part I, C.)

				of cases known to have been treated
Ringworm	<u> </u>			at Subject Sections
(i)	Scalp	 	 	 the state of the state of
(ii)	Body	 	 	 1
Scabies		 	 	 97
Impetigo		 	 	 97
Other skin	diseases	 	 	 502
			Гotal	 697

E. CHILD GUIDANCE TREATMENT.

	of cases known to have been treated
Pupils treated at Child Guidance Clinics	 51

## F. Speech Therapy.

				No	o. of cases known to have been treated
Pupils	treated	by Speech	Therapists	 	279

G. OTHER TREATMENT GIVEN.

	N	o. of cases known to have been dealt with
(a)	Pupils with minor ailments	1,342
(b)	Pupils who received convalescent treatment under School Health Service arrangements	122
(c)	Pupils who received B.C.G. Vaccination	1,453
	Total	2,917

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# PART IV

# DENTAL INSPECTION AND TREATMENT

Number of pupils inspected by the Authority's Dental	
Officers	14,420
Number found to require treatment	9,195
Number offered treatment	8,891
Number reinspected at school or clinic	412
Number found to require treatment	331
Attendances made by pupils for treatment	10,838
Sessions devoted to treatment	1,547
Sessions devoted to inspection	72
Fillings: -	
Permanent Teeth	6,933
Deciduous Teeth	1,575
No. of Teeth filled:	
Permanent Teeth	5,320
Deciduous Teeth	1,378
Extractions:	
Permanent Teeth	1,102
Deciduous Teeth	4,182
Administration of general anæsthetics for extraction	1,813
No. of pupils supplied with artificial teeth	10
No. of pupils x-rayed	118
Prophylaxis	796
Teeth otherwise conserved	27
No. of teeth root filled	5
Inlays	2
Crowns	7
Courses of treatment completed	2,118
I I I I I I I I I I I I I I I I I I I	
ORTHODONTICS	ALCONT. UNIT
Cases remaining from previous year	
New cases commenced during year	01
Cases completed during year	26
Cases discontinued during year No. of removable appliances fitted	241
Pupils referred to Hospital Consultant	2