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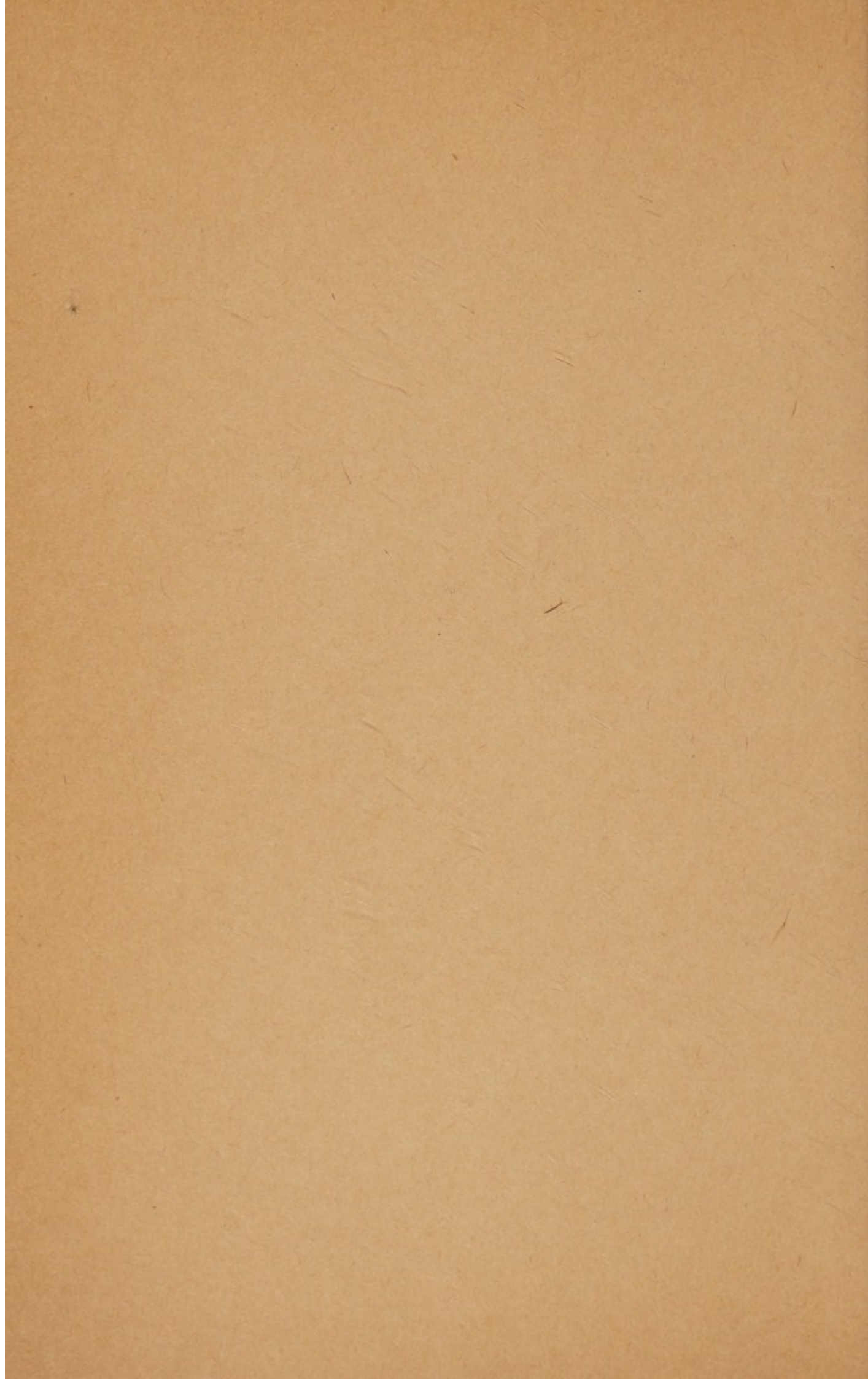
COUNTY BOROUGH OF WEST BROMWICH



**ANNUAL REPORT**  
**of the**  
**Medical Officer of Health**  
**for the Year**  
**1961**

HUGH BRYANT, M.B., Ch.B., D.P.H.  
Medical Officer of Health  
Director of Welfare Services





# CONSTITUTION OF COMMITTEES 1961

(at 31st December)

## HEALTH COMMITTEE

Chairman: Councillor Mrs. M.E. Thornton  
Deputy Chairman: Her Worship the Mayor  
(Councillor Mrs. M. Evitts, J.P.)

Alderman A. Green	Councillor F.W. Jenkins
Councillor W. Allen	Councillor T. Rochelle
Councillor Mrs. L. Brettell	Councillor H. Roy, M.Sc., B.Sc., M.R.C.S., L.R.C.P.
Councillor E. Clarke	Councillor Mrs. M.M. Taylor
Councillor J. Evans	Councillor Mrs. M.B. Waldron
Councillor J.E. Hockley	Councillor T. Vowles

## CO-OPTED MEMBERS

J.O. Robins, F.I.A.C., F.H.A.  
D. Saklatvala, M.R.C.S., L.R.C.P.  
F.R. Smith, M.B., Ch.B., M.R.C.S., L.R.C.P., J.P.

## HYGIENE AND CLEANSING COMMITTEE

Chairman: Alderman Mrs. L. Peckover  
Deputy Chairman: Councillor J.A. Williams

Alderman F. Fisher, J.P.	Councillor F.G. Phillips
Alderman A. Green	Councillor Mrs. M.M. Taylor
Councillor S. Ceney	Councillor T. Vowles

## WELFARE COMMITTEE

Chairman: Councillor E. Spooner, J.P.  
Deputy Chairman: Councillor Mrs. M.E. Thornton

Alderman A. Green	Councillor J.E. Hockley
Alderman Mrs. L. Peckover	Councillor Mrs. D. Manifold
Councillor S.E. Hall	Councillor Mrs. M.B. Waldron



## CO-OPTED MEMBERS

Mr. A.H. Moffatt  
Mrs. R. Price-Williams, M.B., Ch.B.B.  
Mrs. M. Smith  
Mr. R.O. Ware  
Mrs. S.J. Wimbury

## PRINCIPAL STAFF OF THE HEALTH DEPARTMENT

### MEDICAL

Medical Officer of Health and Director of Welfare Services	H.O.M. Bryant, M.B., Ch.B., D.P.H., F.R.S.H.
Deputy Medical Officer of Health	Margaret A. Shields, M.B., Ch.B., D.P.H.
Assistant Medical Officers of Health	Cynthia A.R. Bray, M.B., Ch.B., D.Obst., R.C.O.G., D.C.H. (to 30.9.61.)  Pauline Hollier, M.B., Ch.B., (from 2.10.61.)  Esther T. Riley, M.B., Ch.B.
Chest Physician (Part-time)	C.W.D. Cole, M.R.C.S., L.R.C.P.
Principal School Dental Officer	J.B.C. Cuzner, L.D.S.
Dental Officers give one session a week to services for mothers and young children.	

### HYGIENE AND CLEANSING

Chief Public Health Inspector and Cleansing Superintendent	S. Cayton, F.R.S.H., M.A.P.H.I., M.Inst.F., M.Inst.P.C.
Deputy Chief Public Health Inspector	E.A. Siggers, M.R.S.H., M.A.P.H.I.

On the 31st December there were 2 specialist Public Health Inspectors engaged in housing inspection, plus one Inspector mainly engaged on the inspection of houses occupied by coloured nationals; 2 specialist Inspectors on food inspection, assisted by a Detention Officer; 1 specialist on air pollution, assisted by an unqualified assistant. There were also 3 District Inspectors and 3 pupils.

## NURSING SERVICES

Chief Nursing Officer	Miss E.A. Roberts, S.R.N., S.C.M., H.V. Certificate.
Deputy Chief Nursing Officer	Miss M.E. Greasley, S.R.N., S.C.M., H.V. Certificate.
Supervisor of Midwives and Home Nurses	Miss E.M. Bickerton, S.C.M., S.R.N.

On the 31st December there were 12 Health Visitors, including 3 group advisors, one of whom was concerned with liaison with the Chest Physician for tuberculosis after-care. The Health Visitors gave 7/11ths of their time to this service and the remainder to the School Health Service.

The Home Nursing staff consisted of 11 nurses.

There were 11 Municipal Midwives, assisted by 4 part-time maternity nurses.

## ADMINISTRATIVE

Chief Clerk	M.E. Powell, D.P.A.
-------------	---------------------

There were 16 members of the clerical staff.

## MENTAL HEALTH SERVICES

Chief Welfare Services Officer	A. Shaw.
--------------------------------	----------

There were 2 Mental Welfare Officers, 1 unqualified Psychiatric Social Worker, and a Mental Health Officer engaged in the care of mentally ill persons in the community.



## HOME HELP SERVICE

Home Help Organiser

Mrs. J.M. Day

On the 31st December there was a total of 68 Home Helps being equivalent in terms of full-time service of 55.

## CHIROPODY SERVICE

Chief Chiropodist

Mrs. J. Horton, M.Ch.S.  
(from 3.7.61.)

There was 1 surgery assistant.

## WELFARE SERVICES

Chief Welfare Services Officer A. Shaw.

There were, in addition, 4 Welfare Officers, 1 trainee Welfare Officer, 4 Welfare Assistants, 1 Head Occupational Therapist (vacancy for Occupational Therapist) 3 Craft Instructors, and 1 Storekeeper/Clerk in this service exclusive of the staff of the homes for the elderly.

## OUTSIDE ESTABLISHMENTS

Training Centre

"The Crest"  
Churchfields,  
West Bromwich.

Supervisor: Miss D. Blake

Homes for the Elderly

"Beech Holme"  
53 Beeches Road,  
West Bromwich.

Superintendent and Matron:  
Mr. & Mrs. W. Hiam (to 28.2.61.)  
Mr. & Mrs. A.H. Wheatcroft  
(from 20.3.61 to 30.11.61.)

"The Hawthorns"  
Green Lane,  
Great Barr

Matron:  
Miss V. Marlow (to 24.9.61.)  
Mrs. P. Basford (from 16.11.61.)

"Lyndon House"  
Lyndon,  
West Bromwich.

Superintendent and Matron:  
Mr. & Mrs. J. Taylor

"Greenside House"  
Greenside Way,  
Yew Tree Estate.

Superintendent and Matron:  
Mr. & Mrs. W. Hiam  
(from 1.3.61. to 30.10.61.)  
Mr. & Mrs. A.H. Wheatcroft  
(from 1.12.61.)



## FOREWORD

### Statistics

Although the 1961 census has provided an accurate figure the details of the age and sex structure of the population are not yet available. The number of persons living in the borough has increased from 87,901 in 1951 to 95,912 in 1961, an average yearly increase of 728. The average yearly excess of births over deaths for the same period is 637.

The birth rate at 18.9 per 1,000 population is high in comparison with the average for England and Wales (17.4) and the figure for West Bromwich for 1960 of 17. A substantial increase can be expected in the next few years (and particularly in 1962) as a larger number of young women enter the age group in which childbirth is most common. This emphasises the need for extensive services for midwifery and young children.

In common with the rest of the country, there is an increase in the percentage (now 5.8%) of the total births that are illegitimate.

The infant mortality rate is higher than the average for England and Wales and the West Bromwich rate for the last year, and is mainly due to deaths in the first month of life, largely due to prematurity and respiratory diseases.

The death rates from bronchitis, cancer of the lung and bronchus and cancer of the stomach are higher than the national average, all being on the increase with cancer of the lung accounting for far more deaths than in previous years.

### Local Health Services

The number of health visitors employed is considerably below establishment and reflects the great difficulty in recruitment. At a time when there is an increased birth rate and with part of the population coming from overseas, it is unfortunate to be short of the very staff closely concerned with advising and teaching mothers on the care of young children.

The domiciliary midwifery service, although better staffed than previously, faces a difficult period ahead with a further increase in the birthrate expected and the increasing number of early discharges from hospital after childbirth. The night rota will, it is hoped, be an attraction in a service which, although satisfying, can be arduous.

The character of the work of the home nursing service has tended to alter with fewer injections and more general nursing care (which is time consuming).



Few infants are vaccinated, and with a shortage of health visitors there is less staff to remind and advise mothers of the need for this procedure. The very low figure of those vaccinated before the age of 1 year is partly accounted for by the fact that the procedure was recommended at 12 months of age for most of 1961. It has recently been recommended at 5 months of age.

The occurrence of poliomyelitis stimulated vaccination against this disease and the rates for diphtheria immunisation are better than previously.

The routine protection of young infants against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis with a combined vaccine is an insurance for the individual. Parents should not neglect these obvious precautions, especially as such protection is freely available.

The ambulance service has carried a substantially increased number of patients, largely due to more extensive facilities for out-patients at mental hospitals.

The chiropody service started slowly but now has a waiting list. The difficulty is one of recruiting appropriately trained chiropodists.

A member of the Home Help Service, Mrs. B.E. Tonks, was honoured by the receipt of the British Empire Medal. This recognition of one of their members of the staff gave great pleasure to the whole department, but particularly to the home helps themselves.

### **Mental Health**

The mental health service has settled down after the passing of the Mental Health Act, but, of course, there is a long period during which a gradual increase of facilities will be needed in the form of residential accommodation and the eventual construction of new training centres. Apart from these questions of buildings, the principal difficulty is likely to be the recruitment of trained staff.

### **General Health Services**

A considerable amount of time is necessarily spent in advising on the claims of priority put forward by applicants for Corporation houses.

The presence of a large number of immigrants from the Commonwealth has its effect on the Health services and I have commented on the particular aspects of this which seem to cause difficulty or to merit special attention.

### **Infectious Diseases**

Although, no doubt to my predecessors, the number of cases



of infectious disease would appear to be few, the occurrence of an outbreak of poliomyelitis, a death certified as due to diphtheria, and a case of smallpox in one year in one borough is remarkable in post-war years.

An account of these occurrences appears in the report, but I would particularly like to draw attention to the vast increase of work (and of hours worked) by the many different members of the staff on these occasions, without any complaint.

In all of these occurrences we were particularly fortunate in not having bigger outbreaks of serious infection in the borough.

Dr. Cole, the Chest Physician, has contributed a valuable comment on the problem of tuberculosis, and has given facts and opinions on the effect of a large immigration from the Commonwealth into the town as it affects his specialty.

## **Welfare**

As, in previous years, reports are included on the Welfare Services.

The extension to Lyndon House, to provide an additional 14 beds for the more frail, was opened and appears to be successful.

The total number of beds in Part III accommodation is, however, still well below the national average, there being 1.6 per thousand population in West Bromwich compared with 2.25 in county boroughs generally.

## **Environmental Health**

The process of dealing with slum property has continued throughout the year, the principal limitation being the availability of rehousing.

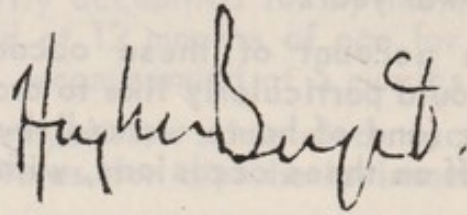
Although some work has been done in dealing with the problem of food hygiene, frequent inspections of food premises, particularly the smaller shops, has not been possible due to the difficulty of attracting public health inspectors, and the heavy commitments of meat inspection in the borough.

## **Conclusion**

I wish to thank many persons for their support and assistance during the year, particularly the staff of the department for their hard work and loyalty throughout twelve months of considerable activity, my medical colleagues in other branches of the National



Health Service, and other Chief Officers of the Corporation. I am also indebted to the Chairmen and Members of the Health and Welfare Committees for their support and guidance.



HUGH BRYANT

Medical Officer of Health  
and Director of Welfare Services

Health Department,  
2 Lodge Road,  
West Bromwich.

July, 1962.

# TABLE OF CONTENTS

## PART I

Statistical Information	12 - 22
Summary of Statistics	12 - 13
Statistical Statistics	14 - 22
Population	14
Deaths	14
Stillbirths	15
Deaths	15
Deaths from Cancer	15 - 16
Deaths from Diseases of Respiratory System	16 - 17
Certain Causes of Death	17
Infant Mortality	17 - 20
Deaths under Four Weeks of Age	19
Perinatal Mortality	19 - 20
Accidents	20
Deaths from Home Accidents	20 - 21
Morbidity Graph	21
	22

## PART II

Health Services	24 - 68
Care of Mothers and Young Children	24 - 30
Pre-Natal Clinics	24
Staff	24
Attendances	24 - 25
Taxation etc.	25
Maternal Welfare Centres	25 - 26
Drugs and Medicaments	26 - 27
Maternal Service	27 - 28
Care of Unmarried Mothers	28 - 29
Family Planning	29 - 30
Dr. Violet Light Clinic	30
Nurseries and Child Minders	31
Emergency	31 - 36
General Arrangements	31 - 32
Distribution of Confinements	32 - 33
Municipal Midwives	33
Financial Aid	34
Emergency Obstetric Service	35
Infant Mortality	35
Training in Domiciliary Midwifery	35
Certificate Education of Midwives	35
Coordination	35
Aspects of Potential Difficulty	35 - 36
Professional Meetings in the Maternity Service	36
Home Visiting	37 - 39
	37
General Arrangements	37
Visits	38
Maternal Clinic	38
Co-operation with other Agencies	38 - 39
Guidance	39

Home Nursing	40 - 43
Staff	40
General Arrangements	40
Cases Nursed	40 - 41
Classification of Work	41 - 42
Nursing Equipment	43
Training of District Nurses	43
Relief of Pressure on Hospitals	43
Accommodation	43
Equipment	43
Vaccination and Immunisation	44 - 49
Vaccination against Smallpox	44 - 45
Immunisation against Diphtheria, Whooping Cough and Tetanus	46
Danger of Diphtheria	46
Vaccination against Poliomyelitis	46 - 47
B.C.G. Vaccination	48 - 49
Ambulance Service	50 - 52
General Arrangements	50
Ambulances	50
Work Done	50 - 51
Radio Telephone	51
Supply of Oxygen	51
Training of Staff	51
Major Accidents	51 - 52
Smallpox	52
Care and After Care	53 - 54
Convalescence	53 - 54
Loan Equipment	55
Chiropody Service	55 - 56
Home Help Service	57 - 60
General Arrangements	57
Staff	57
Persons Helped	57 - 58
Charges for the Service	58
Night Attendance Service	58 - 59
Home Help Washing Service	59
Home Help Course	59 - 60
Mental Health	61 - 68
General Arrangements	61 - 63
Day Patients	63
Old Age and Mental Illness	63 - 64
Community Case Work	64 - 65
Social Club	65
Occupational Therapy	65
Additions to the Register	65 - 66
Hospital Care	66
Community Care	66 - 67
Training Centre	67 - 68

## PART III

Infectious Diseases	69 - 76
Incidence	69
Deaths from Infectious Diseases	69
Diphtheria	70
Dysentery	70



Enteric Fever	70
Measles	70
Meningococcal Infection	70
Ophthalmia Neonatorum	70
Pneumonia	70
Poliomyelitis	71 - 72
Puerperal pyrexia	72
Scarlet Fever	72 - 73
Whooping Cough	73
Food poisoning	73
Malaria	74
Smallpox	73 - 74
Encephalitis	74
Tuberculosis	75 - 79
Notifications	75
Deaths	75 - 76
Treatment	76 - 77
Immigrants	77 - 78
Conclusion	78 - 79
Venereal Disease	80

#### PART IV

Additional Information	81 - 90
Health Education	81
Rehousing on Medical Grounds	82
Medical Examinations	83 - 84
Nursing Homes	84
Home Safety	84
Co-ordination of Services Dealing with Child Neglect	85 - 86
Immigrants from the Commonwealth	87 - 89
Cost of Services	90

#### PART V

Welfare Services	91 - 106
General Arrangements	91
Care of the Aged	91 - 95
Incidence	91 - 92
Residential Accommodation	92 - 94
Finance	94
Care in the Community	94 - 95
Social Facilities	95
Meals on Wheels	95
Care of the Blind	96 - 98
Residential Care	96
Care in the Community	96 - 97
Employment	97 - 98
Holidays	98
Blind Persons with other Disabilities	98
Partially Sighted	98
General Welfare	98
Welfare of the Deaf and Dumb	99
Physically Handicapped	100 - 105
Alterations to Property	103

Library Facilities
Ministry Car Badges
Holidays
Wheelchair and Invalid Cars
Transport
Social Activities
"Fellowship of New Horizons"
Occupational Therapy Service
Staff
Classes at the Centre
Domiciliary Activity
Stock and Disposal of Goods

#### PART VI

Foreword
General Hygiene
Description of the Area
Meteorology
Water Supplies
Inspections
Complaints Received
Notices Served
Improvements effected under the Public Health and Housing Acts
Theatres and Cinemas
Court Proceedings under the Public Health Act, 1936
Prevention of Damage by Pests Act, 1949
Destruction of Rats and Mice
Rodent Control
Disinfestation
Pharmacy and Poisons Act, 1933, and Pharmacy and Medicines Act, 1941
Rag Flock and Other Filling Materials Act, 1951
Hairdressers and Barbers
Water Sampling
Swimming Baths
Dartmouth Park Childrens' Paddling Pool
Pet Animals Act, 1951
Housing
New Housing Accommodation
Slum Clearance
Slum Clearance - Summary of Action
Individual Unfit Houses
Demolition of Houses
Rent Act, 1957
Improvement Grants
Air and Factory Hygiene
Abatement of Atmospheric Pollution Legislation
Industrial Smoke and Nuisances
Grit and Dust from Cupolas
Iron Foundry Cupolas - Cold Blast
New Furnaces
New Chimneys



Domestic Smoke Control	130 - 131
Clean Air Council	131
Measurement of Atmospheric Pollution	132
Deposit Gauges	132 - 133
Lead Peroxide Instruments	133 - 134
Daily Smoke Filter and Volumetric Volumetric Apparatus	134 - 135
Annual Averages	135
Wind Frequency	135
Alkali etc. Works Regulations Act	136
Legal Proceedings	136
Factories Act, 1961	137
Food Hygiene and Control	138 - 145
Food Hygiene	138 - 139
Food Control	139 - 142
Meat and Food Inspection	142
Carcases Inspected and Surrendered	142 - 143
Percentage of Food Animals affected with Tuberculosis	143
Summary of Carcases Inspected	143
Analysis of Diseases and Conditions	144
Total Weight Surrendered	144 - 145
Method of Disposal of Condemned Food	145
Slaughter of Animals Act, 1958	145
The Milk (Special Designation) Regulations, 1960	145
Ice Cream	145
Public Cleansing and Salvage	146 - 153
The Collection of Refuse	146
Vehicles	146 - 147
Collection Teams	147
Provision of Dustbins	147
Disposal of Refuse	147 - 150
Controlled Tipping	147 - 148
Disposal Site - Plant	148
Tip Labour	148
Salvage Equipment	148
Recruitment of Labour	148 - 150
Public Conveniences	151
House Refuse Collection and Disposal - Operation Statistics	151
Output of Refuse (excluding Cesspool Contents)	152
Recovery of Waste and Dormant Materials	152
Public Cleansing Costings	153
Staff of the Hygiene and Cleansing Department	154 - 155



## SUMMARY OF STATISTICS, 1961

### COUNTY BOROUGH OF WEST BROMWICH

The County Borough of West Bromwich is situated in South Staffordshire and is a manufacturing town principally engaged in foundry work and allied industries. The town has a number of residents who originally came from Asian and West Indian countries.—

Elevation above sea level	347 ft to 569 ft
Geological formation	Sandy sub-soil and prevalence of hard sandstone rock.
Rainfall (inches)	26.66
Area in acres (land and inland water)	7,172
Population per acre	13.37
New Houses certified including flats, 1961	629
Estimated number of houses in the Borough as at 31st December, 1961	27,486
Rateable value at the 1st April, 1961	£1,245,334
Rate at 1d in the £ estimated to produce	£5,200

### VITAL STATISTICS

Population (Census 1951)	87,901
Population (Census 1961)	95,912
Population (estimated civilian population mid 1961)	95,930
Live births	1,817
Live birth rate (per 1,000 population)	18.9
Live birth rate (per 1,000 population) corrected	17.4
Illegitimate live births per cent of total live births	5.8
Stillbirths	41
Stillbirth rate (per 1,000 live and stillbirths)	22.1
Total live and stillbirths	1858
Infant deaths	49
Infant mortality rate (per 1,000 live births)	27.0



Legitimate infant mortality rate ( per 1,000 legitimate births)	25.7
Illegitimate infant mortality rate (per 1,000 illegitimate births)	47.2
Neonatal mortality rate (deaths under four weeks per 1,000 live births)	20.9
Early Neonatal mortality rate (deaths under 1 week per 1,000 live births)	17.6
Perinatal mortality rate (stillbirths & deaths under 1 week combined per 1,000 live & stillbirths)	39.3
Maternal deaths (including abortions)	1
Maternal mortality rate (including abortions per 1,000 live and stillbirths)	0.53
Deaths	1003
Death rate (per 1,000 population)	10.5
Death rate (corrected)	14.3
Pulmonary tuberculosis death rate (per 1,000 population)	0.11
Cancer death rate (per 1,000 population)	2.2

#### ENGLAND AND WALES

Birth rate	17.4
Death rate	12.0
Stillbirth rate (per 1,000 total births)	18.7
Infant mortality rate	21.4

#### NAME AND ADDRESS OF MEDICAL OFFICER OF HEALTH

Hugh Bryant, M.B., Ch.B., D.P.H., F.R.S.H.  
Health Department,  
2 Lodge Road,  
West Bromwich

Telephone Number: West Bromwich 1891. (Home: Streetly 1145)



## VITAL STATISTICS

### Population

The following figures show the estimated mid year population of the Borough for each year since the census in 1951 and the steady rise which has taken place:—

1951	.. .. .	87,901 (Census)
1952	.. .. .	87,640
1953	.. .. .	87,960
1954	.. .. .	88,650
1955	.. .. .	89,640
1956	.. .. .	90,720
1957	.. .. .	93,050
1958	.. .. .	93,380
1959	.. .. .	93,590
1960	.. .. .	93,780
1961	.. .. .	95,930 (Census 95,912)

The adult male population in this country can be classified for statistical purposes into five main groups by occupation. The numbers of each group in every thousand of the population in West Bromwich, compared with the average for England and Wales as a whole, are as follows:—

	<u>Census 1951</u>	
	West Bromwich	England and Wales
Professional occupations	14	33
Intermediate occupations	92	150
Skilled occupations	591	527
Partly skilled occupations	148	162
Unskilled occupations	155	128

The position as at 1961 from the new census is not yet available.

### Births

There were 1,817 live births during the year to residents of West Bromwich compared with 1,692 in 1960.

Of the births to West Bromwich residents 790 occurred at home which represents 43% of the total. The remaining 57% took place in hospital and this proportion is the same as in the previous year.

There were 106 illegitimate births, giving an illegitimate birth rate per 1,000 live births of 58 compared with 41 in 1960.



## Stillbirths

The total number of stillbirths to West Bromwich residents was 41 giving a stillbirth rate of 22.1 per 1,000 live births, compared with 14.6 in 1960. The rate for England and Wales is 18.7.

## Deaths

There were 1,003 deaths of West Bromwich residents (566 males and 437 females) during the year, 62% of which occurred in persons aged 65 years and over. This gives a crude death rate per 1,000 population of 10.5. If this is corrected by use of the comparability factor supplied by the Registrar General to take account of the age structure of the population in relation to that nationally, the figure is 14.3 compared with 13.9 for 1960.

The following table shows the principal causes of death over the last 10 years.

### SUMMARY OF THE PRINCIPAL CAUSES OF DEATH FOR THE YEARS 1952 - 1961

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Cancer	128	149	132	167	160	149	151	173	174	209
Heart diseases	199	211	221	251	229	249	246	247	258	222
Pneumonia	33	32	24	33	35	41	41	48	44	56
Bronchitis and other respiratory diseases	82	107	84	115	90	117	97	110	93	116
Vascular lesions	113	121	97	124	137	128	111	137	156	119
Tuberculosis:										
Pulmonary	27	27	32	30	15	13	19	15	16	11
Non-pulmonary	4	6	3	2	2	3	-	-	-	-

## Deaths from Cancer

The following table gives details of the number of deaths, localisation of, and the rate per cent of total cancer deaths, for certain specified sites of the body.



	Number of deaths during		Rate per cent of total cancer deaths	
	1960	1961	1960	1961
Stomach	30	40	17.2	19.1
Lung and bronchus	34	67	19.5	32.1
Breast	19	23	10.9	11.1
Uterus	6	3	3.6	1.4
Others	85	76	48.8	36.3
	<u>174</u>	<u>209</u>	<u>100.0</u>	<u>100.0</u>

Deaths from cancer of the lung are rising. The following table shows the death rate per 1,000 population from this cause for the last five years.

Cancer of the lung and bronchus				
		Year	Death rate per 1,000 population	
		1957	0.38	
		1958	0.31	
		1959	0.45	
		1960	0.36	
		1961	0.69	

#### Deaths from Diseases of the Respiratory System excluding Cancer of the Lung.

The following table gives the number of deaths in age groups from diseases of the respiratory system in men and women during the year. The number of deaths of West Bromwich residents from pulmonary tuberculosis was 11 giving a pulmonary tuberculosis death rate of 0.12 per 1,000 population, compared with 0.17 in 1960.



AGE GROUP	Tuberculosis		Respiratory		Influenza		Pneumonia		Bronchitis		Other diseases of respiratory System		TOTALS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year	-	-	-	-	5	1	2	1	-	-	7	2		
1 - 4 years	-	-	-	-	1	-	-	-	-	-	1	-		
5 - 14 years	-	-	-	-	-	-	-	-	-	-	-	-		
15 - 24 years	-	-	-	-	-	-	-	-	-	-	-	-		
25 - 44 years	1	1	1	1	1	-	1	-	-	-	4	2		
45 - 64 years	4	1	5	2	4	4	20	6	4	-	37	13		
65 - 74 years	3	1	2	3	11	6	29	3	1	2	46	15		
75 years and over	-	-	4	3	11	12	21	12	1	2	37	29		
TOTALS	8	3	12	9	33	23	73	22	6	4	132	61		

### Certain Causes of Death

It is obvious that cancer of the lung, cancer of the breast, cancer of the stomach, coronary thrombosis and bronchitis, between them are responsible for many of the deaths. The figures for England and Wales and for West Bromwich, given as rates per thousand population, are as follows:-

Types of Disease	England & Wales	West Bromwich
Cancer of the lung	0.49	0.69
Cancer of the breast	0.20	0.25
Cancer of the stomach	0.29	0.42
Coronary disease	2.06	1.15
Bronchitis	0.67	0.99

In comparing these rates attention should be drawn to the size of England and Wales, compared with the County Borough of West Bromwich, and to the difference that the operation of chance can make in so small a community as that of West Bromwich.

### Infant Mortality

A total of 49 infants whose parents were normally resident in the Borough died during the year. This gives an infant mortality rate per 1,000 live births of 27.0. The equivalent rate for England and Wales is 21.4. Five illegitimate babies died.



The following table shows the infant deaths in age groups over the period of the last ten years:—

YEAR	Under 1 month	1 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	Total	Infant death rate
1952	31	9	7	5	2	54	36
1953	22	9	7	6	1	45	30
1954	43	3	6	2	2	56	37
1955	23	4	8	-	3	38	26
1956	23	8	3	-	1	35	23
1957	27	3	5	3	3	41	24
1958	18	3	2	-	-	23	14
1959	25	3	2	-	2	32	19
1960	20	6	6	3	1	36	21
1961	38	5	4	1	1	49	27

It is unfortunate to have to record the highest number of infant deaths in a year since 1955.

Of the total of 49 infant deaths 9 occurred in immigrant families, 8 of which referred to deaths under 1 month of age out of the total for this age group of 38.

The rise is largely in deaths of babies under 1 month of age due to prematurity and respiratory infections. There has also been a concurrent rise in the stillbirth rate.

The following table shows the infant deaths under certain selected causes during the year:

	Under 1 month	1 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	Total under 1 year
Prematurity	19	-	-	-	-	19
Congenital malformations	5	1	-	-	-	6
Pneumonia	7	2	2	1	-	12
Bronchi tis	-	-	1	-	1	2
Asphyxia	-	-	1	-	-	1
Gastro Enteritis	-	1	-	-	-	1
Other defined diseases	7	1	-	-	-	8
TOTALS	38	5	4	1	1	49



It is disturbing to see that 14 deaths in infancy are attributable to respiratory disease. Deaths from this cause can be regarded as largely preventable. Of the total of 14, 2 referred to immigrant families.

#### Deaths under four weeks of age

There were 38 deaths of infants under 4 weeks, giving a neonatal mortality rate of 20.9 per 1,000 live births compared with 11.8 in 1960. The following table shows the age at which death occurred during the period of the first month.

1st day	2nd day	3rd day	4th day	5th day	6th day	7th day	1 - 2 weeks	2 - 3 weeks	3 - 4 weeks	Deaths under 1 month
16	8	2	3	1	1	1	5	1	-	38

Although these figures show an increase during 1960 the greater part of the increase is concerned with death during the first and second day of life. Seven occurred in immigrant families in this age group

#### Perinatal Mortality

The statistical device of a perinatal mortality rate is aimed at taking into account deaths occurring just before and just after the process of birth in an endeavour to give a total idea of the loss of infant life at about the time of birth. Expressed statistically, it is as follows:-

$$\frac{(\text{Deaths in the first week of life} + \text{stillbirths}) \times 1,000}{\text{Total births (both live and still)}}$$

The figure for West Bromwich this year is 39.3 compared with 24.5 in 1960. In view of the small number of children involved, infant mortality rates are unreliable and the perinatal death rate may give a better idea of the total wastage of infant life. The 1961 figure compares with the national figure of 32.2.

In a town with only 57% of births occurring in hospital and an acute housing problem a maintained rise in the perinatal mortality rate can indicate strain on the maternity medical services.

To provide a comparison of the various rates involved in the consideration of perinatal mortality the following table gives information for each of the last five years:-



YEAR	Infant Mortality Rate	Neonatal Mortality Rate	Stillbirth Rate	Perinatal Mortality Rate
1961	27.0	20.9	22.1	39.3
1960	21.3	11.8	14.6	24.5
1959	19.0	14.9	30.6	42.7
1958	13.8	10.8	20.0	29.5
1957	24.2	15.9	27.0	39.6

One maternal death occurred during 1960, in a patient who was in hospital for her confinement, the cause of death being haemorrhage following rupture of the uterus.

### Morbidity

The graph given overleaf on page 22 shows the number of new claims for sickness benefit received by the Ministry of National Insurance each week during the year.

### Suicide

Eleven deaths were due to suicide compared with 12 in 1960. The ages and sex of the persons concerned, together with the methods employed, are shown in the following table:-

Cause of Death	AGE GROUP					
	15 - 44 years		45 - 64 years		65 years & over	
	M	F	M	F	M	F
Coal gas poisoning	2	-	2	2	-	1
Drowning	-	-	-	1	-	-
Fall from window	-	-	-	-	1	-
Aspirin poisoning	-	-	-	1	-	-
Run over by train	-	-	1	-	-	-
TOTALS	2	-	3	4	1	1

### Road Accidents

Sixteen deaths were due to road accidents compared with 14 in 1960. The following table shows the age groups, sex, and the types of vehicle involved:-



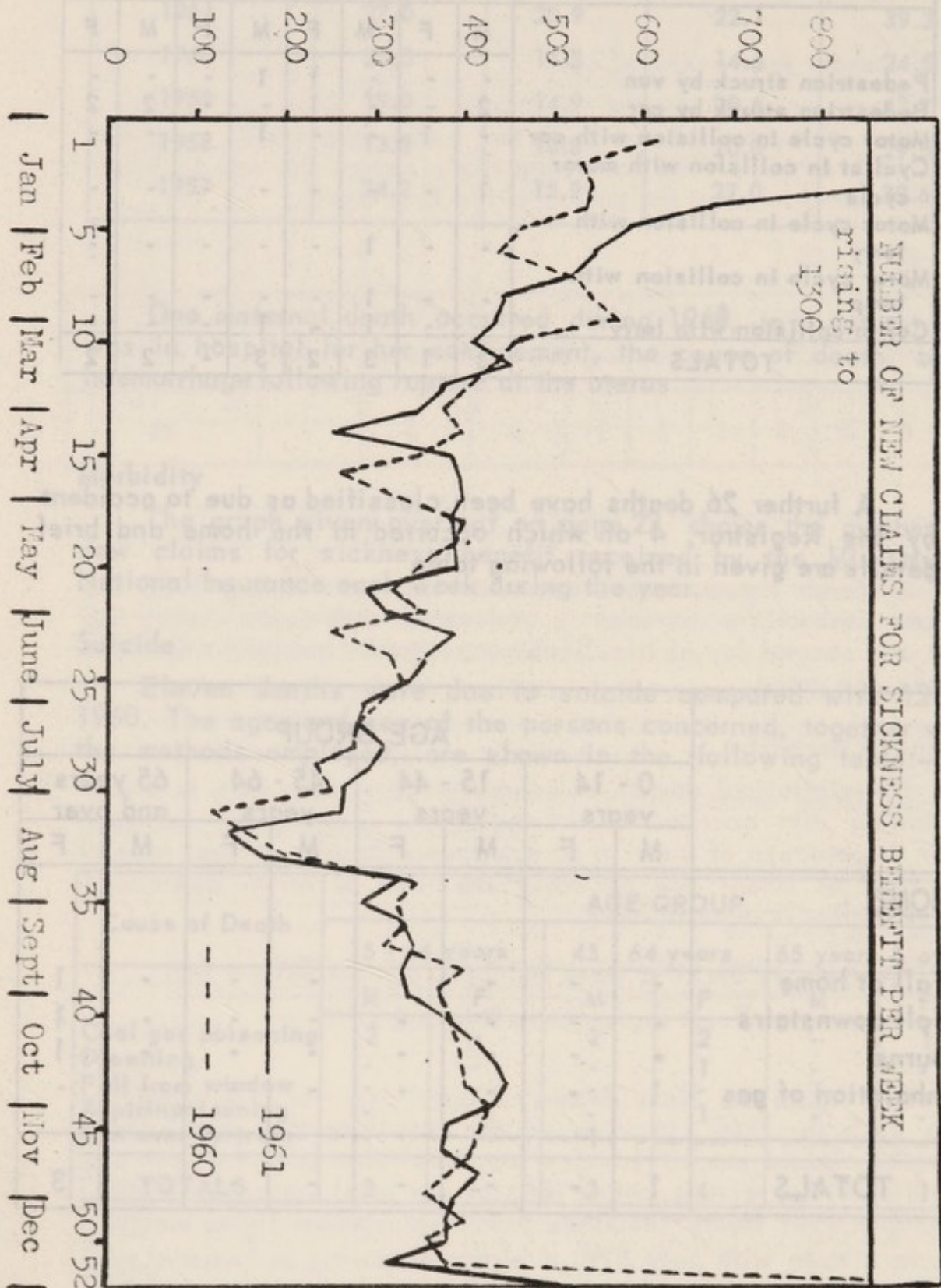
	AGE GROUP							
	0 - 14 years		15 - 44 years		45 - 64 years		65 years and over	
	M	F	M	F	M	F	M	F
Pedestrian struck by van	-	-	-	1	1	-	-	-
Pedestrian struck by car	2	-	-	1	-	-	2	2
Motor cycle in collision with car	-	1	-	-	1	-	-	-
Cyclist in collision with motor cycle	1	-	-	-	-	-	-	-
Motor cycle in collision with lorry	-	-	1	-	-	-	-	-
Motor cycle in collision with lamp	-	-	1	-	-	-	-	-
Car in collision with lorry	-	-	1	-	1	-	-	-
<b>TOTALS</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>-</b>	<b>2</b>	<b>2</b>

A further 26 deaths have been classified as due to accident by the Registrar, 4 of which occurred in the home and brief details are given in the following table

	AGE GROUP							
	0 - 14 years		15 - 44 years		45 - 64 years		65 years and over	
	M	F	M	F	M	F	M	F
<b>HOME</b>								
Fall at home	-	-	-	-	-	-	-	1
Fall downstairs	-	-	-	-	-	-	-	1
Burns	-	-	-	-	-	-	-	1
Inhalation of gas	1	-	-	-	-	-	-	-
<b>TOTALS</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3</b>

The present epidemic of road casualties, though highly important, must not obscure the fact that accidents in other places are also a source of preventable wastage of life.







The Authority has ante-natal clinics, of which post-natal examinations were also carried out at the following infant welfare centres:-

Centre	Attendance
Hill Top and Highfield	504
Greats Green	95
Boulton Road	224
Friar Park and Yew Tree	138
Hemsworth	141
Hallam Hospital	304
<b>TOTALS</b>	<b>1,606</b>

# PART 11

## LOCAL HEALTH SERVICES

### Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Vaccination and Immunisation

Ambulance

Care and After Care

Chiropody

Home Help

Mental Health

Place	Attendance
Boulton Road	2,447.5
Greats Green	422.2
Highfield	2,142
1961	706.4
1960	522.2
1959	747.1
1958	1,512
1957	2,072
<b>TOTALS</b>	<b>7,660</b>

The nursing staff who attended the mothers during childbirth have reported the well controlled state, not only of the mothers but other members of their households. This has proved of great help to the midwives.



## CARE OF MOTHERS AND YOUNG CHILDREN

### Ante-Natal Clinics

The Authority ran ante-natal clinics, at which post-natal examinations were also carried out, at the following infant welfare centres:—

Boulton Road  
Friar Park  
Greets Green  
Hamstead  
Highfields  
Hill Top  
Stone Cross  
Yew Tree

The clinics were staffed by nurses from the local authority and medical officers from the hospital service. There was an average of 32 sessions per month held during the year with an average attendance of 14 patients per session. The patients seen at the clinics were those who intended to be confined at home whose doctors wished them to attend the clinic for ante-natal care in addition to care given at surgeries. Wasserman, Kahn and Rhesus testing was carried out in every case and arrangements existed for the transfer of information to the general practitioner concerned.

No special post-natal clinics were held

### Staff

At each clinic the following staff were in attendance:—

A medical officer  
A health visitor  
A midwife with a pupil midwife on occasions

Attendances	<u>1960</u>	<u>1961</u>
New Bookings	802	853
Return	4,538	4,743
Post-natal	59	64
TOTALS	<u>5,399</u>	<u>5,660</u>

The nursing staff who attended the mothers during childbirth have reported the well controlled state, not only of the mothers but other members of their household. This has proved of great help to the midwives.



The following table shows the number of mothers and attendances made at the various centres during 1961:—

### RELAXATION AND MOTHERCRAFT – 1961

#### Number of women attending and total of attendances

Centre	Persons Attending	Attendances
Hill Top and Highfields	110	504
Greets Green	30	95
Boulton Road	32	224
Friar Park and Yew Tree	38	138
Hamstead	32	141
Hallam Hospital*	85	304
<b>TOTALS</b>	<b>327</b>	<b>1,406</b>

\*Mothercraft only

### **Infant Welfare Centres**

There was no change in the pattern of Infant Welfare Centres during the year. The Centres continued to operate from the same buildings as previously, and the following table gives details of the place, day and total sessions and attendances.

Place	Day	Total sessions during the year	Total attendances during the year
Boulton Road	Tuesday	48	3,964
	Thursday	51	
Friar Park	Wednesday	51	2,524
Hamstead	Friday	51	2,143
Greets Green	Wednesday	51	1,833
Highfields	Monday	48	4,607
	Thursday	51	
Hill Top	Monday	48	3,725
	Thursday	51	
Red House Park	Monday	48	3,747
	Tuesday	48	
Stone Cross	Tuesday	48	3,151
	Friday	51	
Yew Tree	Wednesday	51	3,703
	Friday	51	
<b>TOTALS</b>		<b>747</b>	<b>29,397</b>

These figures show some pressure on the centres, and far from being unnecessary it is obvious that young mothers like to go to the clinics which they find of value.



Each centre was staffed by an officer of the health department was given at some clinics by volun-

Vaccination against smallpox with triple immunisation against dip- tetanus was carried out at the centres

Further details of the numbers centres are given below:-

	First attendances			
	1960	1961	1960	1961
Children between 0 - 1 year	1,635	1,600	20,636	22,014
Children between 1 - 2 years	9	22	3,512	4,016
Children between 2 - 5 years	6	31	4,031	3,367

No special toddler clinics were run. Health education was carried out by the health visitors in the clinics. The small number of children between 1 and 5 years of age attending caused concern. These attendances cannot easily be increased unless adequate numbers of health visitors are available. Ideally child- should attend at least once a year for examination.

### Food and Medicaments

There was a central distribution centre open during office hours each day for the distribution of baby food, orange juice and cod-liver oil, and supplies were also available, at all infant welfare centres in the borough.

From 1st June, 1961, new arrangements for the sale of concentrated orange juice, cod liver oil and vitamin A and D tablets were introduced nationally. No change was made in the arrangements for welfare milk and national dried milk.

From the above date any beneficiary (children up to the age of 5 years and 1 month, handicapped children, expectant and nursing mothers) was eligible to have any quantity of these foods at new prices as follows:-

Orange juice 1/6d per bottle (old price 5d)

Cod liver oil 1/- per bottle (previously free)

Vitamin A & D tablets 6d per packet (previously free)

The price of national dried milk remained unchanged at 2/4d per tin.



The following quantities were issued to beneficiaries.

National Dried Milk		338	tins free
		7,874	tins at 2/4d
		1,864	tins at 4/-
Total		10,076	
Orange Juice			
	to 31/5/61	18,836	bottles at 5d
	to 31/5/61	430	bottles free
	from 1/6/61	7,244	bottles at 1/6d
	from 1/6/61	879	bottles free *
Total		27,389	
Cod Liver Oil			
	to 31/5/61	2,630	bottles free
	from 1/6/61	731	bottles at 1/-
	from 1/6/61	264	bottles free *
Total		3,625	
Vitamin Tablets			
	to 31/5/61	1,884	packets free
	from 1/6/61	1,109	packets at 6d
	from 1/6/61	101	packets free *
Total		3,094	

\*Since 1/6/61 free issues are only made to beneficiaries in receipt of national assistance or unemployment benefit.

#### (b) Commercial Foods

A total of 32,759 items of various proprietary foods was sold giving an income of £4,185. The price in each case was the cost to the Corporation plus 10%, and usually was less than the normal retail price.

#### Dental Service

There is a national shortage of dentists but the shortage is greatest in local authority services. Without the prospect of improvement in the foreseeable future. The priority dental service will continue only to scratch at the problem, and efforts continue to recruit further dentists.



The following table shows the work performed.

Table 'A' – Number provided with dental care

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	121	118	118	118
Children under five years	216	216	213	216

Table 'B' – Forms of dental treatment provided

	Scaling and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radio-Graphs
							Full upper or lower	Partial upper or lower	
Expectant and nursing Mothers	7	29	1	-	435	100	16	12	10
Children under 5 years	-	19	18	-	450	209	-	-	-

### Care of Unmarried Mothers

The following report is presented by the Organising Secretary of the Lichfield Diocesan Association for Moral Welfare Work which undertakes the care of unmarried mothers on behalf of the Corporation.

"Twenty seven cases in which illegitimate births occurred in 1961 have been dealt with by the Moral Welfare Worker and these are reported on below. In addition, 10 cases in which births occurred prior to 1961 were helped in making plans for the babies. Thirteen expectant mothers whose babies were due to be born in 1962 have had the necessary arrangements made for their confinements. This makes a total of 50 cases under care during 1961.

Twenty one mothers were accommodated in Diocesan Homes and 6 had hospital confinements.

Six of the cases concerned married women, 4 were divorced, 1 was living apart from her husband and 1 woman has been reconciled with her husband.



In the majority of cases the putative fathers have been interviewed with the result that 4 affiliation orders have been granted and 9 private agreements signed. Payments of the latter are being made through the Worker.

The ages of the mothers were as follows:—

<u>AGE</u>		<u>AGE</u>		<u>AGE</u>	
15 years	5	18 years	1	22/27 years	5
16 years	2	19 years	5	28/34 years	3
17 years	2	21 years	2	35/40 years	2

The ages of the putative fathers ranged between 15 and 40.

Two girls married the fathers of their babies.

The 27 babies were placed as follows:—

- 11 with their mothers at home;
- 1 with parents married;
- 2 with mothers in situations;
- 4 with mothers in homes
- 8 have been adopted through the Association;
- 1 privately adopted.

In these cases we are satisfied that the children are receiving adequate care and attention.

A total of 304 visits have been paid in connection with the 50 cases under care. In addition, the homes of prospective adopters have been vetted and reported on, girls conveyed to homes and accompanied when they have had to appear in Court or to have their signature witnessed when consenting to an Adoption Order being made."

It will be seen that out of 106 illegitimate births in the year only 27 or 25% of the mothers required the help of the Moral Welfare Worker. Nationally it seems that most illegitimate children are born to parents in the 20-30 years age group, probably because an illegitimate conception (13.3% of births in 1960) can become a legitimate baby by the marriage of the parents who are both more liable to be single in the earlier age groups.

### Family Planning

The West Bromwich Branch of the Family Planning Association held a clinic in the Highfields Infant Welfare Centre during the year. The sessions were once weekly on Wednesday evening. The following is a summary of the work during the year:—

Number of sessions held 47

Number of new patients seen during the year 223



The sources and reasons for referral of cases can be summarised as follows:—

Referred by general practitioners	37
Transfers from other Family Planning Clinics	13
Referred by nursing staff	18
Personal introduction	140
Attendance because of press publicity	1
Other sources	14

### Ultra Violet Light Clinic

The ultra violet light clinics were held on Monday and Thursday afternoons at the Central School Clinic, and on Tuesday mornings and Thursday afternoons at the Stone Cross Clinic.

The following table gives the number of children receiving artificial sunlight treatment during the year:—

		No. of children on register at 31st Dec.	No. of Attendances during the year
		1961	1961
Pre-school children	Boys	9	243
	Girls	3	137
School children	Boys	22	617
	Girls	30	946
Children referred by Chest Clinic	Boys	-	-
	Girls	-	-
TOTALS		64	1,943

The ultra violet lamp was in use for 250 hours during 1961.

### CLASSIFICATION OF REASONS FOR ATTENDANCE

	School	Infant Welfare
Tonsillitis	5	-
Asthma	1	-
General debility	16	6
Frequent colds	6	1
Bronchitis	17	5
Anorexia	2	-
Chilblains	1	-
Chronic catarrh	4	2
Post pneumonia	2	1
Underweight	5	-
Debility following rheumatism	1	-
Debility following measles	1	-
Debility following jaundice	1	-
TOTALS	62	15



## Day Nurseries and Child Minders

The Council have no day nursery operating in the Borough, and there were no applications for registration under the Nurseries and Child Minders Regulations Act, 1949, received during the year. It seems unlikely that this represents the true position on child minding which according to the impressions of health visitors is not uncommon especially among immigrants. Registration is not necessary until two children are minded for reward and one of the difficulties is to establish the fact of payment.

## MIDWIFERY

### General Arrangements

Mothers being confined at home were cared for by 11 midwives and four part-time maternity nurses employed by the Council under the immediate supervision of a non-medical supervisor of midwives.

For the first part of 1961 each midwife had the usual off-duty hours of 36 per week with a weekend off each month, making a total of 7 off-duty days per month, but on 9th June a night rota scheme was introduced successfully.

The new rota scheme enables the midwives to have 3 weeks out of 4 free from night calls (apart from exceptional circumstances). On the fourth week those midwives on duty cover the whole of the borough for night calls, but are free during the day.

The rota provides 3 midwives each night on "first call" (a further 3 are on "second call" but are seldom required for duty).

All midwives are eligible for telephones at their homes and the G.P.O. interception service is used so that a call made at night to a midwife who is out or off duty can be transferred to the Ambulance Station for advice to be given concerning the telephone number of the next available midwife. In cases of difficulty the Ambulance personnel inform either the Chief Nursing Officer or the non-medical Supervisor of Midwives.

After seven months of operation the night rota scheme has worked satisfactorily with 11 midwives but will be of greater benefit when it is possible to recruit a further 3 midwives to complete the establishment.

Full details of how to obtain a midwife at day or night are issued to each expectant mother who books for home confinement.

The domiciliary midwifery service presents many problems. Many existing midwives are near retirement at a time when the birth rate appears to be rising steeply due to the excess of young women entering the appropriate age group and more than sufficient young men being available. To accentuate the trend, there is the fact that the immigrant population has a higher number of births.



The hospital service has increased the number of places for women having babies in hospital from 822 in 1953 to 1,081 in 1961, but some of this increase is at the expense of the time spent by each patient in hospital. Early discharge is now the rule. The domiciliary service is "a residuary legatee" and must now cope with the early discharges as well as increases in home confinements.

It is therefore essential that West Bromwich should recruit a number of young midwives, and the conditions of service, which include housing, car allowance, assistance with car purchase in certain circumstances, and a fixed night rota scheme, compare favourably with other authorities.

#### Distribution of Confinements.

The following table shows the distribution of births between home and hospital over the last nine years.

Year	Birth in:-	
	Hospital	Home
1953	822	726
1954	871	686
1955	767	710
1956	834	768
1957	1,015	719
1958	1,012	746
1959	930	795
1960	1,019	783
1961	1,081	786

There were 2,718 births of which 1,867 were to persons who gave an address in West Bromwich when booking a midwife or arranging a hospital confinement. Actually, there were 1,817 births registered during the year occurring to permanent residents of the borough according to the Registrar General.

Public demand is for confinement in hospital, but in West Bromwich there is such a shortage of hospital beds available for normal midwifery that, where medical and social conditions are satisfactory, confinements must take place at home. The effect of the inadequate provision of hospital places is made worse by the fact that over 90% of births to immigrant families occur in hospital because of the totally unsuitable living accommodation of these mothers for home confinements. Since these immigrant communities are increasing, and the menfolk are being joined by their wives and becoming established, coupled with a naturally high birth rate in these groups, the opportunities for indigent expectant mothers to have hospital confinements are in danger of diminishing unless further hospital facilities can be made available.



This year 57% of confinements of West Bromwich mothers occurred in hospital and 43% at home which is the same as for 1960. Of the total births occurring in West Bromwich during 1961, 71% were in hospital and 29% at home.

Because of the housing shortage there is a need for admission to hospital for confinement on social grounds, probably greater than that found in many other areas. Domiciliary midwives assisted by health visitors where necessary, make assessment of the social circumstances of persons wishing to be confined in hospital so that these may be taken into account when allocating the hospital beds to the best advantage.

Much has been said about the advantages of confinement at home but public demand is still for admission to a hospital or maternity home and of course it is thought to be financially advantageous to be admitted.

## Midwives

### Number of practising midwives

The Midwives who notified their intention to practice were:—

In hospital	13
In municipal domiciliary practice	11

### Work of the Municipal Midwives

Municipal midwives attended 790 confinements. Each mother was visited twice daily for the first four days after delivery, and then daily up to the tenth day. Visits made by the midwives are summarised as follows:—

	<u>1960</u>	<u>1961</u>
Ante-natal visits	4,713	4,203
Nursing visits during the puerperium and post-natal period	<u>14,439</u>	<u>12,732</u>
	<u>19,152</u>	<u>16,935</u>

All midwives employed by the local health authority are qualified to administer analgesics. The analgesics in use are gas and air, and trichloroethylene. Analgesia was administered to 497 women in labour in 1961 (400 gas and air and 97 trichloroethylene) representing 63% of the total. Many mothers who had attended relaxation classes did not want an analgesic.

Gas and air machines were held by all of the midwives who have their own transport and further sets were held at the Ambulance Station to be delivered as required by ambulance. Two trichloroethylene sets were in use at the end of the year and there were two further sets on order.



## Medical Aid

In accordance with the rules of the Central Midwives Board, domiciliary midwives are obliged to notify certain occurrences in their practice to the supervising authority.

Medical aid was called on 215 occasions for the following reasons:—

(a)	Conditions occurring in the Mother	
	Ante-partum haemorrhage	3
	Delay in first stage	3
	Delay in second stage	16
	Malpresentation	4
	Post-partum haemorrhage	5
	Premature labour	9
	Pyrexia	10
	Retained placenta	6
	Ruptured perineum	99
	Vaginal cyst	1
	Twin pregnancy-delay second stage	1
	Obstructed labour	3
	Inflamed breast	1
	Phlebitis	1
	Breech presentation	5
	Uterine inertia	1
	Poor general condition	2
	Taxaemia of pregnancy	2
	Foetal distress	5
	Born before arrival (stillbirth)	1
	TOTALS	178

(b)	Conditions appearing in the Baby	
	Cyanosed condition of infant	4
	Asphyxia pallida	1
	Severe jaundice	1
	Discharging eyes	19
	Malformation	1
	Septic spots or rash	4
	Prematurity	1
	Poor condition	4
	Vomiting	1
	Convulsions	1
	TOTALS	37



## Emergency Obstetric Service

This service which is readily available to assist doctors and midwives faced with obstetric emergencies in domiciliary practice, operates from Hallam Hospital, and during the year attended 10 calls in the Hospital Management Committee area, which includes West Bromwich.

## Maternal Mortality

One resident of West Bromwich died in hospital during childbirth.

## Training in Domiciliary Midwifery

In conjunction with maternity hospitals in the area 6 pupil midwives received training during the year in West Bromwich for the second part of the certificate of the Central Midwives Board. Two of the domiciliary midwives are specially approved by the C.M.B. as teaching midwives.

## Post-Certificate Education of Midwives.

The municipal midwives attend post-certificate courses organised by the Royal College of Midwives, and during 1961 two midwives were sent on a refresher course. Each midwife must attend such a course every 5 years.

## Co-ordination

Although a co-operation card is in use this does not solve the problems caused by all three parts of the Health Service being involved in maternity care. The local authority has two interests (i) to see that patients delivered by midwives have proper ante-natal care and (ii) to give opportunities for teaching expectant mothers about preparations for confinement and baby care.

Problems are bound to arise in a service so loosely organised, and one, moreover, depending on the professional diligence and ability of individuals working in loose association.

## Cases of Potential Difficulty

In 1961 the places of confinement of special categories of expectant mothers can be summarised as follows:-

	<u>Place of confinement</u>	
	<u>Hospital</u>	<u>Home</u>
1. Primiparae aged more than 30 years	135	7
2. Multiparae aged more than 40 years	91	13
3. Women in their fourth or subsequent pregnancy	242	131



These mothers should, whenever possible, have their babies in hospital for medical reasons, but the figures show that this ideal is far from reached.

There are many reasons why mothers in these groups do not enter hospital. In particular, mothers with four children find it difficult to make adequate domestic arrangements. This cannot entirely be solved by the Home Help Service, and the help given by this service is not readily sought because of the charges made. Since in these families the father's income is likely to be such as to make payment a not inconsiderable item, some mothers prefer to be confined at home and so avoid the expense of a Home Help.

### Professional Meetings in the Maternity Service

An Obstetric Liaison Committee has been established and there have been several meetings. Clinical meetings were also arranged at the hospital.



## HEALTH VISITING

### Staff

At the end of December, 1960 the staff consisted of the Chief Nursing Officer, Deputy Chief Nursing Officer and eleven health visitors.

Health visitors perform joint duties, working both as school nurses and as health visitors. Approximately 4/11ths of their time is given to the School Health Service. Two student health visitors were recruited during the year.

During the second half of the year three group advisors were appointed to undertake special duties, which include providing assistance to younger and less experienced members of the staff, as well as normal health visitor duties. They were specially asked to look after health education, liaison with general practitioners, and tuberculosis after care. The nurse appointed for the latter function replaced the previous establishment of 2 tuberculosis visitors and provides a link between the Chest Physician and the district health visitors who carry out the necessary visiting in their districts.

Since the group advisors were appointed, due to vacancies in the establishment of health visitors, it has not been possible for them to concentrate fully on their specialities and it is therefore too early to assess and comment upon the new organisation.

### Staff Training

One health visitor attended a refresher course during the year.

Meetings between groups of health visitors and the Medical Officer of Health at monthly intervals to discuss the whole of the service and to keep the health visitors in touch with the rest of the department in its many aspects, proved of great value.

### General Arrangements

The area of the County Borough is divided into districts, one health visitor being in charge of each district and working under the general supervision of the Chief Nursing Officer. In these districts the health visitors carry out the visiting of infants and young children up to the age of five and also visits to any members of the family depending on the need. There is close liaison with the hospital for the follow-up of children or elderly persons who have been discharged. An arrangement exists with the Consultant Physician in charge of wards for the chronic sick, whereby he, together with the Chief Nursing Officer, visits the homes of elderly persons awaiting admission so that an assessment can be made both of the medical and social urgency in an endeavour to use the beds to the best advantage.



## Home Visits

The Health Visitors' time is divided between work in clinics and home visits. Details of the latter are as follows:—

Analysis of Home Visits	1957	1958	1959	1960	1961
First visits to births	1,581	1,586	1,800	1,805	1,751
Revisits to children under 12 months	2,955	4,812	4,682	4,529	4,679
Revisits to children 1 – 5 years	8,544	9,205	10,195	7,843	7,771
Visits to cases of infectious disease	98	129	34	15	128
Visits to expectant mothers	141	216	197	227	109
Miscellaneous	1,493	1,147	927	1,123	755
B.C.G. vaccinations	701	608	779	42	-
TOTALS	15,513	17,703	18,614	15,584	15,193

(During 1961 a total of 2,602 fruitless visits was made)

At the end of December the health visitors' case load of children under the age of five years was 6,939.

A new nurses centre was opened early in the year and this provided a centrally placed base from which the health visitors, midwives and district nurses worked. In addition to adequate office accommodation the centre provided facilities for the storage and preparation of nursing equipment, a meeting place for discussion and instruction, and privacy for members of the public who required to see the Chief Nursing Officer and her assistants.

The opening of this centre had undoubtedly helped the morale of the nurses as well as providing an essential base.

## Diabetic Clinic

A health visitor attended the diabetic clinic held in the District Hospital and was responsible for liaison with the physician and helping to see that the patients were able to carry out the instructions given them concerning diet.

## Liaison with Other Agencies

### Work with General Practitioners

The Local Medical Committee has agreed to an experiment of attaching health visitors to two practices and for the health visitors to work in accordance with the lists of patients and not geographically. Unfortunately the shortage of staff has so far precluded this from being done.



## Work with Hospitals

The Chief Nursing Officer works closely with the Consultant Physician having charge of the geriatric beds accompanying him on his domiciliary visits to help by arranging for care at home. Her deputy attends the paediatric department and one health visitor also attends the diabetic clinic.

The limiting factor is the shortage of health visitors (at present 40% under establishment), with adequate and suitable staff time could be found to pursue further the opportunities for joint working within the National Health Service.

## Child Guidance

The medical staff meet regularly and informally with the psychiatrist and educational psychologist. This is in addition to meetings about individual patients.

The psychiatrist met the health visitors regularly until about three years ago when his commitments made this difficult. Consideration was given to more formal education of the health visitors in these matters but the limiting factor is the availability of time, especially the time of the psychiatrist who is lent by the Regional Hospital Board for two sessions a week. West Bromwich needs the services of a full-time psychiatrist for children. When this can be provided, more can be done in respect of young children.

The following table shows the average number of nurses employed, the number of visits and the number of new cases over each of the past five years.

Year	Average number of nurses employed	Number of visits	Number of new cases
1961	112	32,472	30,329
1960	10	32,472	30,329
1959	10	32,472	30,329
1958	10	32,472	30,329
1957	10	32,472	30,329

An interesting fact shown by the preceding table is that visits can no longer be used as a measure of the volume of work because the nature of home nursing is changing. Short visits



## HOME NURSING

### Staff

The following staff were employed at the end of the year:—

	Men	Women
Chief Nursing Officer	-	1
Supervisor of District Nurses	-	1
State Registered Nurses: Full time	2	9

### General Arrangements

The district nurses work under the supervision of the Chief Nursing Officer who allocates and organises their duties. Requests for nursing assistance are made by general practitioners to the Chief Nursing Officer and arrangements are also made for the continuation of treatment after a patient's discharge from hospital. The nurses carry out the instructions of the family doctors regarding treatment. Evening calls are covered by a rota of nurses so that one is always available. Calls in emergency at night are arranged through the Ambulance Department who provide the necessary transport. Cars are available for the district nurses on their rounds.

### Cases Nursed

The following table shows the average number of nurses employed, the number of visits and the number of new cases over each of the past five years:—

Year	Average number of nurses employed	Number of new cases	Total Number of visits
1957	8½	619	32,577
1958	8½	671	32,684
1959	9½	808	31,518
1960	10	784	32,472
1961	11½	822	30,359

An interesting fact shown by the preceding table is that visits can no longer be used as a measure of the volume of work because the nature of home nursing is changing. Short visits



(e.g. for injections) are diminishing as more drugs are now given by mouth but general care visits (which take more time) are increasing in number.

Of the 1,050 patients nursed during 1961, 940 were referred by general practitioners, 31 by the Chest Clinic, 75 by hospital, 2 were transferred from another area, and 2 by local authority medical staff in respect of children at a day special school.

The nurses paid 16,916 visits to patients over the age of 65 years compared with 238 to patients under five years.

The work carried out month by month was as follows:—

Month	Number of patients being nursed at the beginning of month	New cases	Number of patients being nursed at end of month	Nursing visits
January	228	135	244	3,123
February	244	64	250	2,634
March	250	59	253	2,759
April	253	70	242	2,549
May	242	61	206	2,502
June	206	61	240	2,179
July	240	56	224	2,613
August	224	64	221	2,588
September	221	39	225	2,182
October	225	76	226	2,474
November	226	65	241	2,443
December	241	72	247	2,313

These figures show that the routine work varied little during the year.

### Classification of Work

The figures in the table overleaf show the number of cases of each specified disease each month. As many cases may continue over into the next month, the addition of the figures for individual diseases does not represent the total number of cases of that disease during the year. Predominantly this is general nursing care with a large number of injections.

A total of 4 cots is provided by the Corporation for transport and in addition 4 nurses use their own bicycles.



	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Asthma	1	1	1	1	1	1	1	-	-	-	-	-
Tuberculosis	12	12	12	9	10	7	6	11	4	6	5	8
Malignant and lymphatic neoplasms	14	13	12	19	7	11	11	9	11	10	16	12
Diabetes mellitus	34	29	29	25	28	29	31	26	31	32	27	30
Anaemia	4	4	4	4	4	3	2	5	3	6	4	9
Vascular lesions affecting the central nervous system	37	29	39	31	37	36	37	33	33	36	34	38
Other mental and nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of the eye	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of the ear	-	-	-	-	-	-	-	-	-	1	-	-
Diseases of the heart and arteries	13	12	8	10	8	9	9	9	5	6	8	9
Upper respiratory diseases	6	6	4	4	1	-	-	-	-	3	2	5
Other respiratory diseases	30	14	10	7	20	14	13	10	5	7	7	13
Constipation	10	7	6	7	7	7	8	5	3	9	6	7
Other diseases of the digestive system	11	5	6	13	13	9	3	7	5	13	8	7
Diseases of the urinary system and male genital organs	4	2	9	14	11	11	8	9	5	8	9	5
Diseases of the breast and female genital organs	-	-	-	-	-	-	-	-	-	-	-	-
Complications of pregnancy and the puerperium	3	5	3	1	6	7	5	7	2	5	7	4
Diseases of the skin and subcutaneous tissues	22	24	18	26	25	21	19	15	9	18	19	11
Diseases of the bones, joints and muscles	-	1	-	-	1	1	1	1	7	1	-	-
Injuries	30	24	28	23	22	22	27	24	29	25	21	28
Senility	27	28	27	31	26	27	33	30	31	29	30	34
Other defined and ill-defined diseases or disabilities	105	91	93	98	76	52	82	87	77	86	88	93
Diseases not specified	-	-	-	-	-	-	-	-	-	-	-	-

An interesting fact shown by the preceding table is that visits can no longer be used as a measure of the volume of work because the nature of home nursing is changing. Short visits



## **Nursing Equipment**

A stock of nursing equipment is maintained in the department for use by patients who require it and who are being nursed at home. Details of the number of items lent under the scheme are given elsewhere in this report.

## **Training of District Nurses**

The West Midlands authorities, (Wolverhampton, West Bromwich, Smethwick, Dudley, Walsall County Boroughs and Staffordshire County) run a district nurse training course jointly at the Walsall Technical College with lecturers from all the areas. So far 6 nurses from West Bromwich have passed the examination. It has been agreed that the district nurses shall go to successive courses two being freed at a time. The nursing staff are keen to be trained.

The joint course was organised at a very low cost, with the minimum of difficulty, and has been most successful.

## **Relief of pressure on Hospitals**

It is difficult to assess the relief provided by the home nursing service in terms of figures. In an area, desperately short of beds for the chronic sick, many cannot be admitted and in these cases the home nursing service is of the utmost importance. Some cases are undoubtedly nursed on the district so effectively that it is possible to avoid admission.

The consultant physician in charge of geriatric beds visits every case on the waiting list with the Chief Nursing Officer and on these visits the necessary domiciliary services are arranged immediately. Whenever possible, because of the shortage of beds, nursing at home is recommended.

## **Accommodation**

The district nurses work from the new nurses centre completed during 1961. This provides a room specially for district nurses with facilities for preparation of equipment, packing of bags, and drying outdoor clothes in inclement weather.

## **Equipment**

The nurses use the traditional form of nursing bag, which needs redesigning in a lighter, more easily cleaned, form. A great deal of thought should be given to the introduction of modern methods and modern equipment, but this will need to be done nationally. The use of cartridge and disposable syringes and some prepacked dressings have however, been introduced to the advantage of the service.

A total of 4 cars is provided by the Corporation for transport and in addition 4 nurses use their own bicycles.



## VACCINATION AND IMMUNISATION

The recommended timetable of procedure in connection with protective measures which was adopted during 1961 is as follows:-

2 - 4 months	Three injections against whooping cough, diphtheria and tetanus at monthly intervals.
5 months	Vaccination against smallpox.
7 - 8 months	Vaccination against poliomyelitis - Two injections at monthly intervals.
15 - 18 months	Vaccination against poliomyelitis - One injection.
18 - 21 months	One injection against whooping cough, diphtheria, and tetanus.

Disposable syringes are used.

### Vaccination Against Smallpox

Vaccination of infants against smallpox is carried out at the infant welfare centres and by general practitioners. The number of primary vaccinations in children under five years of age is shown in the following table.

Age at date of vaccination	Under 1 year	1 year	2 - 4 years	5 - 14 years	15 years and over	Total
Number vaccinated (primary)	131	282	33	27	48	521
Number re-vaccinated	-	-	4	3	63	70

The health visitors constantly remind parents of the need for vaccination, but the number of infants vaccinated is small in relation to the total number of births. The procedure is unpopular and lacks the emotional appeal of poliomyelitis vaccination.



The following table shows the number of infants under one year of age vaccinated over the last ten years:—

Year	Number of children vaccinated under 1 year	Percentage of live births
1952	251	16.6
1953	264	17.6
1954	234	15.4
1955	368	25.6
1956	499	32.5
1957	457	26.9
1958	499	30.0
1959	557	33.1
1960	318	18.7
1961	131	7.2

Some explanation of the fall in the figures of infants is necessary.

Until the beginning of 1960 vaccination of infants against smallpox was recommended at 5 months of age. From that time until late 1961 it was recommended at 12 months of age because of certain published studies of complications.

In September, 1961 however following further advice the recommended age was again given as 5 months. These changes in the recommended age have meant that during 1960 and 1961 the number of infants under 1 year of age protected against smallpox have been lower than usual (131 in 1961, and 318 in 1960 compared with 557 in 1959). Correspondingly in the "low" years the figures for children over 1 year of age have been higher than previously.

This trend does not indicate a fall in acceptances which in fact have slightly increased over 1960. The best guide is given by showing the annual figures of acceptances for children under 5 years of age together with the total estimated number of children in that age group, as follows:—

Year	Number vaccinated	Estimated population
1961	450	7,900
1960	395	7,900
1959	617	7,800
1958	530	7,500
1957	493	7,300



## Immunisation against Diphtheria, Whooping Cough and Tetanus

Protection against diphtheria, whooping cough and tetanus is freely available to all children at the local authority clinics and from family doctors.

A total of 1,214 infants was given protection against diphtheria during the year and a total of 1,005 reinforcement injections was given to school children. The corresponding figures for 1960 were 1,120 and 1,293 respectively.

The following table shows the number of children protected against diphtheria expressed as a percentage of the total estimated population of the age groups concerned:—

CHILDREN IMMUNISED AGAINST DIPHTHERIA

Year	Age 0 – 4 years	Age 0 – 14 years
1961	55	40
1960	51	49
1959	43	46
1958	50	54
1957	40	57

### Danger of Diphtheria

This is a disease which has disappeared within living memory and whilst this type of change in the incidence of infectious disease is not uncommon, it does not mean that the danger has forever passed.

### Vaccination against Poliomyelitis

The following table shows the number of persons who were vaccinated against poliomyelitis during the year:—

GROUPS	Number vaccinated		
	First Injection	Second Injection	Third Injection
0 – 16 years	5,271	4,871	1,994
17 – 26 years	2,532	2,311	651
27 – 40 years	6,459	6,462	1,739
Others	127	130	-
5 – 12 years	Fourth injections total 5,685		

Work during the year was characterised by campaigns to vaccinate previously unprotected persons, and this was helped by the appearance of a number of cases of poliomyelitis. By the



end of 1961 a large number of third injections were outstanding to persons who having had 2 injections were obliged to wait for 7-12 months before the third could be given.

By the end of the year it was estimated that the percentage of the population in various age groups were fully protected as follows:-

Age Group	Percentage of Total Population
0 - 4	54
5 - 16	95
17 - 26	47
27 - 40	15



## B.C.G. VACCINATION

B.C.G. vaccination continued to be offered to children who reached the age of 13 years. Of 1,680 children eligible, 1,393 (82%) accepted. Of these 1,287 received the skin test, and 111 were found to be positive i.e. they had already come into contact with tuberculous infection. This gives a positive skin test rate of 8.6%, and continues the downward trend first noticed in 1960 when the rate was 11%. A total of 1,139 children received B.C.G. vaccination, and there were no complications.

All the children who had positive mantoux tests were given appointments for chest x-ray and investigation by the chest physician at the Chest Clinic. Only 3 failed to keep these appointments. Eleven children had radiological abnormalities which merited a period of observation, but none of these have so far been notified as definite cases of tuberculosis, and no cases have been discovered amongst their immediate contacts, although all parents, and in some cases other relatives also, who had not had a recent x-ray of chest, were given an opportunity to have this done.

Two particularly severe reactions to the mantoux test occurred in one school. They were accompanied by an abnormal amount of pain in the arm, and a mild pyrexia. Both were immediately referred to the chest physician and it was then realised that one had been a fairly close school contact of a girl who had just been admitted to Heath Lane Hospital suffering from an adult type of tuberculosis. This patient had had a positive reaction to her pre-B.C.G. mantoux test at school the previous year. She had been x-rayed and given another appointment for observation. This and a subsequent appointment, she had failed to keep, but had attended the clinic in response to a third appointment some months later, and at this visit her condition had been discovered.

Further investigations were then carried out in the school, but no more cases of tuberculosis were discovered.

In January, 1961, circular 6/61 was received from the Ministry of Health, in which it was stated that approval would be given to local health authorities to extend their arrangements for B.C.G. vaccination to include children between the ages of 10 and 13 years, if circumstances in any particular area made this advisable. So far it has not been thought necessary to extend the scheme in West Bromwich.

5 - 12 years

Fourth injections total 5,685

Work during the year was characterised by campaigns to vaccinate previously unprotected persons, and this was helped by the appearance of a number of cases of poliomyelitis. By the



# B.C.G. PROGRAMME - 1961

	All Saints		Technical High		Charlemont		Grammar		Hill Top		George Salter		Spon Lane		Mill-fields		St. Michaels		Church-fields		Totals
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	
Nominal Roll	33	21	97	90	115	138	77	81	128	134	95	116	64	59	-	-	10	15	195	212	1,680
Total of Acceptances	26	19	76	74	90	113	65	72	104	109	73	100	55	49	-	-	7	14	178	169	1,393
Total of Mantoux test	26	18	69	72	84	102	62	68	103	107	63	71	54	46	-	-	5	9	171	157	1,287
Total Positives	4	2	7	4	8	10	3	4	10	5	9	11	4	3	-	-	-	1	18	8	111
Absentees	1	1	9	5	11	17	6	6	1	2	11	32	1	4	-	-	3	5	10	18	143
Total given B.C.G.	21	16	60	65	71	86	56	62	93	102	53	57	50	42	-	-	4	8	150	143	1,139



## AMBULANCE SERVICE

### General Arrangements

The service is administered and operated by the Corporation's Transport Department on behalf of the Health Committee. Ambulances are used for journeys in West Bromwich and to and from centres in the Midlands, but for more lengthy journeys arrangements are usually made with British Railways for it has been found that rail journeys are more comfortable for the patient and cheaper than travel by road. The number of patients carried by train in 1961 was three compared with 7 in 1960.

### Ambulances

#### Vehicles in Service:

Type	Placed in Service	Mileage
Austin	26.7.48	5,539
Daimler	26.7.49	5,147
Morris	6.7.49	12,173
Daimler	22.1.51	12,038
Daimler	25.5.56	19,390
Morris	1.7.57	22,365
Morris	8.7.58	19,866

### Work Done

The figures below show the use of the service over the last ten years:—

Year	No. of Patients	Mileage
1952	14,354	71,088
1953	18,275	80,339
1954	19,800	83,984
1955	22,470	88,392
1956	21,305	84,215
1957	21,580	87,608
1958	23,383	85,914
1959	23,712	88,580
1960	23,896	85,733
1961	27,283	96,518

The concept of an ambulance service being constantly involved in rushing dangerously ill or injured persons to hospital, in a dramatic way, is far from the truth, as shown by the following table. This shows the number of outpatients carried to hospital for treatment. It will be seen that the greater proportion of patients carried are those for routine treatment or examination, and much of ambulance work is purely transport of passengers.



Year	No. of Out-Patients
1952	9,857
1953	13,548
1954	15,009
1955	16,710
1956	14,952
1957	15,062
1958	17,189
1959	17,598
1960	17,339
1961	20,615

Much of this rise is due to the development of extensive out-patient facilities in the form of a day hospital at All Saints Hospital (for the mentally ill). This trend is likely to continue.

The number of out-patients carried has in the case of some other hospitals been reduced after consultation.

### Radio Telephone

The general efficiency of the service has been maintained effecting a substantial saving in the mileage operated.

### Supply of Oxygen

The arrangements for the supply of oxygen in an emergency to patients in their own homes, at the request of the family doctor, continued to operate. An oxygen set supplied through arrangements made by the Local Executive Council is immediately available at the depot.

### Training of Staff

Members of the ambulance service are all members of the St. John Ambulance Brigade and accordingly take revision courses and examinations in first aid at annual intervals. Advanced training has been carried out with regard to the action to be taken in serious accident cases, following the conclusions reached as a result of research by the Birmingham Accident Hospital into the question of shock treatment. A model has been provided.

### Major Accidents

The organisation for dealing with casualties resulting from a major accident are now complete.

The scheme provides for immediate nursing and medical help with equipment from hospital within a few minutes and in conjunction with the police, fire and hospital authorities for control of the incident, ambulance directions and use of hospital beds.



A printed booklet "Emergency Catastrophe Procedure" has been issued for the guidance of the staff concerned.

The whole procedure will be revised annually, in case of any change in the arrangements made within the various services concerned,

### Smallpox

A comprehensive scheme exists for dealing with patients suffering from smallpox which includes the provision of protective clothing for ambulance staff and disinfection of both staff and ambulances involved in cases of this nature.

Current vaccination of all staff has been effected.



## CARE AND AFTER-CARE

### Convalescence

Patients are sent for convalescence on the recommendation of their own doctors and hospital consultants. They contribute towards the cost according to their means. Altogether 93 applications were investigated, 27 of these subsequently declined to accept the arrangements that could be made for them, some because they were in benefit for this purpose under some other scheme, e.g., friendly society, and some because they could not make suitable domestic arrangements.

A total of 60 adults and 6 children received recuperative holidays under the authority's scheme. It is always difficult to assess the value of this service.

Most of the patients were accommodated in homes by the sea.

In addition to convalescent home fees, travelling expenses were paid in respect of 61 patients.

### Recommendations

These were made as follows:-

By Medical Officers	2
By General Practitioners	61
By Hospital Physicians and Surgeons	3
	<hr/>
	66

### Age Group of Patients

The 66 patients were of the following age groups:-

Under 21 years	6
21 to 44 years	10
45 to 64 years	26
65 years and over	24
	<hr/>
	66



## Details of Accommodation

Patients were accommodated as follows:-

Convalescent Homes	Men	Women	Children under 16 years
Hugh Summer, Malvern			
(Birmingham Hospital Saturday Fund)	-	-	2
Rest Haven, Exmouth	-	10	1
Bell Memorial Home, Lancing on Sea	2	2	-
Llandudno Convalescent Home			
(Birmingham Hospital Saturday Fund)	11	16	1
Weston-super-Mare Convalescent Home			
(Birmingham Hospital Saturday Fund)	6	12	-
Ormerod Home, St. Annes-on-Sea	-	-	1
Reoccliffe Manor Convalescent Home	-	-	1
Barnsley, The Vale, Broadstairs	1	-	-
	20	40	6

Total 66

## Types of Illness

A broad classification of the type of conditions for which patients were recommended is as follows:-

Osteo arthritis	1
General debility	13
Anaemia and debility	3
Pneumonia	6
Post operative	10
Acute bronchitis	15
Cerebral thrombosis	1
Lumbar disc lesion	1
Nervous debility	7
Acute Rheumatism	2
Diabetes	1
Intra-cranial aneurysm	1
Thrombo phlebitis	2
Epilepsy and debility	1
Pleurisy	1
Friedreich's ataxia	1
	66



## LOAN EQUIPMENT

Stocks of nursing equipment for use in patients' homes are held at the nurses centre. These articles are lent on the recommendation of a general practitioner, midwife or district nurse. On return they are disinfected where necessary and thoroughly cleansed.

The following types of equipment were available for use during the year:—

Air rings	Bed wedges
Back rests	Feeding cups
Bed cradles	Head poles and chains
Bedpans	Housechairs
Bedsteads (special)	Mattresses and covers
Commode chairs	Nocturnal enuresis alarms
Crutches	Spinal carriages
Urinals	Spinal supports
Waterproof sheets	Sputum cups
Walking sticks	Wheel chairs
Walking aids	Fracture boards

This is a service which is continually expanding. No charge is made for the use of the equipment, but each borrower is required to sign an agreement to return items loaned within three months and in good condition. The loan period can be extended by signing a further agreement.

### Chiropody Service

In August, 1961 the Council's decision to introduce a chiropody service was implemented. A fully qualified Chiropodist was appointed together with an attendant, and suitable equipment purchased.

The service is restricted to certain categories which are shown below with the charges made for treatment:—

	Clinic Treatment	Home Treatment
Aged, Handicapped Blind persons	2/6	4/-
Expectant Mothers	5/-	7/6

After a slow start the service has gradually expanded and continues to grow. Undoubtedly the main consideration is the cost to the patient, but foot treatment given by a competent person with the use of modern furniture and equipment at moderate cost is proving to be popular and is a much needed service.

An appointment system is operated, the chiropodist works



10 sessions per week, divided between clinic sessions, domiciliary visits, and an occasional visit to each of the homes provided under Part III of the National Assistance Act, 1948.

The following table shows the amount of work done until 31st December, 1961.

	<u>Clinic</u>		<u>Domiciliary</u>		<u>Part III Accommodation</u>	
	Male	Female	Male	Female	Male	Female
July	-	-	2	3	10	13
Aug	3	5	-	2	2	7
Sept	9	24	-	10	10	13
Oct	-	30	-	7	9	27
Nov	9	54	1	9	10	16
Dec	9	56	4	19	14	10
	<u>30</u>	<u>169</u>	<u>7</u>	<u>50</u>	<u>55</u>	<u>86</u>

Totals from July to the 31st December 1961

Males:- 92: Females:- 305 = 397

It is estimated that the chiropodist can do an average 7 treatments per clinic session, and 2 or 3 per domiciliary session depending upon the amount of travelling (by public transport) involved.

### The Future

The chiropody service is expanding more rapidly than the existing staff can manage and with a general shortage of trained chiropodists, it will soon have to be limited.



## HOME HELP SERVICE

### General Arrangements

Home helps are available to meet the needs of those residents of the town who for various reasons are unable, either temporarily or permanently, to manage their own housework and who need help at home to make life bearable.

The service is one for which a charge is made, based on the financial position of the family and the hours of service given.

The number of patients helped has shown a steady increase during the last ten years and the service is largely concerned with assisting aged persons in their own homes as is shown in the following table:—

Year	Maternity	Aged and Chronic Sick
1952	60	187
1953	59	195
1954	43	225
1955	27	239
1956	48	246
1957	54	293
1958	40	323
1959	45	365
1960	72	382
1961	58	420

### Staff

The Home Help Service at the end of the year employed 10 full-time staff and 58 part-time staff, making an equivalent of approximately 55 in terms of full-time staff.

The greater amount of the work is done in the morning—this being the most convenient time, both to the patient and to the help.

### Persons Helped

During the year a total of 232 new patients was given help for the first time and of these 122 were chronic sick, 58 maternity, and 2 cases of tuberculosis.



The position over the last few years is shown in the following table:—

	1955	1956	1957	1958	1959	1960	1961
Confinements at home	26	42	44	40	44	69	46
Other maternity cases	4	6	10	-	1	3	12
Aged and chronic sick	229	246	293	323	365	380	420
Tuberculosis	8	10	8	10	7	7	8
Problem families	2	3	4	6	8	9	8
Others including acute illness	51	35	38	42	47	56	57
<b>Totals</b>	<b>320</b>	<b>342</b>	<b>397</b>	<b>421</b>	<b>472</b>	<b>524</b>	<b>551</b>

There are 213 patients who received continuous help throughout the year. The patients receiving more than three month's duration of help remaining on the books at the end of 1961 can be classified as follows:—

Chronic sick under 65	23
Chronic sick over 65	260
Tuberculosis	4

### Charges for the Service

Patients receiving help paid as follows:—

Full cost	94
Part cost	448
No payment (special cases)	9

The patients paying full costs were as follows:—

Maternity	46
Short term	20
Chronic sick	26
Mental health	2

### Night Attendance Service

This service is designed to provide attendance at night for cases of illness and emergency when other arrangements cannot be made. It is therefore only used for urgent need and is not a large and extensive service.



During the year three persons were willing to do this work and they dealt with 7 cases for the following reasons:—

Awaiting admission to hospital:

Heart disease	2
---------------	---

Chronic Sick:

Carcinoma	1
Heart disease	1
Stroke	1
Senility	2

Small though this service is, it is one of the greatest value to the recipients.

Home Help Washing Service

This service provides for the laundering of articles from homes where the home help is visiting. The actual washing is undertaken at the hospital laundry but the articles are brought by the home helps to the Health Department in plastic bags. Some very dirty washing indeed has been dealt with in this way—washing which may have been refused by the average commercial laundry, and this does provide a part answer to the problem of the incontinent patient at home.

Some 5 or 6 bags of soiled washing are dealt with weekly and this amounts to an average of 20 articles each week. These are mostly bed sheets and nightwear.

Home Help Course

The course for home helps was continued in conjunction with the West Bromwich Technical College. It consists of lectures on the care of invalids, safety in the home, discussions about old people, the prevention of the spread of infection, etc., and practical work in the form of bed making, lifting, changing draw sheets and cookery with emphasis on nourishing dishes for old people. There were also discussions on the course and on the Home Help Service itself.

The idea of the course is to broaden the outlook of the home helps rather than instruct them in things they should, as housewives, already know.

It is hoped to make them more acquainted with the various duties and responsibilities of members of the Health Department, and better able to pass on correct information to householders.

The home helps who have taken courses so far, have enjoyed it and say it has helped them in their work.



This type of activity adds greatly to the morale of home helps and shows them how the service fits in to the pattern of the general health services.

During the past year an International Conference for Home Helps was organised by the Institute of Home Help Organisers. In order to select a home help to represent Great Britain at the conference, an essay competition was arranged and home helps were invited to submit essays describing "My life in the Home Help Service." Two West Bromwich home helps sent entries. One was very highly commended and was so high on the list that she was asked to attend for an audition in London. Although she was not chosen to represent Great Britain she attended the conference as an official steward. The second Home Help's essay was highly commended and she attended the conference as a West Bromwich delegate.

Four other Home Helps went up to London for the last day of the conference and all came back full of enthusiasm. It had broadened their outlook considerably to meet people from all over the world doing similar work. They nevertheless returned with the feeling that their own service was comparable to any.

In January 1962 the longest serving Home Help - Mrs. B.E. Tonks, was included in the New Year's Honours List, and received the British Empire Medal. This brought many congratulations to Mrs. Tonks personally, and was felt by all to be a tribute also to the service as a whole.



## MENTAL HEALTH

The functions of the local health authority in this field relate to the provision of mental welfare officers with responsibilities in connection with the removal of mentally disordered persons, the provision of a social and visiting service to the mentally ill and handicapped, of training centres for the mentally handicapped, and also the provision of residential accommodation for all groups of mentally disordered persons.

The Mental Health Act 1959 has now had a full year of operation, and all of the above services exist to a varying degree except for the provision of residential accommodation. The latter is in the planning stage.

The principal difficulty in this field relates to the recruitment of trained staff. The whole question of training of social workers is still not settled nationally, and the supply of those trained is small in relation to need.

### General Arrangements

The Welfare Committee acts as the mental health sub committees of the Health Committee and considers business as necessary at its monthly meetings. The Medical Officer of Health and his deputy were responsible for the administration of the service, assisted by two mental welfare officers, an unqualified psychiatric social worker and a mental health officer for work with the mentally defective. The Chief Welfare Services Officer is also an authorised officer to act as a relief. Arrangements were made for the officers of the County Boroughs of Smethwick and West Bromwich to relieve each other so as to provide adequate staff for a continuous 24 hour service.

The Borough of West Bromwich is allocated to the catchment area of the All Saints Hospital, Winson Green, Birmingham, and the majority of patients resident in the Borough requiring in-patient treatment were admitted to that hospital, but in the case of patients only temporarily resident within the Borough at the time of onset of mental illness, arrangements were made for admission to the hospital covering the home address whenever practicable.

The use of compulsory power is always unpleasant and a last resort, and unless impossible the agreement of relatives was sought prior to the use of a compulsory order.

Early in-patient treatment for suitable known patients by voluntary or informal admission to hospital is far preferable in every way, especially as it is more satisfactory than waiting until the patient has deteriorated to the stage when the use of compulsory powers becomes necessary. Mentally ill persons do not however always realise the nature or degree of their illness and may be loth to undergo treatment voluntarily.



Much as the facilities at All Saints Hospital are appreciated, the local development of psychiatric services at the Hallam Hospital would be an immense advantage.

The close liaison established between the officers, hospitals and general practitioners has continued to develop.

Patients are admitted to hospital either informally or on an authority for detention which allows the hospital to detain them for stated periods of time. The following table shows the number of patients admitted informally and on orders (or authority for detention) over the past eight years:—

	1954	1955	1956	1957	1958	1959	1960	1961
Informally	57	65	91	44	41	77	81	150
Compulsory detention	46	47	68	119	108	101	124	89
TOTALS	103	112	159	163	149	178	205	239

Apart from these admissions, 7 people residing in the area of other local authorities were admitted from West Bromwich, 6 under compulsory powers and 1 on an informal basis, making a total of 246 admissions in all.

In 1961, 89 patients were admitted to hospital under compulsory powers for observation and treatment. Of these, 76 were admitted under emergency powers giving the hospital authority to detain for 72 hours, 8 were admitted for observation, giving hospital authority to detain for 28 days, and 5 were admitted for treatment which gives the hospital authority to detain the patient for an initial period of one year after which the case is reviewed. Of these 5, one patient was already in hospital and the other 4 were admitted direct from their own homes. Of the 76 patients admitted under emergency powers, 45 were made informal at the expiration of the 72 hours and the hospital took steps in the other 31 cases to detain them for 28 days, at the end of which time all but one were made informal patients.

During the year the hospital had to use the procedure for detaining 2 informal patients for three days, during which time the mental welfare officer had to organise the necessary application and medical recommendations to enable the hospital to detain the patient for a further 28 days.

Out of the total of 239 admissions during the year, 47 patients were still in hospital on 31st December, but of these, 19 were admitted during the month of December and 7 during November, and, of course, 5 were on long term orders. This shows that the usual stay in hospital is less than two months. In addition to these there were another 53 patients still in hospital who had



been admitted in previous years.

### Day Patients

For some years now All Saints Hospital have operated a scheme for patients to attend daily from Monday to Friday as a means of either saving a patient the necessity of being admitted to hospital or making their stay shorter. Due to the distance away from West Bromwich patients have not been able to participate in this scheme.

During the year it was felt by the hospital staff and mental welfare staff that there were a number of West Bromwich patients who would benefit by a day hospital, and at the beginning of the year the Medical Officer of Health received a request to provide ambulance transport for such patients. Transport started on April 12th with just one patient, but the scheme soon proved beneficial and by the end of the year as many as 16 patients were attending daily. In all since the 12th April, 776 patients have been transported to and from All Saints Hospital. This scheme has enabled the hospital to discharge some of their long stay patients and has successfully rehabilitated others who have not worked for two or more years. It has also helped many ill housewives to face up to the responsibilities of being wives and mothers.

### Old Age and Mental Illness

The problem of old people, often living alone, suffering from mental disorder of varying degrees, referred by doctors and other sources, is increasing and a source of concern.

Action varies according to the circumstances of each case. Temporary admission to a geriatric ward of a general hospital was the answer in some cases, but more often that was not possible because of shortage of beds. Social activity, friendly visitation, contact with relatives and friends to stimulate interest in the old people, and reference to other social services, was in some cases successful.

Unfortunately there is little "turnover" in this category of patients at the hospitals. There are a number of patients who are fit enough mentally to be discharged from the mental hospitals but have to remain in hospital because there are no relatives or friends able or willing to assist and no alternative facilities available for their care.

It is hoped the problems of the senile psychotic patients of this type will be assisted by the provision of special accommodation as already planned.

The following table shows the number of patients over 60 years of age admitted to mental hospitals over the last few years:-



	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Temporary (includes 3, 14 and 28 day orders)	-	-	4	8	17	13	35	26	32	33	29
Informal	7	16	13	12	12	15	6	8	9	17	26
Certified or admitted under compulsory powers for long term periods	11	5	14	5	4	7	-	-	-	-	-
	18	21	31	25	33	35	41	34	41	50	55

It will be seen from the above table that during 1961, 29 patients of 60 years or more in age were admitted under compulsory powers to hospital. Of these, 27 were admitted under emergency powers, 24 became informal after the expiration of the 72 hours, 2 were detained for 28 days and then became informal, and one was discharged to a general hospital within 3 days of admission to mental hospital. The 2 patients who were originally admitted for 28 days observation became informal at the end of that time.

Of the 55 patients in this age group admitted to hospital during the year, 21 are still there. Nineteen patients died in hospital during the year, and of these 8 were in hospital on 1st January, 1961 the other 11 being admitted during the year.

On 31st January, 1961 there were 45 patients over 60 in mental hospital, many remaining there because of the lack of suitable accommodation in the community. All these old people require is supervision, usually at night, and some accommodation for residential care has been planned for this group.

### Community Case Work

The mental health staff have attempted to meet the needs of patients coming within their purview, often with success.

There has been an increase in the service to those patients found not requiring admission to hospital but who are referred for general social help by doctors and other persons, for the provision of visiting can sometimes prevent admission to hospital.

The co-operation of other social agencies such as probation officers, the Ministry of Labour Resettlement Officer, the National Assistance Board, and the voluntary organisations, has been most helpful.



The assistance of the staff has been increasingly sought by the hospital medical staff and their social workers in making contact with relatives of in-patients and giving a full social history for the use of the hospital staff. This type of work is undoubtedly increasing.

Weekly case conferences are held at All Saints Hospital. The contact thus made ensures continuity of service to the patients after their discharge from hospital.

### Social Club

The Psychiatric Social Club has promoted the general welfare of patients and is a simple form of social therapy which does often succeed in helping patients to live normal lives in spite of their illness.

Members are encouraged to be responsible for the general management of the club affairs, assisted by the mental health staff. A small executive committee of members administers the club's activities and it is pleasing to note the enthusiasm they show. The membership is about 40 and the weekly meeting attracts 20 members on the average.

### Occupational Therapy

Occupational and diversional therapy has been provided for some patients.

### Additions to the Register

During 1961, 11 new cases were added to the register. Of these, 3 were notified by the West Bromwich Education Authority under Section 57/3 of the Education Act of 1944, one was transferred from the Birmingham Education Authority, and 7 were notified from other sources - general practitioners, National Assistance Board, etc. Details of these are as follows:-

		Under 16		Over 16	
		M	F	M	F
Notified by West Bromwich Education Authority	Subnormal	-	-	-	-
	Severely subnormal	2	1	-	-
Transferred from Birmingham	Subnormal	-	-	-	-
	Severely subnormal	-	1	-	-
Other sources.	Subnormal	-	-	2	2
	Severely subnormal	1	-	1	1



Of those notified by the local education authority, all are now attending the Training Centre. The one severely subnormal girl transferred from Birmingham is receiving friendly visitation at home. Of those patients referred from other sources, the severely subnormal boy under 16 has been admitted to hospital. One subnormal man over 16, has found employment, the other has been admitted to hospital. The severely subnormal man in this age group is receiving friendly visitation at home. Of the women over 16 referred from other sources, the two both received short spells in hospital and by the end of the year had been successfully integrated into the community. The severely subnormal woman is now attending the adult training centre.

### Hospital Care

During 1961, 14 patients were admitted to hospital, 12 on an informal basis and 2 through the Courts under Section 60 of the Mental Health Act, 1959. Of these 12 informal admissions 8 were severely subnormal children 5 boys and 3 girls who were admitted for short stay periods while the parents had a holiday. Two severely subnormal boys under 16 were admitted for more permanent care and 2 subnormal women over 16 were admitted for short periods to relieve temporary problems at home.

At the end of 1961, 155 West Bromwich persons were in receipt of care and training in various hospitals and homes. Their classifications under the Mental Health Act, 1959, were as follows:—

	M	F
Subnormal	5	3
Severely subnormal	62	83
Psychopathic disorder	2	-
	<hr/> 69	<hr/> 86

Of these, 130 are informal patients who are free to leave hospital, and only 25 are compulsorily detained.

### Community Care

When statutory supervision by the local authority was replaced by friendly visiting, a review of all cases in the community was undertaken. Many people who had been on statutory supervision were known to be well integrated into the community, either in outside employment or in the home, and these have been removed from the regular visiting list after they had been told that help would be available from the mental welfare department if they ever needed it. A total of 153 persons is continuing to receive friendly visits from the mental welfare officer. Also receiving visits are 10 persons who have recently left hospital



having been granted extended leave of absence. The table below gives details:—

### Friendly Visiting

	Under 16		Over 16	
	M	F	M	F
Severely subnormal	28	24	19	39
Subnormal	-	-	18	25

### On Extended Leave of Absence from Hospital

Severely subnormal	-	-	-	-
Subnormal	-	-	3	5
Psychopathic disorder	-	-	2	-

### Training Centre

"The Crest" Training Centre provides facilities for sub-normal persons who have been notified to the Local Health Authority as unsuitable for education in school and for mentally handicapped adults to receive both training and occupation suitable to their abilities

In the Junior Section, from age 5 to 15 years, the classes are mixed, but those aged 16 years and over there are separate classes for men and women, each with a craft instructor of their own sex.

The composition of the staff at the 31st December was as follows:—

- 1 Supervisor
- 1 Male Craft Instructor
- 1 Female Craft Instructor
- 3 Assistant Supervisors
- 1 General Assistant
- 1 Domestic

The Mental Health Act, 1959, empowers the Local Health Authority to compel attendance at a training centre of children of school age who have been ascertained as ineducable. Parents who do not wish their children to attend the training centre must show that the children are receiving training at home which is comparable to that offered at the centre. In practice, most parents are keen for their children to go to "The Crest" and any initial prejudice is overcome after the first few days at the centre. The compulsory powers were not used during the year.



On the register at "The Crest" at 31st December were:-

	Male	Female	Total
Under 16 years	20	12	32
Over 16 years	11	14	25
<b>TOTAL</b>	<b>31</b>	<b>26</b>	<b>57</b>

The average daily attendance was

Seniors	19
Juniors	25

i.e. a total average of 44 each day.

The existing building is now fully utilised, and it became necessary to consider the establishment of a new Training Centre with facilities to separate the juniors and seniors.

The hours are from 9.30 a.m. to 3.30 p.m. and include a mid-day meal, the children being taken to and from the centre in specially provided transport. The junior classes close for primary school holidays and the senior ones for 8 weeks total in the year.

No "Open Day" was held at the Centre during the year but at a Christmas Carol Service approximately 75 people attended, and refreshments were made and served by the senior girls.

During the year, although there was no sale of work, the casual sale of articles made by the pupils amounted to £85.

The voluntary organisation formerly known as the "Friends of the Crest" became the West Bromwich Association for the Mentally Handicapped, and continued to grow in strength during the year. A close liaison exists between the Health Department and this voluntary body.

### What of the Future

Future development seems to be on the lines of the production of further places in the training centre and the separation of the junior and senior sections into separate establishments; the production of residential accommodation at first for the elderly mentally disordered and subsequently for others and finally the recruitment of trained social workers for the mental health service.



# INFECTIOUS DISEASES

## Incidence

There were 1259 cases of notifiable disease, (other than tuberculosis) notified or otherwise ascertained during the year. After revision of diagnosis this figure fell to 1245.

The following table shows the number of notifications of notifiable disease after correction of diagnosis during each of the last ten years.

	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941
Diphtheria	2	7	1	1						1
Dysentery	3	10	26	3	57	109	7	5	26	3
Acute encephalitis						1				
Typhoid fever			1			1	4	1		
Erysipelas	2	2	2	2	3	1	2	3		
Measles	444	373	570	994	25	1815	227	923	323	1160
Meningococcal infection	4	3	7	4	3	2	1		2	
Cyathostoma neonatorum					1	1	1	2	3	3
Prionia	10					34	12	29	17	18
Poliomyelitis										
Paralytic	6		6	3	2	5		3	4	10
Non-paralytic										3
Purpural pyrexia						4		3	4	2
Scarlet Fever	75	77	31	61	28	17	41	70	44	27
Smallpox										
Whooping cough	374	455	124	69	223	176	23	37	127	13
Paratyphoid fever										2
Food poisoning						46	2	3	23	1

## PART III

## INFECTIOUS DISEASES

### Incidence and Mortality

### Tuberculosis

### Venereal Disease

## Deaths from Infectious Diseases

The following table shows the deaths attributable wholly or in part to infectious diseases during the last ten years:-

	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941
Diphtheria										1
Dysentery & Gastro-enteritis	2	2	1	2	1		4	5	2	4
Acute infective encephalitis	2	2				1				
Meningococcal meningitis	2		1	1			1	2		1
Poliomyelitis				2	2					2
Whooping cough	1			1						
Tuberculosis										
Pulmonary	27	23	32	20	13	13	19	25	18	11
non-pulmonary	4	6	3	2	2	2	2	2		



On the register at "The Crest" at 31st December were:-

	Male	Female	Total
Under 15 years	20	12	32
Over 15 years	11	14	25
<b>TOTAL</b>	<b>31</b>	<b>26</b>	<b>57</b>

The average daily attendance was

Seniors	19
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No "Open Days" were held during the year but at a Christmas Carol Service approximately 75 people attended, and refreshments were made and served by the senior girls.

During the year, although there was no sale of work, the casual sale of articles made by the pupils amounted to £25.

The voluntary organisation formerly known as the "Friends of the Crest" became the Westchester Association for the Mentally Handicapped, and continued to grow in strength during the year. A close liaison was maintained with the Health Department and this voluntary body.

#### What of the Future

Future development seems to be in the lines of the production of further places in the training centre and the separation of the junior and senior sections into separate establishments; the production of residential accommodation at first for the elderly mentally distressed and subsequently for others and finally the recruitment of trained social workers for the mental health service.



## INFECTIOUS DISEASES

### Incidence

There were 1259 cases of notifiable disease, (other than tuberculosis) notified or otherwise ascertained during the year. After revision of diagnosis this figure fell to 1245.

The following table shows the number of notifications of notifiable disease after correction of diagnosis during each of the last ten years.

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Diphtheria	2	7	-	1	-	-	-	-	-	1
Dysentery	3	10	26	3	57	109	7	5	26	3
Acute encephalitis	-	-	-	-	-	1	-	-	-	-
Typhoid fever	-	-	1	-	-	1	1	1	1	-
Erysipelas	2	2	2	2	1	1	2	2	-	-
Measles	644	373	570	994	25	1855	227	923	223	1160
Meningococcal infection	4	5	7	4	3	2	1	-	2	-
Ophthalmia neonatorum	-	1	-	2	1	1	1	2	2	3
Pneumonia	10	9	7	21	10	34	12	29	17	18
Poliomyelitis:										
Paralytic	6	-	6	5	2	5	-	3	4	10
Non-paralytic	3	3	-	2	2	1	-	1	-	3
Puerperal pyrexia	42	11	10	9	2	4	-	3	4	2
Scarlet Fever	78	77	51	65	28	17	41	70	64	27
Smallpox	-	-	-	-	-	-	-	-	-	-
Whooping cough	374	455	124	69	223	176	25	27	167	15
Paratyphoid fever	-	-	1	1	-	-	-	-	-	2
Food poisoning	2	4	1	65	33	46	2	4	23	1

### Deaths from Infectious Diseases

The following table shows the deaths attributable wholly or in part to infectious diseases during the last ten years:-

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Diphtheria	-	-	-	-	-	-	-	-	-	1
Dysentery & Gastro enteritis	2	2	1	2	1	-	4	5	7	4
Acute infective encephalitis	2	3	-	-	-	1	-	-	-	-
Meningococcal meningitis	2	-	1	1	-	-	1	-	-	-
Poliomyelitis	-	-	-	2	-	-	-	-	-	2
Whooping cough	1	-	-	1	-	-	-	-	-	-
Tuberculosis:										
Pulmonary	27	27	32	30	15	13	19	15	16	11
non-pulmonary	4	6	3	2	2	3	-	-	-	-



## **Diphtheria**

One case of diphtheria was notified in a boy aged 6 years who was admitted to hospital before diagnosis and shortly afterwards died. The cause of death at post-mortem examination was given as diphtheria. Nose and throat swabs ante-mortem did not reveal the presence of the organism.

The boy had been immunised in 1955 and had received a booster injection in 1960, but had suffered from glandular fever in February 1961.

Immediate action was taken to search for contacts and although his school classmates and teacher, all children living in the same street, his family and close friends and associates all submitted nasal and throat swabs, no carrier was found. Boosting injections were given to the contacts who had previously been immunised, and combined active and passive immunisation given to the unimmunised contacts.

In spite of a widespread search no source of infection associated with this case could be discovered.

## **Dysentery**

A total of 3 cases of dysentery was notified during the year. The disease was due to the Sonne variety of the organism and was mild in character.

## **Enteric Fever**

Two cases of paratyphoid fever were reported.

## **Measles**

A total of 1160 cases of measles was notified compared with 223 in the previous year. Measles is usually prevalent in alternate years and the rise was therefore expected.

## **Meningococcal Infection**

This was notifiable originally as cerebrospinal fever, the alteration to meningococcal infection taking place in 1950. No cases were notified during the year.

## **Ophthalmia Neonatorum**

Only three cases were notified. The disease was mild and recovery uneventful and complete.

## **Pneumonia**

Eighteen cases of pneumonia were notified. This figure cannot be taken to indicate the prevalence of pneumonia in the town because the only forms of pneumonia notifiable are acute primary and influenzal. Broncho-pneumonia (which is common) is not a notifiable disease.



## Poliomyelitis

There were 13 confirmed cases of poliomyelitis in the Borough during 1961, 11 of which occurred in an outbreak between the 6th March and the 19th May. Poliomyelitis has been endemic in West Bromwich, occurring in the summer months, for the past 13 years (with the exception of 1958 when there were no cases) and the average number occurring each year has been 5. The cases in the outbreak in 1961 all occurred in children under the age of 9 years and mainly in very young children, viz: 1 under 1 year, 6 between 1-2 years, 2 between 2-3 years and 2 between 5-9 years. The other 2 cases which did not occur during the period of the outbreak were aged 6 months and 7 years. The following table gives a summary of the total of 13 cases.

Case No.	Sex	Age	Type	Virus Recovered	Vaccination State
1	F	2.3/12	Paralytic	Type III	Not vaccinated
2	F	1.6/12	Paralytic	Type III	Not vaccinated
3	M	2.2/12	Paralytic	Type III	Not vaccinated
4	M	4	Paralytic	Type III	Not vaccinated
5	F	1.6/12	Paralytic	Type III	Not vaccinated
6	M	4.1.12	Paralytic	Type III	Not vaccinated
7	M	7.2/12	Paralytic	Type III	Not vaccinated
8	M	4.9/12	Paralytic	Type III	Not vaccinated
9	F	7.3/12	Non-paralytic	Type III	1 injection only
10	M	11/12	Paralytic	Type III	Not vaccinated
11	M	1.5/12	Paralytic	Type III	Not vaccinated
12	F	7	Non-paralytic	Not recovered	Not vaccinated
13	F	6/12	Paralytic	Type III	Not vaccinated

It will be seen that of all the cases only one (non-paralytic) was vaccinated and in this case the patient had received only 1 dose of Salk vaccine one day before the onset of the symptoms which allowed insufficient time for any immunity to be conferred. There were 2 deaths occurring in the 11 cases which occurred between March and May - a boy aged 4 years 9 months and a boy aged 1 year 5 months. In all of the 13 cases Type III virus was isolated with the exception of 1 paralytic case when no virus could be identified.

Considerable efforts were made to recover the virus from members of households in which cases had occurred and it was found that in the 0-5 year age group 43.3% were found to be carrying the virus, in the 5-15 year age group 69.1% and in adults 6.2%. These results were obtained from specimens taken



from 4-9 days after the onset of illness from other members of households in which cases occurred.

Because of the occurrence of a relatively large number of cases in a short period of time, considerable stimulus was given to the public to come for vaccination against poliomyelitis and it was estimated that by the end of the year the percentage of the total population protected was as follows:-

0 - 4 years .. .. .	54%
5 - 16 years .. .. .	95%
17 - 26 years .. .. .	47%
27 - 40 years .. .. .	15%
Fourth injection 5 - 12 years	47%

There was close consultation during the outbreak with the Ministry of Health and it was decided not to use Oral type vaccine (Sabin) to curtail the outbreak although preliminary preparations had been made for a mass vaccination.

This outbreak was most worrying and caused a great deal of work for all members of the staff.

#### Puerperal pyrexia

Two cases of puerperal pyrexia were notified during the year, both being mild in character.

#### Scarlet Fever

A total of 27 cases of scarlet fever was notified during the year none of which were admitted to hospital. Scarlet fever still continues to be a mild disease and the figures in all probability do not indicate the true incidence as notification is likely to be incomplete. There is some clinical evidence that a few more severe cases are seen occasionally. It will be interesting to see if scarlet fever tends to become more severe again as the disease has varied in severity over long periods in the past.

#### Whooping Cough

A total of 15 cases of whooping cough was notified. The following table shows the age groups affected:

	Under 1 year	1 - 4 years	5 - 9 years	10 - 14 years	Over 14 years	Total
Male	-	3	6	-	-	9
Female	-	3	3	-	-	6

It is most probable that this is a substantial underestimate



of the prevalence of the disease in the Borough as notification is likely to be incomplete.

### **Food Poisoning**

A total of 13 cases of suspected food poisoning was notified during the year and each was fully investigated. Twelve of the suspected cases were subsequently eliminated from consideration as food poisoning, leaving one illness only that could be considered to be caused by infected food or drink. It was not possible however to isolate a causative organism.

### **Malaria**

No cases of malaria were notified during the year.

### **Smallpox**

On the 28th December 1961 a suspected case of smallpox was admitted to hospital. The patient was a Pakistani immigrant who arrived at London Airport just before Christmas and travelled to West Bromwich, subsequently going to Dudley and Darlaston, returning to West Bromwich and finally going to Tipton. Immediate action was taken to vaccinate and place under observation all close contacts the same day.

The following day (29th December) confirmation of the diagnosis was received. The immediate contacts were kept in the house and daily surveillance by the Medical Officer of Health maintained for 21 days.

Arrangements were made for all the appropriate assistance (National Insurance, liaison with the employers etc.) to be dealt with by a public health inspector. More remote contacts were vaccinated and visited daily. There were in addition contacts of other areas from different parts of the country and at one stage there were over 30 persons receiving daily visits. All travellers arriving from Pakistan and India were also visited, together with three from Dusseldorf where a case had occurred.

All cases of chickenpox were seen and in addition, patients with many other forms of rash. The diagnosis of many of these presented difficult problems and the prompt services of a consultant in smallpox appointed by the Ministry of Health was of inestimable value.

A further importation into the country, which resulted in a case in the City of Birmingham also caused great public alarm, and a demand for vaccination from the general public irrespective of contact. To complicate, a shortage of vaccine developed in the Midland area and emergency distribution arrangements were made for the Midlands.

At no stage was mass vaccination recommended in West Bromwich, although the opportunity was taken to protect those persons whose occupations, by bringing them into contact with



all sections of the population, might conceivably provide greater risk of contacting the disease.

No secondary case occurred in the borough from the original West Bromwich case or from any other case.

I am indebted to my medical colleagues in the town for their understanding and help in a situation which caused great public concern, and considerable personal anxiety to the staff of the department, especially my deputy for first rate support and assistance. The understanding that existed between Medical Officers of Health in the Midlands and their colleagues in the Birmingham Public Health Department and the Ministry of Health made problems of co-ordination considerably easier than they might have been.

The final aftermath was the large number of international certificates to be signed or authenticated in the following months, because many European countries naturally insisted on such certificates for travellers proceeding on holiday from this country.

### Encephalitis

There was no case of encephalitis notified during the year.



## TUBERCULOSIS

I am indebted to Dr. C.W.D. Cole, Chest Physician for the following report.

"In respect of the anti-tuberculosis services proffered to the citizens of West Bromwich, the year of 1961 was characterized (a) by a shortage of radiographers and (b) by the mass miniature radiography campaign sponsored by the Local Health Authority. The facilities offered at Heath Lane Hospital remained little changed from 1960. In spite of staff shortages, it was still possible for patients to be seen and X-rayed within a week of examination being requested.

The shortage of radiographers at the two general hospitals has now become "acute on chronic". For some years now, there has been a national shortage of radiographers throughout the British Isles - a shortage which was fully participated in by West Bromwich hospitals. In 1961 however, the local shortage has become catastrophic and it has been found necessary to curtail radiological examination in a number of cases. As I see it for West Bromwich, unless something is done about this, and that rapidly, the present situation, tragic though it is, will solve itself in the very near future. The service will just stop.

### Notification

Primary notifications of new cases of tuberculosis occurring in persons living in the County Borough of West Bromwich from all sources for 1961 accounted for - 38 men, 16 women and 3 children - these were found to be suffering from pulmonary tuberculosis, whilst an additional 4 men, 2 women and 5 children were found to be suffering from non-pulmonary tuberculosis. Furthermore - 9 men, 4 women and 1 child who came to live in the borough, were already known to be suffering from tuberculosis.

This produces a total of 68 new cases of tuberculosis being found in the year, and is exactly the same as for 1960. Comparable figures for the past five years are as follows:-

1956	1957	1958	1959	1960
87	61	66	59	68

### Deaths

In 1961, 8 men and 3 women died of tuberculosis. This is 5 less than in the previous year. Of this total, a man of 72 years, and a woman of 70 years were not known to be suffering from tuberculosis before their death. In addition one Jamaican woman died less than a fortnight after diagnosis, and a seventy year old English woman died seventeen days after diagnosis. Three women suffering from tuberculosis died of non-tuberculous causes,



one acute nephritis; one of a hypertensive accident, and one of a pulmonary embolus. Two men with tuberculosis died of carcinoma of lung; one of a carcinoma of stomach, and one of a pulmonary embolus. This fall in the deaths is gratifying and follows the national trend. Once again senility played a major part in four of the male deaths, and at least one of the female deaths.

### Treatment

As remarked in the report for 1960, practically every case was treated initially in Heath Lane Hospital. Long term treatment by drugs continues to be the major weapon in the treatment of tuberculosis. Collapse therapy of the reversible type has completely died out. Surgery is also becoming less common, but continues to occupy a vital place for some patients. In particular, surgery and surgery alone can deal with the chronic cavitating variety of tuberculosis. Major surgical procedures have, as in the past, been carried out at Yardley Green Thoracic Surgery Unit. Four men and one woman were treated at this unit in 1961. Children are admitted both to Hallam Hospital and to Himley Sanatorium. This latter sanatorium has facilities for continuing with the education of the children whilst in-patients, and this undoubtedly is a very valuable asset.

Streptomycin; P.A.S., and I.N.A.H., continue to be drugs of choice for initial treatment, whilst valuable second line drugs are Pyrazinamide; Cycloserine, and possibly Viomycin and Kanamycin.

It can be seen therefore that there is now a wide armamentarium of drugs available to treat the tuberculosis patient. This combined with the ready availability of hospital beds should mean that every case diagnosed reasonably early should stand a first class chance of recovery, and ultimate return to work. The major problem confronting the Chest Physician nowadays is the emergency of drug resistant strains of organisms. Theoretically, this should never occur as anti-tuberculosis drugs are never prescribed singly, and should never be so given. Very rarely patients present with disease caused by a resistant organism. This is tragic, and every effort should be made, by both the patient and those supervising him, to see to it that the drugs are taken as prescribed. It is well recognised in the chest service that some of the drug regimens are unpleasant and may have to be continued for two years or more. However, these patients are well aware of the penalties for failing to take drugs, and their immediate family circle should encourage them to do so.

### Attendances

Total attendances at the Chest Clinic during 1961 were 10,179, an increase of 1,227. Of this total, 1,160 attended for full investigation for the first time, whilst 190 had X-ray examinations only. This continued rise in the numbers of persons



attending is welcome but at the same time viewed with some disquiet. With the difficulties in staff, and with no increase in the establishment the additional burden carried by the members of the chest clinic staff is becoming increasingly difficult to bear. All house contacts of notified cases of tuberculosis are invited to attend the chest clinic. During 1961, 387 persons accepted the invitation. All children attending as contacts are X-rayed and skin tested and 88 such children were skin tested, 53 of them being found to be non-reactors and 32 reactors. The results in the remaining three are not known. Sixty four children were vaccinated with B.C.G. These figures indicate that over 60% of the children in contact with tuberculosis are mantoux negative. It is not necessarily desirable to give every child B.C.G. However, the presence of a mantoux negative child in a house where there is known tubercle should not be lost sight of.

### Immigrants

During 1961, the question of immigrants became not only a public health, but a general national issue. There is no doubt at all that some immigrants are bringing open active pulmonary tuberculosis into the United Kingdom with them, and are thereby infecting their fellow immigrants and possibly also British citizens with whom they come in contact. There are a number of facts which might well be quoted in this connection. In Bradford in 1961, there was a total of 186 non-Pakistani cases of tuberculosis notified, and 127 Pakistani cases. The population of Bradford consists of some 283,000 non Pakistani and 7,000 Pakistani. Thus the tuberculosis rate in Bradford amongst Pakistanis is 30 times greater than in the British Population. Dr. D.K. Stevenson, the Chest Physician estimated that between 40% and 50% of these cases would have had abnormal X-ray pictures at the time of immigration. Dr. J. Aspin of Wolverhampton, has found that Indians in Wolverhampton have over 4 times as much tuberculosis as might have been expected had they been Wolverhampton citizens. Furthermore, he estimates, that one fifth of these would have been found on entry to this country had they had a chest x-ray on landing. In West Bromwich, in 1961, there were three cases of new disease occurring in Pakistani males, and one in a Jamaican male. Three Jamaican females also were diagnosed as new cases of tuberculosis. In addition to the above, 3 males from the continent of India and 1 Jamaican male arrived in the Borough, having been diagnosed elsewhere in the United Kingdom. Appended overleaf is a table summarizing the cases of tuberculosis arising in immigrants in the past ten years:-



	Jamaican	Polish	Indian/Pakistani	Irish
1960	1	-	8	4
1959	-	-	7	2
1958	2	-	3	2
1957	-	3	3	5
1956	-	1	4	3
1955	-	-	5	5
1954	-	1	1	3
1953	-	-	1	6
1952	-	1	2	7
1951	-	-	1	7

It will be seen from the table that the Irish immigrants were by far and away the greatest source of imported tuberculosis up to 1955. From 1955 until 1961 tuberculosis in Irish immigrants had diminished although it still remains the second most fruitful source. Tuberculosis in Indians and Pakistanis increased to a peak in 1959 and 1960, but fell away sharply during 1961. Of the new cases occurring in West Bromwich in 1961, 2 of the 3 West Indian women undoubtedly brought their tubercle with them, as did the Jamaican woman notified in 1960.

I think that three of the six Indian/Pakistanis contracted their disease in West Bromwich. These Indian and Pakistani immigrants constitute a very grave public health problem. For example, one man with advanced sputum positive disease had fourteen addresses in the nine weeks prior to his admission to Heath Lane Hospital. These addresses ranged from Bradford to Nottingham, from Birmingham to Wolverhampton. Neither the health department nor the chest clinic have the time or the staff to cope with the number of contacts that must have been involved by this man. Further, one of the Jamaican women who died within a fortnight of admission to hospital had four addresses in the previous five weeks. There is a strong case on medical grounds therefore, for the introduction of a compulsory X-ray per immigrant. It seems a pity that when the chest services in Great Britain are gradually getting on top of our local brand of tuberculosis, that their work should be stultified by the importation of possibly 800 to 1,000 of new cases of tuberculosis annually.

## Conclusion

Once again the Voluntary After Care Committee; the Pensions Welfare Service and the National Assistance Board have all co-operated to ease the lot of cases of tuberculosis when needed. The age incidence pattern continues to show a further change. The tendency is for the middle aged and elderly man to develop tuberculosis, whilst it is still quite a common disease in young females. I anticipate that this trend will continue to become more



marked. Tuberculosis in immigrants in West Bromwich does not constitute a grave problem by sheer weight of numbers as it does in other boroughs such as Bradford. However, the nomadic type of life lived by these immigrants makes their follow-up an arduous task. Their lack of English and the large numbers of men carrying the same Christian name and surname also makes for confusion. It is hoped that some satisfactory control over the importation of tuberculosis will be instituted.

The mass miniature radiography survey that was carried out in the latter part of 1961 did not produce large numbers of suspected cases of tuberculosis, and this confirmed what I have previously felt, i.e. that there is not a large infector pool in West Bromwich. Furthermore, it increased my confidence in the present case finding services in the borough. In support of this I would say that there was a monthly average of approximately 7 new names added to the tuberculosis register every month throughout 1961. This includes primary notifications and transfers from other areas. Whilst the M.M.R. Unit was in the town, there were eleven cases added to the register in November and eight for December.

Once again, I would like to thank the staff at the Chest Clinic and the Health Department for their assistance during 1961. I would also like to thank the doctors in the town for the very great assistance they have given to me during the year. And last but not least, I would like to place on record the careful consideration and great kindness shown by the Housing Committee when considering applications for re-housing and exchanges put in on behalf of patients with tuberculosis. This Committee has as always been ever ready to help and has done so whenever they possibly could."



## VENEREAL DISEASE

Details of the cases of venereal disease in West Bromwich residents treated during 1961 at the General Hospital, Birmingham, and the Guest Hospital, Dudley, are given below:—

	<u>Birmingham</u>	<u>Dudley</u>	<u>Total</u>
Syphilis	12	9	21
Gonorrhoea	46	25	71
Conditions other than venereal	96	106	202
	<u>154</u>	<u>140</u>	<u>294</u>

The following table shows the number of cases from West Bromwich during the last five years:—

	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>
Syphilis	12	3	8	6	21
Gonorrhoea	47	32	53	38	71
Conditions other than venereal	68	54	71	59	202
TOTALS	<u>127</u>	<u>89</u>	<u>132</u>	<u>103</u>	<u>294</u>

Attention must be drawn to the increase in gonorrhoea — a national phenomenon at present.

### Conclusion

Once again the Voluntary After Care Committee, the Patients Welfare Service and the National Assistance Board have all co-operated to ease the lot of cases of tuberculosis when needed. The age incidence pattern continues to show a further change. The tendency is for the middle aged and elderly man to develop tuberculosis, whilst it is still quite a common disease in young females. I anticipate that this trend will continue to become more



The shortage of health visitors and consequent inability to achieve anything like full establishment is the greatest limiting factor with regard to maintaining a sustained programme of health education.

Whilst leaflets, posters and pamphlets are available in the Health Department and at all clinics, it is only the continued activity of the medical staff and health visitors that can maintain the pressure which is necessary to impart beneficial knowledge on health matters.

Whilst considerable health education activity is carried out at infant welfare centres in which growing use is being made of ordinary household and special equipment, for demonstration purposes, there is no time or space specially to organize other meetings of people for this purpose.

## PART IV

A senior health visitor has been appointed as group adviser for health education duties as a specialty but she has had little freedom from her other duties in this subject. Financial provision has been made to buy material and visual aid equipment and some purchases have been made.

Within the limits of the staff the health education of individuals and small groups has been carried out. Large groups have so far only been tackled by posters.

An effective health education programme is being carried out in the community which would also involve the services of an expert officer in this field.

## ADDITIONAL INFORMATION

Health Education

Rehousing on Medical Grounds

Medical Examinations

Nursing Homes

Home Safety

Co-ordination of Services dealing  
with Child Neglect

Cost of the Services



# VENEREAL DISEASE

Details of the cases in West Bromwich and in the Birmingham and District Health Board, Birmingham, are given below.

	Birmingham	Dudley	Total
Syphilis	12	9	21
Gonorrhoea	46	25	71
Conjunctivitis and other venereal diseases	96	126	222
	154	160	314

The following table shows the cases of venereal disease in Birmingham and District Health Board, Birmingham, during the year 1931.

	1931	1930	1929	1928	1927
Syphilis	12	3	8	6	21
Gonorrhoea	47	33	53	38	71
Conjunctivitis and other venereal diseases	96	54	117	49	222
	155	90	178	93	294

Medical Examination of Venereal Diseases in Birmingham and District Health Board, Birmingham, during the year 1931.

Cost of the Services	£ 1,000
Co-ordination of Services dealing with Child Neglect	£ 1,000
Home Society	£ 1,000
Nursing Homes	£ 1,000
Medical Examination of Venereal Diseases in Birmingham and District Health Board, Birmingham, during the year 1931.	£ 1,000



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Whilst considerable health education activity is carried out at infant welfare centres in which growing use is being made of ordinary household and special equipment, for demonstration purposes, there is no time available specially to organise other meetings of people for this purpose.

A senior health visitor has been appointed as group adviser for health education duties as a specialty but she has had little freedom from her normal duties to devote time to this subject. Financial provision has been made to buy material and visual aid equipment and some purchases have been made.

Within the limits of the staff the health education of individuals and small groups has continued. Large groups have so far only been tackled by posters.

An effective health education programme covering much of the community would also require the services of an expert officer in this field.



## REHOUSING ON MEDICAL GROUNDS

During the year 277 families applied for special consideration in regard to rehousing and many of the applications were accompanied by letters from family doctors or consultants. All cases were investigated, the majority by interviews at the Health Department, some by visits to the house, and some by discussion with the general practitioner.

Twenty-three applicants were found to have no grounds for special consideration and eight who had a history of tuberculosis were referred to Dr. Cole, the Chest Physician, who makes his own recommendations to the Housing Committee. The remainder were classified as follows:—

Serious Illness	Mild Illness	Mental ill health or subnormality	Over- crowding	Condition of property	Aged	Exchanges
40	40	23	29	40	27	47

Twenty-eight recommendations were made to the Housing Manager regarding the transfer of families already occupying Corporation property, who needed larger or smaller or ground floor accommodation, or a change of locality, on medical grounds.

Of the sixty-three cases of serious mental or physical illness or handicap, twenty-seven were considered to require urgent rehousing and these were placed before the House Lettings Committee. All were granted priority.

Throughout the year many families were rehoused as a result of slum clearance, and a number of these requested certain particular types of accommodation on account of illness. These were referred to the Health Department by the Housing Manager, and were investigated before recommendations were made.

Towards the end of the year the first block of special flatlets for elderly people was nearing completion and much time was spent by the Health and Welfare staff in the investigation of many old people whose illness or infirmity made it unwise for them to continue to live alone, often in old, inconvenient houses. From those recommended, the final selection of the tenants for the first twenty-two flatlets was made by a joint sub-committee of members of the Housing and Welfare Committees. These flatlets have a lounge, bathrooms and laundry facilities for communal use, and there is a Warden on the premises who can give assistance to the old people in times of emergency. Her salary is paid by the Welfare Committee.



## MEDICAL EXAMINATIONS

### Children's Department

The medical staff of the Health Department are responsible for the routine medical supervision of children in the care of the local authority. Medical officers see these children prior to admission and just before discharge. They also pay regular visits to the Charlemont Nursery and Reception Home and visit the Family Group Homes. Altogether 221 Medical examinations were carried out and these can be classified as follows:—

	Reception Home	Nursery	Family Group Home
Number of children examined on admission	13	4	11
Number of children examined for boarding out	-	7	5
Number of children examined on discharge	6	28	5
Number of routine examinations:—			
0 – 1 year	-	57	-
1 – 5 years	-	43	2
Over 5 years	19	-	21

Six routine visits were made to the Reception Home, 11 to the Nursery and 3 to the Family Group Homes.

### Corporation Staff

The Medical Officer of Health and his staff are responsible for medical examinations in connection with the superannuation and sickness and accident schemes.

For the whole of the year 1961 the system, whereby only employees and applicants with unsatisfactory medical history or whose type of work required a particular standard of freedom from transmissible disease (e.g. food handlers), together with special groups (e.g. school teachers) were medically examined by a doctor, was in operation. The remainder completed a declaration of health form which was then scrutinised by a medical officer.

The arrangement is most successful and has halved the amount of medical staff time that would have to be devoted to medical examination of employees.

The declaration forms are completed by the individuals concerned with the assistance of a clerk, and a private room is set aside for this purpose.



The work done during 1961 was as follows:—  
Examination for Superannuation

Declarations of Health	205
Medical examinations	108
Failed	1
Accepted	203
Deferred for re-examination	1

#### Examination for Sickness, Accident Scheme

Declarations of Health	432
Medical examinations	239
Failed	8
Accepted	404 *
Deferred for re-examination	13
Examinations for other Authorities	7

\* including 65 school teachers.

### NURSING HOMES

There are two nursing homes in West Bromwich registered under the provisions of the Public Health Act, 1936, providing between them 38 beds for acute and chronically ill cases. The homes have been regularly inspected and found reasonably satisfactory within the regulations.

### HOME SAFETY

The Accident Prevention Council has undertaken responsibility for home safety activities and a close liaison is maintained between the Health Department and the Accident Prevention Officer, who is available at any time. On a number of occasions he has been asked particularly to visit homes where risks have been observed, and has taken the opportunity to advise and instruct individuals and families on bad appliances and practices. Old people are particularly in need of advice, mostly in connection with the use of heating appliances.

The Accident Prevention Officer delivered talks to new entrants to the Home Help Service on home safety, laying emphasis on hazards caused by carelessness, inefficient domestic appliances, and bad structural arrangements.



## CO-ORDINATION OF SERVICES DEALING WITH CHILD NEGLECT

Since December, 1953, regular meetings of officers have been held in accordance with the suggestions of a joint circular issued by the Home Office, Ministry of Health and the Ministry of Education. The Medical Officer of Health has been designated as co-ordinating officer, and the following officers are represented at these meetings: —

The Chief Nursing Officer  
The Chief Welfare Services Officer  
The Children's Officer  
The Director of Education  
The Housing Manager  
The Moral Welfare Worker, Lichfield Diocesan Association  
The Manager, National Assistance Board  
The N.S.P.C.C. Inspector  
The Probation Officer  
Representative of Town Clerk's Department  
Representative of Mental Health Section

Regular meetings took place at monthly intervals under the chairmanship of the Medical Officer of Health, and endeavoured to fulfil three objects.

First, to provide a method for the dissemination of information between the various departments interested in the problems of one particular child.

Secondly, to provide an opportunity for the discussion of the problems of a particular family with children with a view to pooling experience and working out where possible, methods of dealing with the family and avoiding overlapping visits from different departments.

Thirdly, to provide for the opportunity of personal contact between field officers engaged in social work of different departments who otherwise might meet very infrequently although their work would benefit from such contact.

It is difficult to assess the results of work of this nature but the progress reported last year is still being maintained, although it must be said, only by a concerted effort on the part of all concerned.

The results for 1961 are as follows:—

Number of families known to the meeting	109
Number of families on the live register at the beginning of the year (involving 163 children)	28
Number of families added to the register during the year	-
Total number of families considered during the year (involving 163 children)	28



Of the 28 families known to the Co-ordinating Officer as presenting major problems, 18 are still discussed regularly, 4 are kept on the active list for observation by a department and then discussed when necessary, and 6 have been removed from the active list.

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The Chief Nursing Officer  
The Chief Welfare Officer  
The Children's Officer  
The Director of Education  
The Housing Manager  
The Moral Welfare Officer  
The Manager, National Assistance Board  
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The results for 1951 are as follows:-

107	Number of families known to the meeting
28	Number of families on the live register at the beginning of the year (involving 163 children)
	Number of families added to the register during the year
28	Total number of families considered during the year (involving 163 children)



## IMMIGRANTS FROM THE COMMONWEALTH

The last few years have seen a substantial influx into the town of immigrants from the Commonwealth and at present although it is not possible to give exact figures, it is estimated that these number at least 3,000 of which some 60% are from the West Indies and about 40% from Asia (principally Pakistan and India). Any large scale immigration into an area produces effects on the health services and these will vary according to the age, sex structure of the immigrant group and the cultural background. The incoming population from abroad is in the main in the lower age groups and although originally largely male, is including year by year a gradually increasing proportion of women. In general the immigrants occupy houses shared by many families.

### Effects on Local Health Services

#### Midwifery

The women in the immigrant group are largely in the child bearing age and moreover come from countries with high birth rates, often as much as twice the average rate for England and Wales. Not only, therefore, do they tend to have more children than an equivalent number of English women, but living in more crowded conditions, they inevitably require confinement in hospital. The presence of this group places a further burden on the hospital midwifery services. In 1961 there were 1,925 deliveries in the Hallam Hospital and 15% were to mothers from the Commonwealth. This 15% represents 30% of the total of mothers admitted on social grounds rather than for medical necessity.

The living conditions of so many of the immigrants make it necessary for their admission to hospital on social grounds.

Since the availability of hospital beds for midwifery has not been substantially increased (although some increase has been made by the effect of early discharge), the immigrant population has to some extent reduced the chances of hospital admission for the indigenous population and in so doing has also increased considerably the total demand made on the hospital midwifery service. In order to cope with increased numbers even to some degree, the hospital has had to resort to the early discharge of patients for their care after delivery at home which places a considerable load on the domiciliary service. It is probable, however, that the latter practice would have developed eventually due to the natural increase of the birth rate in the town and the arrival of immigrant population has merely accelerated an existing trend.

#### Care of Mothers and Young Children

The clinic services are being used to some extent more particularly by mothers from the West Indies, although at one or



two clinics, Asian mothers are attending and at Boulton Road an attempt has been made to start a class particularly for Asian mothers. The Health Visitor strength of the Borough is below establishment, there being at present eleven health visitors out of fourteen. As the major portion of the Health Visitors' work is concerned with the visiting and advising of mothers of young children, the immigrant population, with its higher birth rate, has made particular demands on this service at a time when the staff are most difficult to recruit.

There are difficulties in advising families of immigrants, partly because of the language difficulty and also the difficulty of obtaining understanding over matters of child care, more especially diet and fresh air, with mothers who come from a different cultural background. A mere understanding of the language does not necessarily lead to an understanding of the ideas precedent in English child care practice. In addition the natural tendency of the immigrant population to move from lodging to lodging makes the follow-up of the particular families difficult. The Health Visitors report great concern over the fire risk in the winter when many families in lodgings have paraffin heaters in small crowded rooms, and also concern over the fact that with so many women in full-time employment, the minding of the children of immigrants in groups is inevitably carried on. No child minders are registered under the appropriate legislation and it is in fact often difficult to elucidate the various relationships of children found in a particular household at a particular time. The West Indian Association has raised the question of day nursery facilities, of which there are none in the Borough at present. The addition of these problems to an area already short of health visitors makes effective advisory work increasingly difficult to maintain.

With regard to matters of life and death, of the 38 children who died in the Borough under the age of 1 year during last year, only 7 were known to be from immigrant families. There is little evidence, therefore, to support any suggestion that a substantially higher infant mortality exists among the immigrant population in West Bromwich.

### **Infectious Disease**

Apart from the importation of smallpox occurring on the 28th December, 1961, the major problem raised appears to be in connection with tuberculosis, and Dr. Cole, the Chest Physician has contributed on page 75 a recent statement of the facts as known on this subject. He concludes that in West Bromwich the Irish immigrants were by far the greatest source of imported tuberculosis up to 1955, after which although the second largest group the Irish figures were exceeded by the number of cases among Asians, particularly Indian and Pakistani.



In 1961, 6 Asians were known to have developed tuberculosis, 3 of them probably contracting the disease in West Bromwich, and 3 before arrival, and 4 West Indians, 2 of whom Dr. Cole considers brought the disease with them. In addition there were, 3 Asians and 1 West Indian, who arrived in West Bromwich, having been diagnosed elsewhere in this country.

Dr. Cole also cites the difficulty that arises when tuberculosis occurs in a particularly mobile section of the population likely to go from lodging to lodging and possibly to infect numbers of people.

With regard to venereal disease, it is exceedingly difficult to give any indication of the position in West Bromwich, as most of the venereal disease is treated outside the Borough and a breakdown according to country of origin or when the disease was contracted is not available. Any population with numbers of young males away from home is liable to a high V.D. rate.

The known effect therefore on the local health services consists of a specific difficulty in the midwifery service, a great and probably continuing difficulty for some years in relation to health visiting and the care of young infants, and a difficulty in relation to tuberculosis. One of the great problems in making any form of study of the immigrant population is the determination of the facts.



## COST OF THE SERVICES

The cost of the services provided under the National Health Service Act, the National Assistance Act, and other health services during the year, is shown compared with the cost of the previous ten years in the following table:—

	Local Health Services		Welfare Services		Other Health Services	
	National Health Service Act 1946		Nat. Assistance Act, 1948			
Year	Gross Cost	Cost per 1,000 pop	Gross Cost	Cost per 1,000 pop	Gross Cost	Cost per 1,000 pop
	£	£	£	£	£	£
1950-51	48,913	555	16,740	190	54,062	614
1951-52	53,817	618	18,708	215	62,567	719
1952-53	60,493	687	23,936	272	66,993	761
1953-54	61,911	703	24,479	278	71,418	811
1954-55	64,535	724	28,781	323	70,082	787
1955-56	69,931	777	32,298	359	84,079	934
1956-57	81,294	893	36,823	404	91,861	1,009
1957-58	86,862	931	46,559	500	98,772	1,062
1958-59	97,514	1,037	52,212	555	100,880	1,073
1959-60	112,088	1,192	60,692	645	111,371	1,184
1960-61	119,374	1,256	67,040	705	112,426	1,184

With regard to matters of life and death, of the 33 children who died in the Borough under the age of 1 year during last year, only 7 were known to be from immigrant families. There is little evidence, therefore, to support any suggestion that a substantially higher infant mortality exists among the immigrant population in West Bromwich.

### Infectious Diseases

Apart from the importation of smallpox occurring on the 28th December, 1961, the major problem raised appears to be in connection with tuberculosis, and Dr. Cole, the Chief Physician has contributed on page 73 a recent statement of the facts as known on this subject. He concludes that in West Bromwich the Irish immigrants were by far the greatest source of imported tuberculosis up to 1935, after which although the second largest group the Irish figures were exceeded by the number of cases among Asians, particularly Indian and Pakistani.



## WELFARE SERVICES

### General Arrangements

The Authority's functions in this field under the National Assistance Act, 1948, are discharged through the Welfare Committee. The administration is under the direction of the Director of Welfare Services, who is also the Medical Officer of Health.

The staff on 31st December, 1961, consisted of:

1	Chief Welfare Services Officer
2	Senior Social Welfare Officers
3	Social Welfare Officers
4	Welfare Assistants
1	Training Welfare Officer
1	Home Officer for the Blind
1	Assistant Teacher for the Blind
1	Senior Occupational Therapist

## PART V

### Welfare Services

The trainee welfare officer is now attending a full-time course at Birmingham College of Commerce. This is one of the pilot courses of the Report of the Younghusband Committee.

#### Care of the Aged

Duties relating to the care of the aged are carried out by the agency of the Church Mission to the Deaf and Dumb; Melsop, acting on behalf of the Council.

#### Care of the Handicapped

#### Other Welfare Services

## CARE OF THE AGED

The 1957 census showed that for people of 65 years and over the numbers in the borough were as follows:-

Age Groups	Males	Females	Total
65 - 69 years	1,265	1,628	2,893
70 - 74 years	932	1,267	2,219
75 - 79 years	607	846	1,453
80 - 84 years	216	342	558
85 - 89 years	61	112	173
90 - 94 years	6	25	31
95 years and over	1	7	8



# COST OF THE SERVICES

The cost of the services provided under the National Health Service Act, the National Assistance Act, and other health services during the year, is shown compared with the cost of the services in the following table:

Year	Local Health Services		Welfare Services		Other Health Services	
	National Health Service Act 1946		Nat. Assistance Act, 1948		Other Health Services	
	Gross Cost	Cost per 1,000 pop.	Gross Cost	Cost per 1,000 pop.	Gross Cost	Cost per 1,000 pop.
	£	£	£	£	£	£
1950-51	26,512	555	18,780	398	54,562	1,174
1951-52	31,277	618	18,705	415	62,567	1,369
1952-53	60,495	1,287	23,958	512	66,995	1,461
1953-54	61,911	1,303	24,479	528	71,418	1,571
1954-55	64,535	1,384	26,781	573	70,882	1,567
1955-56	69,921	1,517	32,195	693	84,079	1,864
1956-57	81,794	1,793	36,825	804	91,861	2,009
1957-58	65,567	1,437	44,544	970	93,772	2,061
1958-59	67,574	1,497	52,212	1,135	100,850	2,273
1959-60	112,084	2,511	66,684	1,459	111,371	2,484
1960-61	119,374	2,621	67,040	1,485	112,426	2,514



## WELFARE SERVICES

### General Arrangements

The Authority's functions in this field under the National Assistance Act, 1948, are discharged through the Welfare Committee. The administration is under the direction of the Director of Welfare Services who is also the Medical Officer Health.

The staff at 31st December, 1961, consisted of:—

1	Chief Welfare Services Officer
1	Senior Social Welfare Officer
3	Social Welfare Officers
4	Welfare Assistants
1	Trainee Welfare Officer
1	Home Teacher for the Blind
1	Assistant Teacher for the Blind
1	Senior Occupational Therapist
4	Craft Instructors

The trainee welfare officer is now attending a full-time course at Birmingham College of Commerce. This is one of the pilot courses set up after the Report of the Younghusband Committee.

Duties relating to the deaf were carried out by the agency of the Church Mission to the Deaf and Dumb, Walsall, acting on behalf of the Corporation.

### CARE OF THE AGED

The 1951 census showed that for people of 65 years and over the numbers in the borough were as follows:—

<u>Age Groups</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
65 – 69 years	1,265	1,628	2,893
70 – 74 years	932	1,287	2,219
75 – 79 years	607	346	1,453
80 – 84 years	216	342	558
85 – 89 years	61	112	173
90 – 94 years	6	25	31
95 years and over	1	7	8



Of these, the Welfare Department has actual records of a total of 768 (220 male and 548 female) and these are visited regularly, though not as often as they all need or would like. Many of the others are still able to look after themselves and have no need of the services of the Welfare Department as yet. Some contact is kept with these, however, by means of occasional visits by welfare staff to "Over 60" Clubs, etc., so that members of the clubs know the officer dealing with their area and would know who to contact in case of trouble or need.

### Residential Accommodation

Accommodation under Part III of the National Assistance Act, is provided directly by the Corporation at:-

- "The Hawthorns", Green Lane, for 21 elderly ladies.
- "Beech Holme", Beeches Road, for 20 elderly men.
- "Lyndon House", Scott Street, for 31 persons of either sex.
- "Greenside House", Yew Tree Estate, 41 beds for persons of either sex.

In addition, West Bromwich supports a number of cases in "The Poplars" New Cross, Wolverhampton. New cases are not being admitted now, however, as the building is shortly to be developed for hospital purposes, and those West Bromwich people who are already there may have to be absorbed into the accommodation in the borough.

"Lyndon House", "The Hawthorns" and "Beech Holme" are converted private houses, while "Greenside House" is a purpose built home which was opened in 1957.

June, 1961, saw the opening of a modern extension to "Lyndon House". This is a purpose built wing to provide 14 ground floor beds for the more frail type of patient.

Another innovation in 1961 was the planning and construction of 3 blocks of old people's flatlets, each accommodating 22 persons and a resident warden. In these flatlets each person has a bed-sitting room with a small kitchen and toilet attached. Provisions for laundry and bathing are in communal rooms so that if necessary help can be given either by more able-bodied residents or from the resident matron. A furnished lounge complete with television etc., is provided if residents want company, while they always have their own flatlet if they prefer to be quiet. This is a joint venture with the Housing Department and it is hoped that it will cater for those who do not need or want to go into a home but do need more supervision than living alone in an ordinary house affords. The flatlets were completed and occupied early in 1962.



At the end of 1961 the number of residents in the established homes was:—

	<u>Men</u>	<u>Women</u>	<u>In hospital</u>	
			<u>M</u>	<u>F</u>
"The Hawthorns"	-	22	-	6
"Lyndon House"	14	17	-	2
"Beech Holme"	18	-	2	-
"Greenside House"	22	19	-	-
"The Poplars"	4	2	2	-

and there was a waiting list of 23 males and 26 females.

A number of these will be accommodated at two new specially planned small homes situated at Clarkes Lane, Hateley Heath, and Bridge Street. They will each hold ten beds.

The general position at the end of the year was that 113 beds representing 1.17 per thousand population were provided for old persons. The average in English county boroughs was 2.25 per thousand. There still is, therefore, a shortage of this accommodation in West Bromwich.

Admissions are authorised by the Chairman of the Welfare Committee on the advice of the welfare staff.

Everything possible is done to make residents comfortable and happy, rules are kept to a minimum, and visiting can occur at any reasonable time. In the case of illness residents are are tended by their own doctor, and in all of the homes at least one member of the staff is a state registered nurse or has had nursing experience.

Great attention is paid to the welfare of the residents. Services provided include hairdressing and chiropody, and if a visit to the dentists or optician is needed and the individual is unable to get there alone, transport is readily provided. Birthday cards, Christmas cards and presents, etc., are sent to each resident and the Christmas festivities, including a trip to the pantomime, are always a highlight of the year. Throughout the rest of the year various outings, films and live shows are made available for those who wish to participate.

Holidays are arranged directly by the Committee for residents in the homes and in 1961, 29 went to a Holiday Camp at Weston-Super-Mare for a week.

In addition to the residents in Homes in West Bromwich, there are a few others who for various reasons are maintained in local authority or voluntary homes elsewhere. These are as follows:—



	<u>Men</u>	<u>Women</u>
Cowley Home for Blind Women, Birmingham	-	1
Fred Evans Home, Walsall	-	1
Hampton Grange, Hereford	1	-
Highbury Hall, Birmingham	-	1
"Hill Crest", Smethwick	-	1
"St. Mary's", Stone	-	1
"Tate House", Harrogate	1	-
The Rest Home for the Blind Southerndown, Wales	-	1

### Finance

The full cost to the Corporation per resident in directly maintained homes was estimated at £6 15s. 6d. per week. At 31st December, 1961, 79 residents without private means were paying the minimum charge of £2 6s. 0d. per week, 25 were paying a proportion of the full charge, while 8 were paying the full cost. Each resident receives a minimum of 11/6d. per week pocket money.

The following table gives a summary of accommodation during the financial year 1961-62.

	<u>Greenside House</u>	<u>Lyndon House</u>	<u>The Hawthorns</u>	<u>Beech Holme</u>
Number of beds	41	31	21	20
Percentage of beds occupied	98.6	86.8	96.3	93.1
Number of admissions	15	31	11	17
Number of discharges	10	13	11	14
Number of deaths	9	6	-	7

A discharge includes admission to hospital for long term care.

### Care in the Community

Even with the increase in welfare staff during 1961, it was difficult to keep adequate contact with lonely and needy old people. The powers of local authorities to provide services for the aged section of the community have been very limited up to now, and in the main the service deals with calls for help.

Visiting by district, and the distribution of pre-paid post cards by welfare staff at the time of the visit, to be returned in







## CARE OF THE BLIND

The number of registered blind persons in the borough is shown in age groups as follows:—

	0	5	11	16	21	30	40	50	60	65	70	80	85		
	-	-	-	-	-	-	-	-	-	-	-	-	-		
Sex	5	10	15	20	29	39	49	59	64	69	79	84	89	90	Total
	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.		
M	-	1	-	3	2	2	11	7	4	5	11	5	3	-	54
F	-	-	-	-	1	1	1	9	7	5	7	8	12	2	53

This gives a total of 107 persons registered blind. Three men and nine women died during 1961, and sixteen were certified blind. The following table shows the sex and age distribution of those certified:—

Sex	30-39	40-49	50-59	60-64	65-69	70-76	80-84	85-89	90 plus	Total
	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.		
M	1	1	2	-	1	2	3	-	-	10
F	1	-	-	-	-	1	2	2	-	6

### Residential Care

The Corporation does not run residential homes for the blind but uses those provided by voluntary agencies and local authorities. There are three West Bromwich blind in Part III accommodation provided by the Corporation. The following table shows the number being cared for in this way:—

Category	Voluntary Agencies		Local Authorities	
	M	F	M	F
Blind	1	2	1	3
Deaf-blind	1	-	-	-

### Care in the Community

Formerly the Birmingham Royal Institution for the Blind acted as the Corporation's agent for the provision of care for the blind in the community. In April 1961, the Corporation took



over these services from the Birmingham Royal Institution and now employs a home teacher for the blind and an assistant home teacher for this purpose.

This year the duties of the home teachers have included the visiting of unemployable blind in their own homes, the organising of various outings, and the giving of Braille reading and writing lessons and typewriting lessons.

The Social Centre held at Trinity Road was held twice weekly with an average attendance of 25-30. A hot meal is provided each Thursday and this is found to be of great benefit to many. The sale of items produced as a result of teaching of handicrafts is arranged through the centre, and a proportion of the selling price is returned to the blind person who made the item.

The Chiropodist visits the social centre once per month and the blind can have attention at the subsidized price of 2/6d. per treatment.

This year two outings have been arranged. In July a tour of the Cotswolds was organised, and lunch and an evening meal were provided. The other outing was an evening tour incorporating a dinner at Stafford.

In the summer a party of blind attended a Garden Party organised by the Birmingham Welfare Department. Transport to this and to the social centre was provided by the Corporation.

A Christmas party was arranged and special treats included a turkey dinner, an evening's entertainment, gifts provided by a Father Christmas, and the usual drinks, cigarettes, etc.

For those blind who are completely housebound and are unable to participate in such outside activities, there are regular visits to deal with any problems, a birthday card service, and Christmas present, etc. provided by the Corporation.

Functions such as the registration of the blind and the placement of blind persons in suitable occupations, formerly carried out by the Birmingham Royal Institution are now the province of the Corporation.

At the moment there is one West Bromwich man who has just completed a three months course of social rehabilitation at Torquay and expects to go to Letchworth for industrial rehabilitation soon. Another has been accepted for rehabilitation at Torquay and will go as soon as his health is sufficiently improved.

### Employment

The special workshops for the blind are administered by the City of Birmingham and serve West Bromwich as well as Birmingham, Smethwick and some rural areas. At the end of 1961 the following members were engaged in the workshops:-



- 1 in knitting department
- 1 in mat-making department
- 2 in brush making department
- 1 in shoe repair department
- 1 piano tuner (based in workshops)
- 1 craft instructor

In addition to these there are two in the home workers' scheme still administered by the Birmingham Royal Institution for the Blind, one basket maker and one general dealer. There are seven workers in various jobs in outside industry.

### Holidays

During 1961, 33 blind people, most of them accompanied by guides, made their own holiday arrangements and received monetary assistance towards the payment of the total cost. This money was distributed by the Corporation on behalf of the Birmingham Royal Institution for the Blind, who made £297 10s. available for this purpose.

### Blind Persons with other Disabilities

Sex	Mentally ill	Mentally Sub-normal	Physically defective	Deaf with-out speech	Deaf with speech	Hard of hearing
Male	-	2	3	1	-	5
Female	-	4	1	-	2	-

### Partially Sighted

The total number of partially sighted persons in West Bromwich is now 25. The following table shows age and sex distribution:-

Sex	0-1 year	2-4 years	5-15 years	16-20 years	21-49 years	50-64 years	65 years and over	Total
Male	-	-	4	-	1	-	3	8
Female	-	-	4	-	-	1	12	17

### General Welfare

Wireless sets from the Wireless for the Blind Fund have been supplied where necessary as requested.

Subscriptions to the National Library for the Blind were paid in respect of three readers.

Free 'bus passes have been arranged where requested in co-operation with the Transport Department.



## WELFARE OF THE DEAF AND DUMB

The welfare of the deaf and dumb has been provided as in former years by the Church Mission to the Deaf and Dumb, Walsall, under the Missioner, Mr. Griffiths.

There has been considerable revision of the classification of the deaf and hard of hearing under instructions issued by the Ministry of Health Circular 25/61. In accordance with this new classification the numbers of deaf in West Bromwich in 1961 were as follows:—

Category	Classification	Males	Females	Total
1	Deaf without speech	19	17	36
2	Deaf with speech	12	2	14
3	Hard of hearing	2	4	6
Total number on register				56

The usual activities were maintained during the year in spite of the considerable periods of illness of the Missioner. These include a seaside holiday, several football matches by the deaf football team, a Christmas party, as well as the regular thriving club meetings at the Church Mission and visiting and counselling by the Missioner and his Assistant.

The Annual General Meeting of the Church Mission held in December was attended by a number of the deaf and representatives from the associated local authorities, and was followed by a lively social evening. The possibility of again attempting a club in West Bromwich was discussed by the West Bromwich representatives and the Missioner and his assistant, and it is hoped that this will materialise very soon.



## PHYSICALLY HANDICAPPED

At the end of the year the number of persons known to be physically handicapped in West Bromwich was 665. This was an increase of 132 over the previous year. The exact position in relation to last year is shown in the following table:—

	Total 31.12.60	Additions in 1961	Deaths	Moved out of area	Transferred to:			Totals
					Blind Register	Mental Deficiency Register	Aged	
A	106	15	4	3	-	-	-	114
B	12	2	-	-	-	-	-	14
C	5	-	1	-	-	-	-	4
D	223	176	29	8	1	1	1	359
E	187	1	-	14	-	-	-	174
	533	194	34	25	1	1	1	665

The analysis of the age groups is as follows:—

General	Children under 16 years	Persons 17-64 years	Over 64 years	Totals
Males	92	184	73	349
Females	62	123	131	316
Totals	154	307	204	665

The physically handicapped people are grouped into a total of five groups. These are defined as follows:—

- Group A      Handicapped persons (other than children) who, though possibly needing training for some new occupation are capable of work under ordinary industrial conditions.
- Group B      Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions but who are mobile and capable of work in sheltered workshops.



- Group C Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions who are insufficiently mobile for work in sheltered workshops but who are capable of work at home.
- Group D Handicapped persons (other than children) who are incapable of work, or not available for work.
- Group E Handicapped persons who are children under the age of 16 years and whose needs are likely to be met under other enactments but for whom the local authority has general responsibility under Section 29 of the Act.

The 665 cases known to the department can be classified as suffering from disabilities as shown in the table overleaf.

2. An old lady was rehoused from a small flat to a larger one which had two steps; a handrail was added on the stairs.
3. Handrails were erected in two other cases where the person was getting up stairs.
4. A lady was issued with a special electric light and alarm system, which was connected to the house.
5. Four cases for footpath crossings were dealt with.

#### Library Facilities

Facilities are given for the use of the public library, and the following are included in the list of services which are being given to the public:

Library	Non-residential	Residential	X	Y	Z	W	V	U	T	S	R	Q	P	O	N	M	L	K	J	I	H	G	F	E	D	C	B	A
10	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
11	11	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

#### Holidays

In 1961 the Welfare Committee decided to repeat their report on public holidays and once again it was impossible to secure



Disability	Coding	A	B	C	D	E	Total
Amputations	A/E	14	1	1	26	1	43
Arthritis and Rheumatism	F	3	1	-	83	1	88
Congenital Malformations and Deformities	G	15	-	-	11	32	58
Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system (other than tuberculosis)	H/L	27	2	1	136	60	226
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk, injuries or diseases (other than tuberculosis) of the upper and lower limbs and spine	Q/T	27	2	1	39	13	82
Organic nervous diseases - epilepsy disseminated sclerosis, polio, hemiplegia, sciatica, etc.	V	23	9	1	47	33	113
Neurosis, psychosis and mental disorders not included in organic nervous diseases	U/W	3	-	-	5	1	9
Tuberculosis: Respiratory	X	3	-	-	5	2	10
Non-respiratory	Y	3	-	-	3	11	17
Diseases and injuries not specified above	Z	4	-	-	9	6	19
TOTALS		122	15	4	364	160	665



The number of known cases of epilepsy in the borough was 28, consisting of 12 men, 6 women, 7 boys and 3 girls.

Information is also required concerning the number of cases of cerebral palsy. These make a total of 24, there being 15 adults (7 women and 8 men) and 9 children (2 boys and 7 girls).

### **Alterations to Property**

During the year alterations to properties were carried out in 5 cases to make life more tolerable for severely handicapped persons.

Examples are as follows:-

1. A man was injured in a works accident causing paralysis from the waist downwards. He was issued with a Ministry carriage, and this meant having a garage and driveway constructed for easy access.
2. An old lady was rehoused from slum clearance property to a flat which had two steps: a handrail was provided to assist her.
3. Handrails were erected in two other cases to assist them in getting up steps.
4. A lady was issued with a Ministry electric vehicle, which meant that she required a garage with electric points for charging the vehicle's batteries, and also a driveway. All these have now been supplied.
5. Four cases for footpath cross-overs have been dealt with in the past year.

### **Library Facilities**

Facilities are given for the renewal of books by persons attending the public library on behalf of handicapped persons, and great use is being made of this service by voluntary bodies of the town.

### **Ministry Car Badges**

Thirty special car badges have been issued by the department to severely handicapped persons. This enables them to park their vehicles in no parking areas for short periods to enable them to do their shopping etc. Although these badges have no legal power, the local police are very helpful. Full details of persons entitled to car badges have been issued to the police.

### **Holidays**

In 1961 the Welfare Committee decided to repeat their holiday scheme and once again it was impossible to secure



sufficient places for all those wishing to take part. However, 137 physically handicapped persons, 52 escorts, 14 children, and 29 aged persons from the local authority's Part III accommodation homes spent a week's holiday in May at Sand Bay, Weston-Super-Mare.

In September a further 40 persons who were unable to go in May due to various reasons, were able to have a holiday at the same camp under arrangements made by the West Bromwich Association for the Welfare of the Physically Handicapped. The holidays were greatly appreciated by the physically handicapped and all of them expressed their thanks to the Local Authority.

### **Wheelchair and Motorized Invalid Cars**

During the year 16 applications were made with the assistance of the Welfare Department for Ministry of Health Wheel chairs for needy handicapped persons. Twelve of these have now been issued with chairs. The remaining 4 still await delivery—at present the waiting time for a wheel chair is about 4 to 6 months.

Two persons have this year been issued with Ministry invalid cars, and another three cases have been submitted for approval.

### **Transport**

A second tail lift 'bus a further gift from the Transport Committee of the Corporation came into service in December 1961. Both 'buses are fully occupied, conveying physically handicapped and blind to various parts of the town. For the "New Horizon" Club meetings this transport is augmented by a single decker 'bus, sitting case ambulance and private cars.

The 'buses carry maximum loads but there still remains a waiting list for most activities carried out, such as occupational therapy classes (both physically handicapped and blind), day centres and evening clubs. Transport continues to be a major problem.

### **SOCIAL ACTIVITIES**

The West Bromwich Association for the Welfare of Physically Handicapped have again been very active this year. They provided a number of parcels for homebound handicapped at Easter and Christmas.

In the summer they again joined with the New Horizons Club to provide a Summer Fayre at Dartmouth Park.

At Christmas they gave Christmas Parties to 200 adults and 120 children. They also gave financial assistance to a number of physically handicapped and escorts to enable them to participate in the Welfare Committee's holiday scheme, and themselves organised a September holiday for 40 physically handicapped persons.



## FELLOWSHIP OF THE NEW HORIZONS

This is a social club for the physically handicapped, and is administered by a voluntary committee of physically handicapped persons. In this, the fifth year, the membership is 80.

Weekly meetings are held at the Social Centre, Trinity Road, the transport being provided in the special 'buses of the Welfare Committee.

Apart from this the Club has had outings, an anniversary dinner, a harvest festival, a carol service, film shows and concerts. A similar club in a neighbouring borough was entertained at an evening meeting, and, as usual, Christmas parcels were distributed to the homebound and bedridden disabled.

This club is a most thriving and energetic group who contribute greatly to the well-being of the physically handicapped.



## OCCUPATIONAL THERAPY SERVICE

### Staff

The Head Occupational Therapist resigned at the end of 1960 and on January 1st 1961, the Assistant Occupational Therapist was appointed to that post leaving her former post vacant. This was filled in April but in August again became vacant, and due to the difficulty in obtaining a qualified assistant, a temporary craft instructor was appointed. A clerk/storekeeper and 2 permanent craft instructors completed the establishment until August when an additional instructor was appointed.

### Classes at the Centre

The classes are held at the Community Centre, Tenscore Street. The centre was used 5 full days a week all the year, 4 days for physically handicapped of all ages and one for older people. The number of attendances per week increased from 100 at the beginning of the year to 160 at the end. This was largely due to the introduction of a second tail lift 'bus in October.

Besides the many crafts taught at the classes, other activities held included industrial outwork when available, health and beauty exercises to music, for the ladies, gardening, wood chopping, printing, simple furniture repairs, e.g. re-seating chairs, and recreational activities. The hairdresser continued to be available monthly, giving the patients the benefit of reduced rates. The choir proved very popular and fulfilled several engagements for other physically handicapped clubs, etc.

### Domiciliary Activity

Many new people referred for occupational therapy attended and Centre after only one visit by the Therapist, but in a number of cases it was necessary to call several times to teach a craft and let the patient get to know his visitor before introducing him to the Centre, thus, more confident, he was able to enjoy the company and mental stimulation provided by the classes after many years of sitting alone at home.

In a few cases due to particular mental or physical conditions, the patient was unable to attend the Centre and in these cases, the number of which averaged 24 in 1961, work was provided in their own homes.

### Stock and Disposal of Finished Articles

Patients still continued to sell some of their own articles, and to deal with the remainder, 13 sales were held at summer fairs, shows and factories, and 2 local shops loaned a display window for a week.

### What of the Future?

The steady rise in attendance is making working conditions increasingly difficult and it will be impossible for this service to function properly until the new social centre now under construction is completed.



# ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR 1961

Madam Chairman and Gentlemen

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The year's work here recorded is that of a census year and is of interest to turn back the pages and read what my illustrious predecessor, Mr. H. L. Spears wrote in 1911.

In that year refuse collection and disposal was taken from various contractors and placed under the direct control of the Committee. The total net cost of operations for the year was £1,542 3s. 6d. and that included "the purchase of seven new carts, barrows and implements of every description." Compare this with the cost of one vehicle today - over £4,000!

## PART VI

General Hygiene

Housing

Air and Factory Hygiene

Food Hygiene and Control

Public Cleansing and Salvage

Of the 34 slaughterhouses mentioned in 1911 only four remain, and such is the change in the meat trade and the buying habits of the public that these four slaughterhouses, also very much changed, are providing for the needs of a population more than twice that of West Bromwich. Incidentally, they also require the time of four inspectors in a total of twelve to ensure 100% meat inspection.

Iron Foundries

In the previous paragraph comment was made on the contraction in the number of slaughterhouses. The same can be said of iron foundrying which is not only a basic industry of this district but also of the country. In 1951 there were 1,929 iron foundries in the whole of the U.K. but by 1960 this had fallen to 1,485. Rather less than one third of them produced 90% of the castings made. The remaining 10% were produced in over 1,000 small foundries similar to most of those in West Bromwich.

These statistics have special relevance to air pollution since much of the grit and dust discharged into the atmosphere comes from foundries of one kind or another. The collection of



## OCCUPATIONAL THERAPY SERVICE

### Staff

The Head Occupational Therapist resigned at the end of 1960 and on January 1st 1961, the Assistant Occupational Therapist was appointed to that post leaving her former post vacant. This was filled in April but in August again became vacant, and due to the difficulty in obtaining a qualified assistant, a temporary craft instructor was appointed. A clerk/store-keeper and 2 permanent craft instructors completed the establishment until August when an additional instructor was appointed.

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Mr. Spears records that 493 houses were cleansed and whitewashed inside, and in a crusade against leaking brick sinks he replaced 69 with earthenware sinks. He must have completed his "crusade" for no brick sinks have appeared on our slum clearance reports. It is not possible to say what has happened to the 493 houses in the passing of time, but the common lodging house at Hill Top, which he licensed in 1911 has been demolished.

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grit and dust by the provision of collectors does nothing to improve the resulting castings and the cost must be borne by the weight of metal melted. In the small foundries this on-cost is disproportionate and can only accelerate the closure of the small producers. The collection of grit and dust inside the foundry is also a statutory obligation and another source of pressure. Hitherto, there has been little evidence in West Bromwich of the concentration which is taking place nationally, but the signs are now beginning to appear.

Though a reduction in the number of small cupola furnaces, ill equipped to retain grit and dust within the system, may improve atmospheric conditions concentration of output leading gradually to more cupolas operating with pre-heated air blast, instead of cold blast, may produce a problem of special difficulty though in a limited number of situations.

### **Waste Recovery**

"The waste trader salvages something which, for one reason or another, is no longer required by its original owner, and for which he can see some further use" (Definition '600' magazine).

We are, in a small way, waste traders or salvagers of the domestic "antiques" which litter back yards and open spaces. They may have been products of good or ill design, the work of craftsmen living or long since dead. Perhaps the treasured possession of a favourite Aunt or just the rusty shell of a discarded washing machine. All must be removed by the "bin men" if they come within the term "domestic refuse".

Over 250 tons of metal collected in this way have been raised to new usefulness - half the weight of a new car comes from scrap - yielding useful income to set against the cost of collection. Rubbish and litter in the form of mudwings, burnt out car bodies and stripped chassis is appearing with flock mattresses and other unsightly objects on various open sites. The Public Health Act 1961 includes new provisions to enable such "rubbish" to be collected by the local authority, as the only means of preventing odd corners from developing into dumping grounds. A press, large and powerful enough to convert such metallic wastes into a readily saleable form will in future be an essential part of the equipment of all reasonably sized authorities.

Reading newspapers has become a national characteristic and the weight of these and other papers collected in 1961 exceeded the consumption of the paper and board mills and has since resulted in restriction on the amount which they can accept from us. This is disappointing after a recovery organisation has been developed. It is hoped that the demand for waste paper will quickly return but in the meantime the surplus above our quota can only be treated as refuse and tipped.

At an indication of the present size of the trade in waste paper in 1961 the mills received 1,379,697 tons of waste paper



and used 1,354,272 tons. About one third of their receipts came from local authorities. Receipts represent about one third of the recovery potential and are slightly higher than in 1960. Exports in 1961 were worth just under £2 millions.

### Houses in Multi-occupation

Having no reliable information concerning the amount or the nature of multi-occupation of houses in the borough, a survey and investigation was commenced in March by a public health inspector appointed specifically for the purpose. A total of 184 houses have been inspected and found occupied as follows:—

Indians, Pakistanis and Arabs	77
West Indians	77
Europeans	30
	—
	184
	—

These houses have a total population of 2,136 persons, including 366 children, an average of 11.6 per house.

The problems associated with houses in multiple occupation divide naturally into two parts, those associated with the building, its structure and amenities and those arising from the shortcomings of the occupiers. From observations over the past year, in particular, it seems that the latter aspect is the more difficult of solution. All the houses here enumerated are occupied by "members of more than one family" but the list does not include those houses, believed to be far greater in number, where a married son or daughter is bringing up a family in the home of his or her parents. This is a frequent cause of overcrowding which may lead quickly to squalid living conditions, particularly when it occurs in sub-standard property.

Some form of Registration applicable throughout the town is needed now to reveal the extent of crowding and over crowding and, if possible, prevent multi-occupation in unsuitable houses, for it seems certain that the problem will be intensified in the next few years as the children born in 1945/6 reach marriageable and childbearing age. Provision has been made in the Housing Act 1961, which became operative in November, for a local authority, at any time after 1964, to make and submit to the Minister for confirmation a scheme authorising the compilation of a register of houses let-in-lodgings or occupied by members of more than one family. In the meantime local authorities must make the best use they can of the new legislation amending the Housing Act 1957. This includes powers designed to abolish squalid living conditions by substituting a sufficiency of ameni-



ties appropriate to the number of occupiers of a house. Probably the most helpful powers are those which enable a local authority to prescribe a maximum number of occupiers appropriate to the size of house and the way it is used. Though possibly already overcrowded no new lodgers may be admitted and no departing lodger replaced until the number of people in the house does not exceed the approved number. This may turn out to be a slow process but it has the merit of putting no families out on the street and does not increase the demand for rehousing which is already straining the physical, financial and administrative resources of the borough.

### **Slum Prevention**

Broadly speaking the slum clearance programme is well advanced in so far as we can say that over 2,000 houses have been demolished, over 2,000 have been reported on and await completion of the formalities and about 1,750 have still to be started. Consequently, we have begun to look at the external state of house property throughout the borough with the object of identifying those terraces and streets which ought to be improved if we are to avoid another major slum clearance programme in say, ten years' time. Looking closely at many houses it is very disturbing to see the extensive disrepair which exists and which must be remedied before improvement can be of lasting value. In recent years there has been a great increase in owner occupation and to them has gone most of the improvement grants. Actually, in 1960 in the country as a whole, out of a total of 125,807 grants only 21,877 were for the improvement of privately-owned tenanted dwellings. It is true that some tenants obstruct their landlords' efforts to bring their properties up-to-date because it will result in an increase of rent, but the majority would welcome the provision of baths, hot water and wash-hand basins. The demand for council houses is, in part, based on the desire for such amenities which are universally accepted as necessary in every new house, though they are not included in the standards we must use when judging whether a house is, or is not, fit for habitation. Indeed the standard of to-day is little different from that of 1919. Compulsory and systematic house-to-house improvement by terraces and streets in clearly defined "Improvement Areas" is needed to arrest decay and preserve our stock of well-built, light and airy houses. Without it we shall achieve little more than piecemeal improvement of isolated houses standing as islands surrounded by properties declining for lack of five quite ordinary and everyday amenities, a fixed bath, a wash-hand basin, a supply of hot water, a water closet and a food store.

### **Staff Changes and Promotions**

The following changes suggest that the Midlands area is one huge merry-go-round for those officers inside it with little "new blood" coming in from elsewhere. This is a regrettable



tendency which seems likely to continue until this and other conurbations in the country receive a salary "weighting" similar to the London Area.

D. Briscoe to City of Coventry as Deputy Cleansing Superintendent.

D.A. Spurrier to Borough of Tipton as public health inspector.

C.D. Whitehouse to Borough of Wednesbury as public health inspector.

D.G. Hunt joined us from the City of Birmingham as a replacement for one of these posts.

We thank those who have left us for their endeavours and achievements here, congratulate them on their new appointments and wish them all well. We welcome D.G. Hunt, congratulate him on his marriage and hope that both he and his wife will find pleasure and satisfaction in their service with the Corporation.

### Acknowledgements

My thanks are due to the transport manager and his staff for their success in maintaining this department's fleet of vehicles for refuse removal. I am also pleased to record my appreciation of the help and co-operation received from the Chief Officers and Heads of other departments.

I am Madam Chairman and Gentlemen,

Your obedient Servant,

S. CAYTON

Chief Public Health Inspector  
and Cleansing Superintendent.



## GENERAL HYGIENE

### Description of the Area

West Bromwich, situated in the West Midlands conurbation, lies midway between Birmingham and Wolverhampton, and the A.41 road joins the three towns. The County Borough of Walsall lies to the North and Smethwick to the South. West Bromwich has a population of 95,930 in a total of about 2,500,000 in the West Midlands conurbation. A penny rate produces £5,200. Rateable value and population are growing rapidly from year to year.

### Meteorology

Climatological Station, Dartmouth Park – 543.3 feet above sea level.

1961

Total rainfall 26.66"  
No. of days on which rain fell 161  
Reading of self registering thermometers (taken at 9 a.m. local time)

	Max. in air	Min. in air	Total rainfall	Days on which rain fell
January	41.94	34.42	2.23	16
February	48.86	39.93	2.16	15
March	55.84	41.03	0.24	5
April	57.50	44.07	4.64	20
May	61.65	44.97	0.99	8
June	71.27	50.73	0.74	7
July	68.55	53.32	2.88	11
August	68.68	53.16	2.91	17
September	68.10	52.37	2.05	12
October	57.19	45.65	2.80	19
November	47.10	37.43	2.02	18
December	39.42	31.37	3.00	13
			<hr/> 26.66" <hr/>	<hr/> 161 <hr/>

### Water Supplies

The public water supply is derived from the South Staffordshire Waterworks Company and the City of Birmingham Water Department. The water received is treated and was satisfactory both in quantity and quality during the year. Details of the analyses of water samples will be found later in this report.



## Inspections

The total number of inspections made during the year was 20,149.

The following is a summary of them:—

Inspections – Housing Acts (Slum Clearance, etc.)	3,867
“ Public Health and Housing Acts (Housing Repairs)	3,140
“ Public Health Act (Caravans)	231
“ Food Premises (Including Food Inspection) and Vehicles	1,001
“ Factories Acts	41
“ Prevention of Damage by Pests Acts 1949 (Inspections by Public Health Inspector)	682
“ Theatres and Cinemas	11
“ West Bromwich Corporation Act 1949 (Chiropodists, Hawkers and Hairdressers)	27
“ Rent Act 1957 and Improvement Grants	142
“ Refuse Collection and Disposal and Public Conveniences	387
Re-inspections – Housing	1,891
Meat and Food Inspection – Visits to Slaughterhouses	4,535
Sampling Visits – Food and Drugs, Ice Cream and Fertilisers and Feeding Stuffs	130
“ “ Water	74
Air Hygiene and Factories – Smoke Observations, industrial and general surveys, investigations of industrial and domestic nuisances, deposit gauges and Smoke Control Areas	4,012
Food Poisoning and special Infectious Disease Investigations	248
	<hr/> 20,419 <hr/>

## Complaints Received

763 complaints were received during the year, all of which were investigated and appropriate action taken.

## Notices Served

The number of notices served under the Public Health Act 1936 during the year was 364. Of this number 244 were Informal Notices and 120 were Statutory Notices. The total number of houses concerned was 567. These included 32 notices involving 93 houses served under the West Bromwich Corporation Act, 1949.



A tabulated comparison with notices served during 1960 is as under:—

	1960	1961
Informal notices	305	244
Statutory notices	179	120
Houses in connection therewith	610	475
Notices served under Section 62 of the West Bromwich Corporation Act, 1949	28	32
Houses in connection therewith	40	92

The West Bromwich Corporation Act, 1949, notices referred to are all concerned with defective drainage, and almost invariably the department carried out the work through small contractors. When completed the cost of the work is apportioned amongst the respective owners. During 1961, £282 was expended and recovered in this way.

#### Improvements effected under the Public Health and Housing Acts

As a result of informal action by the local authority under the Public Health and Housing Acts, 218 houses were repaired during the year. In addition defects were remedied in a further 99 houses after the service of formal notices under the Public Health Act.

#### Theatres and Cinemas

There are only five cinemas in the borough, all of which are maintained in a satisfactory condition.

#### Court Proceedings Under the Public Health Act, 1936

Situation of Premises	Nature of Complaint	Section under which proceedings were instituted	Result
No. 152 Beeches Road	Dilapidated house	94	Nuisance Order obtained. Work completed by the owner



# Prevention of Damage by Pests Act, 1949

## Destruction of Rats and Mice

	Local Auth- ority	Dwelling houses including Council houses	All other including business premises	Agri- culti- ural	Total of cols. 1, 2, 3 & 4
Number of properties in Local Authority's district	60	27,391	4,401	8	31,860
Number of properties inspected as a result of					
(a) notification	22	255	30	-	307
(b) survey under the act	-	-	-	-	-
(c) otherwise (e.g. when visited primarily for some other purpose)	-	-	-	-	-
Total inspections carried out including re-inspections	69	610	83	-	762
Number of properties inspected which were found to be infested by					
(a) Rats	10	224	25	-	259
(b) Mice	12	31	5	-	48
Number of infested properties treated by the local authority	22	255	30	-	307

## Rodent Control

Responsibility for the destruction of rats and mice is placed upon the occupiers or owners of land by the Prevention of Damage by Pests Act, 1949. In West Bromwich a pest control service is provided for which no charge is made to domestic premises. Industrial premises are charged on a time and material basis whilst certain of the larger industrial firms having problems of a continuing nature are treated on a yearly contract basis.

Defective drainage systems are the cause of many of the infestations and often requires further work by the public health inspectors. The treatment of rats in the sewers is an essential part of the campaign but during the year under review pressure on the time of the operator prevented such work.



## **Disinfestation**

106 premises – including private houses, school and factory canteens were successfully disinfested by means of liquid or powdered insecticides containing D.D.T. or B.H.C.

We are quite often being consulted with regard to the extermination of insects – including garden pests – but rarely for assistance with bed bugs which are, happily, disappearing.

## **Pharmacy and Poisons Act, 1933, and Pharmacy and Medicines Act, 1941**

The sale of poisonous substances is controlled by the Pharmacy and Poisons Act, 1933, and the Poison List, 1960, and toxic substances are placed either in part 1 of the poisons list or part 11 of the list. Under part 1 are those poisons used, in the main, in the compounding of medicines and control is effected by the fact that they can only be sold by a registered pharmacist. In part 11 of the list are included those poisonous substances which are in common use for purposes other than the treating of human ailments and which it is deemed necessary for the public to have adequate facilities for obtaining. Such substances are ammonia, arsenical substances in the form of agricultural and horticultural insecticides or fungicides, acids, rat poisons, certain disinfectants and hair dyes, caustic soda and caustic potash. When these articles under part 11 are sold by a person who is not a registered pharmacist he must have his name entered upon the list of sellers of part 11 poisons kept by the Council. 59 persons are so registered with the Council for this purpose. Registration is renewable yearly and a fee of 5/- is charged.

## **Rag Flock and Other Filling Materials Act, 1951**

One manufacturer of rag flock is licensed by the Corporation, and ten premises are registered under the Act. The object of the Act is to ensure that rag flock and other filling materials used in the manufacture of bedding, toys, and articles of upholstery, are clean and fit for the purpose. Much of this material is imported, and whilst some is clean and ready for use a large proportion requires de-dusting and washing.

Premises where filling materials are manufactured or stored for distribution must be licensed by the Local Authority, whilst premises requiring to be registered are those which are used in manufacturing bedding, upholstered furniture, cushions and toys.

## **Hairdressers and Barbers**

In West Bromwich hairdressers and barbers have had to be registered with the local authority since the passing of the West Bromwich Corporation Act, 1949. This enables all such establishments to be inspected before commencing business and is a material factor in raising the standards of hygiene although



registration cannot be refused and can only be removed by the court. Byelaws are also in force compelling hygienic practices although, in the main, the enforcement of these is best noticed by the customer. Most of the establishments are beyond reproach but a few give cause for concern.

### Water Sampling

Bacteriological examination was made of 10 samples from the public mains, taken from the sources below:—

Dwellinghouses — South Staffs Waterworks Co.	3
City of Birmingham Water Dept.	3
Parks' drinking fountains — South Staffs Waterworks Co.	1
City of Birmingham Water Dept.	1
Factory — South Staffs Waterworks Co.	1
Government Offices Canteen — South Staffs Waterworks Co.	1

All these samples proved to be satisfactory.

Ten samples of water were taken from the above-mentioned premises for chemical examination. Two—one from the factory and one from the canteen were found to contain excessive metal contents, and in each instance the corroded supply pipes leading from the mains were renewed. The remaining samples were found to be satisfactory.

Details of the chemical analysis of the last sample obtained are as follows:—

Appearance	Bright, few small particles
Ammoniacal Nitrogen	0
Albuminoid Nitrogen	0.007
Chlorine in Chlorides	13.0
Nitrate Nitrogen	Minute Trace
Oxygen absorbed from permanganate at 27°C in 4 hours	0.6
Total solids dried at 100°C	60
Nitrite Nitrogen	Absent
pH	7.0
Free Chlorine	Absent
Radioactivity	Absent



## Swimming Baths

Three samples taken for bacteriological examination from the Gala Baths, one from Gorse Farm Junior School swimming pool, and one from the Children's swimming pool at Shenstone Lodge Special School all proved satisfactory.

## Dartmouth Park Children's Paddling Pool

Two samples were taken for bacteriological examination, one of which—obtained directly after the cleansing of the pool—proved to be satisfactory.

## Pet Animals Act, 1951

Under the provisions of this Act no person may keep a pet shop unless he and the premises are licensed by the Local Authority. The licence is renewable each year and among the factors to be considered in granting a licence in any particular case are the suitability of the accommodation, the arrangements for feeding the animals, the precautions to be taken against the spread of infection and the adequacy of precautions against fire and other emergencies. This necessitates visits by the inspectorial staff in conjunction with the Fire Officer. Not all premises that sell animals are required to be registered as there is an exemption in the case of day-old chicks and where premises are used by an individual for the breeding of pedigree animals. There are at present 7 licences in force within the Borough.



## HOUSING

### New Housing Accommodation

The number and types of houses and flats built by the local authority during the year 1961 is as follows:—

3 bedroom houses	103
4 bedroom houses	8
1 bedroom flats	202
2 bedroom flats	87
	—
	400
	—

The number of houses erected by private enterprise	217
	—
	617
	—

### Housing Acts, 1936–1957—Parts II and III

#### Slum Clearance

The Council's Slum Clearance policy has been vigorously pursued throughout the year. Thirty Clearance Areas involving 739 houses have been represented. 34 Demolition and Closing Orders have been made and 602 houses demolished.

During the year Public Local Inquiries were held in respect of 31 areas comprising 920 houses. Objections were made on the grounds that 232 of these houses were not unfit. Twenty-six of these objections were sustained and five houses were excluded from the Orders for other reasons.

The following tables indicate in detail the progress of the slum clearance programme in the post war period. There has been a marked increase in the number of houses demolished during this year and it is encouraging to see more cleared sites being redeveloped.

The new houses completed during the year and the casual vacancies in existing houses have enabled 456 families to be moved into houses or flats equipped with the amenities to-day considered essential for a reasonable standard of living. Unfortunately, this leaves nearly 300 families waiting another year for relief from shared sinks and water closets somewhere outside, the labour of boiling by panfuls most of the hot water required and the almost complete absence of baths and wash basins. These arrears might be bearable at the end of the slum clearance programme but this is far from being the case. At the end of 1961 there are still 1,780 known unfit houses where no



steps have been taken towards demolition. To this number must be added other families awaiting rehousing from previous years. In total about 3,200 houses are needed to complete the slum clearance programme. This will take about seven more years at the current rate. From all points of view this is too long and house building should be stimulated by all possible means. There can be no slum clearance drive without a house-building drive to match it.

### Clearing the Slums

Summary of Action and Progress in the Post War Period to 31st December, 1961.

Table I  
Clearance Areas

Clearance Areas	Type of order	Date represented	Date of Confirmation	No. of houses	No. of persons to be displaced	Progress to end of 1961	
						No. of houses demolished	No. of persons rehoused by Corporation
Chapel Street Carters Green	C.P.O.	5.9.56	23.8.57	88	254	88	250
Guns Lane No. 1	Clearance Order	22.2.56	19.6.57	15	45	15	26
Guns Lane & King Street No. 1	C.P.O.	22.2.56	1.9.57	102	354	102	284
Guns Lane No. 1	C.P.O.	22.2.56	Excluded by Minister	6	.	.	.
New Street, Hill Top No. 1	C.P.O.	3.7.57	16.1.58	61	187	61	192
Chestnut Avenue High Street No. 1	Clearance Order	3.7.57	13.12.57	24	61	24	61
Roebuck Street No. 1	ditto	4.9.57	3.7.58	10	35	8	34
Roebuck Street No. 2	ditto	4.9.57	4.7.58	10	29	10	29



Clearance Areas	Type of order	Date represented	Date of Confirmation	No. of houses	No. of persons to be displaced	Progress to end of 1961	
						No. of houses demolished	No. of persons rehoused by Corporation
Roebuck Street No. 3	ditto	4.9.57	3.7.58	11	39	11	41
Roebuck Street & Roebuck Lane No. 1	C.P.O.	4.9.57	4.7.58	48	142	48	142
Piercy Street No. 1	ditto	4.12.57	23.6.58	12	32	12	32
Moor Street No. 1	ditto	1.1.58	30.9.58	10	25	10	25
Moor Street No. 2	ditto	1.1.58	29.1.59	31	70	19	70
Ebenezer Street No. 1	ditto	4.6.58	10.2.59	14	49	14	35
Ebenezer Street No. 2	ditto	4.6.58	19.5.59	43	96	41	98
Dial Lane No. 1	ditto	4.6.58	19.5.59	7	24	5	19
Dial Lane No. 2	ditto	4.6.58	19.5.59	3	9	3	9
Dial Lane No. 3	ditto	4.6.58	19.2.59	2	7	-	2
Greets Green Road No. 1	ditto	2.7.58	12.6.59	16	40	16	40
Beale Street No. 1	ditto	2.7.58	6.7.60	58	157	53	131
Hargate Lane No. 1	ditto	2.7.58	6.7.60	15	43	6	39
Hargate Lane No. 2	ditto	2.7.58	6.7.60	2	8	-	5
Dial Lane No. 4	ditto	3.9.58	18.11.59	5	11	-	11
Vicarage Road No. 1	Clearance Order	3.9.58	22.6.59	10	25	10	24
Church Lane No. 1	ditto	3.9.58	22.6.59	7	19	7	19



Clearance Areas	Type of order	Date represented	Date of Confirmation	No. of houses	No. of persons to be displaced	Progress to end of 1961	
						No. of houses demolished	No. of persons rehoused by Corporation
Walsall Street No. 1	C.P.O.	3.9.58	18.11.59	6	18	6	17
Walsall Street No. 2	ditto	3.9.58	18.11.59	6	10	-	6
Peters Street No. 1	ditto	3.9.58	2.6.59	4	11	4	10
Harvills Hawthorne No. 1	ditto	3.9.58	18.11.59	7	18	-	16
Summer Street No. 1	ditto	3.9.58	18.11.59	61	166	59	171
Bull Lane No. 1	Clearance Order	5.11.58	22.5.59	4	13	4	13
Lyng Nos. 1, 2 and 3	C.P.O.	7.1.59	30.8.60	205	590	111	463
Whitehall Road No. 1	ditto	4.2.59	18.5.60	24	58	14	45
Oak Road No. 1	Clearance Order	4.2.59	17.11.59	12	37	2	14
Bowater Street	ditto	4.2.59	16.11.59	14	35	7	26
Spon Lane No. 1	ditto	4.3.59	30.5.60	26	88	5	69
Neal Street No. 1	C.P.O. and Clearance Order	8.4.59	12.4.60	22	63	14	56
Lower Trinity Street No. 1	C.P.O.	8.4.59	22.4.60	51	121	43	105
Hargate Lane Nos. 3, 4 and 5	ditto	8.4.59	6.4.60	12	29	3	16
Hargate Lane and Hollyoak Street No. 1	ditto	8.4.59	12.4.60	12	24	-	28
Sheepwash Lane Nos. 1 and 2	ditto	3.6.59	(1)16.9.60 (2)24.10.60	23	60	-	37



Clearance Areas	Type of order	Date represented	Date of Confirmation	No. of houses	No. of persons to be displaced	Progress to end of 1961	
						No. of houses demolished	No. of persons rehoused by Corporation
Richard Street No. 1	ditto	3.6.59	4.10.60	45	145	1	53
Lyng Nos. 4, 5 and 6	ditto	2.7.59	16.8.60	210	554	82	411
Spon Lane No. 2	ditto	7.10.59	9.6.61	35	132	-	39
Barncroft Street No. 1	ditto	4.11.59	14.7.60	11	37	11	37
Glover Street and Maria Street No. 1	C.P.O. and C.O.	3.2.60)	28.7.61	236	593	-	84
Green Street Nos. 1 and 2		2.3.60)					
Union Street Nos. 1 and 2	C.P.O. and C.O.	2.3.60	2.2.61	21	43	7	16
Oldbury Road No. 1	C.P.O.	2.3.60	7.2.61	21	28	-	18
Lyng Nos. 7, 8 and 9	C.P.O.	6.4.60	21.7.61	77	226	1	33
Lyng Nos. 10, 11, 12, 13, 14, 15 and 16	ditto	5.5.60	12.9.61	186	400	71	212
Lyng Nos. 17, 18, 19 and 20	ditto	1.6.60	28.7.61	55	175	-	9
Dudley Street No. 1	ditto	6.7.60	5.7.61	7	12	-	-
Guns Lane No. 2	Clearance Order	6.7.60	Awaiting Confirmation	6	19	-	-
Hallam Street Nos. 1 and 2 and Lewisham Street No. 1	C.P.O.	5.10.60	21.8.61	57	153	-	-
Jervoise Street and Claypit Lane No. 1	ditto	7.12.60	24.8.61	181	532	-	6
Parsnage Street No. 1 Church Vale No. 1 and All Saints Street No. 1	ditto	1.2.61	Awaiting Confirmation	103	403	-	-



Clearance Areas	Type of order	Date represented	Date of Confirmation	No. of houses	No. of persons to be displaced	Progress to end of 1961	
						No. of houses demolished	No. of persons rehoused by Corporation
Midland Terrace Great Bridge No. 1	ditto	1.12.60	ditto	10	26	-	-
Barton Street No. 1 and Richard Street South Nos. 1 and 2	ditto	5.4.61	ditto	52	174	-	-
John Street, Carters Green No. 1 and Tyndal Street No. 1	ditto	5.7.61	ditto	132	318	-	-
Albert Street Nos. 1 and 2 and Morris Street No. 1	ditto	7.6.61	ditto	39	115	-	-
Lloyd Street Nos. 1 and 2	ditto	5.7.61	ditto	75	196	-	-
Walsall Street Nos. 3 and Reform Street No. 1 and Messenger Lane No. 1	ditto	6.9.61	ditto	97	249	-	-
Whitehall Road No. 2	ditto	6.9.61	ditto	7	16	-	-
Bromford Lane No. 1	ditto	6.9.61	ditto	35	95	-	-
Newton Road No. 1	ditto	6.9.61	ditto	3	6	-	-
Spon Lane Nos. 3 and 4, George Street Nos. 1 and 2 Thomas Street Nos. 1 and 2	C.P.O. and C.O.	4.10.61	ditto	114	357	-	-
Holloway Bank No. 1	C.P.O.	8.11.61	ditto	22	58	-	-
Spon Lane Nos. 5 and 6	ditto	6.12.61	ditto	30	80	-	-
Spon Lane Nos. 7 and 8	ditto	6.12.61	ditto	19	67	-	-



**Table II**  
**(Individual Unfit Houses)**

Year	Houses demolished	Demolition Orders made	Closing Orders made	Undertakings given under Section II of the Housing Act, 1936, and Section 16 of the Housing Act, 1957
1947	9	10	-	-
1948	16	39	-	-
1949	31	73	10	-
1950	53	51	-	-
1951	92	44	1	-
1952	55	64	-	-
1953	82	79	-	-
1954	10	58	4	23
1955	63	54	7	-
1956	120	86	10	26
1957	128	130	1	3
1958	147	171	57	3
1959	129	110	12	13
1960	211	33	7	-
1961	58	30	4	-
<b>Total</b>	<b>1,204</b>	<b>1,032</b>	<b>113</b>	<b>68</b>

The difference between the number of demolitions compared with the number of Orders made is accounted for by vacant houses not demolished in previous years.

**Table III**  
**Demolition of Houses**

The total number of houses demolished during the year was as under:—

Houses in Clearance Areas	544
Houses subject to Demolition Orders	58
	<hr/>
	602
	<hr/>



## Rent Act, 1957

Four applications only for certificates of disrepair were received during the year. The initial applications immediately following the permitted increase of rents dwindled from 142 in the 5 months of 1957, to 202 in 1958, 20 in 1959 and only 5 in 1960.

The Act has now been in operation since July 6th 1957. Its intention to promote a substantial improvement in the living standards of tenanted houses by permitting increased rents does not appear to have been achieved. Admittedly much repair work has been carried out by the owners to make the better type of houses better, but of the 5,000 or more houses that could have benefited from the disrepair provisions it is believed that the majority of tenants have paid the increased rents without benefit and that it is only too obvious that most owners have not taken steps to prevent or arrest the deterioration that brings these houses within the unfit category.

## Improvement Grants

The technical and administrative work in connection with the making of improvement grants is carried out by the Borough Surveyor and Town Clerk and the following information was supplied by them.

Applications received	90
Applications approved:—	
Owner/occupier – Standard Grant	37
– Discretionary Grant	32
Tenanted houses – Standard Grant	4
– Discretionary Grant	8
Applications refused	9

Disappointment with the response to the Standard and Discretionary Grant Scheme has prompted the Council to authorise the Hygiene and Cleansing Committee to seek suitable houses for improvement and having done so put them on public exhibition. This will be done as soon as one or two houses of the right type and situation can be acquired. In the meantime, property owners are being encouraged to consult the department with their proposals before submitting formal schemes for Byelaw and Planning Approval. This procedure can prevent expense on abortive schemes for the improvement of property with only a brief "life" and on some occasions produce better and more advantageous improvements. Indeed, there are times when the Discretionary Grant could be applied to secure more extensive reconstruction than is generally the case.



As in previous years only a small proportion of the grants paid was in respect of tenanted properties which are the ones most in need of improvement. Whilst every opportunity is being taken to acquaint owners with the terms of the grant and the assistance which is available to them the response continues to be slow. The high cost of land and new houses compels us to seek to improve rather than demolish one house more than is necessary but progress is so slow and the work so urgent for the needs of a growing population and an increasing number of family units that some form of compulsory powers seems inevitable. The systematic street to street conversion of ashpits and pail closets which took place in former years is a precedent for the installation of baths, hot water, wash basins, water-closets or food stores. Only by such means will it be possible to completely improve rows of houses rather than isolated ones which does little to uplift the condition of a terrace otherwise descending into decay and disrepair from where it cannot be reconditioned and restored at reasonable cost.

During the year there does appear to have been an increase in the number of complaints about industrial fumes, and as the following table indicates, some progress was made in this field. Two important factors in the resolution of this problem are of course fume treatment and "clipped" through chimneys, but the definition of the expression "vaccinable means" may not always enable this to be done.

Investigations regarding various industrial nuisances and smoke emissions were investigated and the following table gives the summary of action taken:

Cool	Nil	
Coke	2 (3)	Nil
Electricity	Nil	Nil
Gas	Nil	2 (2)
Oil	6 (7)	8 (10)
	8 (10)	10 (12)

The number of furnaces is given in brackets.



## AIR AND FACTORY HYGIENE

### Abatement of Atmospheric Pollution

#### Legislation

No legislation on this subject was introduced during the year, but two circulars were issued by the Ministry of Housing and Local Government giving guidance to local authorities engaged in establishing Smoke Control Areas with respect to the selection of open fires for coke-burning, and electrical ignition of solid fuel fires. Circular 28/61 requires that inset fires installed in smoke control areas with the aid of grant shall have 5/8" air spaces between the bars, other appliances having the widest spaced bar available; the terms of Circular 31/61 bring smokeless ignition by electrical means into line with gas ignition, provided that works are required and that the electric firelighter is included in the List of Recommended Domestic Electrical Appliances issued by the Electrical Development Association.

#### Industrial Smoke and Nuisances

Some further improvement in smoke emissions and the emission of grit and dust from foundries was noted during the year, and it is pleasing to note a reduction in the number of furnaces hand-fired with bituminous coal. There is still a tendency however to expect mechanical stokers to operate continuously with less than the required degree of attention which is often a reason for excessive smoke emission. Grit and dust from foundry cupolas is still being dealt with though temporarily slowed up because of trade re-organisation.

During the year there does appear to have been an increase in the number of complaints about industrial fume, and as the following table indicates, some progress was made in this field. Two important factors in the resolution of this problem are of course fume treatment and dispersal through high chimneys, but the definition of the expression "practicable means" may not always enable this to be done.

Complaints concerning various industrial nuisances and smoke emissions were investigated, and the following table gives a summary of action taken:—



Premises	Offence/Nuisance	Action taken
Iron Foundry	Fumes from hot-blast cupola	Complainants advised
Iron Foundry	Dust from shot-blast	Filters repaired
Metal furniture manufacturer	Fumes from drying oven	Chimneys raised
Garage	Smoke and smuts	Advice given
Factory	Fume from drying oven	Chimneys raised
Factory	Dark smoke from boiler plant	Advice given
Private tip	Smoke from tip fires	Warning given
Heat Treatment Works	Noise and fume from oven charger	Water spray fitted: and chimney raised
Gas Works	Dust from Iron Oxide Plant	Technique modified
Mineral Water Factory	Smoke Nuisance	Chimney raised: Fuel changed
Cooperage	Noise and fume	Advice given
Scrap Merchant	Dark smoke from incinerator	Warning given
Tube Factory	Dark smoke from boiler plant	Warning given
Ice Cream Factory	Dark smoke from boiler plant	Warning given
Galvanisers	Fume	Advice given
Printing Works	Fume and smoke nuisance	Advice given
Iron and Steel Works	Dark smoke from boiler plant	Warning given
Aldehyde Works	Dark smoke from boiler plant	Plant replaced
Steel Work Constructors	Zinc dust nuisance	Abated
Iron Foundry	Grit and dust from cupolas	Wet arrester advised

### Grit and Dust from Cupolas

#### Iron Foundry Cupolas – Cold Blast

Position at end of 1961

Total number of cupolas in use	46
Number where arresters not yet fitted	11
Number where dry arresters fitted	17
Number where wet arresters fitted	18

#### New Furnaces

Notifications of intention to install new furnaces and applications for prior approval during 1961 numbered 18 covering 22 furnaces, and are tabulated below:—

	Notifications	Prior Approval
Coal	Nil	Nil
Coke	2 (3)	Nil
Electricity	Nil	Nil
Gas	Nil	2 (2)
Oil	6 (7)	8 (10)
	<u>8 (10)</u>	<u>10 (12)</u>

The number of furnaces is given in brackets.



## New Chimneys

Rapidly expanding industrial areas create in themselves an ever-increasing emission to the atmosphere of a wide variety of products – some pleasant, some nauseating – and others likely to be injurious to health. In all cases, however, it is necessary that the emission should be discharged at a level to ensure dispersion without causing nuisance or an abnormal building up of products at ground level.

The control of chimney height under the Clean Air Act refers mainly to buildings of the industrial and commercial type other than shops and offices, where plans submitted to the Council under the Building Byelaws show that it is proposed to erect a chimney. In practice when new furnaces are notified to the Council, a special form is completed upon which relevant chimney details are required, and should the proposed height be considered insufficient, the matter is taken up with the Architect, and agreement is usually reached. Since January 1957 about 80 new chimneys have been erected in the Borough, and it was necessary to secure an increase in height in some 20% of these cases. Large furnaces may be installed in low buildings and small furnaces in high buildings, thus creating a difference between the practical public health aspect of chimney height and the aesthetic. It is well known that chimneys are preferably hidden.

The Beaver Report made recommendations for chimney heights based on ground level concentrations of flue gases, e.g. sulphur dioxide, further modified to avoid downwash and downdraught, and various authorities have produced formulae and charts for the guidance of all concerned. For plants of 5,000 lbs. per hour and over there is a broad agreement but below this figure recommendations differ. In practice, however, with this smaller plant, and incidentally some 90% of furnaces installed since 1957 mentioned above, the all important factor that had to be considered was the position of the chimney in relation to surrounding buildings.

It is understood that a Working Party of the Department of Scientific and Industrial Research has submitted a report to the Ministry on the subject so we hope that there will be an official code of practice issued in the near future.

## Domestic Smoke Control

The Council's policy on smoke control has continued and it is now hoped to complete a programme for the whole town by the end of 1980. Two Orders, numbers 5 and 6, came into operation on 1st July; two Orders numbers 7 and 9 were confirmed by the Ministry during September, and one further Order, number 8 was about to be made by the Council by the end of the year. The position on 31st December, 1961, was as follows:—



Area	Acreage	Description	Properties	Position at 31st December, 1961
1	25	Town Centre	191 Dwellings 58 Others	Operative 1.11.1958
2	37	New Corporation Estate	325 Dwellings 4 Others	Operative 1.10.1959
3	8	New Private Estate	56 Dwellings	Operative 1.10.1959
4	14	New and Existing Private Estate	85 Dwellings 1 Other	Operative 1.11.1959
5	37	Town Centre Extension	253 Dwellings 74 Others	Operative 1.7.61
6	50	Town Centre Extension	647 Dwellings 30 Others	Operative 1.7.1961
7	90	New Private Estate and Existing Houses	562 Dwellings 4 Others	Confirmed by Ministry (op. 1.7.1962)
8	126	Town Centre Extension	1625 Dwellings 49 Others	Submitted to Council
9	5	New Corporation Estate	54 Dwellings 1 Other	Confirmed Ministry (op. 1.7.1962)
10	860	Mainly Residential	2246 Dwellings 51 Others	In active preparation

### Clean Air Council

Two meetings of the West Bromwich Clean Air Council were held during the year. The first of these was the Annual General Meeting held on 17th April, 1961, when reports were presented by the Honorary Secretary – Mr. J.G. Kelly – on behalf of the Executive Committee, and by the Chief Public Health Inspector – Mr. S. Cayton – on "Air Pollution in West Bromwich during 1960". The Officers of the Council were re-elected for the ensuing year 1961/62, the chair being occupied by Mr. E.P. Kenrick, West Bromwich and Smethwick District Manufacturers' Association, with Councillor F.G. Phillips, Vice-Chairman. An illustrated talk was then given on the subject "Oil Fuel and Domestic Heating" by Mr. G.C. de L. Gaillard, Shell Mex and B.P. Ltd.

The second meeting although intended to take place in December was actually held on Wednesday, 2nd January, 1962, and took the form of a talk given by Dr. S.R. Craxford, M.A., D.Phil., of the Department of Scientific and Industrial Research, on the subject "Measurement of Atmospheric Pollution in the United Kingdom and Europe".



## Measurement of Atmospheric Pollution

In the Annual Report for 1960 mention was made of recent researches into the measurement of Smoke and Sulphur Dioxide by the Department of Scientific and Industrial Research and the conclusions reached cast doubt upon the usefulness of the standard Deposit Gauge and Lead Peroxide Instrument in giving a national picture of pollution trends. It was decided that a National Survey be undertaken in which one hundred local authorities should take part, and where the Daily Smoke Filter and Volumetric Sulphur Dioxide apparatus would be used at selected sites approved by the D.S.I.R. West Bromwich was chosen and five sites were approved where it was hoped that daily recordings would commence as early as possible in 1962. The sites were classified as follows:— (a) Smoke Control Area (b) High Residential Density (c) Low Residential Density (d) Commercial and (e) Industrial.

The Department wishes to acknowledge the assistance given by the Welfare Committee, the West Bromwich and District Hospital Management Committee, the Chief Constable of Staffordshire and Messrs. Delta Diecastings Limited, Greets Green, to enable instruments to be sited on premises used by them, and to Delta Diecastings Limited for offering to take daily recordings on our behalf.

The five standard Deposit Gauges and ten lead peroxide instruments were used during the year and withdrawn on 31st December. The results are tabulated below. It will be noted that Deposit Gauge results were not available for certain months and the chief cause was damage due probably to vandalism.

### Deposit Gauges

Month	Highfields	Geo. Salter School	M.E.B.	Heath Lane Hospital	Copper & Alloys Ltd.
January	12.65	16.48	26.04	15.83	32.31
February	17.34	20.65	30.43	18.11	31.70
March	18.58	15.71	51.86	40.00	-
April	-	15.02	29.97	29.33	23.90
May	8.61	11.31	17.15	-	18.13
June	-	17.16	25.48	6.03	-
July	10.30	8.52	22.19	17.46	16.90
August	14.15	4.95	18.00	14.27	-
September	7.06	33.70	21.85	17.09	-
October	14.14	13.25	15.35	12.22	41.11
November	13.42	18.23	20.15	16.00	-
December	15.47	-	-	15.24	21.86
TOTAL	131.72	144.98	278.47	201.58	185.91



## Monthly Averages

	Highfields	Geo. Salter School	M.E.B.	Heath Lane Hospital	Copper & Alloys Ltd.
1949	.	20.09	24.80	16.37	.
1950	.	20.23	23.83	15.36	.
1951	.	20.84	22.69	16.15	.
1952	.	22.12	15.91	13.82	.
1953	16.07	15.43	18.83	14.42	.
1954	22.97	26.39	24.70	18.54	.
1955	18.50	18.59	16.70	14.65	.
1956	14.91	15.64	20.77	10.39	.
1957	9.07	15.33	13.93	10.40	.
1958	14.55	15.36	20.75	12.91	23.13
1959	14.26	15.43	19.78	16.89	43.83
1960	14.84	17.36	24.04	17.53	27.74
1961	13.17	13.18	25.31	18.32	26.56

The above gauges have been in operation for thirteen years and the average readings for the whole of the Borough during that period are as follows, expressed in tons per square mile per month:—

1949	20.56	1953	16.19	1957	12.18
1950	19.80	1954	23.15	1958	16.31
1951	20.01	1955	17.11	1959	21.67
1952	18.52	1956	15.43	1960	20.30
				1961	19.31

### Lead Peroxide Instruments

The results for the ten lead peroxide instruments are tabulated below, the weight of sulphur trioxide collected being expressed in milligrams per 100 square centimetres per day.

To compare the amount of sulphur dioxide collected with that deduced from the volumetric apparatus it is suggested that the amounts given be multiplied by 71.5.

Month	Highfields	Geo. Salter School	M.E.B.	Hill Top	Heath Lane	Roy Hall	Red House Park	Kenrick Park	Dartmouth Park	Copper & Alloys
January	2.55	2.76	3.99	.	3.28	2.17	2.11	2.97	3.36	2.88
February	1.49	1.76	3.06	1.80	4.20	1.37	1.30	3.37	2.70	2.26
March	1.59	1.99	3.08	1.65	2.64	1.12	1.56	3.04	2.78	1.65
April	1.17	1.33	2.01	1.19	1.70	0.96	0.83	1.63	1.61	1.50
May	0.99	1.61	1.46	0.75	1.16	0.77	0.94	1.36	1.32	1.35
June	0.77	1.38	1.73	0.86	1.17	0.88	0.81	1.36	1.25	0.99
July	0.45	0.90	1.12	0.49	0.65	0.33	0.42	0.88	0.79	0.64
August	0.82	0.58	0.91	0.49	0.95	0.45	1.10	1.43	0.97	0.60
September	0.62	1.05	1.75	0.87	1.45	0.63	0.63	1.25	1.31	0.99
October	1.23	1.56	2.27	1.19	1.94	1.25	0.97	2.21	1.55	1.46
November	2.09	2.14	3.03	1.34	2.73	1.49	1.58	3.07	2.55	2.10
December	2.77	3.71	4.57	2.68	3.77	2.32	2.82	4.95	3.86	3.75



Monthly Average	Highfields	Geo. Salter School	M.E.B.	Hill Top	Heath Lane	Ray Hall	Red House Park	Kenrick Park	Dartmouth Park	Copper & Alloys
1949	.	1.82	2.10	.	1.87	1.49	1.20	2.51	.	.
1950	.	1.86	2.12	.	2.09	1.52	1.22	2.39	.	.
1951	.	1.80	1.83	.	1.93	1.45	1.14	2.46	.	.
1952	.	1.64	1.87	.	1.84	1.34	1.11	2.23	.	.
1953	1.57	1.57	2.08	.	1.99	1.35	1.14	2.47	.	.
1954	1.73	1.62	2.31	1.20	1.94	1.28	1.17	2.75	1.97	.
1955	1.76	1.88	2.32	1.45	1.85	1.46	1.33	2.44	2.16	.
1956	1.40	2.08	2.60	1.60	2.03	1.52	1.20	2.85	2.43	.
1957	2.56	1.75	2.58	1.24	1.91	1.33	1.17	2.76	2.09	.
1958	1.53	1.66	3.39	1.53	2.05	1.51	1.20	2.35	2.22	2.57
1959	1.55	1.85	2.69	1.47	2.10	1.89	1.18	2.66	1.99	1.88
1960	1.59	1.85	2.53	1.45	2.03	1.56	1.48	2.57	2.65	2.24
1961	1.38	1.73	2.41	1.33	2.14	1.15	1.25	2.29	2.00	1.68

The average for successive years for the whole of the Borough was as follows:—

1949	1.84	1953	1.72	1957	1.45
1950	1.86	1954	1.77	1958	1.86
1951	1.73	1955	1.85	1959	1.95
1952	1.63	1956	1.97	1960	2.00
				1961	1.73

**Note:** Copper & Alloys Limited changed their name to Delta Diecastings towards the end of the year.

### Daily Smoke Filter and Volumetric Apparatus

This apparatus is situated in the Public Health Department, 2 Lodge Road and has been in continual use since January, 1958. Four additional instruments are expected to be brought into use early in 1962 as indicated earlier in this Report. Readings are taken daily — Mondays to Fridays — at 10.30 a.m., and at weekends the apparatus is left running from Saturday to Monday when the readings are appropriately adjusted. The concentration of smoke and sulphur dioxide is now given in microgrammes per cubic metre of air so the previous years' averages have been converted to this method so that a direct comparison can be made.



The daily average per month for 1961 was as follows:—

Concentration in microgrammes per cubic metre

Month	SMOKE			SULPHUR DIOXIDE		
	Average	Max.	Min.	Average	Max.	Min.
January	240	450	120	295.3	491.2	199.3
February	180	450	40	244.2	565.2	90.9
March	168	320	70	275.5	621.9	127.7
April	143	430	50	199.6	519.8	76.7
May	85	200	40	151.4	370.0	90.0
June	52	100	10	107.7	302.0	38.0
July	56	100	10	94.8	153.0	56.0
August	41	90	10	85.7	212.0	41.0
September	97	180	30	131.5	251.7	68.6
October	107	335	18	141.2	286.0	34.6
November	243	496	68	283.0	525.0	72.0
December	334	1364	84	495.0	1976.0	144.0

Average figures with the maximum and minimum for Summer and Winter are given below:—

Period	SMOKE			SULPHUR DIOXIDE		
	Average	Max.	Min.	Average	Max.	Min.
Jan. — Mar.	196	450	40	271.6	621.9	127.7
Apr. — Sept.	79	430	10	128.4	519.8	38.0
Oct. — Dec.	228	1364	18	306.4	1976.0	34.6

#### Annual Averages (Per Day)

Year	Smoke	Sulphur Dioxide
1958	236	227.4
1959	193	225.9
1960	170	224.0
1961	145	208.7

The area in which the apparatus is sited became an operative Smoke Control Area on 1st November, 1958.

#### Wind Frequency — Number of Days (at 10.30 a.m.)

Quarter	Var./Calm	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
Jan. — Mar.	-	3	9	7	9	11	26	18	7
Apr. — Jun.	3	3	6	13	9	10	14	19	14
Jul. — Sept.	-	5	3	5	7	6	22	24	19
Oct. — Dec.	-	1	7	4	15	7	18	12	7



**Alkali etc. Works Regulations Act, 1906**  
**Clean Air Act, 1956, Section 17.**  
**The Alkali, etc. Works Order, 1958.**

The number and type of works in the Borough for which the Alkali etc. Works Inspectorate is responsible is as follows:—

Chemical Manufacturers	2
Aluminium Works	3
Copper Works	3
Gas and Coke Works	2
Brickworks	1
Tar Works	2
Iron and Steel Works	4
	—
	17
	—

**Legal Proceedings**

No legal proceedings were instituted during the year.

Period	SMOKE			SULPHUR DIOXIDE		
	Average	Max.	Min.	Average	Max.	Min.
Jan. - Mar.	196	420	40	271.6	621.9	127.7
Apr. - Sep.	179	420	101	1138.4	619.8	339.0
Oct. - Dec.	228	1244	118	1204	1920.0	348

Quarter	Wind Frequency - Number of Days (at 10.30 a.m.)						
	Var.	Coln.	N.	N.E.	E.	S.E.	S.
Jan. - Mar.	-	3	9	7	9	11	28
Apr. - Jun.	3	3	6	13	9	10	14
Jul. - Sept.	-	5	3	5	7	6	22
Oct. - Dec.	-	1	7	4	12	7	18



# Factories Act, 1961

Factories, Factories (no mechanical power) and Workplaces.

1. Inspections for purposes of provisions as to health, made by the Public Health Inspector.

	Number on Register	Number of Inspections	Number of written notices	Number of occupiers prosecuted
1. Factories in which Sections 1,2,3,4 and 6 are to be enforced by local authority	1	-	-	-
2. Factories not included in (1) to which Section 7 applies	454	41	6	-
3. Other premises under the Act (excluding out-workers premises)	8	6	-	-
<b>TOTAL</b>	<b>463</b>	<b>47</b>	<b>6</b>	<b>-</b>

2. Cases in which defects were found.

Contravention	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector
Want of cleanliness (S.1)	-	-	-	-
Sanitary Conveniences (S.7)				
(a) Insufficient	-	1	-	1
(b) Unsuitable or defective	5	4	-	2
(c) Not separate for sexes	-	-	-	-
Other offences	-	-	-	-
<b>TOTAL</b>	<b>5</b>	<b>5</b>	<b>-</b>	<b>3</b>



## FOOD HYGIENE AND CONTROL

We must again report a large increase in the number of animals killed and inspected in the slaughterhouses of the Borough. Again, however, a 100% meat inspection service was maintained although the increased kill necessitated the appointment of a meat detention officer to assist the specialist meat inspectors. The hygiene of the smaller shops and premises continued to be the responsibility of the district inspectors.

### Food Hygiene

The routine inspection of food premises is essential if the highest standards of hygiene are to be observed and over 1,000 such visits were made in the course of the year. With a total of 1,296 food premises in the Borough it is obvious however, that this section of the work needs to be increased considerably before we can feel reasonably satisfied.

The department continues to receive the support of members of the public who brought various complaints to our notice, sometimes with respect to food itself and sometimes with respect to the premises from which it was sold. A thorough investigation is always made although the circumstances do not warrant prosecution in every case. Even so, such complaints are of great help to the department in enabling the inspectors to decide where their limited time can be used to best advantage. During the year one such case was considered by the Committee to warrant the strongest action and a local shop was prosecuted under Section 8 of the Food and Drugs Act, 1955, for selling part of a cooked chicken which was mouldy and unfit for human consumption. This resulted in a fine being imposed. Numerous other cases were investigated and action taken to avoid a repetition of the incident.

In one or two cases complaint was made to the department after the customer had approached the shop and failed to receive satisfaction. Particular care is taken to see whether the complaint is justified or whether the department is merely being used as a means of "revenge". It is not unknown for certain persons to deliberately contaminate food with foreign objects in an endeavour to extort money from the manufacturer.

Food hawkers operating in the district increased from 15 to 16. Control of such vehicles is effected by registration under the West Bromwich Corporation Act, 1949, but with everything from fried fish to ice-cream being made on vehicles it seems that a more general control should be instituted.

As the installation of the deep-freeze cabinet has become almost universal the number of premises selling ice-cream continues to increase and 330 premises are now registered for the sale or manufacture of ice-cream.



The table below gives a summary of the food premises with which the department is concerned.

Sausage manufacturers	10
Cooked meats, pie etc., manufacturers	15
Ice-cream manufacturers	5
Pickle manufacturer	1
Fish Friers	94
Ice-cream retailers	330
Slaughterhouses (including bacon factories)	4
Butchers' shops	77
Grocer's shops	115
Greengrocers' shops	65
Confectioners (including sugar confectioners)	80
Fishmongers	14
Cafes, restaurants, etc.	64
Licensed houses	159
Outdoor beer licenses	43
Sugar Confectionery manufacturers	2
Bakehouses	17
Ice-lolly manufacturers	2
Aerated water manufacturers	6
Brewers and bottlers of beer	2
Wholesale grocers and provision warehouses	6
General dealers	184
Synthetic cream manufacturer	1
	<hr/>
	1,296

### Food Control

Routine sampling of a variety of foods was carried out during the year and a total of 282 such samples were taken during 1961.

Samples are taken for two reasons, firstly to ensure that food when sold is fit for human consumption. It is possible that food may deteriorate in the hands of the shopkeeper after it has left the manufacturer or may even be sent out by the manufacturer in an unfit condition. Secondly, samples are taken to ensure that the food complies with the various rules and regulations relating to composition and marking that are imposed upon manufacturers. Misleading claims may be made for a particular commodity or it may contain a substance which the regulations prohibit in that particular food. It may even be that the shopkeeper has omitted to display a declaration giving notice to the public of some constituent of the food.



Samples may be taken by one of two methods. The sample may be a formal one where the inspector has a fixed legal procedure to follow or it may be informal. All the samples taken by the department were of the informal type where the inspector purchases the samples as an ordinary shopper and submits them directly to the analyst without any legal procedure.

The results of the analyses of these samples is given below.

	Samples Analysed	Satisfactory	Unsatisfactory
1st Quarter	170	152	18
2nd Quarter	38	35	3
3rd Quarter	38	34	4
4th Quarter	36	34	2
Total	282	255	27

The percentage of unsatisfactory samples was 9.57% compared with 3.7% in 1960. The following table summarises the adulterated or unsatisfactory samples of food and drugs enumerated above:—

Article	Nature or Extent of Adulteration	Remarks
Pork Sausage Sample No. 74	Contained 250 p.p.m. Sulphur dioxide not declared	Warning given
Beef Sausage Sample No. 75	Contained 210 p.p.m. Sulphur dioxide not declared	ditto
Pork Sausage Sample No. 78	Contained 307 p.p.m. Sulphur dioxide not declared	ditto
Pork Sausage Sample No. 80	Contained 358 p.p.m. Sulphur dioxide not declared	ditto
Pork Sausage Sample No. 82	Contained 130 p.p.m. Sulphur dioxide not declared	ditto
Pork Sausage Sample No. 84	Contained 280 p.p.m. Sulphur dioxide not declared	ditto
Pork Sausage Sample No. 86	Contained 310 p.p.m. Sulphur dioxide not declared	ditto
Pork Sausage Sample No. 87	Contained 330 p.p.m. Sulphur dioxide not declared	ditto
Multiple Vitamin Tablets Sample No. 151	Unsatisfactory label. Vitamins B, B2 and C insufficient to provide daily requirements as claimed	Formula amended by firm in question



Article	Nature or Extent of Adulteration	Remarks
Pork Sausage Sample No. 156	Contained 26% of lean meat and 42% of fat. Fat equals 62% of total meat instead of recommended maximum of 50%	Due to insufficient mixing. Later sample satisfactory after warning firm
Pork Sausage Sample No. 159	Contained 160 p.p.m. sulphur dioxide not declared	Warning given
Tapioca Sample No. 160	Contained two small beetles	Warning given
Mixed Dried Fruit Sample No. 164	Contained 19 insect parts, 3 mites, and 1 rodent hair per 100 grammes	Warning given and authority in packers' area notified
Pork Sausage Sample No. 173	Contained 86 p.p.m. sulphur dioxide not declared	Warning given
Potted Meat Sample No. 209	Contained only 80% meat	Product withdrawn from sale
Cough and Cold Mixture Sample No. 212	No justification for claim "with added glucose to build your energy"	Firm modified wording on label
Beef Suet Sample No. 240	Sample was rancid	Shopkeeper warned
Hot Chille Pickle Sample No. 248	Unsatisfactory label. Should have list of ingredients and name and address of packer or labeller	Satisfactory label agreed with firm in question
Hot Mango Pickle Sample No. 249	ditto	ditto
Creme Mocha Rum Sample No. 256	Unsatisfactory label. Rum should be qualified by word "flavoured"	Firm modified description of product
Creme Coffee and Brandy Sample No. 284	Unsatisfactory label. Illustration unjustified	ditto
Creme Advocaat Sample No. 285	ditto	ditto
Currants Sample No. 292	Contained mites and insect parts	Shopkeeper warned
Cooked Chicken Sample No. 300	Contained mould growth and spores	Proceedings instituted. Firm fined
Evaporated Milk Sample No. 341	Declaration on label not in prescribed form	Product withdrawn from sale
Glace Angelica Sample No. 356	No list of ingredients given	ditto



Although the percentage of unsatisfactory samples is greater than in 1960 it is mainly as a result of the samples of sausage which contained preservatives and which were sold without the requisite notice being exhibited. There were three cases of dried fruit being infested with insects and 8 cases where the label was considered unsatisfactory in that it did not comply with the relevant legislation or was so framed as to be capable of misleading the public. The sample of unfit chicken has already been commented upon.

### Meat and Food Inspection

The Slaughterhouse Regulations came into force in the Borough on July 1st following the report to the Minister in accordance with the Slaughterhouses Act, 1958. Two slaughterhouses carried out extensive alterations to their existing premises, one owner rebuilt his slaughterhouse completely and three of the smaller slaughtering butchers combined to form a new company and built a new slaughterhouse on land leased to them by the Council. The effect of this was to ensure that all animals were killed under the most hygienic and humane conditions and a secondary effect was that the slaughtering figures increased considerably as the various owners sought to recoup the considerable expenditure that they had incurred in connection with the premises. Cattle killing increased by over 145%, calves by 76%, sheep by 152%, and pigs by 18%. This increased killing necessitated the appointment of an authorised officer for meat detention to assist the specialist meat inspectors. Even so, the the unrestricted hours of slaughtering and the adoption of a five-day week by the Council from the 1st January made the working of a large amount of overtime necessary, one inspector commencing duty regularly before 7 a.m. each day.

The total weight of meat condemned fell from 35 tons down to 29 tons with a marked decrease in the amount of meat condemned for tuberculosis from 20,886 lbs. to 6,083 lbs.

### Carcases Inspected and Surrendered

	Cattle Excluding Cows	Cows	Calves	Sheep	Pigs
Number killed	7857	363	1819	56037	76446
Number inspected	7857	363	1819	56037	76446
ALL DISEASES EXCEPT TUBERCULOSIS					
Whole carcasses surrendered	1	5	17	149	228



	Cattle excluding Cows	cows	Calves	Sheep	Pigs
Carcases of which some part or organ was surrendered	1960	198	6	5898	535
Percentage of the number inspected affected with disease other than tuberculosis	0.25	55.92	1.26	10.79	36.31
<b>TUBERCULOSIS ONLY</b>					
Whole carcasses surrendered	1	-	-	-	3
Carcases of which some part or organ was surrendered	23	-	-	-	1272
Percentage of the number inspected affected with tuberculosis	0.31	-	-	-	1.66
<b>CYSTICERCUS BOVIS</b>					
Whole carcasses surrendered	-	-	-	-	-
Carcases subject to refrigeration	7	-	-	-	-
Percentage affected	.001	-	-	-	-

#### Percentage of Food Animals Affected with Tuberculosis

	1957	1958	1959	1960	1961
Cattle (excluding cows)	2.18	2.27	0.48	0.35	0.31
Cows	13.73	15.5	6.11	1.87	-
Calves	-	-	-	-	-
Pigs	2.41	2.73	2.82	2.77	1.66

#### Summary of Carcasses Inspected

	1957	1958	1959	1960	1961
Cattle (excluding cows)	2,424	2,634	3,100	3,120	7,857
Cows	51	71	229	213	363
Calves	101	47	483	1,034	1,819
Sheep	10,744	10,030	20,122	22,170	56,037
Pigs	59,342	62,489	63,899	64,707	76,446



# The Analysis of Diseases and Conditions found upon Post-Mortem examination in Slaughterhouses.

Weight in lbs.

Abscesses and Septic Wounds	5,041
Actinomycosis	797
Arthritis	159
Bruising and Injuries	2,215
Cirrhosis	3,614
Congestion	2,379
Cysticercus bovis	164
Echinococcus Cysts	7,299
Erysipelas, Acute, Swine	491
Fascioliasis	9,291
Fatty Change	66
Hydronephrosis	108
Inflammation of serous and mucous membranes	8,766
Moribund	1,174
Oedema and Emaciation	4,039
Parasitic	2,195
Pneumonia	4,110
Pyæmia	412
Septicaemia	3,824
Septic Pleurisy and Peritonitis	699
Telangiectasis	495
Tuberculosis	6,083
Other diseases	1,865
	<hr/>
	65,286
	<hr/>

## Total weight surrendered:

	Tons	Cwts	Qrs	Lbs
1961 total	29	2	3	18
1960 total	35	7	1	14
1959 total	29	7	3	2
1958 total	24	12	1	3
1957 total	22	18	2	0

Analysis of Foods examined in premises other than slaughterhouses and found to be unfit for human consumption.

	Tons	Cwts	Qrs	Lbs
<b>TINNED GOODS</b>				
Meat	4	0	0	11
Fish		2	0	24
Vegetables		4	1	14
Fruit		5	2	10
Miscellaneous		3	2	5



	Tons	Cwts	Qrs	Lbs
MEAT		5	3	17
OTHER FOODS				
Cheese			3	17
Miscellaneous		6	1	24
Total weight surrendered in 1961	5	9	0	10
Total weight surrendered in 1960	4	12	3	2

### Method of Disposal of Condemned Food

All meat condemned by the food inspectors is stained in accordance with the Ministry's recommendation, at the source, and disposed of by the individual butchers concerned to approved collectors.

Other foods, such as tinned goods, etc., are destroyed at our Black Lake refuse and salvage depot.

### Slaughter of Animals Act 1958

There are 39 slaughtermen licensed by the Council under the provisions of the above Act. These men are actively engaged in slaughtering in slaughterhouses within the Borough.

The number of the licensed slaughtermen varies little from year to year but the personnel changes considerably. It is the practice of the specialist inspectors to observe the technical ability of both new applicants and young trainee slaughtermen in order to assess their suitability as "fit and proper persons" to be licensed.

### The Milk (Special Designation) Regulations, 1960

Licences under these Regulations remain valid for a period of five years from the introduction in 1960, and 136 dealers are registered in the Borough.

### Ice Cream

25 premises are registered for the manufacture of ice cream for the purpose of sale, but of this number only 5 actually manufacture ice cream since the advent of the Ice Cream (Heat Treatment) Regulations, 1947-1951.

During the year 7 applications were received for the registration of premises under the Food and Drugs Act, 1955, Section 16, for the sale of ice cream, bringing the number of premises now registered to 330.



## **PUBLIC CLEANSING AND SALVAGE**

**(Operational costs and salvage income  
shown in this report are for the financial  
year April, 1961 – March, 1962)**

### **The Collection of Refuse**

Despite the reduction in the working week from 44 to 42 hours, a once weekly frequency of collection has been maintained, except after Bank Holidays, when there were slight delays in those parts of the town normally collected on the day on which the holiday occurred.

The cumulative effect of demolitions since the slum clearance programme began in 1955 has meant the re-distribution of over 2,000 families, many of them to high flats. The remainder have been rehoused on various sites of new development. This has involved certain adjustments in refuse collection districts. The high flats are not difficult to deal with provided the bulk refuse containers can be serviced as often as required. Their present frequency of collection is twice weekly and this will need to be increased if blocks higher than nine stories are built. Alternatively, refuse chambers could be enlarged to accommodate better containers but these would require a different system of mechanical handling.

The bulk handling of refuse in large containers is much more economical than in a multiplicity of small bins intended only for separate households. Many more situations have been found for containers and their use has extended considerably during the year. One vehicle with a driver and mate will eventually be occupied on this method of collection for the whole of their working week.

### **Vehicles**

- 11 Shelvoke and Drewry Fore and Aft Tipping Freighters  
(including 2 bulk loaders)  
Capacity 16/18 cubic yards each.
- 3 Side Loading Vehicles. Capacity 10 cubic yards each  
(Converted from "Lewin" Compressing Vehicles).
- 2 "Eagle" Side Loading Vehicles. Capacity 7 cubic yards each.
- 1 "Eagle" Cesspit Emptier
- 1 Commer Van – 30 cwt. for salvage collection
- 1 Morris 2 ton Salvage Van



- 1 Ford Van - 5 cwt. for district supervision
- 1 Austin Van - 5 cwt. for district supervision
- 1 Austin Van - 25 cwt. for salvage collection
- 13 4½ cubic yard salvage trailers

Total mileage for year: 153,564

### Collection Teams

- Onedriver and four loaders in eleven teams
- Onedriver and one loader bulk refuse team
- Onedriver and two loaders trade refuse team
- Onedriver and one loader on each salvage van

### Provision of Dustbins (B.S.S. 2½ cu. ft. capacity)

The replacement of worn and unserviceable bins continues as a rate charge and in most cases 2½ cu. ft. dustbins were supplied. A few 2 cu. ft. dustbins have been recently issued. These were supplied to old people's homes and houses, also small flats where the smaller dustbin seemed to be adequate for the normal weekly output of refuse. The following table shows the number of bins issued per year since the inception of the scheme:-

1951	...	1,514	1957	...	2,664
1952	...	1,856	1958	...	2,598
1953	...	3,325	1959	...	2,436
1954	...	2,532	1960	...	2,434
1955	...	3,071	1961	...	2,582
1956	...	2,856			

From the foregoing figures the following information is drawn,

Average issue per year over 11 year period	-	2,533
Number of bins in use	-	31,241
Average "life"	-	12 years approx.

### Disposal of Refuse

#### Controlled Tipping

Tipping was carried out on land adjoining Clarkes Lane. The scheme in hand is to tip an area to form playing fields to surround the new Grammar School which is itself being erected



on tipped ground. The school is due for completion in 1963 and the first ten acres of playing field is already green and the grass is being cultivated. The total area will not be fully tipped until about 1965.

The amount of industrial and commercial waste being delivered to the tip is increasing annually. In order that we may continue to provide disposal facilities for all kinds of waste arising within our boundaries it has been decided to reject any which arises outside. Delivered waste is charged at 10/- per load which includes the cost of handling and the provision of space. The disposal of waste hygienically, effectively and economically is important from all points of view. It can be done best by the local authority, and the provision of space for the reception of industrial and commercial waste on to a controlled tipping area is a service which authorities should undertake. This would obviate competition for tipping space and eliminate private tips which are so often inadequately managed and controlled.

### Disposal Site – Plant

- 1 – H.T.4. Caterpillar Shovel – placed in service July 1955
- 1 – Caravan/Mess Hut – placed in service November 1959

### Tip Labour

- 1 Chargehand/Dozer Driver
- 1 Labourer recovering salvage (relief driver)

### Salvage Equipment

Powell continuous paper baling press	–	Placed in service November 1955
Petrie and McNaught Tin baling press	–	Placed in service January 1956
Lister Power Loader	–	Placed in service February 1956
Salvage sorting conveyor	–	Placed in service May 1956
Dust extracting plant to baling press and salvage sorting conveyor	–	Placed in service February 1956
Vertical Electric drive press	–	Placed in service January 1949
Lister Prime Mover	–	Placed in service October 1959

The Lister Prime Mover has been found to be a very useful piece of equipment and has cut out considerable physical effort in handling the trailers.

### Recruitment of Labour

The labour turnover during the year was low in comparison with 1960. Out of 71 men employed on 1st January, 1961 as drivers, refuse collectors and salvage labourers, there were still 59 employed on 31st December, 1961. The position was



such that we were able to be more selective in recruitment.

The following table shows the number of men employed on December 31st and their age groups.

Age groups	15 - 17	3
	18 - 21	6
	22 - 30	17
	31 - 40	22
	41 - 50	20
	51 - 60	14
	61 - 65	3
	85	(including 17 drivers)
	—	(5 employed by Transport Department)

The number of days lost through sickness compared favourably with the previous year.

#### Operational Statistics from Costing Report 1961/62

Area	26	26	27	821	132	132	7,372
Population				1,101	1,101	1,101	95,909
Total number of premises (reg. white refuse) visited	802	802	802	1,101	1,101	1,101	29,268
Weight per 1,000 population per day							16.4 cwt/ton
Total number of refuse collected (estimated)	802	802	802	1,101	1,101	1,101	28,732
Premises from which collections are made at least once weekly							95%
Average haul, single journey to first disposal point	101	24	33	1,101	1,101	1,101	2.5 miles
Total volume disposed of (estimated)							55,149 tons
Methods of disposal: Controlled tipping	53	53	53	1,101	1,101	1,101	99%
							1%
Cost Statement 1961/62							
Gross cost of Collection	135	20	31	1,101	1,101	1,101	£75,153
Gross cost of Disposal				1,101	1,101	1,101	£17,678
Gross cost per ton of refuse (all costs except transport only)	2.1	0.2	0.1	1,101	1,101	1,101	£2 3s. 0d.
Gross cost per ton of disposal (all costs except transport only)	1.2	0.2	0.1	1,101	1,101	1,101	7s. 9d.
Net cost per ton of collection (all expenses)	1.2	0.2	0.1	1,101	1,101	1,101	£2 6s. 6d.
Net cost per ton of disposal (all expenses)							5d. credit
Net cost of collection and disposal per 1,000 population							£7.47
Net cost of collection and disposal per 1,000 premises							£2,450



	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Days lost												
(a) Sickness/Accident	248	106	56	38	78	101	93	122	77	123	105	113.5
(b) Casual Absence	100	51	58	53	46	54	62.5	50	65.5	77.5	83.5	41.5
Average Strength of Section*	81	81	80.5	82.5	83.5	86.5	88	89	92.5	93.5	92.5	92
Number of working days in month	22	20	23	19	22	22	21	21	21	22	22	19
Possible number of man/days for month	1,782	1,620	1,851	1,567	1,837	1,903	1,848	1,869	1,942	2,057	2,035	1,748
Percentage Loss												
(a) Sickness	13.92%	6.54%	3.02%	2.43%	4.25%	5.31%	5.03%	6.53%	3.96%	5.98%	5.16%	6.49%
(b) Casual Absence	5.61%	3.09%	3.13%	3.32%	2.51%	2.83%	3.38%	2.67%	3.37%	3.76%	4.1%	2.37%
Percentage Total Loss	19.53%	9.63%	6.15%	5.75%	6.76%	8.14%	8.41%	9.2%	7.33%	9.74%	9.26%	8.86%

\* Includes cleaners for Public Conveniences and One Rodent Operative



## Public Conveniences

Conveniences at Birmingham Road have been needed for a long time. Excellent facilities for both men and women have been completed and were available for the opening of the football season 1961/62. The committee has sought to provide all necessary amenities in the vicinity of the West Bromwich Albion Football Ground, as well as for other people entering or leaving the town.

Conveniences for men and women also exist at:—

Dartmouth Square  
Carters Green  
Hill Top  
All Saints  
Scott Arms  
Stone Cross

We persevere with a policy of repair or renewal of damage as soon as it is seen but it is costly, tiresome and takes up much time which ought not to be required.

## House Refuse Collection and Disposal

### Operational Statistics from Costing Return 1961/62

Area	7,172 acres
Population	95,909
Total number of premises from which refuse was collected	29,268
Weight per 1,000 population per day	16.4 cwts
Total tonnage of refuse collected (estimated)	28,732
Premises from which collections are made at least once weekly	95%
Average haul, single journey to final disposal point	2.5 miles
Total refuse disposed of (estimated)	55,149 tons
Methods of disposal: Controlled tipping	99%
Incineration	1%

### Cost Statement 1961/62

Gross cost of Collection	£73,152
Gross cost of Disposal	£17,678
Gross cost per ton of collection (labour and transport only)	£2 3s. 0d.
Gross cost per ton of disposal (labour and transport only)	7s. 9d.
Nett cost per ton of collection (all expenditure)	£2 6s. 6d.
Nett cost per ton of disposal (all expenditure)	5d. credit
Nett cost of collection and disposal per 1,000 population	£747
Nett cost of collection and disposal per 1,000 premises	£2,450



## Output of Refuse per Annum (Excluding Cesspool Contents)

Output	1956	1957	1958	1959	1960	1961
Per 1,000 of population per annum	336.707 tons	310.43 tons	315.7 tons	319.7 tons	314.5 tons	299.3 tons
Per 1,000 of population per day	18.45 cwts	17.01 cwts	17.3 cwts	17.51 cwts	17.32 cwts	16.4 cwts
Per House	21.83 cwts	20.23 cwts	20.07 cwts	20.52 cwts	20.23 cwts	19.6 cwts

### Recovery of Waste and Dormant Materials

The total tonnage of waste materials salvaged during the the year and the income received is as follows:—

	Tons	Cwts	Qtrs	Lbs	£	s.	d.
Waste paper (various grades)	1,254	8	2	-	11,210	4	10
Baled Ferrous Scrap	221	3	-	-	1,505	7	10
Black Scrap	35	16	2	-	147	18	6
Non-Ferrous Metals	1	16	3	8	173	12	1
Textiles	12	9	2	24	137	18	1
Miscellaneous					20	10	6
	1,525	14	2	4	13,195	11	10

The total salvage collected and income received from 1951 to 1961 was as under:—

	Tons	Cwts	Qtrs	Lbs	£	s.	d.
1951	1,029	1	2	22	8,030	9	3
1952	1,084	1	1	14	6,784	16	6
1953	773	19	2	17	3,947	19	10
1954	389	0	0	0	2,530	17	9
1955	444	6	2	0	3,657	4	7
1956	838	7	0	26	7,154	8	0
1957	988	16	3	7	8,414	5	2
1958	1,224	5	3	22	10,455	19	10
1959/60	1,519	2	1	9	12,625	1	0
1960/61	1,570	8	3	20	13,177	9	9
1961/62	1,525	14	2	4	13,195	11	10
	11,387	5	0	1	89,974	3	6



## Public Cleansing Costings

The national figures of cleansing costs published by the Ministry of Housing and Local Government reveal the following information.

	1956/57	1957/58	1958/59	1959/60	1960/61
	£	£	£	£	£
Average cost per 1,000 premises in County Boroughs for refuse collection and disposal	2,025	2,115	2,193	2,209	2,352
Average cost per 1,000 premises in County Boroughs with populations 50-100,000 for refuse Collection and disposal	2,056	2,089	2,140	2,174	2,281
Average cost per 1,000 premises for West Bromwich for refuse collection and disposal	2,220	2,240	2,138	2,176	2,166



# STAFF OF THE HYGIENE AND CLEANSING DEPARTMENT

as at 31st December, 1961

Chief Public Health Inspector  
and Cleansing Superintendent

S. Cayton  
(a) (b) (c)  
(e) (f) (g)

Deputy Chief Public Health  
Inspector

E.A. Siggers  
(a) (b) (c) (d)

Public Health Inspectors for  
Housing

F.A. Oakes  
(a) (b)

K.C. Davis  
(a) (b)

C. Drake  
(from 20.3.61)  
(a) (b)

Public Health Inspector for Air  
Hygiene and Factories

J.G. Kelly  
(a) (b) (c)  
(d) (h)

Technical Assistant for Air  
Hygiene

Mrs. G.E. Cooper  
(from 1.2.61)

Public Health Inspectors for Food  
Hygiene and Control

N.H. Owen  
(a) (b)

G.A. Lavender  
(a) (b) (d) (h)

I. Macmillan  
(from 15.5.61)  
(i)

Assistant Cleansing Superintendent

D. Briscoe  
(to 31.10.61)  
(g)

District Public Health Inspectors

C.N. Johnson (a)

C.D. Whitehouse  
(to 31.1.61) (a) (b)

P.D. Whitehead (a)



District Public Health Inspectors  
....continued

D.A. Spurrier  
(from 1.2.61 to  
17.11.61) (a) (b)

D.G. Hunt  
(from 1.12.61) (a) (b)

Cleansing Inspector

K.J. Bellmore

#### QUALIFICATIONS

- (a) Certificate of the Royal Society of Health and Public Health Inspectors' Examination Joint Board
- (b) Certificate of the Royal Society of Health for Meat and Food Inspectors
- (c) Certificate of the Royal Society of Health for Sanitary Science
- (d) Certificate of the Royal Society of Health for Smoke Inspectors
- (e) Member of the Institute of Fuel
- (f) Royal Society of Health Certificate for Advanced Knowledge of Public Health Inspector's Duties
- (g) Testamur of the Institute of Public Cleansing
- (h) Member of the Institute of Meat
- (i) Certificate of the Royal Sanitary Association of Scotland for Inspectors' of Meat and Meat Products

Pupil Public Health Inspectors

D. Parish  
(commenced 8.9.59)

C.F.L. Lusty  
(to 28.2.61)

B. Wedgbury  
(commenced 23.1.61)

K.B. Dorman  
(commenced 1.3.61)

#### ADMINISTRATIVE

C.S. Stokes

Senior Clerk

Miss E.M. Taylor

Shorthand Typist and  
Chief Public Health  
Inspector's Secretary

Miss E.J. Timmins

Junior Clerk (from 1.4.61)

C. Burford

Pupil Public Cleansing  
Officer



