

[Report 1952] / Medical Officer of Health, Wolverhampton County Borough.

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Wolverhampton (England). County Borough Council.

Publication/Creation

1952

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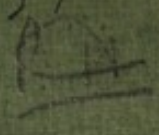
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County Borough of Wolverhampton

The
Health Services
of
Wolverhampton
in 1952

ANNUAL REPORT

by

J. F. GALLOWAY, M.D., Ch.B., M.R.C.S.,
L.R.C.P., D.P.M., D.P.H.

Medical Officer of Health

and

School Medical Officer.

6077



County Borough of Wolverhampton



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School Medical Officer.

County Board of Health



ANNUAL REPORT

Medical Officer of Health

1921

J. T. GARDNER

Medical Officer of Health

1921

Medical Officer of Health

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1921

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PUBLIC HEALTH STAFF.

at 31st December, 1952.

Medical Officer of Health	J. F. Galloway, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.M., D.P.H.
Senior Assistant Medical Officer of Health	W. C. Campbell, L.M.S.S.A.
Maternity & Child Welfare Senior Medical Officer	A. J. M. Lesslie, M.A., M.B., Ch.B., D.P.H.
Assistant Medical Officer	M. G. Bryan, M.B., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G., C.P.H.
Tuberculosis*	A. Ogg, M.A., M.D., Ch.B., D.P.H. E. S. Frew, M.B., Ch.B. J. D. P. David, B.Sc., M.D., B.Ch.
Analyst	F. G. D. Chalmers, M.A., B.Sc., F.I.C. (Part time).
Health Visiting Superintendent	Miss M. Cole, S.R.N., S.C.M., H.V.
Health Visitors	11.
Nurses	2.
Midwifery Supervisor	Miss E. R. Entwistle, S.R.N., S.C.M., M.T.D., H.V.
District Midwives	20 (One part time).
Home Nursing Superintendent	Miss E. Hill, S.R.N., S.C.M.
Home Nurses	12 (Two part time).
Mental Health Service Mental Deficiency Officer	Miss E. Bottomley.
Duly Authorised Officers	G. H. Morgan. F. L. Bird.
Occupation Centre Supervisor	Miss H. Chettle.
Occupation Centre Assistants	3 and one trainee.
Home Help Service Organiser	Miss M. Saunders.
Home Helps	31 (25 part time).
Day Nurseries Matrons	Miss E. Fitzgerald, S.R.N. Miss K. Murray, C.N.N.
Nursery Assistants	23.
Domestic Staff	8 (Two part time).
After-Care Officer	Miss E. H. Poole, B.A., A.M.I.A.
Sanitary Inspectors Chief Sanitary Inspector	F. Binns Hartley, M.S.I.A., M.R.San.I.
Specialist Inspectors	7.
District Inspectors	7.
Clerical Chief Clerk	J. Darby.
Clerks	19.
Clinic Clerks (part time)	7.
Other Staff Rodent Operatives	2.
Miscellaneous	3.

*Jointly with Birmingham Regional Hospital Board.



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Health Offices,
59, Waterloo Road,
Wolverhampton.
June, 1953.

To the Mayor, Aldermen and Councillors of the County
Borough of Wolverhampton.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present to you the Annual Report on the health of Wolverhampton for the year 1952. At the request of the Minister of Health it describes the local health services as existing at the end of 1952. A general review of their working as part of the wider National Health Service is given with particulars of the nature and results of the steps taken locally to link them with other parts of that Service.

In Wolverhampton, the local authority's services are being integrated with those of the general medical practitioners and the hospitals ; the process is not leading in any way to a reduction in the work of the Health Department. Resulting from the arrangements made with, and approved by, the general practitioners, the attendances at the clinics of expectant mothers for ante-natal care are increasing steadily and now are greater than ever before. The infant welfare centres too are attended by increasing numbers of young children with mothers who appreciate the time and care that is devoted to advising them about the welfare of their children. The selection of maternity cases for admission to hospital on social grounds is delegated to the Health Department, and the hospitals inform the Department of all patients discharged prematurely after confinement, so that domiciliary nursing care can be provided without delay.

Deaths from cancer were more than ever before ; there was a marked increase in deaths from cancer of the lungs and bronchi, which constituted the commonest site in fatal cases among males. The infant mortality rate and the still birth rate were the lowest yet recorded in Wolverhampton. Substantial increases occurred in the numbers of cases of scarlet fever and whooping cough notified ; there were, however, no deaths from these diseases neither were there any from diphtheria, measles and poliomyelitis.

Although the incidence of puerperal pyrexia was high among patients confined in institutions, no death occurred from puerperal sepsis. The death rate from tuberculosis has declined steadily for more than 30 years and improvements in housing, nutrition and treatment have been contributory factors ; the recent introduction of new drugs has hastened this decline, and last year the death rate from tuberculosis was only half that of the previous year, which itself had been the lowest ever recorded ; the ultimate effect of these drugs on the reservoir of infection in the community from which new cases arise cannot be foreseen. There is no doubt that the early diagnosis of the disease would be helped by the presence in the town of X-ray facilities to which general practitioners could have access easily and without delay.

The need to limit the total expenditure on the National Health Service emphasises increasingly the importance of the local authorities' services, both domiciliary and preventive. Although expenditure on administration and drugs can be reduced without injuring the National Health Service, further savings will depend on reducing the number of people who require treatment, and particularly hospital treatment. The cost of diphtheria immunisation is saved many times over by the reduction in the number of hospital beds occupied by victims of the disease. Mental defectives in daily attendance at an Occupation Centre live happily in their homes at little cost to the community, but in the absence of a Centre, many of them would require expensive institutional care. The domestic help service enables confinements to take place and cases of illness to be nursed in the home who otherwise would need hospital accommodation. The home nursing service allows many patients, including the tuberculous, to receive treatment at home either throughout their illness or after a shortened stay in hospital, thereby reducing the demand for hospital beds. The educational work of health visitors in clinics and in the homes plays an important part in reducing morbidity and mortality among children, and each health visitor costs the country no more than does one hospital bed. The prevention of mental illness, a field which local health authorities are beginning to explore, is likely to repay these efforts well, for patients suffering from mental illness (excluding mental defectives) constitute the largest group of hospital patients and occupy almost one third of the half-million hospital beds in the country.

The Hospital, Specialist and Ancillary Services throughout England and Wales in 1952/53 were estimated to cost £5 17s. 0d. a head ; in Wolverhampton the Executive Council spent £2 18s. 2d. a head on the provision of general practitioner, dental and ophthalmic services and on the provision of medicine and appliances, and in addition patients themselves contributed a further 8/8d. a head towards the cost of these ; the Local Health Authority, which is the Wolverhampton Town Council, spent 3/- a head on the Ambulance Service and 8/6d. a head on other local health authority services including domiciliary midwifery, home nursing, domestic help and the provision of day nurseries. The proportion of the 8/6d. a head devoted to the preventive services classed as the care of mothers and young children, health visiting, vaccination and immunisation and the prevention, care and after-care of tuberculous, mental and other diseases was 3/6d. a head.

The Chief Sanitary Inspector in his report again points out that housing still remains an outstanding problem. This will continue in spite of the erection of new houses until our legislators grasp the nettle of obsolescent property.

I wish to express my appreciation of the co-operation of the staff of the Health Department throughout the year, and to thank those of them who have assisted in the compilation of this report. Miss D. E. Tonks, M.B.E., for 19 years Superintendent Health Visitor, retired in August, 1952, after 38 years devoted service in the Health Department and subsequently received her well merited honour. On behalf of the staff, I express thanks to the Chairman and Members of the Health Committee for their continued interest, encouragement and support.

I have the honour to be,

Your obedient Servant,

J. F. GALLOWAY,

Medical Officer of Health.

SECTION I.

STATISTICS AND SOCIAL CONDITIONS.

A. Summary of Statistics.

1. Comparison of Statistics.

	1922.	1932.	1942.	1951.	1952.
Population	105,700	133,300	147,200	162,000	162,300
Area in acres	3,525	7,105	9,113	9,126	9,126
Inhabited houses	22,735	31,922	40,604	44,983	45,557
Birth Rate	22.0	16.4	18.3	17.2	16.1
Death Rate	12.6	11.6	11.0	11.8	10.6
Infant Mortality Rate (per 1,000 live births)	83	61	46	40	32
Still Birth Rate (per 1,000 total births)	—	37.4	29.3	24.5	22.7
Maternal Mortality Rate (per 1,000 total births)	4.7	2.64	2.50	0.35	0.37
Cancer Death Rate	1.21	1.54	1.58	1.64	1.91
Tuberculosis Death Rate	0.89	0.86	0.59	0.51	0.25
Pulmonary only	0.69	0.69	0.47	0.48	0.22
Rateable Value	£489,311	£737,780	£970,931	£1,071,754	£1,092,053
Product of Penny Rate	£1,929	£2,834	£3,872	£4,346	£4,436

II

2. Extracts from Vital Statistics of 1952.

Area of Borough				9,126 acres.
Population (Registrar-General's mid-year estimate)				162,300.
Number of inhabited houses (31st March, 1952)				45,557.
Rateable value (31st March, 1952)				£1,092,053.
Sum represented by a penny rate				£4,436.
Live births	Male.	Female.	Total.	Rate.
Legitimate	1,259	1,250	2,509	
Illegitimate	49	63	112	
Total	1,308	1,313	2,621	16.1 per 1,000 population.
Still births				
Legitimate	37	23	60	
Illegitimate	—	1	1	
Total	37	24	61	0.38 per 1,000 population. 22.7 per 1,000 total births.
Deaths	938	777	1,715	10.6 per 1,000 population.
Natural Increase			906	
Infantile Mortality				
Legitimate	48	33	81	32.3 per 1,000 live legitimate births.
Illegitimate	1	3	4	35.7 per 1,000 live illegitimate births.
Total	49	36	85	32.4 per 1,000 live births.
Maternal Mortality				
Abortion with sepsis		—		
Abortion without sepsis		—		
Puerperal infection		—		
Other maternal causes		1		
Total		1		0.37 per 1,000 total births.
Deaths from Tuberculosis				
Pulmonary	29	6	35	0.21 per 1,000 population.
Non-pulmonary	5	1	6	0.04 per 1,000 population.
All forms	34	7	41	0.25 per 1,000 population.
Deaths from Infectious Diseases				
Influenza	2	3	5	
Meningococcal infections	2	—	2	
Infantile diarrhoea	5	7	12	
Tetanus	1	—	1	
Infective hepatitis	—	1	1	
Deaths from Cancer	157	153	310	1.91 per 1,000 population.
Area Comparability Factors				
Births		0.97		
Deaths		1.12		

TABLE I.

CAUSES OF, AND AGES AT DEATH DURING THE YEAR 1952 (R.G.).

CAUSES OF DEATH.	Net Deaths at the subjoined ages of Residents within the Borough.								
	All ages.	Under 1 year.	1 and under 5 yrs.	5 and under 15 yrs.	15 and under 25 yrs.	25 and under 45 yrs.	45 and under 65 yrs.	65 and under 75 yrs.	75 yrs. and over.
All causes	1715	85	23	13	26	96	453	438	581
Tuberculosis, Respiratory	35	—	1	—	2	10	17	5	—
Tuberculosis, other ...	6	1	—	1	2	2	—	—	—
Syphilitic Disease ...	8	—	—	—	—	—	2	5	1
Diphtheria	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—
Meningococcal Infections	2	—	1	1	—	—	—	—	—
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ...	2	—	—	—	2	—	—	—	—
Cancer of Stomach ...	47	—	—	—	—	—	26	15	6
Cancer of Lung, Bronchus	46	—	—	—	—	3	30	12	1
Cancer of Breast ...	38	—	—	—	—	10	19	7	2
Cancer of Uterus ...	14	—	—	—	—	1	10	1	2
Other Malignant and Lymphatic Neoplasms	156	—	3	—	2	8	43	50	50
Leukaemia & Aleukaemia	9	1	1	3	1	1	2	—	—
Diabetes	9	—	—	—	—	2	—	5	2
Vascular Lesions of Nervous System ...	223	—	—	—	1	6	56	74	86
Coronary Disease & Angina	161	—	—	—	—	2	58	59	42
Hypertension with Heart Disease ...	19	—	—	—	—	—	4	6	9
Other Heart Disease ...	307	—	—	1	4	11	51	80	160
Other Circulatory Disease	43	—	—	—	—	1	13	9	20
Influenza	5	—	—	—	—	—	4	1	—
Pneumonia	78	9	1	1	1	3	19	25	19
Bronchitis	91	1	1	—	—	—	24	27	38
Other Respiratory Diseases	24	1	3	1	1	2	6	8	2
Ulcer of Stomach, Duodenum	21	—	—	—	—	—	13	5	3
Gastritis, Enteritis and Diarrhoea	24	12	1	—	—	3	3	1	4
Nephritis, Nephrosis ...	14	—	—	—	3	3	5	1	2
Hyperplasia of Prostate	10	—	—	—	—	—	1	4	5
Pregnancy, Childbirth, Abortion	1	—	—	—	—	1	—	—	—
Congenital Malformation	16	10	2	—	—	3	—	1	—
Other Defined & Illdefined Diseases ...	240	48	7	3	3	10	26	30	113
Motor Vehicle Accidents	17	—	—	2	3	5	2	4	1
All Other Accidents ...	33	2	2	—	1	6	9	3	10
Suicide	15	—	—	—	—	3	9	—	3
Homicide & Operations of War	1	—	—	—	—	—	1	—	—

B. General Statistics.

1. Population.

The Registrar General's estimate of the population at the 30th June, 1952, was 162,300.

2. Inhabited Houses.

At the 31st March, 1952, there were 45,557 inhabited houses, an increase of 574 in a year. The type of premises, their numbers and the increase, or decrease, if any, in a year were :—

Domestic	...	...	...	...	43,489 (+ 584)
House shops	...	...	...	...	1,711 (- 10)
Off-licences	...	...	..	...	52
Unlicensed hotels and boarding houses					7
Licensed premises	...	...	...	...	298

3. Live Births.

Live births consisted of 1,308 males and 1,313 females, a total of 2,621 (which is 165 less than in 1951), giving a birth rate of 16.1 per 1,000 population ; when the area comparability factor of 0.97 is applied, this rate is reduced to 15.7 per 1,000. The birth rate for the 160 County Boroughs and Great Towns (including London) was 16.9 and for the whole of England and Wales it was 15.3.

Of these 2,621 births, 112 or 4.3% were illegitimate. Last year the proportion was 3.9%.

4. Still Births.

These numbered 61 (of which one was illegitimate). These 61 represented rates of 0.38 per 1,000 population and 22.7 per 1,000 total births (live and still). The still birth rate for the 160 Great Towns was 0.43 per 1,000 population and 24.6 per 1,000 total births ; for the whole of England and Wales it was 0.35 per 1,000 population and 22.6 per 1,000 total births.

5. Marriages.

The number of marriages registered in Wolverhampton during the year was 1,455.

6. Deaths.

The number of deaths comprising 938 males and 777 females was 1,715 (a decrease of 201 when compared with the previous

year) giving a death rate of 10.6 per 1,000 population ; when the area comparability factor of 1.12 is applied this rate is increased to 11.8 per 1,000. The death rate for the 160 County Boroughs and Great Towns was 12.1, and for the whole of England and Wales it was 11.3.

The principal causes of death were :—

(a) Diseases of the heart and circulation		
Heart disease	307	
Vascular lesions of nervous system	223	
Coronary disease, angina	161	
Hypertension with heart disease	19	
Other circulatory disease	43	
	—	
	753	(43.9% of all deaths).
(b) Cancer	310	(18.1% of all deaths).
(c) Diseases of the Respiratory Tract		
Pneumonia	78	
Bronchitis	91	
Other respiratory diseases	24	
	—	
	193	(11.3% of all deaths).
(d) Suicide and Violence		
Suicide	15	
Motor vehicle accidents	17	
All other accidents	33	
War injury	1	
	—	
	66	(3.8% of all deaths).
(e) Tuberculosis, all forms	41	(2.4% of all deaths).

7. Infant Mortality.

There were 4 deaths of illegitimate infants under one year of age (or 35.7 deaths per 1,000 illegitimate births) and 81 deaths of legitimate infants (or 32.3 per 1,000 legitimate live births). The total of 85 infant deaths represents an infant mortality rate of 32.4 per 1,000 live births, the lowest ever recorded in Wolverhampton. The rate for the 160 Great Towns was 31.2 per 1,000 live births.

Of the 85 deaths under one year of age, 54 (i.e. 64%) occurred within the first month of life ; the neo-natal mortality rate, i.e. the number of deaths of infants under 4 weeks of age per 1,000 live births was 20.6.

8. Maternal Mortality.

One maternal death (due to concealed accidental haemorrhage) in 2,682 live and still births gave a maternal mortality rate of 0.37 per 1,000 total (live and still) births. The rate for England and Wales was 0.72.

9. Deaths from Tuberculosis.

There were 41 deaths from tuberculosis, representing a tuberculosis death rate of 0.25 per 1,000 population, which is exactly half the rate for the preceding year, the lowest previously recorded in Wolverhampton. The rate for the 160 Great Towns was 0.28 and for the whole of England and Wales it was 0.24.

Respiratory tuberculosis was responsible for 35 of these deaths or 43 less than the previous year; 29 of the deaths were of males and of these, 66% occurred over the age of 45 years; 6 of the deaths were of females and of these, 3 occurred over the age of 45 years.

Deaths due to non-respiratory tuberculosis were 6, or 2 more than the previous year.

10. Deaths from Infectious and Notifiable diseases.

There were 78 deaths from pneumonia (representing 0.48 per 1,000 population) but, as in the previous years, only a small proportion of these deaths occurred amongst the 146 cases of acute pneumonia which were notified; presumably the majority of patients dying from pneumonia suffered from the disease as a terminal complication.

There were five deaths from influenza (0.03 per 1,000), eight from syphilitic disease (0.05 per 1,000), two from meningococcal meningitis (0.01 per 1,000), one (a plumber) from tetanus following a scratch received at work and one (a nurse) from infective hepatitis.

There were 24 deaths (0.15 per 1,000 population) from gastritis, enteritis and diarrhoea of which 12 (4.6 per 1,000 live births) were under 2 years of age.

11. Deaths from Cancer.

There were 310 deaths from cancer, giving a death rate of 1.91 per 1,000 population. Of these deaths, 157 occurred in males and the most frequent sites of disease were lungs and bronchi (40 cases),

stomach (34), large intestine (12), prostate (11), rectum (8), pancreas (8), oesophagus (7) and bladder (6). Among the 153 deaths which occurred in females the most frequent sites of disease were breast (38 cases), large intestine (33), uterus (14), stomach (13), rectum (11), ovary (7) and lungs and bronchi (6).

12. Sickness Claims.

New claims for sickness benefit (excluding industrial disease or industrial injury claims) submitted to the Wolverhampton office of the Ministry of National Insurance during 1952 numbered 26,985 with a weekly average of 519; most claims in a week were 785 early in January and 769 in mid-February. The figures are lower than those for 1951 when the weekly average was 598.

C. Natural and Social Conditions.

1. Situation.

Wolverhampton stands astride a ridge which is the watershed between the Severn and the Trent; to the east the land slopes down to and merges with the industrial area of the Black Country, and to the west it spreads out to the Shropshire plain. The highest points in the borough, about 600 feet above sea level, are in Bushbury to the north and Upper Penn to the south; the lowest points, less than 350 feet above sea level, are in the vicinity of the airport and racecourse.

2. Meteorology.

Rainfall at the West Park amounted to 28.0 inches, which is also the average annual rainfall calculated over the past fifty years.

During the year, rain fell on 183 days. October had the greatest rainfall with 3.93 inches; May and August were the next wettest months with 3.78 and 3.31 inches respectively; the highest figure recorded for one day was 1.13 inches on 15th August when there was a thunderstorm during the late afternoon. February and July were relatively dry with totals of 0.5 inches and 0.69 inches. Snow was recorded during the months of January, February, March and December.

The hottest day was the 1st July with a shade temperature of 85.0° whilst the lowest recorded temperature was 22.5° on the 27th January.

3. Water Supply.

The Wolverhampton Corporation Water Undertaking, which supplies a population of approximately 253,000 in Wolverhampton and some surrounding districts, obtains its water from several sources. These, and the daily average million gallons taken from them in 1951-52 are :—

Cosford Works—River	...	...	...	1.95
Cosford Works—Well	...	...	...	2.10
Tettenhall Works	...	...	...	0.60
Dimmingsdale Works		...	...	1.67
Hilton Works	...	...	...	2.95
Goldthorn Hill Works	...	...	...	0.01
Purchased	...	...	...	0.25
Total	...	...	...	<u>9.53</u>

The total hardness, in parts per million, varies from 214 in the Cosford well water to 316 in the water from one of the Tettenhall Works boreholes. Flourine is present in small amounts in the Cosford water ; it is absent from the others.

The proportion of 837 samples which contained no coli-aerogenes organisms per 100 ml. represented 98.6 per cent of the samples taken.

4. Occupations.

The principal occupations arranged according to the numbers employed are general metals (including manufacture and secondary processes and products), mechanical engineering (especially vehicles), commerce (mainly distributive), transport and communications (mainly rail and omnibus), electrical engineering, building, rubber (tyres), textiles (rayon), professional services (mainly educational), public administration (national and local government) and personal services (mostly private domestic service, hotels and restaurants).

5. Unemployment.

Over the year the number of unemployed was more than twice that for 1951. There was substantial unemployment for a time in the textile industry but subsequently it showed marked improvement ; there were lesser degrees of unemployment in the general engineering trades and holloware manufacture. The average figure over the whole year was 0.8 per cent of the total employees in Wolverhampton which compared favourably with 2 per cent for Great Britain.

SECTION II. HEALTH SERVICES OF THE AREA.

A. Hospital, Specialist and Allied Services.

1. Hospitals.

The Wolverhampton Hospital Management Committee is responsible for institutions and clinics in an area extending from Wolverhampton to Bridgnorth, Much Wenlock, Broseley and Shifnal with a population estimated to be 350,000. The institutions contain 2,189 beds, and of these, 1,870 are in Wolverhampton, including 586 beds in "The Poplars" adjacent to New Cross Hospital where the Management Committee provides serviced accommodation for the use of aged, non-sick people.

The following 1,284 hospital beds are in Wolverhampton :—

Royal Hospital	... ..	310 beds.
Children's Hospital, Penn	... ..	30 beds.
Women's Hospital and Bath Road Annexe	... ..	77 beds.
Queen Victoria Nursing Institution		43 beds.
Women's Convalescent Hospital, Penn		14 beds.
Eye Infirmary	... ..	95 beds.
Isolation Hospital	... ..	63 beds.
Beeches Maternity Home	... ..	16 beds.
New Cross Hospital	... ..	636 beds.

The Group Preliminary Nurses' Training School at "The Cedars," Stockwell End, was formally opened during the year.

2. Sanatoria.

The Isolation Hospital contains 36 beds for tuberculous patients. There is no hospital accommodation in the area built specially for the treatment of tuberculosis, and pulmonary cases usually receive sanatorium treatment either at Prestwood or Kinver; cases requiring orthopaedic treatment usually obtain it at Oswestry.

3. Chest Clinic.

The Bell Street Clinic provides facilities for Wolverhampton and district. The accommodation was improved during the year by the completion of a small extension, but the cramped nature of the site makes it impossible to develop the clinic adequately.

4. Venereal Diseases Clinic.

This is situated at the Royal Hospital, Wolverhampton and serves both Wolverhampton and the surrounding district.

5. Nursing Homes.

Two private maternity homes contain 27 beds and two private nursing homes contain 10 beds.

6. Bacteriology.

Laboratory facilities are available at the Public Health Laboratory, Stafford, and at the Pathological Laboratory of the Royal Hospital, Wolverhampton.

B. Local Executive Council Services.

1. General Medical Service.

At the end of March, 1953, there were 158,521 people living in Wolverhampton on doctors' lists, representing 97.8 per cent of the population. Their medical care was undertaken by 102 principal and 5 assistant medical practitioners, 60 of whom live within and practise from 57 surgeries within the borough.

The cost of this service for the year ending 31st March, 1953 (excluding retrospective Danckwerts award payments for the period from July 1948 to March 1952) was £194,858, equivalent to 24/- a head of the population numbering 162,300 living in Wolverhampton.

2. Pharmaceutical Service.

At the end of March, 1953, there were under contract and in the borough of Wolverhampton 44 pharmacies, 2 drug stores and 8 surgical appliance suppliers. The Executive Council tests the dispensing of all these contractors over a period of two years, and in the year under review 22 drug tests and 5 appliance tests were made.

The cost of this service to the Executive Council for the year ending 31st March, 1953 was £145,368, and to the patients £18,165, being equivalent to 17/11 and 2/3 a head per annum respectively.

3. Dental Service.

At the end of March, 1953, there were 39 principal and 2 assistant dental practitioners on the Executive Council's list. The cost to the executive Council for the year ending 31st March, 1953, was £101,457, and to the patients £30,084, being equivalent to 12/6 and 3/8 a head per annum respectively.

4. Ophthalmic Service.

The service enables the patient to have his sight tested by either an ophthalmic medical practitioner or an ophthalmic optician and then, if glasses are necessary, to have them provided either by an ophthalmic optician or a dispensing optician. There were at the end of March, 1953 under contract with the Executive Council 9 principal and one assistant ophthalmic medical practitioners, 14 ophthalmic opticians and 7 dispensing opticians. Dr. Jevons, Assistant School Medical Officer, is one of the ophthalmic medical practitioners and prescribes spectacles for school children who require them.

The cost to the Executive Council for the year ending March 31st, 1953, was £30,318 and to the patients £22,384, being equivalent to 3/9 and 2/9 a head per annum respectively.

5. General.

The cost of administration for the year ending 31st March, 1953 was £8,034, equivalent to 1/- a head of the population. The total cost of the services therefore was £480,035 equivalent to £2 19s. 2d. a head of the population. In addition, the direct contributions made by the patients was £70,633 equivalent to 8/8 a head of the population.

C. Local Authority Health Services.

1. General.

(a) Administration.

The Health Committee consists of 17 members of the Town Council, 2 representatives of the local branch of the British Medical Association, 2 representatives of the Wolverhampton Area Executive Council and 2 representatives of the Wolverhampton Hospital Management Committee. The Committee appoints three sub-committees: Sanitation, Mental Health, and Medical, Maternity & Child Welfare.

The Education Committee, which consists of 18 members of the Town Council, 3 persons interested in education, 2 representatives of the Wolverhampton Teachers' Association, one representative each of the Church of England, the Roman Catholic Church and the Free Churches and a representative of the Wolverhampton Trades Council, is the Committee responsible for the School Health Service.

A Senior Medical Officer, (Dr. C. Campbell), spends 55% of his time in the service of the Health Department and his duties consist largely of investigating cases of infectious disease, child welfare, superannuation examinations and the assessment of claims on medical grounds for priority in housing ; the remainder of his time is spent in the service of the Regional Hospital Board supervising the Wolverhampton Isolation Hospital. The duties relating to mental health, after-care, home nursing, domestic help, health education and investigation of the neglected aged, infirm and chronic sick have been temporarily the direct responsibility of the Medical Officer of Health since the latter part of 1950 when the Deputy Medical Officer of Health resigned ; a successor with suitable qualifications and experience was not available at that time.

A Senior Medical Officer (Dr. A. Lesslie) is in charge of the maternity and child welfare work. She is assisted by a full time medical officer and by two part time doctors, one of whom conducts an ante-natal clinic and the other a post-natal clinic each week. The Non-medical Supervisor of Midwives regulates the day to day running of the domiciliary midwifery service ; the Superintendent Health Visitors deals with the health visiting service, the work of the premature baby nurse and the arrangements for the care of unmarried mothers ; the two day nurseries are each in the charge of a matron.

The Chief Officer of the Fire Brigade, in his capacity as Chief Ambulance Officer, is responsible to the Fire and Ambulance Committee in respect of the day to day operation of the service, and to the Health Committee for the general adequacy and efficiency of the service.

(b) Co-ordination and Co-operation.

The Health Committee includes six co-opted members ; two of these (a pharmacist and a dentist) are nominated by the Executive Council, two are nominated by the Hospital Management Committee and two (both general practitioners) are nominated by the British Medical Association.

Seven members of the Town Council are on the Wolverhampton Executive Council, three are on the Wolverhampton Hospital Management Committee, three are on the Wolverhampton Co-ordinating Committee for the Health Services, one is on the Management Committee of St. George's Mental Hospital, Stafford and one is on the Management Committee of St. Edward's Mental Hospital, Chaddleton ; with the exception of two representatives on the Executive Council and one representative on the Co-ordinating Committee, all the representatives of the Town Council on these outside bodies are members of the Health Committee. The Medical Officer of Health is a member of the Hospital Management Committee, a member of the Wolverhampton Local Medical Committee and of the Wolverhampton Obstetric Committee.

Co-operation with general practitioners and hospitals is increasing. An integrated domiciliary midwifery service has resulted from meetings of representatives of the Health Department with those of the general practitioners at which decisions were reached about how best the work of the general practitioner, the district midwife and the clinic doctor can be combined. An arrangement exists with the Hospital Management Committee whereby the choice of maternity patients for admission to hospital on social grounds is left entirely to the Health Department, as this is the organisation best fitted to select the most suitable cases. By another arrangement, the domiciliary midwifery service is notified of the discharge of patients from hospital before the 14th day so that there should be no interruption in their nursing.

General practitioners increasingly make use of the home nursing service and they notify their requirements either by telephone to the superintendent or by giving the patient a note for delivery by hand to her ; if a patient is discharged from hospital prematurely the almoner, when notifying the general practitioner, usually also notifies the home nurses that their services will be required on the return home of the patient ; treatment for the increasing number of cases of tuberculosis nursed at home is ordered by the general practitioner at the request of the chest physician. Both general practitioners and hospitals at times fail to notify the home nurses of the nature of the patient's illness and the reason for the treatment prescribed.

Cases of infectious diseases are investigated fully, their progress followed easily and adequate measures to control further spread

taken promptly because a member of the staff of the Health Department, Dr. C. Campbell, also has clinical charge of the isolation hospital. The beds available there are no more than adequate to meet local needs, and the proposal of the Regional Hospital Board to reduce infectious diseases beds in the area to the ratio of one to 30,000 of the population indicates a faith in preventive medicine which is more flattering than wise.

Full reports are received in the Health Department concerning all patients discharged from the children's medical wards and these are of great value. Similar information from the maternity wards and from the ear, nose and throat wards relating to children is also very helpful.

The co-operation between the Health Department on one hand and the hospitals and general practitioners on the other is substantial, but its effectiveness is hindered by certain factors. The first is the restriction imposed on local authority services by the limitation of staff and expenditure, the latter amounting to little more than five per cent of the total expenditure on the national health service. Another factor is that the value of the health visitor as a health educator is not always appreciated fully by doctors; without her diligence they would be called upon to attend more sick children than they do at present. The union of the tuberculosis service with the hospital service has not diminished the overwhelming importance of prevention as the effective means of reducing the ravages of the disease; the chest physicians would enhance the value of their work if closer consultations took place with the local authority concerning their duties relating to prevention and after-care. Lastly it is difficult to secure an adequate exchange of information with the medical staff of mental hospitals about patients, both on their admission and on their discharge.

Informing general practitioners of the local authority's health services is recognised to be so important that even in these days of financial stringency the Medical Officer of Health arranges for copies of his annual report to be distributed to those practising in the area. If any question arises about the services, doctors usually telephone to the Health Department or make a personal visit to discuss the matter.

The public generally are familiar with the local authority's health services and how to obtain them. During pregnancy, most expectant mothers are brought into touch with the department's

activities ; with few exceptions, all mothers who have their confinements at home (i.e. approximately 50 per cent of mothers) come to the ante-natal clinics ; all mothers who make arrangements to have their confinements in Regional Hospital Board institutions (i.e. 40 per cent of mothers) come either to a clinic or to the Health Department to book a bed ; and it is estimated that of those confined in private nursing homes (i.e. 10 per cent of mothers) half receive ante-natal care at the clinics ; the domestic help service in particular is brought to the notice of expectant mothers.

Information about the services is also available at post offices and in the guide book issued to all Corporation tenants ; members of the staff of the Health Department give frequent talks to organised groups throughout the town on the work of the Health Department.

(c) Joint Use of Staff.

Apart from one weekly ante-natal clinic, general practitioners are not now called upon to conduct ante-natal and infant welfare sessions. Medical certificates required for mental defectives are obtained from a panel of practitioners interested in this type of patient.

One health visitor is attached to the local venereal diseases clinic where she traces contacts and defaulters. The mental deficiency officer visits patients on licence on behalf of some mental deficiency institutions, but others do not ask for this to be done.

Orthopaedic, paediatric, gynaecological and ear, nose and throat specialists employed by the Birmingham Regional Hospital Board conduct special clinics on local authority premises. The local Hospital Management Committee provides a full time physio-therapist for the health authority's orthopaedic clinic, and the authority refunds her salary to the Management Committee.

(d) Voluntary Organisations.

Valuable assistance is given at the clinics by volunteers who are members of women's organisations. No mother and baby home is maintained by the authority, but an arrangement exists with the Lichfield Diocesan Association for Moral Welfare Work for accommodation to be available in their homes. Similarly, when patients receiving after-care require convalescence, it is provided by obtaining beds in homes maintained by voluntary organisations.

2. Care of Mothers and Children.

(a) Births and Still Births.

There were 2,675 infants born alive during the year to parents normally resident in Wolverhampton ; of these infants, 1,365 were born at home and 1,310 in institutions. The still births numbered 65 and of these 19 were born at home and 46 in institutions.

The percentages of these births which took place at home in 1950, 1951 and 1952 were 54, 52 and 51 respectively.

(b) Ante-natal Facilities.

There are 10 ante-natal clinics conducted by medical officers with the assistance of midwives ; at 9 clinics the medical officers are full-time members of the Health Department and at the tenth she is a general practitioner. There is no specialist ante-natal clinic, but cases requiring a second opinion are referred to the consultant clinics at New Cross Hospital or the Women's Hospital. Blood examinations for the rhesus factor and the Wassermann test are carried out at the ante-natal clinics on all expectant mothers. Instruction in mothercraft is given at the infant welfare clinics and to a lesser extent at the ante-natal clinics.

Unmarried mothers are interviewed by the superintendent health visitor and given any help which may be required, including if necessary, admission ante-natally to a mother and baby home. Arrangements are made with the medical officers of the Health Department for blood tests to be done, and the ante-natal care of the patient is undertaken either by the clinic or by her own doctor.

Maternity outfits are issued to patients, at one central clinic, on the presentation of a note from either the general practitioner or the domiciliary midwife. In addition, each midwife retains two maternity outfits in her home for use in an emergency, and these are renewed as they are used. As 1,467 outfits were issued in 1952, all patients confined at home appear to have received them.

Midwives do not assist general practitioners in examining patients on their own premises, nor is such an arrangement necessary in view of the agreed scheme of ante-natal care operating in Wolverhampton following discussions between the Health Department and representatives of the general practitioners. This scheme is based on a simple procedure ; a patient desiring to book a

domiciliary midwife does so, not at the private house of the midwife, but at the clinic ; by arrangement with the local practitioners she is examined on her first visit to the clinic by the medical officer there, and has her blood taken for the rhesus factor and the Wassermann test ; she is then referred to her own doctor and advised to book him before returning again to the clinic ; a form is sent from the clinic to the practitioner asking whether he wishes to examine the patient only on booking and at the end of the 36th week, leaving the intermediate examinations to be done by the medical officer at the clinic, or whether he wishes to be responsible for the intermediate examinations as well ; if the practitioner wishes to perform only an initial examination and one at the 36th week, the intermediate examinations are conducted by the clinic medical officer ; if the practitioner wishes to perform the intermediate examinations, the patient is not examined again by the clinic medical officer until the 36th week, although the patient attends the clinic premises at intervals usually of a month to enable the midwife to examine her, as the midwife is required to do under the Rules of the Central Midwives Board (unless the general practitioner is to be notified of the onset of labour and intends to deliver the patient himself); the practitioner and the clinic exchange information about each patient on a co-operation card which passes between them. Over two thirds of the total number of patients confined in nursing homes, hospitals and at home attend the clinics to be examined either by the clinic medical officer or by the booked midwife ; the proportion of patients confined at home who attend the clinics is much higher than this.

(c) Post-natal Care.

A weekly post-natal clinic, conducted by a hospital specialist is provided by the Health Department at Lowe Street welfare centre ; in addition, post-natal examinations are carried out by general practitioners and at the hospital post-natal clinics. Only a small proportion of mothers confined at home subsequently attend the Lowe Street clinic, for the new cases attending in 1950, 1951 and 1952 were 85, 81 and 65 respectively, and the corresponding numbers of attendances were 180, 195 and 183.

(d) Family Planning Clinic.

Married women referred by medical practitioners are admitted to the clinic held weekly at Lowe Street welfare centre where they are advised on methods of birth control. In the years 1950, 1951

and 1952 women attending for the first time numbered 52, 126 and 152 respectively, and the corresponding numbers of attendances were 678, 687 and 658.

(e) Child Welfare.

Each week 13 sessions are held for infants and toddlers ; immunisation against diphtheria, vaccination against smallpox and tuberculin patch tests are carried out at these clinics. The total attendance at these sessions was again higher than in the previous year, and approximately 58 per cent of children under one year of age in the town attend them.

Minor ailments of children under school age are treated by arrangement at the minor ailment clinics of the School Health Service and in addition, special paediatric, orthopaedic and ultra-violet light clinics are held jointly with that service.

The paediatric clinic, to which children in need of specialist advice may be referred from the infant welfare centres, is held fortnightly.

The orthopaedic clinic, to which children with minor deformities are sent from the welfare centres, is held weekly. After examination by the orthopaedic surgeon, the prescribed treatment is carried out by a full time physiotherapist who attends the clinic daily. During the year 809 attendances were made by 179 children of whom 108 were attending for the first time.

The ultra-violet light clinic is held twice weekly, and children suffering from debility and other conditions likely to benefit are referred to it from the welfare centres. During the year, 211 cases made 1,164 attendances.

(f) Infant Deaths.

There were 108 deaths of children under the age of five years ; of these, 85 failed to survive the first year, and of these, 54 failed to survive the first month. The causes of death are given below :—

Cause of Death.	0—4 Weeks.	1—12 Months.	1—4 Years.
Tuberculosis, lungs	—	—	1
Tuberculosis, meninges	—	1	—
Meningococcal meningitis	—	—	1
Neoplasm, kidney	—	—	2
Neoplasm, liver	—	—	1
Cerebellar tumour	—	—	1
Leukaemia	—	1	1
Acute rheumatic pancarditis	—	—	1
Rheumatic fever	—	1	—
Pneumonia	4	5	1
Bronchitis	—	1	1
Bronchiectasis	—	—	1
Laryngitis	—	—	1
Upper respiratory infection	—	—	1
Otitis media	—	—	1
Retropharyngeal abscess	—	1	—
Gastro-enteritis	1	11	1
Intussusception	—	1	—
Mesenteric cyst	—	—	1
Renal acidosis	—	—	1
Bladder stone	—	—	1
Prematurity	18	—	—
Post-natal asphyxia and atelectasis	9	—	—
Cerebral birth injuries	9	—	—
Congenital abnormalities	6	4	2
Erythroblastosis	4	—	—
Haemorrhagic disease of the newborn	3	—	—
Purpura haemorrhagica	—	—	1
Hypoglycaemic convulsions	—	1	—
Rickets	—	1	—
Boil on chin	—	1	—
Accidental drowning	—	—	1
Accidental scalds	—	—	1
Accidental burns	—	1	—
Accidental suffocation	—	1	—
	<hr/> 54	<hr/> 31	<hr/> 23

(g) **Premature Infants.**

There is one full-time trained premature baby nurse, who is relieved by a clinic nurse with special training in premature babies. All infants born at home weighing $5\frac{1}{2}$ lbs. or less are notified to the

premature baby nurse on the day of birth ; those born in hospital are notified to her by telephone on the day of discharge, followed by a letter giving details of the treatment received. The nurse visits all premature infants, the frequency depending on their weight and condition ; all are weighed weekly.

The equipment provided consists of cots, hot water bottles, covers, cot thermometers, clinical thermometers, flannel gowns and vests and also masks and gowns for the nurses.

During the year, 175 babies were born weighing $5\frac{1}{2}$ lbs. or less to mothers normally resident in Wolverhampton. Of these 78 were born at home, 14 in private nursing homes and 83 in National Health Service hospitals ; 17 of the babies born at home were transferred subsequently to hospital and the remaining 61 were nursed entirely at home.

The birth weights (Column I) of all premature babies born alive at home (Column II), the number of these nursed entirely at home (Column III) and the number surviving 28 days (Column IV) are shown in the following table :—

I.	II.	III.	IV.
Under 2 lbs. 3 ozs.	3	2	0
2 lbs. 3 ozs.—3 lbs. 4 ozs.	5	2	0
3 lbs. 4 ozs.—4 lbs. 6 ozs.	15	6	3
4 lbs. 6 ozs.—4 lbs. 15 ozs.	11	9	9
4 lbs. 15 ozs.—5 lbs. 8 ozs.	44	42	39
	<hr/>	<hr/>	<hr/>
	78	61	51

Of the 61 babies nursed entirely at home, 51 survived the first 28 days ; of the 14 born in private nursing homes 10 survived the first 28 days.

The premature baby nurse paid 1,068 visits to premature babies born at home and 285 visits to premature babies discharged from hospitals or nursing homes. In addition, she paid visits to weakly infants requiring special care.

(b) Illegitimate Children.

There were 131 illegitimate children born alive during the year ; there were also 6 illegitimate still births. The local authority does not maintain a home for expectant mothers or for mothers and babies, but makes grants to the Legge Home and the Hay Home

of £246 and £50 respectively. When required, patients are admitted to Diocesan Moral Welfare or Roman Catholic or Salvation Army Homes ; necessary financial assistance is given to meet the charges.

During the year, 10 cases were admitted to Diocesan Moral Welfare Homes at Burton, Newcastle-under-Lyme and Wolverhampton, one case to a Roman Catholic Home in Birmingham and one case to a Salvation Army Home at Birmingham.

(i) Ophthalmia Neonatorum.

One case was notified. There was no impairment of vision.

(j) Supply of Dried Milks, etc.

Facilities are provided at infant welfare centres for the distribution of cod liver oil and orange juice under the Government Welfare Food Scheme. Dispensaries are attached to two infant welfare centres situated at opposite ends of the town, at which can be obtained, when prescribed, Ostermilk, Cow and Gate, Allergilac and Carnation Evaporated Milk ; in addition nutrients such as Maltolene, Virol and Adexolin are also available if they have been prescribed.

(k) Dental Care.

Expectant and nursing mothers who wish to make use of the facilities provided by the local health authority are able to have dental treatment at the Women's Hospital. During the year six patients completed treatment and were provided with dentures.

The proposed arrangements for all forms of dental treatment for expectant mothers, including dentures where necessary, to be provided by the authority's own dental surgeons had again to be postponed owing to the depletion of staff. They did however give dental treatment to 604 children under 5 years of age during the year.

(l) Day Nurseries.

The day nurseries at Bushbury Road and Birmingham Road have accommodation for 75 and 40 children respectively, and the former provides facilities for the training of nursery students for the certificate of the Nursery Nurses Examination Board. On the Council's instructions, the Birmingham Road Day Nursery was closed in June, 1952, and on the Council's instructions it was opened again in the following November.

The charge is 2/- each day for children in the priority groups, which include the children of widows, widowers, unmarried mothers and separated or divorced parents, children from families in which the mother is ill, the father unemployed, incapacitated or in the Forces, and children with a parent in prison. The charges for other cases, which are admitted with the consent of the Health Committee, vary with the means of the parent, with a maximum of 11/- a day.

The following is a summary of the attendances at the nurseries during the year :—

	The Woodlands.	Birmingham Road.
Number of days open	253	137
Attendances under 2 years	4,072	748
Attendances 2—5 years	8,723	1,991
Average daily attendance under 2 years	16.1	5.5
Average daily attendance 2—5 years	38.4	14.5

The low attendances at Birmingham Road reflect the cessation of new admissions early in the year when its closure was imminent, and the small initial attendances when it was later re-opened.

3. Midwifery.

(a) General Provision.

During the year 3,697 confinements took place in the borough ; of these 1,378 were conducted in the mother's home, 1,875 were conducted in institutions and 444 in private nursing homes.

Notifications of intention to practise in Wolverhampton were received from :—

(i) trained midwives in institutions (R.H.B.)	34
(ii) municipal midwives	21
(iii) independent midwives—domiciliary ...	3
(iv) maternity nurses (private nursing homes) ...	18

Supervision is exercised by the Senior Medical Officer for Maternity and Child Welfare in her capacity as Medical Supervisor, and by the Non-Medical Supervisor of Midwives. Private midwives and midwives acting as maternity nurses in domiciliary practice are visited by the non-medical supervisor four times each year for the purpose of examining records and equipment, and once each year in order to accompany them on a nursing round.

The medical supervisor inspects nursing homes periodically and the non-medical supervisor pays quarterly visits to see the midwives and maternity nurses employed in them ; if puerperal pyrexia, ophthalmia neonatorum or a still birth occurs, a special investigation is made.

(b) Municipal Midwives.

At the end of the year there were 20 municipal midwives. They attended 1,224 cases as midwives and 116 cases as maternity nurses, the doctor being present at 8.7 per cent of deliveries. Altogether 29,812 visits were paid by the midwives to women delivered at home, including 6,796 ante-natal visits ; in addition 187 cases delivered in hospital and discharged before the fourteenth day were visited during the remainder of the lying-in period. Medical aid was sought for 17 patients during pregnancy, 114 patients during labour and 50 patients during the puerperium ; in addition it was sought for 25 infants.

All municipal midwives are trained to administer gas and air analgesia. The " Minitt " midwives' model is the apparatus used, and it is transported to the patient's home, collected and serviced by the Central Ambulance Depot. Patients receive instruction in its use at the ante-natal clinics. Gas and air was administered to 742 patients ; in addition, 43 patients received general anaesthetics, 117 had trilene, and pethidine was given to 771.

Municipal midwives deliver about six cases each month and attend the ante-natal clinics to book and examine their patients ; in addition, the midwife visits the patient's home at least twice, once early in pregnancy to ascertain that it is suitable for a domiciliary confinement, and again late in pregnancy to confirm that adequate arrangements have been made. Expectant mothers seeking admission to hospital on social grounds apply to the Health Department and subsequently they are visited in their homes by a midwife who reports on the conditions and circumstances ; the reports are considered by the medical and non-medical supervisors, who then select those most urgently needing the available hospital accommodation.

Ante-natal clinics at which the midwives are present were attended by 2,394 women of whom 1,878 were new cases and an average of 3.5 visits was made by each patient. The number of new cases was higher than ever before.

No midwives attended refresher courses during the year, but two attended a Relaxation Course at Birmingham organised by the Royal College of Midwives. No arrangements exist in Wolverhampton for Part II training, but joint action by the hospitals and the local authority is expected to provide facilities in the near future.

4. Health Visiting.

The establishment is a superintendent and 14 health visitors. At the end of the year the staff consisted of a superintendent, 10 full and one part time health visitors. In addition to instructing and advising mothers at the ante-natal and infant welfare sessions, and visiting expectant and nursing mothers and children under school age, the health visitors undertake many other duties. These include visiting tuberculous patients in their homes, cases of infectious disease, patients discharged from hospital and in need of after-care, and elderly people who may require domestic or other assistance in the home. One health visitor spends two sessions weekly assisting in tracing and following up cases on behalf of the venereal diseases clinic. At present, considerable time is devoted to visits in connection with the Medical Research Council's investigations into the efficiency of inoculating school leavers against tuberculosis.

Details of the effective visits during 1952 are given below :—

Expectant mothers	...	...	...	559
Infants	...	...	...	7,226
Children (1—5 years)	...	...	...	10,389
Infectious Diseases	...	...	...	675
Special visits	...	...	...	2,760
Tuberculosis visits	...	...	...	339
Total visits	...	...	...	<u>21,948</u>

In addition, health visitors attended 2,302 half-day sessions at the clinics.

The Council offers facilities to suitable candidates to train as health visitors. Their tuition and examination fees are paid, and in addition they receive three-quarters of the minimum salary of a health visitor and also a uniform allowance ; they are required to give an undertaking to stay a year and a half after qualification. One student is at present undergoing training at Birmingham.

5. Home Nursing.

At the end of the year the staff of home nurses consisted of a superintendent, 7 full time state registered nurses, 2 full time state enrolled assistant nurses and 2 part time state registered nurses. The members of the staff are non-resident with the exception of the superintendent and one nurse who live at headquarters, No. 3, Bath Road.

All general practitioners in the area use the service ; they either telephone to the superintendent informing her of the patient's requirements or leave a note with the relatives instructing them to deliver it to the headquarters of the service. When a patient about to be discharged from hospital will require nursing treatment after returning home, the hospital almoner usually notifies the home nurses in advance.

The number of new cases attended by the nurses was 10 per cent more, and the total number of visits 20 per cent more than in the previous year. A summary of the work of the nurses is given below :—

Cases on register on 1.1.52.	New Cases.	Total Visits.	Cases on register on 31.12.52.
107	1,201	29,458	147

The nature of the cases and the number of visits was :—

Acute medical	1,962	Others	424
Chronic medical	14,560	Pulmonary tuberculosis	7,334
Surgical	5,072	Non-pulmonary tuberculosis	79
Abortions	2		
Infectious	25		

The rapid growth of the domiciliary treatment of pulmonary tuberculosis is again noticeable ; in the last 4 years visits to tuberculous patients have increased from a negligible quantity to 20 a day.

No arrangements exist locally for district nurse training, nor have any of the staff attended refresher courses.

6. Vaccination and Immunisation.

(a) Vaccination against Smallpox.

During the year 842 persons were vaccinated and 237 re-vaccinated. Of those vaccinated 722 were under one year old, and of those re-vaccinated 207 were over 15 years old. Medical officers of the local authority carried out 360 of the 1,079 vaccinations and re-vaccinations.

As 2,675 infants were born alive during the year, the 722 vaccinated under one year old represented 27 per cent of those born.

(b) Immunisation against Diphtheria.

During the year, 1,042 children under the age of 15 years were immunised by private practitioners and 1,715 by medical officers of the local authority in schools, clinics and day nurseries, making a total of 2,757 children immunised against diphtheria. In addition, reinforcing doses were given to 2,121 children, almost entirely in school. The estimated percentage of the child population immunised against diphtheria is :—

(i) under 5 years old :	immunised 37%
(ii) 5—15 years old :	immunised 80%
(iii) 0—15 years old :	immunised 65%

(c) Propaganda.

Health Visitors inform mothers of the importance of vaccination, on their first visit to the home after the birth of the child. When the infant is three months old, the mother is advised to visit either her own doctor or the clinic to have the child vaccinated. Similarly, the parents are advised by health visitors, both at the clinics and in domiciliary visits to have their children immunised against diphtheria at about the age of 8 months either by their family doctors or at the clinic ; notices are put in local papers giving full details of the clinic sessions.

The parents of all school entrants receive a form asking permission to immunise their children, or, if they have already been protected, to give them a reinforcing dose ; this procedure produces a large number of positive replies.

7. Ambulance Service.

The service has a staff of 34 and a fleet of 15 vehicles consisting of 10 ambulances, 4 sitting-case cars and a mortuary van. The number of calls, 30,605 was about 25 per cent more than in the previous year, and the total mileage showed an increase of over 15 per cent. Approximately 4 per cent of calls were to accidents and 2.5 per cent to emergencies.

The Ambulance Officer draws attention to an increase of 30 per cent in the number of sitting-case patients, although there was a decrease in the out-patients attendances at the Royal Hospital; the increase was due to the greater proportion of out-patients using sitting-case transport. The card system for the authorisation of transport at the hospitals was introduced in January, 1952 and proved effective in eliminating unnecessary journeys for patients who had completed their treatment. The fact that the number of sitting-case patients has increased since that date appears to indicate that the system has simplified the method of authorisation, and that the hospital staff have been very sympathetic in authorising transport; not infrequently if an ambulance has been late in calling for a patient, it has been found that he has already made his own way to hospital. The Ambulance Officer reports that as a consequence of the increasing number of calls in 1952, representations have been made to the hospital authorities for a conference on the subject, so far unsuccessfully.

8. Prevention of Illness, Care and After-care.

(a) Tuberculosis.

In association with the Regional Hospital Board, the Local Health Authority has responsibilities for the care of the tuberculous. The duties of the Health Authority relate to prevention and after-care; the indissoluble bond between these and treatment of the disease is recognised in the arrangement by which chest physicians are employed jointly by the Board and the Corporation, the latter paying a proportion of their salaries; in Wolverhampton the staff concerned consists of a consultant and two senior hospital medical officers, and the proportion paid by the local authority is 1/11th in the cases of the consultant and one senior hospital medical officer, and 2/11ths in the case of the other senior hospital medical officer, or in all, the equivalent of 4/11ths of the salary of one chest physician. In pursuance of their duties relating to the prevention of

tuberculosis, the chest physicians are concerned with the welfare of contacts, and arrangements exist whereby they can administer B.C.G. Vaccine ; four contacts were vaccinated during the year under these arrangements. In addition, many other children were vaccinated by the paediatricians.

All notified cases of tuberculosis are brought to the notice of the health visitors and the after-care officer, and the latter attends the chest clinic daily. She deals with the many problems resulting from the long illness often associated with the disease, advising patients how to obtain the assistance they require and if necessary arranging for its provision by the Health Authority. The assistance includes financial help, clothing and bedding grants, free milk, arranging nursery accommodation for children and putting the patient in touch with the Disablement Rehabilitation Officer. During the year 307 cases were dealt with including 89 who received free milk.

The Wolverhampton Mass Radiography Unit carried out a survey in Wolverhampton in May and June. The Health Department obtained the use of accommodation in the Central Library and published the advertisements and notices announcing the survey. In the course of 6 weeks, 18,000 people were X-rayed, and the Medical Director of the Unit had little doubt that the public sessions could have continued for several weeks without any diminution in the response.

The Health Department continues to co-operate with the Housing Department by indicating which tuberculous patients require re-housing urgently.

(b) Other Illness.

The after-care officer makes application on behalf of suitable patients for admission to convalescent homes which cannot be arranged through other channels ; the patients are asked to contribute towards the cost according to their means. The following details refer to the cases dealt with during the year :—

Applications received	74
Admitted to convalescent homes ...	61
Sent through another agency ...	2
Vacancy refused	8
No suitable vacancy found	3
	—

A supply of equipment is available for lending to patients nursed at home, who are required to pay a deposit which is refunded on the return of the equipment in good condition. During the year equipment was provided for 272 patients nursed at home.

9. Domestic Help.

At the end of the year, there were 6 full-time and 24 half-time home helps, and in addition 5 part-time workers employed for two hours daily.

The cases assisted by home helps during the year consisted of :—

Chronic illness	...	...	...	...	187
Acute illness	...	...	...	...	118
Maternity	...	...	...	...	69
Tuberculosis	...	...	...	...	10
Total	...	...	...	...	<u>384</u>

The organiser investigates the conditions in every case before domestic help is sent, and subsequently she pays weekly visits ; during the year she paid 2,297 visits. The special training which home helps have received in the past at the Technical College was not repeated during the year.

10. Health Education.

An annual contribution of £75 is made to the Central Council for Health Education, and one of £5 5s. od. to the National Association for the Prevention of Tuberculosis. Five sets of poster boards in various parts of the town are used for the display of topics supplied by the Central Council for Health Education which are changed monthly ; material from the same source is used for a display frame in the Health Department.

The health visitors teach mothers in small groups in the clinics, they advise them in their homes on the management, feeding and clothing of children, they stress the danger of accidents and the importance of vaccination and immunisation. When measles, influenza or common colds are becoming widespread, appropriate pamphlets prepared by the Central Council for Health Education are distributed in the clinics.

The parents of school entrants are advised to allow their children to be immunised or if this has been done already, to receive a reinforcing dose, and to have them patch-tested for tuberculosis. Large numbers of school leavers during the past year have been invited to participate in the investigations being made by the Medical Research Council's Tuberculosis Prevention Unit.

When the Mass Radiography Unit was operating in the town in May and June to visit factories and hold public sessions, approximately 18,000 people responded to the invitation to be examined.

Particular emphasis is laid on cleanliness in food storage and food preparation premises, and the dangers of food poisoning are mentioned in many of the talks given by members of the staff to various organisations. Addresses were given during the year to such bodies as parents' associations, youth clubs and social, professional and political organisations.

11. Mental Health.

(a) Administration.

The Health (Mental Health) Sub-committee meets monthly and delegates no duties to voluntary associations.

The staff of the Health Department includes one female and two male mental health workers who are all duly authorised to take initial proceedings for providing care and treatment for persons suffering from mental illness, an occupation centre supervisor, three assistant supervisors and a trainee. The female mental health worker deals also with mental defectives and the two male workers (who have both been relieving officers) undertake the after-care of patients who have been mentally ill. The clerical work associated with the mental health services is done in the Health Department.

During the year two assistant supervisors of the occupation centre attended a six-day course in London organised by the National Association for Mental Health for staffs of occupation centres, and two mental health workers attended a three-day seminar in Birmingham organised by the Central Council for Health Education. Apart from the occupation centre, no arrangements have been initiated for the training of staff.

Co-ordination with the hospital authorities tends to grow. The central bed list for mental defectives inaugurated in February 1952

by the Regional Hospital Board has proved satisfactory and fourteen vacancies were allotted to this authority during the year ; Wolverhampton patients on licence from most mental deficiency institutions are supervised by the staff of the Health Department. The value of exchanging information between the staffs of mental hospitals and local health authorities is being appreciated increasingly by some psychiatrists and fortnightly discussions now are held between the mental health workers of the authorities whose patients are admitted to St. George's Hospital, Stafford and the hospital's welfare officer ; the written information received by the Health Department about patients who have been discharged from hospital requires augmenting considerably before it will prove as valuable as it should ; opportunities for mental health workers to supervise patients on trial from mental hospitals do not occur in this area where it is usual for hospitals to discharge patients without trial.

(b) Work Undertaken in the Community.

(i) Mental Treatment.

Under Section 28 of the National Health Service Act, mental health workers either interviewed in the Health Department or visited in their homes 470 people who applied to them for help because of mental illness or who had been referred to them by general practitioners ; they also paid 143 visits during the year to former mental hospital patients and 33 were being visited regularly at the end of the year.

Most patients suffering from mental illness are admitted by duly authorised officers, at the request of general practitioners, to New Cross Hospital for three days under Section 20 of the Lunacy Act, and then those observed by the medical superintendent to require further hospital treatment are transferred to St. George's Hospital, Stafford ; an increasing proportion of patients voluntarily request treatment for mental illness and usually are admitted to St. George's Hospital directly from their homes. During the year 105 patients (54 males and 51 females) were admitted to New Cross under Section 20 ; of these, 19 men and 5 women were subsequently certified and transferred to a mental hospital, one man was admitted to a mental hospital as a temporary patient and one man and one woman submitted themselves for voluntary treatment in a mental hospital. Three women were certified in their own homes and admitted to mental hospitals without prior admission

to New Cross for observation. In all, 27 persons (19 men and 8 women) were certified and admitted to mental hospitals, and one man was admitted as a temporary patient. In addition, 66 persons (38 men and 28 women) submitted themselves for voluntary treatment (an increase of 5 on the previous year), representing 70 per cent of all admissions.

Of the 28 certified patients (including one temporary) admitted to mental hospitals during the year, 13 were discharged relieved and 3 died ; in addition, 10 patients admitted prior to 1952 were also discharged. Of the 66 voluntary patients admitted during the year 6 were discharged recovered, 21 relieved and 15 not improved. At the end of the year 412 Wolverhampton residents (188 males and 224 females) were known to be receiving treatment in mental hospitals.

(ii) Mental Deficiency.

Under the Mental Deficiency Acts, 11 ineducable children of school age and 7 children leaving the special school for educationally sub-normal children at the age of 16 were found to require supervision ; these 18 children were placed under statutory supervision. Steps were taken to keep in touch with a further 12 children leaving the special school at the age of 16, although they were not regarded as requiring statutory supervision. In addition 6 cases subject to be dealt with were brought to the notice of the Health Department by the Children's Department, general practitioners, the Secretary of State and the Clerk to the Justices, and 4 of these were found institutional vacancies ; the remaining two were still on the waiting list at the end of the year along with 6 other cases which had been awaiting vacancies for over a year. During the year five cases requiring short-term care were dealt with in accordance with the procedure laid down in a recent circular issued by the Ministry of Health ; three of these patients were admitted to mental deficiency hospitals and two were admitted to a private home near Liverpool administered by the National Association for Mental Health.

There is effective co-operation with the local staff of the National Assistance Board who accept recommendations from the Health Department regarding any defective in need of a maintenance grant. Children attending the Occupation Centre receive a grant from the Board on attaining the age of 16 years, as do most

unemployable defectives over that age. Not all cases under supervision require a maintenance grant as a substantial proportion of them are employable in sheltered occupations ; most of these employable defectives have been notified by the Education Authority on leaving Beckminster Special School.

At the end of the year there were 36 patients (16 males and 20 females) under guardianship, a decrease of 4 in a year ; these cases are all unemployable and receive grants from the Assistance Board. The conditions of guardianship under the Mental Deficiency Acts are still carried out, the homes are visited regularly and arrangements are made for each patient to be seen by a doctor at least once a year.

The Occupation Centre continues to satisfy a great need ; there were 63 children attending regularly compared with 56 a year before ; among those attending were 5 cases living in Staffordshire within travelling distance of the Centre and for whom a training fee was paid by the County Council. The centre is open during the usual school hours and school holidays are observed ; school meals are provided free and school milk is also supplied to the children under 16 years of age. The School Health Service is used and regular visits are made by a school nurse ; the children attend the minor ailment and dental clinics. A Sale of Work is held annually and there is always a demand for the articles made by the children ; the Parent Association continues to be active and two well attended meetings were held during the year.

The present building opened in 1947 greatly increased the available accommodation and many more children were admitted. This accommodation, however, is still far from adequate and it is hoped that the proposed extension will be completed soon, when arrangements will be made for additional classes for adult mental defectives.

The mental defectives ascertained in 1952 comprised the following :—

	Males.	Females.	Total.
(i) Reported under Education Act (Subject to be dealt with)	12	6	18
(ii) Reported under Education Act (Not subject to be dealt with)	7	5	12
(iii) Other cases subject to be dealt with	2	4	6
	<hr/> 21	<hr/> 15	<hr/> 36

These cases were disposed of as follows :—

	Males.	Females.	Total.
(i) Placed under statutory supervision	12	6	18
(ii) Placed under voluntary supervision	7	5	12
(iii) Admitted to institutions	1	3	4
(iv) Action not yet taken	1	1	2
	<hr/>	<hr/>	<hr/>
	21	15	36

The following cases were removed from the list of defectives :—

(i) Ceased to be under care	0	4	4
(ii) Died, removed, lost sight of	7	3	10
	<hr/>	<hr/>	<hr/>
	7	7	14

The number of ascertained defectives known to the Health Department at the end of 1952 was 705, made up as follows :—

(i) In Institutions (including cases on licence)	128	110	238
(ii) Under guardianship	16	20	36
(iii) Under statutory supervision	135	126	261
(iv) Under voluntary supervision	92	76	168
(v) Action not yet taken	1	1	2
	<hr/>	<hr/>	<hr/>
	372	333	705

Two unmarried defectives gave birth to children in 1952 ; one male and also one female defective married during the year.

12. Care of the Aged and Infirm.

The National Assistance Acts 1948 and 1951 provide for persons who being seriously ill or being aged, infirm or incapacitated are living in insanitary conditions and are unable to obtain proper care and attention. Action can be taken by the local authority if the Medical Officer of Health certifies that it is necessary to remove such persons either in their own interest or for preventing injury or serious nuisance to others.

During the year, 6 cases (5 women and one man) were brought to the notice of the Health Department by the Welfare Services Department, health visitors and sanitary inspectors. One case was persuaded to accept institutional accommodation ; a second was able to obtain suitable care and attention at home with the assistance of neighbours ; a third, a widow of 80 suffering from dropsy and extensive ulceration of one leg, the sole occupant of a house, agreed to enter hospital when an application was about to be made to the justices for her removal, but she died on the way to the hospital.

Orders were obtained for the removal of the three remaining patients ; two were taken to accommodation provided under the National Assistance Acts at The Poplars, and the third was taken to hospital. One of the cases taken to The Poplars was an emaciated and frail widow of 77 who was living alone in a cold house without either food or means of heating ; the other was a widow well over 80, deaf, mentally confused, emaciated and unwashed, living alone in a house smelling strongly of gas coming from an unlit jet turned partly on. The patient removed to hospital was a single woman of over 80 living in her own house, bedfast, incontinent, with extensive ulceration of the skin, attended only by another old lady who lodged with her but who was deaf and almost blind ; this patient died in hospital three weeks after admission.

SECTION III.

INFECTIOUS AND OTHER DISEASES.

1. Incidence.

The corrected notifications per 1,000 population of certain infectious diseases in Wolverhampton, the 160 County Boroughs and Great Towns (including London) and England and Wales during 1952 are appended —

Disease	Wolverhampton.	160 Great Towns.	England & Wales.
Typhoid	—	0.00	0.00
Paratyphoid	—	0.02	0.02
Meningococcal infection	0.05	0.03	0.03
Scarlet Fever	2.00	1.75	1.53
Whooping Cough	5.78	2.74	2.61
Diphtheria	0.02	0.01	0.01
Erysipelas	0.15	0.15	0.14
Smallpox	—	0.00	0.00
Measles	5.77	10.11	8.86
Pneumonia	0.90	0.80	0.72
Acute Poliomyelitis			
Paralytic	0.04	0.06	0.06
Non-paralytic	0.03	0.03	0.03
Food poisoning	0.04	0.16	0.13
Puerperal Pyrexia	34.67*	23.94*	17.87*

*Per 1,000 Total (Live and Still) Births.

2. Scarlet Fever.

There were no deaths among the 324 cases known to have occurred, 66 of which were nursed in hospital.

3. Diphtheria.

Only three cases occurred, which all recovered. One case was admitted to hospital.

4. Whooping Cough.

The 938 notifications represented an increase for the third successive year ; the disease was most frequent during the second and third quarters of the year. Cases admitted to hospital numbered 24 and there were no deaths from the disease.

5. Measles.

The notifications numbered 935 and were less than half those of the previous year ; 3 cases were nursed in hospital ; no deaths occurred from the disease.

6. Poliomyelitis.

The number of cases notified was 11, of which 6 were paralytic and 5 were non-paralytic ; 9 were nursed in hospital ; there were no deaths from the disease. The age and sex distribution of the cases was :—

Age.	Males.	Females.
1— 4 years	2	1
5— 9 years	2	2
10—14 years	1	2
25 and over	—	1
Total	5	6

In 1950 there were 65 cases and 3 deaths, and in 1951 there were 6 cases and no deaths.

7. Meningococcal Infection.

There were 8 confirmed cases of meningococcal meningitis ; all were admitted to hospital ; there were two deaths.

8. Pneumonia.

There were 146 cases of pneumonia notified, 30 of which were nursed in hospital. Although there were 78 deaths from pneumonia, few of these occurred among the notified cases and presumably in the majority of fatal cases the disease occurred as a terminal complication.

9. **Dysentery.**

Notifications numbered 28. Hospital admission was sought for none of these cases. There were no deaths.

10. **Food Poisoning.**

There were 6 cases notified, four in one family and two in another. The cause was not ascertained in either incident.

11. **Puerperal Pyrexia.**

The number of cases notified was 93 with no deaths ; of these cases, 6 were patients confined in nursing homes, 10 were patients confined at home, and 77 were patients confined in hospital.

12. **Miscellaneous.**

There were 24 cases of erysipelas with no deaths, one case of ophthalmia neonatorum without impairment of vision, one case of malaria contracted abroad, one fatal case of tetanus and one fatal case of infective hepatitis.

13. **Venereal Diseases.**

The treatment of these diseases is the responsibility of the Regional Hospital Board and facilities are provided at the Royal Hospital.

Syphilis. During the year 46 cases (17 males and 29 females) were dealt with for the first time. Of these, 28 were Wolverhampton residents.

Gonorrhoea. There were 96 cases (75 males and 21 females) dealt with for the first time and 68 of these were Wolverhampton residents.

Other Conditions. The number of cases dealt with for the first time was 518 (362 males and 156 females) but 279 of them did not require treatment. Of the 518 cases 310 were Wolverhampton residents.

14. **Tuberculosis.**

This disease which has afflicted the human race long enough to have left its traces in the remains of stone age man, reached the zenith of its havoc in this country during the 19th Century when the squalid slums of our towns, a grim legacy of the Industrial Revolution, provided a suitable soil for the ravages of the disease.

In Wolverhampton during the first three years after uninterrupted records began in 1877, the average annual death rate from tuberculosis was 196 per 100,000 of the population ; for the period 1881—1890 it rose to 232 per 100,000, reaching in 1886 the truly deadly rate of 266. In the next decade, 1891—1900, it was 185 per 100,000 ; for the period 1901—1910 it fell to 143 but for the next decade, 1911—1920, the death rate of 141 showed little decline.

When these death rates, which are for all forms of tuberculosis, are divided into pulmonary and non-pulmonary death rates, it is found that the improvement achieved between the late 1870's and 1910 was due almost entirely to a fall in the pulmonary rate and hardly at all to any decline in the non-pulmonary rate ; during the next decade, 1911—1920, although the death rate from all forms of tuberculosis showed little change, the death rate from non-pulmonary tuberculosis fell substantially while the pulmonary rate rose.

Since 1920, there have been continuous declines in both pulmonary and non-pulmonary death rates. For the period 1921—1930, the death rate from all forms of tuberculosis was 76 per 100,000, for the decade 1931—1940 it was 69 and for the decade 1941—1950 it was 51. Recently the decline has been more rapid ; the death rate from all forms of tuberculosis in 1951 was 51 per 100,000, and in 1952 with 41 deaths (35 pulmonary and 6 non-pulmonary) the rate fell sharply to 25 per 100,000, which is less than one-tenth of what it was in 1886.

While the Local Health Authority no longer organises the treatment of tuberculosis, it still is responsible for the rewarding duty of preventing it. With this end in view, the Health Department advises the Housing Department which families containing a tuberculous member are likely to benefit from priority in housing provision. Further, in order to ascertain hitherto undetected cases, a visit from the Mass Radiography Unit lasting six weeks in May and June was arranged and for part of the time public sessions were held. During the visit over 17,800 people were X-rayed and the rate per 1,000 found to have active pulmonary tuberculosis was 3.6 which was close to the national average of 3.5. The rate per thousand among cases referred by general practitioners was 19.7 or six times that of people who came of their own accord (3.2); this difference emphasises how beneficial to the health of the community it would be for general practitioners to have easy access at all times to facilities for X-ray examinations of the chest.

The school Health Service also makes a valuable contribution to combating tuberculosis ; for several years, Dr. Sergeant, Senior Medical Officer in the School Health Department, has organised the tuberculin jelly testing of all entrants to Wolverhampton schools, and in this way young children who have been exposed to tuberculous infection can be detected. By investigating the families from which positive reactors come, a number of unsuspected cases of pulmonary tuberculosis are discovered each year.

The Medical Research Council is investigating at present the value of vaccines in the prevention of tuberculosis. A series of groups of Wolverhampton school leavers are participating in these extensive investigations in which members of the staff of the Health Department assist.

Notification. The number of new cases of tuberculosis notified in 1952 and the four preceding years are given below :—

Year.	1948.	1949.	1950.	1951.	1952.
Pulmonary					
Male	97	96	80	92	103
Female	59	59	43	51	82
Non-Pulmonary					
Male	7	12	7	4	8
Female	7	12	7	6	9
Total	170	179	137	153	202

During the six weeks the Mass Radiography Unit was in the town, it brought to light 74 cases of active tuberculosis ; of these, 24 were among patients or contacts referred by general practitioners or the chest clinic, and eventually they would have been X-rayed at the chest clinic where the disease would have been discovered. The remaining 50 cases, however, were among the general public, and in the absence of the Mass Radiography Unit they probably would not have been discovered at this stage. The increase of 49 in the number of notifications in 1952 is therefore in all likelihood not an indication of increased prevalence of infection but merely of earlier ascertainment.

The cases remaining on the register at the end of 1952 were classified as follows :—

Pulmonary		Non-Pulmonary	
Male	504	Male	58
Female	354	Female	60
	<hr/> 858		<hr/> 118

Deaths. The deaths from tuberculosis in 1952 and the preceding four years are given below :—

Year.	1948.	1949.	1950.	1951.	1952.
Pulmonary					
Male	55	59	51	53	29
Female	28	31	22	26	6
Non-Pulmonary					
Male	5	5	9	2	5
Female	2	1	5	2	1
Total	90	96	87	83	41

The 6 fatal cases of non-pulmonary tuberculosis comprise an infant, a child five years old, a youth 15 years old and a man 26 years old who all died of tuberculous meningitis, a youth of 16 years who died of tuberculosis of the spine with tuberculous meningitis and a middle aged man who died of tuberculosis of the kidney. The child who died had been in contact with a known case of pulmonary tuberculosis.

Details of notifications and deaths are given below :—

Age.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0—1	—	—	—	—	—	—	1	—
1—4	6	5	1	—	—	1	—	—
5—14	8	11	3	3	—	—	—	1
15—24	19	36	2	4	1	1	2	—
25—34	14	18	1	1	2	1	1	—
35—44	26	8	—	1	7	—	1	—
45—54	14	1	—	—	9	2	—	—
55—64	13	3	1	—	5	1	—	—
65 & up.	3	—	—	—	5	—	—	—
Totals	103	82	8	9	29	6	5	1

15. Cancer.

The number of deaths attributed to cancer and allied conditions was 310.

The age distribution of the cases was :—

Age.	Male.	Female.	Total.
0—4	1	4	5
5—14	1	2	3
15—24	3	—	3
25—44	7	16	23
45—64	71	59	130
65—74	46	39	85
75 and over	28	33	61
	<u>157</u>	<u>153</u>	<u>310</u>

The sites of the disease were :—

	Male.	Female.	Total
Face, lip	—	2	2
Tongue, uvula, parotid	2	1	3
Oesophagus	7	—	7
Stomach	34	13	47
Large intestine	12	33	45
Rectum	8	11	19
Anus	1	—	1
Pancreas	8	2	10
Liver and biliary passages	5	4	9
Peritoneum	—	1	1
Larynx	1	—	1
Lungs and bronchus	40	6	46
Mediastinum, heart and thoracic organ	1	2	3
Breast	—	38	38
Uterus	—	14	14
Ovary	—	7	7
Kidney	2	4	6
Bladder	6	4	10
Prostate	11	—	11
Brain	5	1	6
Leukaemia, aleukaemia	4	5	9
Reticulosis, Hodgkin's disease	3	2	5
Bone	2	1	3
Other sites	5	2	7
	157	153	310

SECTION IV.

SANITARY CIRCUMSTANCES OF THE AREA.

(Report of the Chief Sanitary Inspector, F. Binns Hartley,
M.S.I.A., M.R. San.I.).

Although housing still remained an outstanding problem during the year under review, it is gratifying to note that an increased allocation of new houses was made available to the Health Committee for the re-housing of families displaced from sub-standard properties. Small though this increase was in comparison with the number of sub-standard properties existing, it not only enabled the continued clearance of the worst individual properties, but also the displacement of a small number of families from areas it is intended to redevelop comprehensively. Particulars are contained

in the report of the use made of this additional allocation, and show that of the two areas outstanding and confirmed by the Minister before the war, one has now been completely cleared and the other partially cleared.

Whilst this is a step forward and shows that the Committees responsible are carefully considering and endeavouring to alleviate this vexed situation, it should still be emphasised that this small reduction in the number of sub-standard properties must compare very unfavourably with the wastage caused by the depreciation and lack of maintenance of other properties.

Gypsies and the conditions associated with their way of life have caused more concern to the department during the year than ever before, for numerous complaints have been received from the inhabitants of properties in close proximity to the lands on to which they draw. The exodus to the fruit and hop growing areas during the summer months allows respite to the populace suffering nuisance from these nomads, but as the days shorten they surely return to be hounded and forced onwards from one authority to another. The time must have arrived when this section of the community is allowed its own living compounds, where the facilities provided make it possible for them to maintain a reasonable standard of hygiene under the control of the local authority.

In the early part of the year a survey of all existing pig sties was made to ascertain the conditions obtaining, and those not complying with the Bye Laws with respect to Nuisances which have operated within the borough from 1920 ; these Bye Laws made it an offence to keep swine within a distance of 100 feet from any building habitually used for human occupation. In April, 1952, a comprehensive report was submitted to the Health Committee, who after carefully considering all the implications, recommended the Council to authorise an amending Bye Law giving effect to a decrease of 50 feet in the distance within which pigs may not be kept from premises used for human occupation. This amendment was subsequently presented to and confirmed by the Minister of Housing and Local Government in November, 1952, and will operate within the borough from the 1st January, 1953.

In the Annual Report for the year 1950, it was reported that the conditions obtaining in the Retail Covered Market Hall were far from ideal and that following representations from the Health Committee, the Markets Committee were considering its reconstruction or its demolition and rebuilding ; plans are now being

prepared for its rebuilding. During the year, many minor improvements to the stalls have been made as interim measures pending the implementation of the suggested scheme.

Activity in the various other phases of environmental hygiene has proceeded, and the results obtained show the interest and enthusiasm with which these duties have been performed.

1. Water Supplies.

During the year, 7 samples were submitted for chemical analysis and 36 for bacteriological examination. The reports received in each instance indicated that the supplies were satisfactory.

2. Swimming Bath Water.

A total of 10 chemical and 20 bacteriological samples was submitted for analysis and examination and all proved to be satisfactory.

The adoption of "break point" chlorination at the swimming baths has proved most efficient, and despite seasonal overloading a high standard of purity has been continually maintained.

3. Offensive Trades.

59 routine inspections were made during the year to the 10 premises within the borough upon which offensive trades were operating. 3 informal notices were served and 6 improvements recorded.

4. Places of Public Entertainment.

Theatres, cinemas and public sports arenas were again visited during the year.

The high standard of sanitary accommodation and of hygienic conditions generally were maintained throughout the period and minor improvements only were effected as a result of notices served by this department.

5. Hairdressers' and Barbers' Premises.

A further two applications were received and approved during the year under Section 87 of the Wolverhampton Corporation Act, 1936, for the registration of hairdressers and their premises. During the same period hairdressing was discontinued at 14 premises, leaving a total of 157 persons and their premises on the register at the end of the year. 179 inspections were made of these premises. 21 informal notices were served, and a total of 40 improvements recorded.

6. Pharmacy and Poisons Act, 1933.

During the year, 6 applications were received for entry in the local authority's list of persons entitled to sell poisons under Part II of the above-mentioned Act; these applications were granted. 6 persons' names were removed from the list leaving a total on the register of 142 persons and firms, operating from 175 premises.

93 routine visits were paid to the premises listed, for the purpose of ensuring compliance with the Regulations with regard to the storage and sale of Part II poisons.

7. Sanitation, Housing, etc.

A total of 1,342 complaints was received and investigated.

The following tables summarise the inspections and revisits made, the notices served and improvements recorded with respect to sanitation, housing, etc.

Visits :—

Dwelling Houses :—

Inspections, Housing	...	...	...	...	29
Overcrowding	...	...	...	...	39
General Repairs	...	...	...	...	2,933
Common Lodging Houses	...	...	...	...	192
Tents, Vans, Sheds	...	...	...	...	26
Places of Public Entertainment	...	...	...	...	49
Keeping of Animals	...	...	...	...	538
Infectious Diseases	...	...	...	...	359
Miscellaneous	...	...	...	...	3,862
Total re-visits to all premises	...	...	...	...	5,342

NOTICES.

	Served.		Complied with.	
	Inti- mation.	Statu- tory.	Inti- mation.	Statu- tory.
Overcrowding	2	—	2	—
Dwelling Houses (The Public Health Act, 1936)	1,178	577	760	645
Common Lodging Houses	4	—	4	—
Places of Public Entertainment	7	2	4	—
Keeping of Animals	173	—	31	—
Totals	1,364	579	801	645

Total improvements recorded 3,389

8. Fumigation, Disinfection and Disinfestation.

Two hydrogen cyanide fumigations were carried out by specialist firms during the year; in the first case a warehouse and sack plant were treated against an infestation of rats; no foodstuffs were involved in this instance. The second fumigation involved the treatment of a flour and provender mill and associated buildings against insect pests. This was a routine annual treatment, and the foodstuffs fumigation certificate was granted by the Minister of Agriculture and Fisheries.

The following table summarises the action taken by this department :—

Articles Sprayed :—	
Bedding...	12
Miscellaneous articles of personal clothing ...	100
No. of Rooms Sprayed ...	26
No. of Rooms Fumigated ...	84
No. of other Buildings Disinfected ...	1
Vermin Destruction :—	
No. of Rooms Sprayed ...	27
No. of Rooms Fumigated ...	39
No. of Library Books Fumigated ...	103

9. Smoke Abatement.

Dwelling houses are exempt from the smoke abatement provisions of the Public Health Act, and are therefore not subject to the control of this department. Certain houses will however eventually be included in "Smokeless Zones" established in accordance with the Wolverhampton Corporation Act, 1950, and will then be subject to control.

Industrial chimneys are subject to routine smoke observations, 143 of which were carried out during the year. Excessive emissions of black smoke were recorded in only 5 instances. Two of these observations were on chimneys to steam boilers, which were found to be temporary installations due to the replacement of the existing main boiler by one of a larger capacity. Another emission was from a hand-fired steam boiler, which has been the subject of considerable alteration and improvement as a result of action by this department. The emission was due to the simultaneous cleaning of both grates during a break in the steam demand. This plant was also responsible for another excessive emission of black smoke, but in this instance it was due partly to the smoke from a metallurgical furnace which is served by the same chimney; the bye-laws governing the emission of black smoke do not apply to metallurgical processes, and no action was therefore taken in this

instance. The remaining excessive emission observed was due to an unskilled boiler attendant hand-firing steam boilers. There was an improvement after he had been instructed in firing practice, but the boilers are only used as a standby while the main boiler is being overhauled; the latter is automatically fired and there was no further nuisance from this source when it again operated.

Nuisance was caused by charred material from an incinerator, the flue of which is connected to a tall chimney used in connection with a steam boiler. Improved manipulation reduced the nuisance, but it is hoped that a new incinerator will be installed in due course.

10. Factories Acts, 1937 and 1948.

It is estimated that there are 989 factories within the borough; of these 911 have mechanical power and the remaining 78 have no mechanical power.

During the year, 299 inspections were carried out for the purpose of enforcing those parts of the Factories Acts and Regulations for which the local authority is responsible. As a result of these inspections 71 notices were served, by far the greatest proportion of which referred to sanitary conveniences. Of the 92 defects found, 61 were of insufficient, unsuitable or defective sanitary accommodation. Defects remedied during the year amounted to 158, of which 129 referred to sanitary accommodation; a number of these were outstanding from the previous year.

Details of inspections made, defects found and remedied, etc., are set out in the following tables :—

INSPECTION OF FACTORIES.

Premises.	No. on Register.	Number of		
		Inspec- tions.	Written Notices.	Prose- cutions.
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities (Non-Mechanical)	78	10	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority (Mechanical)	898	289	67	—
(iii) Other Premises in which Section 7 is enforced by the local authority (Electrical Stations, Engineering Construction Works, Building Operations)	60	—	—	—
Totals	1,036	299	71	—

Cases in which defects were found.

Particulars.	No. of cases in which defects were found.				No. of cases in which Prosecutions instituted.
	Found.	Remedied.	Referred.		
			To H.M. Inspector.	By H.M. Inspector.	
Want of cleanliness (S.1) ...	2	3	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7):					
(a) Insufficient ...	2	9	—	1	—
(b) Unsuitable or defective ...	59	120	—	6	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act	30	26	10	6	—
Totals ...	93	158	10	13	—

Outworkers : Lists of Outworkers received during 1952.

Description of Homework.	No. of Outworkers.	
	February.	August.
Making, repairing or altering of wearing apparel	5	5

11. Canal Boats.

During the year, 120 inspections were carried out, as a result of which 39 infringements of the Public Health Act, Canal Boat Act and Regulations were found. 27 notices were served and of these 20 had been complied with at the end of the year ; 12 of the notices outstanding at the end of 1951 were also complied with during the year.

The population of the boats inspected amounted to 278 persons, of whom 179 were adults and 99 children.

12. Rag Flock and other Filling Materials.

Fifty-two visits were made during the year to premises where filling materials are used in upholstering, stuffing or lining of bed-

ding, toys, baby carriages, etc. Sixteen premises have been registered to date ; in some cases the nature of the work was such that registration under the Rag Flock and Other Filling Materials Act, 1951, was not required.

Standards of cleanliness have now been prescribed for a wide range of filling materials used on registered premises ; previous legislation applied only to rag flock. Four samples were taken during the year of which one proved unsatisfactory, and a warning letter was sent to the firm concerned.

13. Rodent Control.

During the year work continued as previously under Part I of the Prevention of Damage by Pests Act, 1949. Warfarin was added to the list of available poisons ; it is the only poison known to be suitable for use without prebaiting. It is a blood anti-coagulant which, taken regularly in small doses, causes fatal haemorrhage in rats and mice. The usual preventative measures were recommended and owners and occupiers were co-operative in carrying out the necessary work. It has not been necessary to institute proceedings for non-compliance with the Act.

SUMMARY, 1952.

	No. of Premises Visited.	Total No. of Visits Paid,	By Poison Baits.		No. Killed by			Grand Total Accounted for.
			Esti- mated Kill.	No. of Bodies re- covered.	Traps.	Dak.	Ferrets.	
A. Private Dwellings :								
Rats Destruction ...	244	993	515	53	14	—	82	611
Mice Destruction ..	211	930	1317	99	4	200	—	1521
B. Local Authority Premises :								
Rats Destruction ..	35	247	392	59	278	—	179	849
Mice Destruction ...	24	135	299	24	—	22	—	321
C. Business Premises:								
Rats Destruction ...	68	436	668	86	17	25	261	971
Mice Destruction ...	40	181	726	73	—	123	—	849
Totals—								
Rats Destruction ...	347	1676	1575	198	309	25	522	2431
Mice Destruction ...	275	1246	2342	196	4	345	—	2691

SECTION V.

HOUSING.

Reference has been made in previous annual reports to the many thousands of substandard houses existing within the borough and to the very limited allocation of new houses for rehousing the families from these properties.

In the years immediately preceding the war the building programme undertaken by the Council was almost entirely devoted to the rehousing of families displaced from substandard accommodation. The housing problems created by the war however, now limit the number of new houses available for this purpose, and in consequence it has been found possible to deal only with the very worst properties under Housing Act procedure, leaving a large residual which is unfit for human habitation, but which has to be maintained in a habitable condition by action under the Public Health Act. This method of approach to the problem presents many difficulties for in the main these houses are incapable of being properly repaired.

During the year under review an increased allocation of new houses was made available to the Health Committee and was utilised for rehousing families displaced from properties situated in areas capable of comprehensive redevelopment ; progress was therefore made towards completing the two clearance schemes initiated before the war.

The following is a summary of the action taken :—

1. Clearance Schemes.

The eight houses remaining on the Moseley Village No. 1 Clearance Area were demolished during the year ; this finally completed an area represented to the Council in February, 1938, and for which confirmatory orders were received from the Minister in October, 1938. This scheme involved the demolition of 174 houses and the displacement of 695 persons.

In addition, plans for the redevelopment of the Dale Street No. 1 Clearance Area were discussed with the Borough Engineer, and as a result details of the occupants of 63 houses were forwarded to the Housing Manager for rehousing ; 23 of these houses had been vacated by the end of the year ; this involved the displacement of 81 persons.

2. Individual Unfit Houses.

A number of individual unfit houses has been represented during the year and progress has been continued in clearing some of the worst properties. The priority list mentioned in the Annual Report of 1951 has, of necessity, been constantly under review, and where a more rapid deterioration was noted the house in question was moved to a higher priority.

A summary of the action taken under Sections 11 and 12 of the Housing Act, 1936, is as follows :—

Inspections	...	...	...	...	...	...	29
Represented to Committee	...	...	...	...	...	...	28
Orders Made :—							
Section 11—Demolition	...	...	...	...	...	...	40
Section 12—Closing Order	...	...	...	...	...	...	1
Houses Demolished :—							
Section 11	...	...	...	...	...	...	74
Persons Displaced :—							
Section 11	...	...	...	...	...	...	312
Section 12	...	...	...	...	...	...	2

Three cases occurred during the year in which legal proceedings had to be instituted to secure the vacation of premises which were the subject of demolition orders.

SECTION VI.

INSPECTION AND SUPERVISION OF FOOD.

1. Meat Inspection.

Public Abattoir. There is no alteration in the distribution area nor in the estimated population supplied by the Abattoir. The following table gives details of the animals slaughtered during the year ; the total exceeds that for the year 1951 by 17,752 :—

Cattle (other than cows)	...	...	...	...	13,467
Cows	...	...	...	...	7,037
Calves	...	...	...	...	16,298
Sheep	...	...	...	...	67,276
Pigs	...	...	...	...	20,268
Goats	...	...	...	...	180
Total	...	...	...	...	<u>124,526</u>

Carcases inspected and condemned.

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed	13,467	7,037	16,298	67,276	20,268
Number inspected	13,467	7,037	16,298	67,276	20,268
All diseases except T.B. Whole carcasses condemned	2	55	102	101	71
Carcases of which some part or organ was condemned	2,151	2,844	56	4,500	502
Percentage of the number inspected affected with diseases other than T.B.	15.98	41.19	0.97	6.83	2.82
T.B. only. Whole carcasses condemned	34	171	1	1	48
Carcases of which some part or organ was condemned	1,291	3,251	2	—	1,253
Percentage of the number inspected affected with T.B.	9.83	48.62	—	—	6.40

Compared with 1951 the percentage increase or decrease in the number of animals showing disease is :—

	Cattle.	Cows.	Calves.	Sheep and Lambs	Pigs.
All diseases except tuberculosis	+7.54	-6.94	+0.03	-0.11	-0.42
Tuberculosis only	+4.32	+3.36	-0.03	—	+2.12

Meat and Offals Condemned. The meat and offals condemned during the year from all sources amounted to :—

Meat	...	...	...	96 tons 15 cwts. 2 qrs. 10 lbs.
Offals	...	...	...	174 tons 11 cwts. 2 qrs. 2 lbs.
Total	..	..	..	271 tons 7 cwts. 0 qrs. 12 lbs.

This amount is 75 tons 3 cwts. 0 qrs. 21 lbs. less than that of last year, the decrease being mainly due to the reduced number of cows slaughtered. It includes 4 cwts. 2 qrs. 11 lbs. of meat

condemned from the Cold Stores, and 4 tons 7 cwts. 1 qr. 24 lbs. of meat and offals condemned at the Public Abattoir but received from other slaughterhouses, and farms, etc., where animals were slaughtered in emergency.

Foot and Mouth Disease. During the second quarter of the year, 2,547 quarters of beef, 85 calves, 464 sheep and 127 pigs together with a quantity of offals were received from areas where outbreaks of foot and mouth disease had been located.

From these carcasses, 11 cwts. 2 qrs. 25 lbs. of meat, and 7 cwts. 2 qrs. 24 lbs. of offal were condemned for disease, etc., other than foot and mouth.

Tuberculosis Orders 1938-1946. Six cows only were sent into the Abattoir during the year for slaughter under the provisions of these Orders. All the carcasses showed evidence of tuberculosis in some form and three were wholly condemned for advanced tuberculosis ; these figures are the lowest recorded.

Cysticercus Bovis. Examination of all bovine animals was carried out for this disease. Cysts were located in 41 instances (8 heifers, 22 bullocks and 11 cows); 22 heads, 16 hearts and 3 skirtings were affected. In all the affected cases the carcasses were removed to cold storage and detained for 21 days.

Slaughter of Animals Act, 1933. 46 slaughtermen's licences were renewed, and 12 new licences were granted. Tests were applied to all new applicants before licences were granted. No applicant was refused a licence. 5 slaughtermen are employed at the Abattoir whose licences are issued by other local authorities.

Public Health (Meat) Regulations, 1924-1952. The Public Health (Meat) (Amendment) Regulations, 1952, issued by the Ministry of Food provide for the notification of slaughter of horses, mares, geldings, etc., for human consumption ; no animals within this category were slaughtered at the Abattoir during the year.

Transportation of Meat. Frequent inspections of vehicles used for the transportation of meat to and from the Abattoir were made throughout the year.

Abattoir Lairages. Following representations to the Markets Department the number of drinking troughs provided to the lairages was increased.

Private Slaughterhouse. At the one private slaughterhouse in the borough, 15,818 pigs were slaughtered, an increase of 6,563 over last year and 8,436 over the year 1950.

575 pigs showed some evidence of disease and of these, 526 were found to be suffering from tuberculosis. 3 tons 4 cwts. 2 qrs. 23 lbs. of meat and 3 tons 4 cwts. 0 qrs. 26 lbs. of offals were condemned.

Extensive work of reconstruction was undertaken at these premises during the year. The original pie making and cooling rooms and an area of unused storage accommodation was converted into two refrigerated pickling cellars housing eight vats of 70 tons bacon capacity. Two disused and dilapidated outbuildings were completely renovated to form new pie making and cooling rooms capable of handling 4,000—1 lb. and 2,000— $\frac{1}{4}$ lb. pies per week.

In addition a new sanitary block has been provided for the female employees, the rest and dining rooms have been renovated and a considerable section of the yard surface was re-concreted.

2. **Unsound Food Condemned and Destroyed—Food Shops.**

Numerous tins of foodstuffs in addition to a total weight of 2 tons 18 cwts. 2 qrs. 9 lbs. of various other articles of food were voluntarily surrendered and subsequently destroyed during the year.

3. **Milk Supply.**

On November 1st, 1952, the Milk (Special Designations—Specified Areas) Order, 1952, came into force. Under this Order, Wolverhampton forms part of a specified area. In a specified area it is illegal for any person to sell for human consumption by retail any milk other than specially designated milk. This means that the sale of raw ungraded milk in Wolverhampton from either churns or in bottles has now ceased. All milk now being sold by retail in Wolverhampton is bottled and sold under one of the grade designations, viz :—

Pasteurised, T.T. (Pasteurised), Sterilised, Tuberculin Tested (Farm Bottled) and Accredited. Six supplies of Tuberculin Tested (Farm Bottled) milk and three supplies of Accredited milk, bottled at the farm are retailed in the borough, the bulk of the milk supply being either pasteurised or sterilised. By virtue of the Milk (Special Designation—Raw Milk) Regulations, the sale of Accredited milk will cease in 1954.

The Regulations permit the bottling of pasteurised milk on premises other than the premises at which it is pasteurised. This cannot be considered satisfactory and will be prohibited by the Regulations as from the 1st October, 1954.

Four dairy firms are licensed for the pasteurising and sterilising of milk and all possess modern plant for the purpose and also for the incidental processes of washing and filling bottles. Each dairy maintains a laboratory for the examination of their milk supplies and laboratory control of their plant.

331 and 442 visits were made to dairies and milkshops respectively.

Bacteriological and Biological Examinations. The results obtained from the bacteriological and biological examinations of milk samples shown in the following table can be considered very satisfactory and indicate that the milk supplies of the borough reach a high standard.

Bottle Rinsings. Rinsings of milk bottles prior to filling were taken for bacteriological examination. In no case was there revealed any gross contamination of the bottles.

REGISTRATIONS.					
Number of Persons and Firms on Register	...	...	...	...	479
Dairies	...	...	...	...	10
Bottled Milk Shops	...	...	...	...	442
Dairies outside Borough retailing milk within	...	...	...	...	4
Retail Purveyors	...	...	...	...	30
Dealers, Sterilisers and Pasteurisers	...	...	...	...	4

Details of Samples Taken.

Class of Milk.	Samples taken		Appropriate tests	Passed.	Failed.
	Bacteriological.	Biological.			
Tuberculin Tested (Farm Bottled)	49	—	Methylene Blue	42	7
Tuberculin Tested (Farm Bottled)	—	8		8	—
Tuberculin Tested (Pasteurised)	192	—	Phosphatase	191	1
Pasteurised	202	—	Methylene Blue	186	6
			Phosphatase	182	5
			Methylene Blue	202	—
Pasteurised	—	5		5	—
Sterilised	165	—	Turbidity	165	—

4. Ice Cream.

Whilst the year under review showed a slight increase in the number of unsatisfactory samples compared with the year 1951, conditions in manufacturing premises generally remained satisfactory. Two firms experienced plant difficulties during the summer and sought the advice of the department; the investigations made included the taking of a series of special samples at various stages of production; in the first instance, unsatisfactory methods of handling the finished product were revealed. In the second case it was found that the mix was not being held at the proper temperatures, due to faulty registering and indicating thermometers; in addition the more inaccessible mix and air inlet pipes to the freezer were not subjected to the same thorough cleansing and sterilising as other parts of the plant; these faults were remedied and subsequent samples proved to be Grade I.

The Ice Cream (Heat Treatment, etc.) Amendment Regulations, 1952, which came into operation on the 5th May, 1952, provide for a third method of heat treatment, i.e., high temperature short time, as an alternative to the two specified in the Regulations of 1947.

Forty-two applications for registration of premises for the sale of prepacked ice cream were received and approved, making a total of 437 registered at the end of the year. There was no change in the number of registered manufacturers which remains at sixteen.

Summary of Results of Methylene Blue Test applied to Ice Cream Samples during 1952, showing a comparison with 1951.

(a) Ice Cream Manufactured within the Borough.

Year.	Total No. of Samples Taken.	PROVISIONAL GRADE.			
		1	2	3	4
1952	76	50 66%	15 20%	4 5%	7 9%
1951	59	39 66%	14 24%	3 5%	3 5%

(b) Ice Cream Manufactured outside the Borough.

Year.	Total No. of Samples Taken.	PROVISIONAL GRADE.			
		1	2	3	4
1952	65	46 70%	11 17%	3 5%	5 8%
1951	58	42 72%	10 17%	4 7%	2 4%

Of the 141 samples examined, 34 were "complete cold mix" and 97% of these were reported as satisfactory.

Chemical Analysis. Samples submitted for analysis, including choc bars, numbered 63 compared with 81 for the previous year. Of these, 62 were reported as genuine and one showed a "milk solids not fat" deficiency. This sample was repeated and reported as genuine.

Ice Lollies. The strict supervision exercised in the manufacture and control of ice-lollies was reflected in the bacteriological quality of the finished product. Twenty-six samples of various flavours were submitted for examination compared with 13 for the previous year. Plate counts were comparatively low and B. Coli absent in all cases.

The following table summarises the notices served, inspections made and the improvements recorded in respect of premises used for the manufacture and sale of ice cream, etc.:—

Notices Served (Intimation)	16
Notices Complied with (Intimation)	21
Premises removed from the Register :—	
(a) For Manufacture	—
(b) For Sale	3
Inspections of :—	
Manufacturers' Premises	255
Vendors' Premises	374
Purveyors' Vehicles	19
Total Improvements Recorded	46

5. Synthetic Cream.

Three samples of synthetic cream submitted for bacteriological examination were found to be sterile.

6. Sampling.

Two hundred and twenty-seven samples of food and drugs were taken for analysis by the Public Analyst, consisting of ninety-two formal samples and one hundred and thirty-five informal samples.

Thirty-seven samples (16.3%) consisting of seventeen formal and twenty informal samples were reported to be non-genuine or unsatisfactory in some respect. In many cases the formal samples were repeat samples of informal samples found to be unsatisfactory so that the actual number of articles found to be adulterated is not so serious as would appear at first sight.

Of the one hundred and three samples of milk taken for analysis, twenty-eight (27.18%) consisting of fourteen formal and fourteen informal samples were found to be below the prescribed standard. One sample of milk was found to be slightly below the standard in milk fat and the remaining twenty-seven samples contained extraneous water varying from 1% to 25%. These samples concerned six producers only. In no case was a sample of milk taken on retail sale found to be below the prescribed standards. Proceedings were instituted in two instances. One producer was fined a total of £28 with £15 7s. od. costs in respect of seven samples of milk containing extraneous water varying from 7% to 12.3% and a second producer was fined a total of £60 with £5 5s. od. costs in respect of four samples containing extraneous water varying from 20% to 25%. Two samples of milk were reported to contain a small amount of extraneous water, approximately 1%. An "appeal to cow" sample taken at the farm was found to be genuine but abnormally low in solids not fat, viz. 7.8%. Eight "appeal to cow" milk samples were taken entailing visits to six different farms to observe the process of milking and the taking of herd samples.

No instance of serious adulteration was found in samples of food other than milk. A sample of mixed fruit jam was found to be low in soluble solids and was considered by the Public Analyst to be unsatisfactorily labelled in as much as the constituent fruits of the jam were not stated on the label.

The deficiencies of meat in two samples of sausage were not considered serious enough to warrant proceedings and one sample of sausage contained a preservative slightly in excess of the permitted amount. A warning letter was sent to the vendor in each case.

A sample of imported canned prunes contained 3.29 grains per pound of tin. The whole of the stock was surrendered and destroyed.

A tin of Australian minced beef loaf, on being opened by the purchaser, was found to contain what had the appearance of a severed finger embedded in the meat. Upon examination it was found to be a finger bandage 22ins. long and 1 $\frac{3}{4}$ ins. wide with a trace of ointment.

**Food and Drugs Act, 1938 : Summary of Samples
taken during 1952.**

Article.	Number Examined.			Number Adulterated.		
	Formal	Informal	Total	Formal	Informal	Total
Baking Powder ...		2	2			
Beef Suet, Shredded ...		1	1			
Blancmange Powder ...		1	1			
Butter ...		1	1			
Cherries—Canned ...		3	3			
Cherries—Glace ...		2	2			
Coconut—Dessicated ...		2	2			
Coffee ...		2	2			
Coffee & Chicory ...		5	5			
Custard Powder ...		1	1			
Dried Egg ...		1	1			
Epsom Salts ...		1	1			
Fish Cakes ...	1		1			
Fruit Juice ...	2	1	3			
Gelatine ...		1	1			
Ground Almonds ...		1	1			
Jam ...	1	12	13		2	2
Jellies ...		6	6			
Lard ...		1	1			
Lard Compound ...		1	1			
Lemon Cheese ...		5	5			
Malt Vinegar ...		1	1			
Maple Syrup ...	1		1			
Margarine ...		1	1			
Marmalade ...		4	4		1	1
Meat Paste ...		1	1			
Milk ...	54	41	95	14	14	28
Milk—"appeal to cow" ...		8	8			
Minced Beef Loaf ...		1	1		1	1
Mincemeat ...		2	2		1	1
Miscellaneous Foods ...		8	8			
Mushroom Soup Powder ...		1	1			
Mustard ...		1	1			
Pepper ...		4	4			
Pepper Compound ...		3	3			
Prunes—Canned ...	1		1		1	1
Rum ...	1		1			
Sauce ...		3	3			
Sausage ...	25		25	3		3
Spices ...		5	5			
Whisky ...	6		6			
Wine—Non Alcoholic ...		1	1			
Totals ...	92	135	227	17	20	37

FOOD AND DRUGS ACT, 1938.

Administrative Action Taken Regarding Samples Reported not to be Genuine During the Year Ending 31st December, 1952.

No. of Sample.	Article of Food.	Formal or Informal	Nature of Adulteration or Irregularity.	Legal Proceedings Instituted		Observations	
				Fine inflicted £. s. d.	Costs imposed £. s. d.		
8	Marmalade	Informal	Deficient of 3% soluble solids.				
22	Milk	Informal	Extraneous water—7%.				
23	Milk	Informal	" " 4.5%.				
24	Milk	Informal	" " 5.5%.				
25	Milk	Informal	" " 9%.				
26	Milk	Informal	" " 4.5%.				
27	Milk	Informal	" " 8%.				
28	Milk	Informal	" " 4.5%.				
29	Milk	Formal	" " 8.2%.	4	0		
30	Milk	Formal	" " 7%.	4	0		
31	Milk	Formal	" " 7%.	4	0		
32	Milk	Formal	" " 7%.	4	0		
33	Milk	Formal	" " 12.3%.	4	0		
34	Milk	Formal	" " 8.2%.	4	0		
35	Milk	Formal	" " 5.2%.	4	0		
79	Mixed fruit jam	Informal	Deficient of 5.8% of soluble solids.		16	7	0
94	Milk	Informal	Deficient of fat—6%.				
97	Pork sausage	Formal	Deficient of meat—12.9%.				
109	Milk	Informal	Extraneous water—1%.				
110	Milk	Informal	" " 3%.				
115	Prunes—canned	Informal	Contained 3.29 grains per lb. of tin.				
116	Mixed fruit jam	Informal	Unsatisfactory label.				
126	Minced beef loaf	Informal	Contained foreign body, bandage 1½ ins. wide and 22 ins. long.				

See Formal samples Nos. 29—36

From same producer.

Formal sample reported genuine.

Warning letter sent. Formal samples taken and found genuine.

169	Milk	Informal	Extraneous water—1.5%.					Formal sample reported genuine. See sample 192
188	Milk	Informal	"	3%.				"
189	Milk	Informal	"	8%.				Warning letter sent.
191	Milk	Formal	"	1.6%.				Warning letter sent.
192	Milk	Formal	"	3%.				Warning letter sent.
194	Milk	Formal	"	21%.	15	0	0	From same producer.
195	Milk	Formal	"	25%.	15	0	0	
197	Milk	Formal	"	20%.	15	0	0	
198	Milk	Formal	"	21%.	15	0	0	
201	Pork sausage	Formal	Deficient of meat 13%.					Warning letter sent.
210	Mincemeat	Informal	Deficient in fat 18%.					Warning letter sent.
216	Pork Sausage	Formal	Contained 30 parts per million SO ₂ in excess of the permitted maximum.					
225	Milk	Informal	Approximately 1% extraneous water.					See sample 226.
226	Milk	Formal	Approximately 1% extraneous water.					" Appeal to cow " sample low in non fatty solids.

7. Catering Establishments.

Regular routine visits totalling 536 were paid to hotels, restaurants, snack bars, and school kitchens throughout the year. 45 informal notices were served, 46 were complied with and 146 improvements recorded.

Regular swabbing of cutlery was carried out during the year and the swabs submitted to the Public Health Laboratory for bacteriological examination. The report is considered satisfactory where the total count is less than 100 colonies per utensil and the presumptive coliform test is negative. No wholly unsatisfactory report was received upon any of the tests taken and in no instance was the presence of B. Coli reported. Twenty-one per cent of the cutlery swabbed was found to be sterile and only 8% was found to have a bacterial count in excess of 100 colonies.

8. Provision Shops, Warehouses, and other Shop Premises.

333 inspections of provision shops and warehouses and 681 inspections of other shop premises were made.

78 informal notices were served, 68 complied with and a total of 103 improvements recorded.

9. Wet Fish Shops.

During the year 285 routine visits were made to this class of premises in addition to those made in connection with the sampling of shell fish. Owners were again reminded of the importance of the cleansing and prompt return of fish boxes to the wholesalers. Glazed tiling of internal wall surfaces and display slabs and the provision of additional cold storage facilities were among the many improvements to be noted.

10. Shell Fish.

Forty samples of mussels were submitted for bacteriological examination, 82% of which were satisfactory. This shows a marked improvement compared with the previous year when 26 samples were examined and only 24% reported as satisfactory.

When sampling consignments of Conway mussels, duplicate samples were obtained and forwarded for examination to the Ministry of Agriculture and Fisheries Experimental Station, Conway. This arrangement was at the request of the Ministry following receipt of our reports of unsatisfactory samples.

11. Fish and Chip Shops.

Regular routine inspections involving 874 visits were made during the year. Two shops opened and three closed leaving a total of 79 operating at the end of the year. One detached food preparation room of brick construction was erected following the service of a notice ; other improvements included replastering and retiling of wall surfaces, replacement of unsatisfactory sinks, provision of additional hot water supplies and installation of modern frying ranges.

12. Mobile Fish and Chip Shops.

Of the three vehicles originally operating within the borough only one remained at the end of the year. Routine inspections of vehicles and premises were made regularly throughout the year and conditions generally were found to be fairly satisfactory. No public complaints were received.

13. Registration of Butchers' Shops and Premises where Preserved Food, etc., is Prepared or Manufactured.

The total number of persons and premises registered under Section 67 of the Wolverhampton Corporation Act, 1936, remained at 170. 686 inspections of premises were made, 63 informal notices were served and 32 complied with, resulting in 90 improvements.

Four applications were received in accordance with Section 14 of the Food and Drugs Act, 1938, for the registration of premises where preserved food, etc., is prepared or manufactured ; the applications were in order and the premises registered. A total of 48 premises was on the register at the end of the year. 281 inspections were made, 9 informal notices served and 8 complied with. A total of 47 improvements was recorded.

14. Licensed Premises.

A total of 566 visits was made during the year ; a reasonable standard in the hygienic conditions had already been achieved and in consequence the majority of the 75 informal notices served were for general maintenance work only. 71 notices were complied with and a total of 195 improvements recorded.

As in previous years, efforts were made to improve hot water supplies by the installation of gas or electrically operated calorifiers, and a further 12 heaters were installed.

Systematic swabbing of beer glasses was continued and 208 swabs were submitted for plate and B. Coli counts ; of these only 10 were unsatisfactory. Further swabs from the unsatisfactory sources proved to be of the required standard. A more general interest in glass cleaning and sterilisation has gradually become apparent on the part of the licensees. Could this be in any way due to regular examinations being carried out? If this interest can be maintained and increased it augurs well for the future.

15. Bakehouses.

A total of 398 inspections was made of the 43 bakehouses operating within the borough. One fairly large and old establishment closed during the year and was later taken over by a well known firm of Midland bakers for conversion into a modern distributing depot. Work on this was well advanced by the end of the year. Unfortunately, however, the new owners were restricted by the amount they were allowed to spend on the project and plans had to be modified accordingly. One smaller type bakehouse also closed during this period.

23 informal notices were served, 11 complied with and a total of 31 improvements recorded ; these included the installation of additional toilet facilities, rendering and tiling of internal wall surfaces, repair to and relaying of impervious flooring and replacement of old and worn equipment and machinery. In several bakeries the old fashioned practice of limewashing was discarded in favour of washable and non-flaking paints.

Four complaints of extraneous matter found in bread and confectionery were received and investigated. In each case letters of warning were sent to the owners concerned. A fine of £10 was imposed on the owners of a bakery prosecuted following complaint of a bandage found in a loaf of bread.

F. BINNS HARTLEY,

Chief Sanitary Inspector.