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County Borough of Wolverhampton

The
Health Services
of
Wolverhampton
in 1955

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

Principal School Medical Officer.



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PUBLIC HEALTH STAFF.

at 31st December, 1955.

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. (Retired 31.12.55).
Maternity and Child Welfare Senior Medical Officer	...		A. J. M. Lesslie, M.A., M.B., Ch.B., D.P.H.
Assistant Medical Officers	...		M. G. Bryan, M.B., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G., C.P.H. M. Ingham, M.B., Ch.B., D.C.H. (From 1.4.55).
Tuberculosis*	...	...	J. Aspin, M.A., M.D., Ch.B., D.M.R.D., 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	...	...	14.
Nurses	...	...	1.
Pupil Health Visitors	...	...	2.
Midwifery Supervisor	...	...	Miss E. R. Entwistle, S.R.N., S.C.M., M.T.D., H.V.
District Midwives	...	...	21.
Premature Baby Nurse	...	...	1.
Home Nursing Superintendent	...	...	Miss E. Hill, S.R.N., S.C.M.
Home Nurses	...	...	14 (Two part time).
Mental Health Service Mental Deficiency Officer	...	...	Miss E. Bottomley.
Duly Authorised Officers	...	...	F. L. Bird. E. V. Oram.
Occupation Centre Supervisor	...	...	Miss H. Chettle.
Occupation Centre Assistants	...	...	5 and 1 trainee.
Home Help Service Organiser	...	...	Miss M. Saunders.
Home Helps	...	...	45 (10 part time).
Day Nurseries Matrons	...	...	Miss E. Fitzgerald, S.R.N. Miss K. Murray, C.N.N.
Nursery Assistants	...	...	22.
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	...	...	5 (Two part time).
Pupil Sanitary Inspectors	...	...	2.
Clerical Chief Clerk	...	...	J. Darby,
Clerks	...	...	22.
Clinic Clerks (Part time)	...	...	12.
Other Staff Rodent Operatives	...	...	2.
Miscellaneous	...	...	3.

*Jointly with Birmingham Regional Hospital Board.

Health Offices,
59, Waterloo Road,
Wolverhampton.
September, 1956.

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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present to you the report on the health of Wolverhampton during 1955.

Rainfall recorded at West Park was below the average and the combined rainfall for the months of July and August was the lowest total for these months since records were first kept in the department nearly 60 years ago.

Employment continued at a high level, and the average over the whole year of 0.5 per cent unemployed compared favourably with 1.1 per cent for Great Britain.

The population again declined sharply, by 3,600, although births exceeded deaths by 489. This represents an outward migration in one year of at least 4,089 persons, mostly to new houses for which there is no space in Wolverhampton due to the denial of boundary extensions. The Executive Council reports the strange fact that the number of patients living in Wolverhampton who are on the lists of general practitioners exceeds the population of Wolverhampton by 2,500, but this large discrepancy represents the failure of patients to notify the Executive Council that they have moved outside the borough. The Health Department receives many requests from these outward migrants for permission to continue to use the Wolverhampton Health Authority's services.

The principal causes of death continue to be diseases of the heart and circulation, cancer and diseases of the respiratory tract, which together accounted for 72% of all deaths. Infectious and parasitic diseases caused comparatively few deaths; in addition to 27 deaths due to tuberculosis and 6 to syphilitic disease, 14 were due to influenza, 3 to gastro-enteritis, 2 to infective hepatitis, one to post-encephalitic parkinsonism, one (a child) to whooping cough and one (a Jamaican) to round worm infestation. Measles was epidemic during the year but there were no deaths, an increased number of cases of poliomyelitis were notified who all recovered

and again there was no case of diphtheria. The deaths from infectious and parasitic diseases, 55 in number, represented 3% of all deaths.

Suicide and violence caused many deaths. In the last five years 373 Wolverhampton residents have died unnatural deaths; 92 have committed suicide, 88 have been killed in motor vehicle accidents, 189 have been killed in other accidents and 4 have been the victims of homicide. These figures are bad but on closer inspection they are seen to be even worse, for 26 of the 88 victims of motor vehicle accidents and 58 of the 189 victims of other accidents were killed in 1955. Altogether, suicide and violence accounted for 105 deaths in 1955, representing 5.8% of all deaths of Wolverhampton residents. Deaths represent only a part of the suffering which accidents cause, because for every fatality probably there are ten victims who escape death but require hospital treatment as in-patients. Over one-third of fatal accidents occur in the home, and while education of the potential victims and control of the causative agents are of general application, detailed investigation is desirable where a domestic accident has occurred in order to prevent further accidents to a surviving victim or to others in the house experiencing the same hazards. This investigation is possible only with the co-operation of the hospital that has become aware of the accident through treating the injured person.

Co-operation between the three branches of the Health Service is essential if this organisation, the third largest employer of labour in the country, is to use to the greatest benefit that fraction of the national income that Parliament has decided shall be devoted to it. In Wolverhampton, the Health Department is conscious of the part it can play and tries to do all that is possible with the staff and funds available. An unremitting attack is being made on the slums where congested, dilapidated, damp, ill-designed, overcrowded houses without privacy and quiet, without proper cooking facilities, without baths, hot water and proper sanitary conveniences, continue to produce avoidable cases of tuberculosis, avoidable injuries due to accidents resulting from bad design and avoidable mental illness arising from unhappiness and resentment. During the year, in addition to the demolition or closure of individual unfit houses, initial proceedings were taken under the Housing Acts to secure the demolition of all houses and buildings in areas in the vicinity of Upper, Middle and Lower Vauxhall, Bagnall Street, Pond Lane and Wright Street. The provision of

sufficient properly equipped houses to allow people to live in uncrowded conditions not only avoids much preventable illness but also enables more medical treatment and nursing care to be undertaken in the home.

The provision of an efficient domiciliary midwifery service, which presupposes satisfactory housing conditions, avoids unnecessary institutional confinement for normal cases which is both undesirable and extravagantly wasteful of the nation's resources. A good domiciliary service needs close co-operation between the midwives of the local health authority and the general practitioners. A scheme specifically designed to achieve this has been in operation in Wolverhampton for over five years and it has been appreciated by the patients, has met with the approval of all midwives and almost all doctors taking part and has enhanced the efficiency of the midwifery service. Although intended primarily to deal with that 50 per cent of expectant mothers who in Wolverhampton have their babies at home, its advantages lead practitioners to utilise it for patients who have arranged to go into nursing homes or into hospital, so that 74 per cent of all expectant mothers attend the local authority's ante-natal clinics during pregnancy, where midwives and the clinic medical officer devote to ante-natal care time which the practitioner cannot always spare.

The greater amount of work done by the local health authority's Home Nursing Service represents greater co-operation with both the hospitals and the general practitioners. The growth in the work is shown by the increase in the total number of visits paid by the nurses from approximately 22,900 in 1949 (the first full year after the local authority became responsible for the service) to 42,300 in 1955. The number of these visits which were to medical cases increased in the same period from 17,400 to 23,300 and this is due largely to the increasing use of the service by general practitioners, while the increase in the number of visits to surgical cases in the same period from 3,900 to 5,400 is due largely to the amount of work the service is asked to undertake for patients discharged from hospital before treatment has been completed. The most remarkable increase has been in visits to tuberculous cases, which in 1949 were not sufficient to be separately recorded and which in 1950 numbered 1,600; in 1955 almost 13,000 visits were paid to tuberculous cases, indicating the vast amount of treatment given in the home to patients many of whom formerly would have required admission to a sanatorium.

Evidence of full co-operation will be found in the description of "contact review" given by the Chest Physician, Dr. Aspin. He is a member of the Regional Hospital Board staff who works in Regional Hospital Board hospitals and clinics and also devotes a portion of his time to preventive work in Wolverhampton. Two members of the Wolverhampton health visiting staff devote all their time, and an after-care officer part of her time, to working with the Chest Physician. A Mass Miniature Radiography Unit of the Regional Hospital Board is available to assist general practitioners, ante-natal clinics, the School Health Service and the scheme for B.C.G. vaccination. The Health Department takes special care to ascertain which cases require rehousing and makes appropriate recommendations to the Housing Department. It is encouraging to find that not only have deaths from tuberculosis been almost halved in the last three years, but there has also been a steady fall in notifications of the disease.

Mental defectives, who, by reason of the degree of their defect, or of unsatisfactory home conditions, or of vicious tendencies have been admitted to institutions, are sent home on the advice of the medical staff of the institutions whenever this is possible to make room for the many patients on the waiting lists. The usual procedure is to allow the patients to leave institutions on licence, which means that although they live in their own homes they are still the institutions' patients, who can be re-admitted at a moment's notice with no other formality than the medical superintendent cancelling the licence. In the past for several good reasons, patients have remained on licence away from institutions for many years without the licence being replaced by final discharge.

Some such reasons are the possibility of changes in home conditions, including the parents' eventual death with the probability of no one being found to undertake the patient's care, leaving the defective stranded and homeless; or the possibility of female defectives of childbearing age forming undesirable associations; or the possibility of a defective getting into bad company and becoming the tool of unscrupulous associates; or the possibility of a defective showing vicious tendencies. By reason of being on licence, defectives can always receive immediate institutional care as soon as their environment becomes unsatisfactory or they themselves display undesirable tendencies.

Recently there has been some criticism from the Bench of the operation in certain cases of the procedure laid down in the Mental Deficiency Acts. It is recognised that Judicial Authorities charged with the responsibility of certifying persons should be themselves satisfied that the person concerned ought to be certified, and it is conceded that medical certificates are not necessarily conclusive. It is to be hoped, however, that the pendulum will not swing too far the other way. Some undesirable results of premature discharge from an institution have been seen in recent months. A young man discharged on attaining the age of 21 had to be dealt with again within six months after admitting several offences against boys. Another young man discharged from an institution was found later living with a woman who had an illegitimate child by him; she left the defective and their child to fend for themselves, and the child became a public charge while the patient became a tramp and subsequently was convicted of theft. A young woman who became pregnant when allowed out on parole for half a day from an institution where her child subsequently was born, was discharged three months after her confinement on attaining the age of 21 and returned home; there in twelve months she had a second illegitimate child.

As a consequence (or so it appears) of such criticism from the Bench, the Board of Control has issued a memorandum on the licensing of defectives from institutions stating that a patient should be discharged after a trial on licence for twelve months at most unless there are overwhelming reasons to the contrary. In accordance with these instructions, a woman was discharged who was born illegitimately in a workhouse over 50 years ago, who spent the first 16 years of her life in children's homes and the next 35 years in mental deficiency institutions and who recently was granted licence to a nearby children's home where she was occupied in domestic work; now at the age of 51 she finds herself responsible for her own welfare in a competitive world, without friends or relations, and without an institution ready to receive her at a moment's notice in an emergency. Another woman over 50 years of age, after several years in an institution, was granted licence to relatives with whom she spent two happy years; then in view of the Board of Control's memorandum it was thought necessary to discontinue the licence, but as the patient was incapable of being responsible for herself, the question of discharge was

not considered and her relatives were requested to allow her to be transferred to their guardianship; in view of their age and the heavy responsibility involved, they refused quite reasonably to accede to the request and the only remaining course was to recall the patient to the institution from the household where she had been very happy.

In his report, the Chief Sanitary Inspector refers to the importance of housing, food hygiene and atmospheric pollution. Now that the programme for the clearance of the remaining slums is well under way, more attention is being given to food hygiene and atmospheric pollution. The Council itself should set an example, but where food hygiene is concerned this will be impossible until the retail market is replaced by a new building.

It should be recorded that the two innovations, a Public Health Laboratory and a Part II Midwifery Training School, which last year's report stated would be welcomed, have not yet been established.

Dr. C. Campbell, Senior Assistant Medical Officer, retired at the end of the year after 15 years in the department, where his services were greatly valued.

I wish to express my appreciation of the co-operation of the staff of the Health Department, and on their behalf I wish to thank 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.

STATISTICS AND SOCIAL CONDITIONS

SECTION I
STATISTICS AND SOCIAL CONDITIONS

1. Comparison of Statistics
1921 1922 1923 1924

Population 102,800 141,400 146,850 150,000

Area in square miles 2,825 2,825 2,825 2,825

Density per square mile 36.4 50.0 51.6 53.1

Urban population 10,000 15,000 16,000 17,000

Urban density 3.5 5.3 5.6 6.1

Infant mortality rate (per 1,000 live births) 25 20 18 17

Still birth rate (per 1,000 live births) 10 8 7 6

General mortality rate (per 1,000 live births) 15 12 11 10

Crude birth rate 18 17 16 15

Population growth rate 0.1 0.2 0.2 0.2

Female rate 0.1 0.1 0.1 0.1

Male rate 0.1 0.1 0.1 0.1

Ratio of male to female 1.0 1.0 1.0 1.0

Ratio of male to female (per 1,000 live births) 100 100 100 100

Ratio of male to female (per 1,000 live births) 100 100 100 100

SECTION 1.

STATISTICS AND SOCIAL CONDITIONS.

A. Summary of Statistics.

1. Comparison of Statistics.

	1925.	1935.	1945.	1954.	1955.
Population	108,800	141,400	146,820	159,000	155,400
Area in acres	3,525	9,126	9,126	9,126	9,126
Inhabited houses	22,448	35,872	40,542	46,097	46,350
Birth Rate	19.2	16.1	19.9	15.5	14.2
Death Rate	12.2	11.2	11.6	11.3	11.6
Infant Mortality Rate (per 1,000 live births)	89.	60.	48.	30.5	32.8
Still Birth Rate (per 1,000 total births)	—	40.4	28.4	33.0	25.5
Maternal Mortality Rate (per 1,000 total births)	1.92*	4.22	2.66	0.00	0.85
Cancer Death Rate	1.14	1.42	1.7	1.91	1.81
Tuberculosis Death Rate	1.07	0.77	0.61	0.27	0.17
Pulmonary only	0.91	0.66	0.54	0.25	0.14
Rateable Value	£532,562	£848,155	£998,280	£1,114,495	£1,128,188
Product of Penny Rate	£2,048	£3,295	£4,018	£4,530	£4,575

*Per 1,000 live births.

2. Extracts from Vital Statistics of 1955.

Area of Borough				9,126 acres.
Population (Registrar-General's mid-year estimate)				155,400
Number of inhabited houses (31st March, 1955)				46,350
Rateable value (31st March, 1955)				£1,128,188
Sum represented by a penny rate				£4,575.
Live Births.	Male	Female	Total.	
Legitimate	1,084	1,060	2,144	
Illegitimate	72	73	145	
Total	1,156	1,133	2,289	14.7 per 1,000 population.
Still Births.				
Legitimate	31	23	54	
Illegitimate	3	2	5	
Total	34	25	59	0.38 per 1,000 population. 25.1 per 1,000 total births.
Deaths.	940	860	1,800	11.6 per 1,000 population.
Natural Increase.			489	
Infant Mortality.				
Legitimate	37	34	71	33.1 per 1,000 live legitimate births.
Illegitimate	2	2	4	27.6 per 1,000 live illegitimate births.
Total	39	36	75	32.8 per 1,000 live births.
Maternal Mortality.				
Air embolism		1		
Acute nephritis		1		
Total		2		0.85 per 1,000 total births.
Deaths from Tuberculosis.				
Pulmonary	19	3	22	0.14 per 1,000 population.
Non-Pulmonary	3	2	5	0.03 per 1,000 population.
All forms	22	5	27	0.17 per 1,000 population.
Deaths from Infectious Diseases.				
Influenza	9	5	14	
Gastro-enteritis	3	—	3	
Infective Hepatitis	—	2	2	
Infestation by ascaris lumbricoides	1	—	1	
Post-encephalitic parkinsonism	1	—	1	
Whooping Cough	—	1	1	
Deaths from Cancer	148	133	281	1.81 per 1,000 population.
Area Comparability Factors.				
Births		0.94		
Deaths		1.13		

TABLE I.

CAUSES OF, AND AGES AT DEATH DURING THE YEAR 1955 (R.G.).

CAUSES OF DEATH.	Net Deaths at the subjoined ages of Residents within the Borough.										
	Male. All ages.	Female. All ages.	Total. 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.
All causes	940	860	1,800	75	13	8	17	85	436	470	
Tuberculosis, Respiratory	19	3	22	—	—	—	1	3	16	2	
Tuberculosis, other ...	3	2	5	—	—	1	1	—	—	2	
Syphilitic Disease ...	4	2	6	—	—	—	—	1	3	1	
Whooping Cough ...	—	1	1	—	1	—	—	—	—	—	
Other Infective and Parasitic Diseases ...	2	2	4	—	—	—	—	3	—	1	
Cancer of Stomach ...	26	16	42	—	—	—	—	1	14	13	
Cancer of Lung, Bronchus ...	41	8	49	—	—	—	—	3	31	13	
Cancer of Breast ...	1	22	23	—	—	—	—	4	12	5	
Cancer of Uterus ...	—	14	14	—	—	—	—	4	6	3	
Other Malignant and Lymphatic Neoplasms	77	69	146	—	—	—	—	4	61	49	
Leukaemia and Aleukaemia ...	3	4	7	—	—	2	1	1	1	2	
Diabetes ...	2	7	9	—	—	—	—	—	4	3	
Vascular Lesions of Nervous System	105	107	212	—	—	—	1	5	42	72	
Coronary Disease and Angina ...	124	69	193	—	—	—	—	6	62	56	
Hypertension with Heart Disease ...	11	22	33	—	—	—	—	—	10	8	
Other Heart Disease ...	134	148	282	—	—	2	1	12	40	71	
Other Circulatory Disease ...	23	26	49	—	—	—	—	2	7	20	
Influenza ...	9	5	14	—	—	—	—	1	5	2	
Pneumonia ...	56	48	104	12	1	—	—	6	19	21	
Bronchitis ...	73	47	120	1	—	—	1	2	31	48	
Other Diseases of Respiratory System	10	10	20	—	—	—	—	—	4	4	
Ulcer of Stomach and Duodenum ...	14	4	18	—	—	—	—	1	7	9	
Gastritis, Enteritis and Diarrhoea ...	3	—	3	2	—	—	—	—	—	1	
Nephritis and Nephrosis	7	4	11	—	—	—	1	3	3	2	
Hyperplasia of Prostate	22	—	22	—	—	—	—	—	2	5	
Pregnancy, Childbirth, Abortion ...	—	2	2	—	—	—	1	1	—	—	
Congenital Malformations ...	11	13	24	20	2	—	—	2	—	—	
Other Defined and Illdefined Diseases ...	111	149	260	34	3	1	1	8	35	41	
Motor Vehicle Accidents	16	10	26	—	4	2	5	5	3	6	
All other Accidents ...	23	35	58	6	2	—	2	3	8	6	
Suicide ...	9	11	20	—	—	—	1	3	10	4	
Homicide and operations of war ...	1	—	1	—	—	—	—	1	—	—	

B. General Statistics.

1. Population.

The Registrar General's estimate of the population at the 30th June, 1955 was 155,400, a decline of 3,600 in a year.

2. Inhabited Houses.

At the 31st March, 1955, there were 46,350, an increase of 253 in a year. The types of premises, their numbers and the increase or decrease, if any, in a year were :—

Domestic	44,328 (+ 263)
House shops	1,664 (— 10)
Off-licences	52
Unlicensed hotels and boarding houses	8
Licensed premises	298

During the year 404 additional houses were built, but 141 were taken out of assessment because of demolition or other reasons, leaving a net increase of only 263 houses.

3. Live Births.

Live births consisted of 1,156 males and 1,133 females, a total of 2,289 (which is 174 less than in 1954) giving a birth rate of 14.7 per thousand population ; when the area comparability factor of 0.94 is applied, this is reduced to 13.8 per thousand. The birth rate for the whole of England and Wales was 15.0.

Of these 2,289 births, 145 or 6.3% were illegitimate. Last year the proportion was 5%.

4. Still Births.

These numbered 59 (of which 5 were illegitimate). These 59 represented rates of 0.38 per thousand population and 25.1 per thousand total births (live and still). The still birth rate for the whole of England and Wales was 23.1 per thousand total births.

5. Marriages.

The number of marriages registered in Wolverhampton during the year was 1,509 representing a marriage rate of 19.4 per thousand population. The rate for England and Wales was 16.1 per thousand population.

6. Deaths.

The number of deaths, comprising 940 males and 860 females, was 1,800, giving a death rate of 11.6 per thousand population; when the area comparability factor of 1.13 is applied this rate is increased to 13.1 per thousand. The death rate for England and Wales was 11.7.

The principal causes of death were :—

(a) Diseases of the Heart and Circulation.	
Heart Disease	282
Vascular lesions of nervous system	212
Coronary disease, angina	193
Hypertension with heart disease	33
Other circulatory diseases	49
	<hr/>
	769 (42.7% of all deaths)
(b) Cancer	281 (15.6% of all deaths)
(c) Diseases of Respiratory Tract	
Pneumonia	104
Bronchitis	120
Other respiratory diseases	20
	<hr/>
	244 (13.6% of all deaths)
(d) Suicide and Violence.	
Suicide	20
Motor vehicle accidents	26
All other accidents	58
Homicide, etc.	1
	<hr/>
	105 (5.8% of all deaths)
(e) Tuberculosis, all forms	27 (1.5% of all deaths)

7. Infant Mortality.

There were 4 deaths of illegitimate infants under one year of age (or 27.6 per thousand illegitimate live births) and 71 deaths of legitimate infants (or 33.1 per thousand legitimate live births). The total of 75 infant deaths represents an infant mortality rate of 32.8 per thousand live births. The rate for the whole of England and Wales was 24.9 per thousand live births.

Of the 75 deaths under one year of age, 46 (i.e. 61.3%) occurred in the first month of life; the neo-natal mortality rate, i.e. the number of deaths of infants under 4 weeks of age, per thousand live births was 20.1.

8. Maternal Mortality.

Two maternal deaths (one due to air embolism and the other to acute nephritis) in 2,348 live and still births gave a maternal mortality rate of 0.85 per thousand total (live and still) births. The rate for England and Wales was 0.64 per thousand total live and still births.

9. Deaths from Tuberculosis.

There were 27 deaths from tuberculosis representing a tuberculosis death rate of 0.17 per thousand population, the lowest yet recorded in Wolverhampton. The previous lowest rate was 0.25 in 1952. The rate for the whole of England and Wales for 1955 was 0.15.

Respiratory tuberculosis was responsible for 22 of these deaths; 19 of the deaths were males and of these, 89% occurred over the age of 45 years; the 3 female deaths were at the ages of 21, 29 and 54 years.

10. Deaths from Infectious and Notifiable Diseases.

There were 104 deaths from pneumonia (representing 0.67 per thousand population) but only a small proportion of these deaths occurred among the 179 cases of acute pneumonia which were notified.

There were 14 deaths from influenza (0.09 per thousand population), 6 from syphilitic disease (0.04 per thousand population), 2 from infective hepatitis (0.01 per thousand population), 1 from whooping cough (0.006 per thousand population), 1 from post-encephalitic parkinsonism and one (a coloured man aged 37 years) from infestation by *ascaris lumbricoides*.

There were 3 deaths (0.02 per thousand population) from gastritis, enteritis and diarrhoea, of which 2 (0.87 per thousand live births) were under one year of age.

11. Deaths from Cancer.

There were 281 deaths from cancer, giving a death rate of 1.81 per thousand population. Of these deaths, 148 occurred in males and the more frequent sites of the disease were lungs and bronchi (41 cases), stomach (26 cases), rectum (13), prostate (12), pancreas (11), large intestine (8), œsophagus (7), and bladder (6).

Among the 133 deaths which occurred in females the most frequent sites of the disease were breast (22 cases), large intestine (18 cases), stomach (16 cases), uterus (14 cases), lungs and bronchi (8 cases), rectum (7 cases), liver, secondary and unspecified (3 cases), and thyroid (3 cases).

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 1955 numbered 32,755, with a weekly average of 618; the most claims in any one week were 1,249, 1,246, 1,002 and 1,050, which all occurred in the first month of the year. The weekly average of 618 was higher than that of 1954 which was 561.

13. Cremation.

A total of 977 cremations took place. These included 394 persons resident in Wolverhampton, who accordingly constituted 40.3% of those cremated.

Post-mortem examinations were carried out in 105 cases ; 102 were at the request of coroners, and of these, 68 were performed by expert pathologists. The 3 post-mortem examinations made at the request of the medical referee were all performed by expert pathologists.

On no occasion was cremation refused.

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 recorded at the West Park amounted to 24.63 inches, which is nine inches less than the total for the previous year and three and a half inches below the average rainfall calculated over the past fifty years.

Rain fell on 160 days ; the highest figure recorded for one day was 1.21 inches on the 25th March. May had the greatest monthly rainfall with 4.07 inches, and March was the next wettest month with 2.96 inches. July and August were the driest months with 0.71 and 0.76 inches respectively. In July, 0.32 inches fell on the first three days and the remainder (0.39 inches) fell on the 17th when there was heavy rain overnight with thunder and lightning. In August, rain fell on 7 days, the wettest day again being the 17th with 0.35 inches. The total rainfall recorded in respect of the corresponding months of 1954 was 8.51 inches (July 3.78 inches and August 4.73 inches). It is interesting to note that the combined rainfall (1.47 inches) for the months of July and

August in the year under review was the lowest total in respect of these two months since records were first kept in the department in 1898. Snow fell on various days during January, February and at the beginning of March, and also on the 19th, 20th, and 21st December. The lowest recorded temperatures for January, February and March were 24.2°, 19.5° and 25.0° respectively. The February figure was the lowest temperature recorded during the year. The hottest day was the 23rd August with a shade temperature of 82.5°, while in the middle of July a reading of 82.0° was recorded; in fact, July and August were very good holiday months.

3. Water Supply.

The Wolverhampton Corporation Water Undertaking, which supplies a population of approximately 259,600 in Wolverhampton and some surrounding districts, obtains its water from several sources. These and the daily average million gallons taken from them in 1955-56 are :—

Cosford Works—river	1.985
Cosford Works—well	2.132
Tettenhall Works	1.040
Dimmingsdale Works	2.360
Hilton Works	3.309
Stableford Works	0.217
Goldthorn Hill Works	0.007
Purchased	0.201
	11.251

The total hardness, in parts per million, varies from 216 in the Cosford Well water to 590 in the water from the Stableford Works. No recent information is available concerning the amounts of fluorine present in the various sources of supply.

Of 869 samples of water subjected to bacteriological examination, 860 or 99% contained no coliform organisms per 100 ml.

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; building and civil engineering; professional services; rubber tyres; electrical engineering; gas, water and electricity; public administration (national and local government); personal services (domestic service, hotels and restaurants) and textiles (rayon).

5. Unemployment.

Throughout 1955 unemployment has been at a very low level. The average over the whole year was about 0.5% which is lower than the national average of approximately 1.1%.

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 an estimated population of 355,000. The institutions contain 2,058 beds and of these 1,770 are in Wolverhampton, including 400 beds in "The Poplars," where the Management Committee provides serviced accommodation for the use of aged non-sick people, and 80 beds in the Reception Centre which also are serviced by the Hospital Management Committee. Both "The Poplars" and the Reception Centre are adjacent to New Cross Hospital.

The following 1,290 hospital beds are in Wolverhampton :—

Royal Hospital	310 beds
Children's Hospital, Penn	30 ..
Women's Hospital and Bath Road Annexe	85 ..
Queen Victoria Nursing Institution	43 ..
Women's Convalescent Hospital, Penn	13 ..
Eye Infirmary	100 ..
Isolation Hospital	66 ..
The Beeches Maternity Home	16 ..
New Cross Hospital	627 ..

In addition to providing hospital facilities for Wolverhampton, these beds meet almost all the hospital requirements of the borough of Bilston and the Urban Districts of Tettenhall, Wednesfield and Willenhall. They also constitute the main provision of hospital accommodation for the Urban District of Coseley and the Rural District of Seisdon.

2. Sanatoria.

The Isolation Hospital contains 54 beds for tuberculous patients and only 12 beds now are allotted to the treatment of infectious diseases. There is no hospital accommodation in the area built specially for the treatment of tuberculosis, and pulmonary cases usually receive treatment at Prestwood, Kinver or Grounds-low; cases requiring orthopædic treatment usually obtain it at Oswestry.

3. Chest Clinic.

The centrally situated Bell Street Clinic provides facilities for Wolverhampton and district. The static headquarters of the Wolverhampton Mass Radiography Unit is at New Cross Hospital, and here general practitioners have free access to X-ray facilities for the radiological exclusion of pulmonary tuberculosis without the need for appointments.

4. Venereal Diseases Clinic.

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

5. Nursing Homes.

One private maternity home contains 16 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. Most specimens must still be sent to Stafford at considerable inconvenience because the establishment of a much needed Public Health Laboratory in Wolverhampton continues to be delayed.

B. Local Executive Council Services.

1. General Medical Service.

At the end of March, 1956 there were 157,881 people living in Wolverhampton on doctors' lists representing 101.6% of the population. Their medical care was undertaken by 115 principal and 9 assistant medical practitioners, 67 of whom live within and practice from 60 surgeries within the borough.

The cost of this service for the year ending 31st March 1956, was £192,096 equivalent to 24/8d. a head of the population numbering 155,400 living in Wolverhampton.

2. Pharmaceutical Service.

At the end of March, 1956 there were under contract and in the Borough of Wolverhampton 47 pharmacies and 10 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, 1956 was £149,459 and to the patients £27,703 being equivalent to 19/3d. and 3/7d. a head per annum respectively.

3. Dental Service.

At the end of March, 1956 there were 38 principal and 1 assistant dental practitioners on the Executive Council's list. The cost to the Executive Council for the year ending 31st March 1956 was £119,065 and to the patients £37,022 being equivalent to 15/4d. and 4/9d. 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, 1956 under contract with the Executive Council 9 principal ophthalmic medical practitioners, 16 ophthalmic opticians and 10 dispensing opticians. Dr. Jevons, 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 1956 was £39,253 and to the patients £27,078 being equivalent to 5/1d. and 3/6d. a head per annum respectively.

5. General.

The cost of administration for the year ending 31st March 1956 was £8,779 equivalent to 1/2d. a head of the population. The total cost of the services therefore was £508,661 equivalent to £3 5s. 6d. a head of the population. In addition, the direct contributions made by the patients was £91,803 equivalent to 11/10d. a head of the population.

C. Local Authority Health Services.

1. Care of Mothers and Children.

(a) Births and Still Births.

There were 2,289 infants born alive during the year to parents normally resident in Wolverhampton; of these infants, 1,125 were born at home and 1,164 in institutions. The still births numbered 59 and of these, 19 were born at home and 40 in institutions.

The percentages of these births which took place at home in 1952, 1953, 1954 and 1955 were 51, 53, 52 and 49 respectively.

(b) Ante-natal Facilities.

It was found possible in March to combine the two clinics at Park Lane, and at the end of the year, 9 ante-natal clinics were conducted each week by medical officers (all of whom are full-time members of the Health Department), with the assistance of midwives. There is no specialist ante-natal clinic, but cases requiring a second opinion are referred through the general practitioner 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 centres, 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 on the presentation of a note from either the general practitioner or the domiciliary midwife. Formerly they were issued at one central clinic, but now patients can obtain them from any clinic. In addition, each midwife retains two maternity outfits in her own home for use in an emergency, and these are renewed as they are used. As 1,278 outfits were issued in 1955 all patients confined at home appear to have received them.

Ante-natal clinics, at which midwives are present, were attended by 2,283 women, of whom 1,808, were new cases, and an average of 3.7 visits was made by each patient. These new cases far exceed the number of domiciliary confinements in the borough and are equivalent to 74% of all confinements occurring in the borough, both domiciliary and institutional.

(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 the general practitioners and at the hospital post-natal clinics. Only a small proportion of mothers confined at home subsequently attend the Lowe Street clinic; new cases attending in 1955 were 60 compared with 59 the previous year. The number of attendances was 111.

(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 1953, 1954 and 1955 women attending for the first time numbered 89, 77 and 68 respectively, and the corresponding number of attendances were 652, 693 and 745.

(e) Child Welfare.

Each week 13 sessions are held for infants and toddlers at 8 centres. Immunisation against diphtheria and whooping cough, vaccination against smallpox and tuberculin patch tests are carried out at these clinics. Approximately 68 per cent of children under one year of age in the town attended 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 pædiatric, orthopædic and ultra-violet light clinics are held jointly with that Service.

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

The orthopædic clinic, to which children with minor deformities are sent from the welfare centres, is held weekly. After examination by the orthopædic surgeon, the prescribed treatment

is carried out by a full-time physiotherapist who attends the clinic daily. During the year 627 attendances were made by 222 children of whom 138 were attending for the first time.

The ultra-violet light clinic is held twice weekly and children suffering from conditions likely to benefit are referred to it from the welfare centres. During the year 93 cases made 450 attendances.

By arrangement with the Wolverhampton Hospital Management Committee the orthopaedic and ultra-violet light clinics are staffed by the Physiotherapy Department of the Royal Hospital.

Details of the ante-natal, post-natal, family planning and child welfare clinics are given in the accompanying table.

MATERNITY AND CHILD WELFARE CENTRES, 1955.

	Ford-houses	Lea Road	Lowe Street	Park Lane	St. Oswalds	St. Martins	Ward Street	Masefield Road	Totals
INFANTS.									
No. of sessions	99	99	48	99	102	51	100	48	646
New cases under 1 year	216	265	179	284	144	119	167	139	1,513
Attendances under 1 year	2,097	3,015	926	2,082	1,866	630	1,905	756	13,277
Attendances over 1 year	793	685	1,035	479	561	638	398	392	4,981
Total Attendances	2,890	3,700	1,961	2,561	2,427	1,268	2,303	1,148	18,258
Average attendances per Session	29.2	37.4	40.9	25.9	23.8	24.9	23.0	23.9	28.3
ANTE-NATAL.									
No. of Sessions	48	103	51	60	51	51	52	48	464
New cases	246	332	236	254	158	116	286	180	1,808
Total Attendances	1,044	1,397	1,056	1,169	743	820	1,460	771	8,460
Average attendances per Session	21.75	13.6	20.7	19.5	14.6	16.1	28.1	16.1	18.2

POST-NATAL CLINIC.
(Lowe Street)

No. of Sessions	51
New Cases	60
Attendances	111
Average per session	2.2

FAMILY PLANNING CLINIC.
(Lowe Street)

No. of Sessions	49
New Cases	68
Attendances	745
Average per session	15.2

(f) Infant Deaths.

There were 88 deaths of children under the age of 5 years ; of these, 75 failed to survive the first year, and of these 46 failed to survive the first month. The causes of death are given below.

Cause of Death.	Weeks.	Months.	Years.
	0—4	1—12	1—4
Whooping Cough	—	—	1
Pneumonia	4	8	1
Bronchitis	—	1	—
Gastritis, enteritis and diarrhoea	1	1	—
Congenital malformations ...	9	11	2
Motor Vehicle Accidents ...	—	—	4
Carbon Monoxide poisoning by gas escaping into bedroom from hot air ventilator ...	—	1	—
Suffocation when asleep in cot	—	2	—
Asphyxia due to overlaying ...	—	3	—
Drowning	—	—	1
Electrocution	—	—	1
Cerebral tumour	—	—	1
Intracranial and spinal injury at birth, without immaturity	6	—	—
Intracranial and spinal injury at birth, with immaturity ...	1	—	—
Atelectasis of lungs, without immaturity	1	—	—
Post natal asphyxia and atelectasis with immaturity	6	—	—
Subdural hæmatomata and prematurity	1	—	—
Asphyxia neonatorum due to suprarenal hæmorrhage ...	1	—	—
Cæsarian Section with prema- turity and broncho pneumonia	1	—	—
Prematurity	9	—	—
Pulmonary hæmorrhage	1	—	—
Hæmolytic disease	1	—	—
Hydramnios with prematurity (twin pregnancy)	1	—	—
Hyaline membrane disease with prematurity	1	—	—
Hand-Schüller—Christian Disease	—	1	—
Mongolism	1	—	—
Cellulitis of vulva	—	1	1
Idiopathic Purpura	—	—	1
Encephalitis	—	—	1
Rupture of large bowel ...	1	—	—
Totals	46	29	13

(g) Premature Infants.

The premature baby nurse visits all premature infants in their homes, the frequency of her visits depending on their weight and condition; special cots and equipment are lent from the Health Department by the premature baby nurse.

All infants weighing $5\frac{1}{2}$ lbs. or less born at home or in nursing homes are notified to the premature baby nurse on the day of birth. General practitioners usually arrange for babies weighing less than 4 lbs. to be admitted to a premature baby unit either at Hallam Hospital, West Bromwich, or Sorrento Hospital, Birmingham, and special equipment is kept at the ambulance depot for use in transporting them.

Premature babies born at New Cross or the Women's Hospital are seen by the premature baby nurse who subsequently visits them at home after discharge. The follow-up clinic for premature babies held at the Women's Hospital is attended by the premature baby nurse.

During the year, 163 babies were born alive weighing $5\frac{1}{2}$ lbs. or less to mothers normally resident in Wolverhampton, and 140 of them survived 28 days. Of these 163 babies, 51 were born at home, 4 in private nursing homes and 108 in National Health Service Hospitals; 15 of the babies born at home were transferred subsequently to hospital and the remaining 36 were nursed entirely at home.

The birth weight (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.
3 lbs. 4 ozs. or less.	7	1	1
3 lbs. 4 ozs.—4 lbs. 6 ozs.	6	2	2
4 lbs. 6 ozs.—4 lbs. 15 ozs.	9	5	5
4 lbs. 15 ozs.—5 lbs. 8 ozs.	29	28	28
	<hr/> 51	<hr/> 36	<hr/> 36

All 36 babies nursed entirely at home and all 4 babies born in private nursing homes survived the first 28 days.

The premature baby nurse paid 727 visits to babies born at home and to babies discharged from hospitals or nursing homes.

No case of retrolental fibroplasia was notified.

(h) Illegitimate Children.

There were 145 illegitimate children born alive during the year; there were also 5 illegitimate still births. This total of 150 live and still births represents 6.8 per cent of all live and still births. The local health authority continues to make 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 provided to meet the charges.

During the year the help of the Health Department was sought in 62 cases (52 being new cases) and 37 of them were accommodated in mother and baby homes.

(i) Ophthalmia Neonatorum.

No case was notified.

(j) Supply of Welfare Foods.

Dispensaries are attached to Lea Road and Park Lane Clinics at opposite ends of the town where proprietary brands of infant foods and nutrients have long been obtainable if they have been prescribed. In addition to this long standing arrangement, facilities were provided more recently for the distribution of Welfare Foods under the Government Scheme at the Lea Road, Fordhouses, St. Oswald's and Masefield Road Clinics.

In 1954 responsibility for the distribution of Welfare foods was transferred from the Ministry of Food to Local Health Authorities. The erection of a new centre and store at the Health Department was completed in March 1955, and at the end of the year the

distribution centres in Wolverhampton comprised the main centre at the Health Department, all clinics, 11 shops in various parts of the borough where the proprietors granted facilities, and the Community Centre at Low Hill.

At the end of the year the staff consisted of the organiser, 1 assistant and 5 part-time workers.

Below is a summary of issues made during each quarter of the year :—

Quarter ended.	National dried milk. Tins.	Cod liver oil. Bottles	A. & D. tables. Packets.	Orange juice. Bottles.	Total.
31.3.55.	27,090	4,864	1,754	21,551	55,259
30.6.55.	26,246	4,059	1,860	25,078	57,243
30.9.55.	26,004	4,376	2,074	32,009	64,463
31.12.55.	26,290	5,292	2,110	24,534	58,226
Total for 1955	105,630	18,591	7,798	103,172	235,191

(k) Dental Care.

All forms of dental treatment, including dentures where necessary, are now provided on a limited scale by the authority's own dental surgeons, and the equivalent of 5 sessions a week was devoted by them to expectant and nursing mothers and children under school age. A dental technician is now employed in the authority's own laboratories.

The following were provided with dental care :—

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Mothers	383	376	311	102
Children	681	670	657	—

The following are the forms of dental treatment which were provided :—

	Mothers.	Children.
Scaling and gum treatment	117	—
Fillings	250	26
Silver nitrate treatment	—	26
Extractions	1,365	1,365
General anæsthetics	252	663
Dentures provided :		
Full upper or lower	84	—
Partial upper or lower	46	—
Radiographs	24	1

(i) Day Nurseries.

The day nurseries at Bushbury Road and Birmingham Road have accommodation for 75 children and 40 children respectively, and the former provides facilities for the training of nursery students for the certificate of the Nursery Nurses Examination Board.

The charge is 2/- each day for children in the priority group, which includes the children of widows, widowers, unmarried mothers and separated or divorced parents, and children from families in which the mother is ill, the father unemployed, incapacitated or in the Forces. The charges for other cases, which are admitted with the consent of the Health Committee, vary with the means of the parents, with a maximum of 8/- a day.

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

	Bushbury Road.	Birmingham Road.
Number of days open	251	251
Attendances under 2 years	2,382	2,109
Attendances 2—5 years	8,765	5,136
Average daily attendance under 2 years	9.5	8.4
Average daily attendance 2—5 years	34.9	20.5

The average daily attendances of all ages at Bushbury Road was 44.4 and at Birmingham Road was 28.9. In the previous year these figures were 44.9 and 27.4 respectively.

2. Midwifery.

(a) General Provisions.

During the year, 3,654 confinements took place in the borough ; of these, 1,161 were conducted in the mother's home, 2,092 were conducted in the Hospital Management Committee's institutions and 401 in private nursing homes.

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

(i) Midwives in Management Committee's institutions	28
(ii) Municipal Midwives	21
(iii) Maternity nurses (hospital)	6
(iv) Maternity nurses (private nursing homes)	12

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.

(b) Municipal Midwives.

At the end of the year the staff consisted of the non-medical supervisor, 20 midwives and a premature baby nurse. They attended 1,015 cases as midwives and 136 cases as maternity nurses, the doctor being present at 11.7% of deliveries. Altogether, 28,762 visits were paid by the midwives to women delivered at home including 7,200 ante-natal visits ; in addition 677 patients discharged from hospital before the fourteenth day received 1,528 visits during the remainder of the lying-in period. Medical aid was sought for 39 patients during pregnancy, 33 patients during labour and 90 patients during the puerperium ; in addition it was sought for 68 infants.

All municipal midwives administer gas and air analgesia. The "Minnit" apparatus is used and it is transported to the patient's home and subsequently collected after use by the Central Ambulance Depot ; the apparatus is serviced quarterly by the British Oxygen Company. Patients receive instruction in its use at the

ante-natal clinics and each midwife carries a face-piece for the machine in her delivery bag. Five sets of apparatus for administering trilene were obtained in September. Gas and air was administered to 766 patients (i.e. 66% of domiciliary confinements) and pethidine was given to 855 patients (i.e. 74% of domiciliary confinements); in addition, 69 patients had trilene given by the midwife and 45 by their doctor.

Municipal midwives deliver about 6 cases each month and they attend the ante-natal clinics in their area to book and examine their patients, so that each patient meets not only the midwife who probably will look after her but also the relief midwife; 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.

A third relaxation class was opened in December so that the physiotherapist now has two sessions each week at Lea Road Clinic and a weekly session at Ward Street Clinic; 279 mothers made 1,613 attendances.

Chest X-ray examinations carried out by the Mass Radiography Unit are available for all expectant mothers.

Four midwives attended refresher courses during the year. No arrangements exist in Wolverhampton for providing pupil midwives with Part II training but the hospitals and the local authority still hope to be able to provide this in the near future.

3. Health Visiting.

The establishment is a Superintendent and 16 Health Visitors. At the end of the year the staff consisted of a Superintendent, 14 health visitors and 1 clinic nurse. One health visitor and the

nurse were attached to the chest clinic ; 2 pupil health visitors were undergoing training at Birmingham. 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 cases of infectious diseases, patients discharged from hospital and in need of after-care and elderly people who may require domestic and other assistance in the home. They stress the importance of immunisation and vaccination, they co-operate with hospitals and general practitioners by furnishing relevant details of home conditions and ensuring that advice and treatment are carried out. Particular attention is given to families presenting a social problem.

Two members of the staff are attached to the Chest Clinic and devote their entire time to the patients attending the clinic and their contacts.

Details of the visits during 1955 are given below :—

Expectant mothers	186
Children under one	7,129
Children aged one and under two	5,550
Children aged two and under five	8,240
Tuberculous households	2,635
Other cases	2,481
Total visits	26,221

In addition, health visitors attended 2,244 half day sessions at the clinics.

During the course of the year, the health visitors entered 18,723 households (i.e. 40% of all households in the borough), and they visited 11,157 children under five years of age.

One health visitor attended a refresher course during the year.

4. Home Nursing.

At the end of the year, the staff consisted of a superintendent, 11 full time state registered nurses, 3 full time state enrolled assistant nurses and two part time state registered nurses. During the year the

extension of the health department was complete and the Home Nursing service was transferred from No. 3 Bath Road to accommodation in the new extension.

All general practitioners in the area use the service; they either telephone to the superintendent informing her of the patients' requirements, or leave a note with relatives instructing them to deliver it to the Health Department. 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 11% more and the total number of visits 9% more than the previous year. A summary of the work of the nurses is given below :—

Cases on Register at 1.1.55.	New Cases.	Total Visits.	Cases on Register at 31.12.55.
195	1,475	42,307	193

The nature and number of the cases and the number of visits they received were :—

Cases.	Number.	Visits.
Medical	1,055	23,272
Surgical	203	5,426
Infectious	2	34
Tuberculous	221	12,923
Maternity (Complications)	4	30
Other	185	622
Total	1,670	42,307

Children under 5 years of age (4% of all patients) received 1% of the total visits, patients over 65 years (48% of all patients) received 49% of the visits and patients between 5 and 65 years of age (48% of all patients) received the remaining 50% of the visits.

In the previous year, children under 5 years of age (4% of all patients) received 1% of the total visits, patients over 65 years of age (45% of all patients) received 39% of the visits and patients between 5 and 65 years of age (51% of all patients) received the remaining 60% of the visits. In 1955, the proportion of the visits which were to people over 65 years of age again increased substantially, following the trend noted in 1954.

Over a period of 6 years, visits to tuberculous patients increased from a negligible quantity to 23 a day in 1953, fell to 20 a day in 1954 but this year the number of daily visits rose to an average of 36 a day.

5. Vaccination and Immunisation.

(a) Vaccination against Smallpox.

During the year 764 persons were vaccinated and 79 re-vaccinated. Of those vaccinated, 684 were under one year old, and of those re-vaccinated 67 were over 15 years. Medical officers of the local authority carried out 380 of the 843 vaccinations and re-vaccinations.

There were 2,289 infants born alive during the year, and the 684 vaccinations under one year old represents 29.9% of these births.

(b) Immunisation against Diphtheria.

A total of 2,884 children were immunised against diphtheria during the year. Private practitioners carried out 850 of these immunisations and 2,034 were done by medical officers of the local authority in schools, clinics and day nurseries. In addition reinforcing doses were given to 2,474 children, mostly in school. The estimated percentage of the child population immunised against diphtheria is :—

(i) under 1 year old	52%
(ii) 1—4 years old	48%
(iii) 5—14 years old	68%

(c) Immunisation against Whooping Cough.

This was available as a routine procedure at all clinics during the year, where 789 children received it. An additional 296 children are known to have been immunised by general practitioners.

(d) B.C.G. Vaccination.

This procedure, which parents are free to accept or to refuse, was introduced during the year and offered to all pupils aged 13 years in 17 schools. Consent forms were issued to the parents of 1904 children, there were 1345 acceptances (71%), and of these, 880 were vaccinated.

Those not vaccinated numbered 465 and comprised :—

contacts	66
absentees	96
unsuitable	12
positive Mantoux tests	241
not read	39
negative but not vaccinated	11
	<hr/>
	465
	<hr/>

6. Ambulance Service.

The service has a staff of 29 and a fleet of 17 vehicles consisting of 11 ambulances (including one used exclusively for Civil Defence Ambulance Training), 5 sitting case cars and a mortuary van. The number of calls, 41,940 was 1.6% more than in the previous year, and the total mileage showed an increase of 8%. Of the total calls, 2.5% were to accidents and 1.9% to emergencies.

7. Prevention of Illness, Care and After-Care.**(a) Tuberculosis.**

Chest physicians are employed jointly by the Regional Hospital Board and the Town Council; the latter pay a portion of their salaries equivalent to 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. In addition, many children were vaccinated by the pædiatrician.

Two tuberculosis visitors specialise in visiting these patients and close contact is maintained between these visitors and the after-care officer. Frequent discussions take place on individual cases and any personal or social problems which might arise are referred to the after-care officer for advice and help.

The Occupational Therapy Class continued to meet on one afternoon each week at Lowe Street Clinic, and 18 patients attended during the year. Unfortunately the class had to close in October owing to lack of staff but it is hoped to resume in the near future.

Progress has been made during the year in helping patients to return to suitable employment. On being certified fit for work, the patient is referred to the after-care officer for discussion of future plans. The patient may be able to make his or her own arrangements, but more often the Ministry of Labour disablement rehabilitation officer is called in and arranges admission to an industrial rehabilitation unit or training centre, or places the patient directly in suitable employment.

During the year, 341 cases were dealt with. Financial help was obtained for 98 cases, clothing grants for 55, bed and bedding grants for 13 and free milk for 89. In another 148 cases help was given relating to many problems including housing, holidays and the securing of other social services.

A further generous donation of £52 10s. 0d. has been received from the "Joe Birch Memorial Cup" Fund and paid into the Wolverhampton Voluntary Fund for Tuberculosis, and this money has been very useful in supplementing help given to patients from statutory sources.

CONTACT REVIEW.

Dr. Aspin, Consultant Chest Physician, reports that during the year entirely new and to some extent novel arrangements have been brought into operation in the area for the ascertainment and prevention of the development of disease among contacts of known cases of tuberculosis. These arrangements will be described under

general headings relating to domiciliary review of contacts, investigations in work-places and schools, and, since diagnosis is also prevention when there is a good contact scheme, a brief account of the revised case-finding procedures.

DOMICILIARY CONTACTS.

GENERAL ARRANGEMENTS.

(a) Persons over 5-years old.

The health visitors who hear about "new cases" either directly from the chest physician or indirectly via notifications are able to send domiciliary contacts to the Mass Miniature Radiography unit on Monday mornings every week, no appointment being necessary. Those between 5 and 15 years of age are offered a Heaf tuberculin test, followed where indicated by BCG vaccination. The results of 35mm chest radiography are returned to the health visitor concerned, who, when all contacts have been examined, meets the chest physician to decide upon the need for further routine radiography (especially indicated, of course, in adolescents and young adult contacts). Occasionally evening X-Ray sessions are available for stubborn persons. Such contacts as have X-Ray abnormality become "investigation cases" to be followed up by the chest physicians.

(b) Persons under 5-years old.

Contacts under 5 years of age are seen every Wednesday by the pædiatrician, to whom the health visitors are able to refer such children directly. One health visitor is always present at this contact clinic, where any necessary BCG vaccination is done, and where follow-up of susceptible child contacts is carried out. Cases of primary tuberculosis are treated either by the pædiatrician or by the chest physicians, according to availability of beds.

SPECIAL ARRANGEMENTS.

(c) Children born into tuberculous households.

Close liaison between chest clinic, health visitors, antenatal clinics and maternity hospitals enables plans to be made beforehand for the BCG vaccination and any necessary segregation of such infants.

(d) *Tuberculous Meningitis follow-up.*

Health visitors are requested to give urgent priority to contact review in households from which cases of tuberculous meningitis have come. Their efforts are supplementary to initial action taken by the pædiatrician, whose ward sister has been enabled to refer contacts directly for examination under the system outlined above (a). Indeed, this sister similarly sends along all accessible contacts of every tuberculin-positive child admitted to her wards. Time saved in this way can be very valuable; for instance a father was found to be suffering from tuberculosis and actually admitted to sanatorium within six days of his daughter's admission with tuberculous meningitis, and a few days before the birth of his second child, who was given BCG.

(e) *School Entrants.*

Review of relatives of children found tuberculin positive at entry to school has been carried out since 1948 by the School Medical Officer with valuable though gradually decreasing yields from the case-finding point of view.

(f) *School Leavers.*

BCG vaccination of 13 year old tuberculin negative children is now in full swing. Enquiry at this time as to history of contact enables follow-up to be made during adolescence, of cases who were contacts in early childhood, without the need for bothering these children during the non-vulnerable middle school period.

(g) *Tuberculosis Deaths and Posthumous Notifications.*

Health visitors are expected, after an interval of a year, to visit houses where tuberculosis deaths have occurred, and to secure the attendance of all adults at the Mass Miniature Radiography unit. The chest physician has asked to be informed of the presence of persons between the ages of 12 and 21, so as to be able to arrange appropriate follow-up. If the tuberculosis death ranks as a posthumous notification, this health visitor's visit is to be made as soon as possible.

(h) Married Relatives not living at home.

After completing the initial review of domiciliary contacts, health visitors are asked to enquire about married relatives, and after consultation with the chest physician, to arrange for appropriate review.

(j) Contacts of Non-Notified Cases.

The homes of Mass Miniature Radiography suspects, cases of pleural effusion of uncertain aetiology, erythema nodosum, and phlyctenular conjunctivitis are visited, and examination of contacts is arranged.

(k) Antenatal Cases.

During the year the majority of local antenatal cases have been sent to the Mass Miniature Radiography unit. Active cases picked up in this way have been successfully treated during pregnancy and have remained well after delivery, their children having in all cases been given BCG.

CONTACT AT WORK OR AT SCHOOL.**(l) Search for a Source Case.**

Workmates are not neglected in the local contact review system, opportunities being made for all employees of small firms or for the employees in the appropriate shop of a large firm, to go to the Mass Miniature Radiography unit. In this way the source-case of a newly notified case of erythema nodosum and pleural effusion was swiftly found. Also a keen health visitor noticed that three newly notified young girls all worked at the same small factory, with eight others, one of whom was later found to be tuberculous at contact review.

(m) Return to work (treated cases).

All cases discharged from sanatoria are interviewed by the chest physician and welfare officer/social worker sitting together, and arrangements are made, through the Disablement Resettlement Officer, for suitable placing or retaining in some less hazard-

ous occupation, often after a period at the Industrial Rehabilitation unit. In cases where former employers are willing to take a patient back, the welfare officer/social worker is often able to arrange for minor but important changes in the details of employment by meeting the Personnel Manager of the concern. For instance an employee working as a progress chaser, visiting practically everyone in a large factory, has been offered a more static job in a small subsection in which even if he had not been rendered sputum-negative, relatively few persons would be exposed to the risk of infection. Many employers show great consideration to newly returned treated cases by reducing initial hours of work.

(n) *Sputum-Positive Workers.*

There are very few known sputum-positive workers in the area, and every effort is made, by the means detailed immediately above, to make sure that risk to others is minimal.

(o) *"Preventive" X-Ray examination of nurses, food handlers, etc.*

Groups of this type, and also those working with children (school meal-servers, etc.) are offered facilities for annual chest radiography at the Mass Miniature Radiography unit. Special school investigations are made whenever cases of infectious disease come to light among staff or older pupils.

CASE-FINDING PROCEDURES.

Case-finding in the area depends not upon casual mass radiography of unselected groups of supposedly healthy persons, but upon the radiography of the special groups described above, supported by the provisions of a simple, speedy and efficient diagnostic service for general practitioners, to whose surgeries come more than ten times as many unknown cases of tuberculosis. Practitioners are able to refer to the Mass Miniature Radiography unit every Monday morning without appointment, exclusion cases, for radiological exclusion of pulmonary tuberculosis, receiving all "normal" reports on the following Wednesday morning. 4,394 such cases have been X-Rayed during the year with the discovery

of well over 50 cases. Investigation cases are seen clinically by the chest physicians as out-patients at either New Cross or The Royal Hospital. Early diagnosis is good prevention : even better prevention is effective treatment of infectious persons, and it is gratifying to see how many patients have been discharged sputum-negative from hospital during the year.

FUTURE PLANS.

Detailed figures relating to work done in the schemes described above are not available for the year 1955, but it is hoped to give a summary of the work done in 1956. During the year it is hoped to arrange for routine chest radiography of further groups at special risk, such as diabetics, cases operated upon for peptic ulcer and pneumoconiotics.

FINAL NOTE.

Some of the systems described are partly operated by Local Authority staff, some by Mass Radiography Unit, a Regional Hospital Board service, and some by the Hospital Management Committee side. I feel that I can fairly suggest to you that the Chest Service in the area now represents a happily integrated combination of three parts, a Preventive Service, a Diagnostic Service, and a Therapeutic Service.

(b) Other Illness.

The work with non-tuberculous patients still consists chiefly of arranging for admission to convalescent homes when this cannot be arranged through other channels ; the patients are asked to contribute towards the cost according to their means. The following details refer to cases dealt with during the year :—

Applications received	88
Admitted to convalescent homes	73
Referred back to hospital	2
Referred to Patients Aid Association	2
Referred to Railway Convalescent Fund	1
Applications withdrawn	10
	<hr/>
	88
	<hr/>

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 312 patients nursed at home.

8. Domestic Help.

At the end of the year there were 10 whole and 33 half-time home helps and in addition 2 part-time workers employed for two hours daily.

The cases assisted by the home helps during the year comprised :—

Chronic Illness	355
Acute illness	154
Maternity	75
Tuberculosis	10
	<hr/>
	594
	<hr/>

The organiser investigates the conditions in every case before domestic help is sent and subsequently she pays weekly visits ; during the year she paid 2,229 visits.

9. Health Education.

An annual contribution of £82 is made to the Central Council for Health Education and one of five guineas to the National Association for the Prevention of Tuberculosis. Poster boards in various parts of the town are used for the display of topics supplied by the Central Council for Health Education. Pamphlets prepared by the Central Council on a variety of subjects including measles, influenza and common colds are distributed in the clinics.

Health Education is one of the chief duties of the health visitors who constantly advise mothers on the management, feeding and clothing of children, the danger of accidents, the importance of protecting children against smallpox, diphtheria and whooping cough, and the advisability of having them patch tested for tuberculosis.

The dangers of food poisoning and the importance of cleanliness in food storage and food preparation are stressed in many talks given by members of the staff to various organisations in the town.

10. Mental Health.

(a) Administration.

The Health (Mental Health) sub-Committee meets monthly and delegates no duties to voluntary associations. Statistical information is placed before the Committee, reports on individual mental defectives are dealt with but no individual reports are received on cases of mental illness.

The staff of the Health Department includes one female and two male mental health officers who are all duly authorised to take initial proceedings for providing care and treatment for persons suffering from mental illness. The female officer also deals with the administration of the Mental Deficiency Acts, and the male officers, one a former relieving officer and the other a state registered nurse and state registered mental nurse, undertake the after-care of patients who have been mentally ill. The Occupation Centre has a staff of one Supervisor, four assistants and two trainees together with a domestic assistant and a caretaker. A panel of general practitioners is used for domiciliary visits and for the completion of medical certificates for petitions under the Mental Deficiency Acts and for renewal orders.

Co-operation with the hospital authorities develops steadily if somewhat slowly. The central bed list for mental defectives inaugurated in 1952 by the Regional Hospital Board continues to work well and during the year one male and one female under the age of 16 were admitted to institutions. Fortnightly discussions are held at St. George's Hospital, Stafford, between the hospital staff and the mental health officers of local authorities using the hospital; these officers also attended a case conference at the hospital when patients are considered for leucotomy. Whenever possible a mental health officer is in attendance at the psychiatric out-patient clinic at New Cross Hospital.

Of the patients suffering from mental illness admitted by duly authorised officers to New Cross Hospital for three days 45% were considered to require further treatment in a mental hospital. In 1951, the proportion of patients admitted to New Cross Hospital for observation subsequently admitted to a mental hospital was 14 per cent ; in 1952 it was 26 per cent ; in 1953 it was 39 per cent and in 1954 it was 45 per cent. During this period the number of patients admitted to New Cross Hospital for observation has increased by a half. The continued increase in the proportion subsequently admitted to a mental hospital is welcomed by the Health Department as the majority of the cases admitted on three day orders are recognised to be in urgent need of more prolonged treatment.

The Council makes an annual subscription to the National Association for Mental Health and a trainee from that Association did her practical training at the Occupation Centre, which student health visitors also attend regularly.

(b) Work undertaken in the Community.

(i) Mental Treatment.

Under Section 28 of the National Health Service Act, mental health officers either interviewed in the Health Department or visited in their homes 607 people who had been referred to them by general practitioners or by other departments, or who came direct to the mental health officers seeking help and advice ; they also paid 231 visits to former mental hospital patients and 9 were being visited regularly at the end of the year.

During the year, 137 persons (66 male and 71 female) were admitted for observation to New Cross Hospital and of these, 62 persons (30 male and 32 female) were subsequently certified to be of unsound mind and transferred to a mental hospital ; in addition, 6 persons (2 male and 4 female) were certified at home and taken from there to a mental hospital ; two women were admitted as temporary patients and one man was received into a mental

hospital under the provisions of Section 30 of the Magistrates Court Act, 1952. The total number of persons admitted to mental hospitals was 69 (33 males and 36 females).

Of the 33 males admitted, 12 were discharged during the year (one was deported, 3 were relieved and 8 transferred to the voluntary class). Of the 36 females admitted, 22 were discharged during the year (12 recovered, 4 relieved, 4 transferred to the voluntary class, 1 not improved and 1 died). Altogether, 59 certified patients (23 male and 36 female) were discharged from mental hospitals during the year.

The number of voluntary admissions again showed an increase to 101 (41 males and 60 females). Of these 101 patients, 68 were discharged, of whom 43 were relieved, 16 had recovered and 9 were not improved ; in addition one died and one absconded. The total number of voluntary patients discharged during the year was 89 (42 males and 47 females) and one patient died.

At the end of the year, 448 Wolverhampton residents (208 male and 240 females) were known to be receiving treatment in mental hospitals.

(ii) Mental Deficiency.

Under the Mental Deficiency Acts 5 ineducable children of school age, and 12 others leaving the special school for educationally subnormal children at the age of 16, were found to require supervision ; all these 17 children were placed under statutory supervision. A further 7 children under the age of 5 were referred to the department and were admitted to the occupation centre ; these children will be dealt with if necessary as ineducable under the Education Act on reaching the age of 7 years. A male defective over the age of 16 was also referred to the department and admitted to the occupation centre. In addition, 2 cases subject to be dealt with were brought to the notice of the department, one by the parents and one by the Children Department.

At the end of the year, there were 28 patients (13 males and 15 females) under guardianship, a decrease of one in a year. No new case was placed under guardianship during the year. The homes of patients under guardianship are visited regularly, and arrangements are made for each patient to be seen by a doctor at least once a year.

The number of ascertained defectives known to the Health Department at the end of 1955 was 750 comprising the following :—

	Under 16		Over 16		Total
	M.	F.	M.	F.	
(i) Placed under Statutory Supervision	15	16	132	143	306
(ii) Placed under Guardianship	—	—	13	15	28
(iii) In "Places of Safety"	—	1	—	1	2
(iv) In Hospitals	12	9	114	95	230
(v) Under Voluntary Supervision	16	14	84	70	184
	43	40	343	324	750

Of those classified as "in hospitals" 10 (6 females and 4 males) were on licence from hospital.

The number of ascertained mentally defective persons on the registers at the 31st December 1955 was equivalent to 0.48 per cent of the population.

The Occupation Centre continues to satisfy a great need in the community care of the mentally defective. There were 80 children on the register at the end of the year (an increase of 5) including 2 cases from outside the borough.

The usual activities have been continued; these include the cookery class for the older girls, speech training classes as part of the daily curriculum with a speech therapist attending twice weekly for children who need special training, and the older girls' weekly health and beauty class which has resulted in an improvement in posture and co-ordinated movement. Seven spastic children now attend,

for whom special equipment and furniture has been provided. The school health services are used, regular visits are paid by a school nurse and the children attend minor ailment and dental clinics when necessary. The annual exhibition of handwork was not held, as orders from the previous year's exhibition were so great that it was thought unwise to obtain further orders which could not be executed.

11. Care of the Aged and Infirm.

The National Assistance Acts 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 (4 women and 2 men) were brought to the notice of the Health Department. An order was made in the case of a woman aged 84 years, with grossly defective sight and hearing, who lived alone, and who had been discharged from hospital at her own request on condition that she accepted the services of a home help; on returning home she refused to have a home help, and soon became bedfast and incontinent in a rat infested house. An order was made in the case of a woman of 75, who lived alone, and although incontinent and bedfast was unwilling to accept help in the home. An order was made in the case of a man of 73, who lived alone, and was found to be emaciated, feeble and in a dirty condition. An order was made in the case of a woman of 79, who was feeble and extremely emaciated. The husband of this woman was in a similar condition, but the application for an order was withdrawn as relatives expressed their willingness to look after him. An application for an order in the case of a woman of 81, who was blind and feeble and who had been looked after by a lodger who himself fell ill, was withdrawn when she agreed to enter accommodation provided under Part III of the National Assistance Act.

12. Epileptics.

Only 35 epileptics have registered under the Council's scheme under the National Assistance Act although there are probably over 200 epileptics in Wolverhampton; six epileptic children of school age are in special schools; several other epileptic children, who do not need special education, attend ordinary day schools. Among mental defectives who are not in institutions, 35 are known to be epileptic and 2 of these attend the Occupation Centre.

13. Spastics.

Information about the number of spastics in Wolverhampton is not available and only a small proportion of them are known. Spastics of school age include twelve in special schools, one in a hospital school, two in private schools, two awaiting admission to special schools and one not at school; in addition a number of spastics presenting no special educational problem attend ordinary schools. Among mental defectives, some have the additional disability of being spastic, and a class for mentally defective spastic children has been opened at the Occupation Centre; six children attend it.

One child who is both spastic and epileptic also attends the Occupation Centre.

14. Blind Persons.

The number of cases registered during the year was 39 and the number on the register at the end of the year was 348. Their age and sex distribution was:—

Age Group.	Males.	Females.	Total.
5—9	2	2	4
10—14	3	1	4
15—19	3	2	5
20—29	12	2	14
30—39	11	10	21
40—49	18	12	30
50—59	19	20	39
60—64	14	12	26
65—69	21	20	41
70 and over	71	93	164
	174	174	348

The table shows that 59 per cent of the registered blind are aged 65 years and over and that 47 per cent are aged 70 years or over.

The following table shows the number of cases registered during the year, the number of these in which treatment was recommended and the number who received it.

Cases Registered.	Cause of Disability.			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
Total	10	5	—	24
Recommended for Treatment	7	2	—	12
Received Treatment	3	2	—	8

There were no cases of blindness as a result of ophthalmia neonatorum during the year.

SECTION III.
INFECTIOUS AND OTHER DISEASES.

1. Incidence.

The corrected notifications per 1,000 population of certain infectious diseases in Wolverhampton during 1955 are appended :—

Disease.	Rate per 1,000 population.
Scarlet Fever	0.75
Whooping Cough	0.94
Acute Poliomyelitis	
Paralytic	0.045
Non-paralytic	0.07
Measles	12.75
Pneumonia	1.15
Dysentery	0.09
Paratyphoid fever	0.01
Erysipelas	0.08
Meningococcal infection	0.02
Food Poisoning	0.04
Puerperal Pyrexia	43.87 (per 1,000 total births)
Malaria (contracted abroad)	0.01

There were no cases of diphtheria, smallpox, encephalitis, typhoid fever and ophthalmia neonatorum.

2. Scarlet Fever.

There were 116 cases, only 9 of which were admitted to hospital, and none proved fatal.

3. Whooping Cough.

There were only 146 notifications compared with 590 in 1954. Seven cases were admitted to hospital and there was one death of a girl of 3½ years.

4. Poliomyelitis.

Of 18 cases notified (7 paralytic and 11 non-paralytic), 13 were admitted to hospital (6 paralytic and 7 non-paralytic) ; all recovered.

5. Measles.

Notifications for the year numbered 1,982 compared with 442 during 1954 and 3,148 in 1953. No deaths occurred and only 12 cases needed hospital treatment.

6. Pneumonia.

There were 179 cases of pneumonia notified and there were 104 deaths but only nine of these were among the notified cases.

7. Dysentery.

Notifications were 14, but none was admitted to hospital and there were no deaths.

8. Paratyphoid Fever.

There were 2 cases notified, 8 year and 5 year old boys, both nursed in hospital and both recovered.

9. Meningococcal Infection.

There were 3 cases notified, all were treated in hospital, and all recovered.

10. Food Poisoning.

There were 6 cases notified. The 2 found to be infected with *Salmonella Typhimurium* were nursed in hospital. There were no deaths.

11. Puerperal Pyrexia.

The number of cases notified was 103; of these, one was a patient confined in a nursing home, 7 were patients confined at home and 95 were patients confined in hospital.

12. Miscellaneous.

Among the miscellaneous cases notified were 12 cases of erysipelas, and one case of malaria contracted abroad.

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, 50 cases (32 males and 18 females) were dealt with for the first time; 5 of them were suffering from primary or secondary syphilis, or latent syphilis in the first year of infection; one of them was a case of congenital syphilis. Of these 50 cases, 43 were Wolverhampton residents.

Gonorrhoea. There were 115 cases (92 males and 23 females) dealt with for the first time, and 84 of these were Wolverhampton residents.

Other conditions. The number of cases dealt with for the first time was 519 (342 males and 177 females), but 255 of them (146 males and 189 females) did not require treatment. Of the 519 cases, 304 were Wolverhampton residents.

14. Tuberculosis.

The local health authority is responsible for measures designed to prevent tuberculosis and they include advising the Housing Department on the letting of houses to families containing a tuberculous member, the routine patch testing of all infants attending welfare centres and of school entrants, BCG vaccination of school leavers, and advising all contacts of known cases to report for examination at the chest clinic. Health visitors are continuing to keep under observation the young people taking part in the Medical Research Council's investigation into the value of vaccines in the prevention of tuberculosis.

Readily available X-ray facilities for practitioners to investigate their patients are available and have proved to be very valuable.

Since 1920 there have been almost continuous declines in both the pulmonary and non-pulmonary death rates in Wolverhampton. For the period 1921-30, the death rate from all forms of Tuberculosis was 92 (pulmonary 76) per 100,000, for the decade 1931-40 it was 80 (pulmonary 69) and for the decade 1941-50 it was 60 (pulmonary 51). In 1951 the death rate from all forms of tuberculosis was 51 per 100,000, in 1952 it was 25, and 1953 it was 30, in 1954 it was 27 and in 1955 with 27 deaths (22 pulmonary and 5 non-pulmonary) it was 17 per 100,000 population.

Notification.

Year	1951	1952	1953	1954	1955
Pulmonary					
Male	92	103	117	86	74
Female	51	82	80	64	51
Non-Pulmonary					
Male	4	8	10	10	7
Female	6	9	7	12	10
Total	153	202	214	172	142

The cases remaining on the register at the end of 1955 were classified as follows :—

Pulmonary.		Non-Pulmonary.	
Male	588	Male	51
Female	410	Female	53
	<hr/> 998		<hr/> 104

Deaths.

The deaths from tuberculosis in 1955 and the preceding four years are given below :—

Year	1951	1952	1953	1954	1955
Pulmonary					
Male	53	29	36	28	19
Female	26	6	9	12	3
Non-Pulmonary					
Male	2	5	4	3	3
Female	2	1	—	—	2
Total	83	41	49	43	27

The five fatal cases of non-pulmonary tuberculosis comprise one woman of 68 years and one of 79 years who died of tuberculosis of the spine, a boy of 5 years who died of tuberculous meningitis (notified) and one man aged 22 years (notified) and one man aged 65 years (not notified) who died of tuberculosis of the kidney.

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—4	2	—	1	—	—	—	—	—
5—14	6	7	1	—	—	—	1	—
15—24	16	23	2	5	—	1	1	—
25—44	20	13	1	3	2	1	—	—
45—64	26	6	1	1	15	1	—	—
65—74	4	2	1	1	2	—	1	1
75 & over	—	—	—	—	—	—	—	1
Totals	74	51	7	10	19	3	3	2

15. Cancer.

The number of deaths attributed to cancer and allied conditions was 281. The age distribution of cases was :—

Age.	Male.	Female.	Total.
0—1	—	—	—
1—4	—	—	—
5—14	1	1	2
15—24	—	1	1
25—44	6	11	17
45—64	66	59	125
65—74	45	40	85
75 and over	30	21	51
	—	—	—
	148	133	281
	—	—	—

The sites of the disease were :—

	Male.	Female.	Total.
Tongue	2	—	2
Parotid	1	—	1
Nasopharynx	1	—	1
Hypopharynx	—	1	1
Pharynx	1	1	2
Oesophagus	7	2	9
Stomach	26	26	42
Small intestine	1	—	1
Large intestine	8	18	26
Rectum	13	7	20
Biliary passages and liver (primary)	3	—	3
Liver (secondary and unspecified)	—	3	3
Pancreas	11	7	18
Post-nasal space and maxillary antrum	2	1	3
Larynx	1	1	2
Lung and bronchus	41	8	49
Breast	1	22	23
Uterus	—	14	14
Ovary	—	5	5
Vulva (epithelioma)	—	1	1
Prostate	12	—	12
Penis	2	—	2
Kidney	1	3	4
Bladder	6	2	8
Skin (malignant melanoma)	—	2	2
Skin (other malignant neoplasam)	1	2	3
Brain and C.N.S.	—	3	3
Thyroid	—	3	3
Bone	1	1	2
Upper arm (malignant synovioma)	—	1	1
Malignant neoplasm of other sites	2	4	6
Reticulosarcoma	1	—	1
Multiple Myeloma	—	1	1
Leukæmia	3	4	7
	—	—	—
	148	133	281
	—	—	—

REPORT OF THE CHIEF SANITARY INSPECTOR**F. Binns Hartley, M.S.I.A., M.R.San.I.**

The methods of treatment of ill-health and disease continue to improve, but the detection and elimination of their causes are still of paramount importance, and the work of this department on the various aspects of housing, food hygiene and atmospheric pollution assists in this direction. However, the continued shortage of qualified sanitary inspectors forced the Health Committee to consider the relative importance of the various duties performed by the inspectorial staff, and it resolved that housing was the most urgent and should take precedence even to the detriment of other duties.

A century ago, the main purpose of a dwelling house was to provide a shelter from the elements, and in view of the limited transport facilities then obtaining, the shelters, for they were nothing more, materialised in congested groups in close proximity to places of employment. A large number of these dwellings still remain and almost all have deteriorated with age to such an extent that they do not now even fulfil their original function, and their demolition is overdue.

In the present era, adequate transport facilities are available and the occupants of slum houses are therefore rehoused in dwellings, properly spaced, and removed from the vicinity and the atmosphere of factories. The dwellings, with every modern convenience, can rightly be regarded as "homes" as distinct from "shelters". The policy of removing the latter had been vigorously pursued during pre-war years, and it was therefore appropriate that the authority should be one of the first to resume the task after the war. In fact, the work was viewed with such urgency that the authority had formulated and embarked upon its programme in advance of the direction from the Minister of Housing and Local Government.

The programme was tackled with conviction and energy throughout the year, and there must be a general sense of accomplishment in the progress made. The rehousing of the families involved and the redevelopment of the areas concerned provide challenges to the authority, and a tremendous amount of work

will be necessary to ensure the fulfilment of the programme, but the task must continue with unabated vigour until the evil of slums has been overcome.

Whilst the urgency of slum clearance cannot be over emphasised, the work is no more important than that connected with food hygiene or atmospheric pollution; each of these two subjects should be tackled with a similar determination, but this has not been possible during the year under review.

In this country, tremendous quantities of food are handled daily and instances of contamination by foreign bodies and food poisoning organisms must be viewed with a sense of proportion, but their increase has caused anxiety. The main reasons for the increase can be traced to the methods employed in food handling and to the carelessness of food handlers, although the weaknesses in the existing statutory powers are frequently blamed.

Criticisms of the deficiencies of the Food and Drugs Act, 1955 and the Food Hygiene Regulations, 1955, have already been made and will continue to be made, and while disappointment must be expressed at the apparent weakness of a number of the provisions and at the omission of others from the original draft, the statutory powers have undoubtedly been strengthened and extended.

The "Clean Air Bill", introduced by the government during the year, followed closely the recommendations of the Committee appointed to investigate air pollution; if its provisions are enacted, the existing law on smoke abatement will be considerably altered, and an opportunity will be provided for local authorities to combat the serious pollution of the atmosphere by introducing further measures calculated to reduce smoke from all types of premises.

The ill effects of atmospheric pollution are well established, and it is incumbent upon all local authorities to make full use of the powers which may be conferred upon them, so that the objective of the recommendations of the Committee can be achieved. The objective is that by the end of ten to fifteen years the total smoke in all heavily populated areas would be reduced by something of the order of 80 per cent.

A tribute must be paid to the entire staff for their loyalty and co-operation.

SECTION IV.**SANITARY CIRCUMSTANCES OF THE AREA.****1. Water Supplies.**

Routine samples were taken from the town's main supplies ; 11 were submitted for chemical analysis and 13 for bacteriological examination. The reports received indicated that the water supplies were satisfactory.

2. Swimming Bath Water.

A total of 8 chemical and 12 bacteriological samples was submitted for analysis and examination and all proved to be satisfactory ; the standards imposed are those obtaining for drinking water.

The use of "break point" chlorination was continued and the results obtained were proof of its efficiency.

3. Offensive Trades.

Offensive trades operated upon 10 premises. During the summer months several complaints were received with regard to offensive odours emanating from these premises.

For a number of years complaints have been received concerning a factory used for bone boiling and fat extracting, and the occupier has now installed a system of deodorisation ; this system consists of introducing an agent to the extractor ducts from the apparatus used in processing and also to the atmosphere at various points in the factory, but it has not yet been in operation a sufficient length of time for its efficiency to be assessed. In one instance, raw materials delivered to this factory were found to be in an advanced state of decomposition, and following representations by this department they were removed to premises in a neighbouring authority for manufacture into fertiliser.

The effluent from a factory used for gut scraping was thought to be responsible for complaints of offensive odours from sewer manholes in the vicinity ; an attempt was made to remedy the nuisance by fitting sealed covers to these manholes. The disposal of waste products from this type of premises is difficult to achieve without nuisance and the Manager of the Sewage Outfall Works is co-operating with this department.

4. Hairdressers' and Barbers' Premises.

Two applications were received under Section 87 of the Wolverhampton Corporation Act, 1936, for the registration of hairdressers and their premises; 153 persons and their premises are now on the register and 3 inspections were made of the premises.

A complaint was received that hairdressing was being carried on at a dwelling house not registered for the purpose. It was ascertained that the occupier, who was formerly a hairdresser, attended to the hair of her relatives and friends and that payment was requested for the cost of materials only; it was decided that a business had not been established in this instance and that registration was not necessary.

5. Pharmacy and Poisons Act, 1933.

Four applications were received for entry in the local authority's list of persons entitled to sell poisons under Part 11 of the above-mentioned Act and the regulations made thereunder; these applications were granted. A total of 149 persons and firms operating from 188 premises are now on the register.

Forty-two 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 11 poisons.

6. Sanitation.

A total of 2,054 complaints was received and investigated.

The following table summarises the inspections made and the notices served and complied, with respect to sanitation.

	Inspections made	NOTICES.			
		Served		Complied with	
		Inti- mation	Statutory	Inti- mation	Statutory
Dwelling Houses :— Public Health Act ...	2,026	881	462	881	462
Drainage ...	662	52	190	55	190
Miscellaneous ...	2,524	—	—	—	—
Totals ...	5,212	933	652	936	652
Total re-visits to all premises				3,132	
Total improvements recorded				2,368	

7. Infectious Diseases.

One hundred and thirty-one visits were made in connection with cases of infectious diseases notified to the Medical Officer of Health. Housing conditions, contacts and their employment, milk supplies and, in appropriate cases, the means of isolation formed the subjects of the enquiries.

8. Keeping of Animals.

Seventeen inspections of premises were made in connection with the keeping of animals, and one informal notice was served.

9. Fumigation, Disinfection and Disinfestation.

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

Fumigation and Disinfection.

No. of rooms sprayed	267
No. of rooms fumigated	32
No. of library books fumigated	87

Articles steam disinfected :—

Mattresses	1
Eiderdowns	1
Blankets	10
Quilts	2
Sheets	2
Bedspreads	2

Articles sprayed :—

Personal clothing	40
Bedding	21
Blankets	3
Sheets	3

Disinfestation.

No. of rooms sprayed	72
No. of rooms fumigated	29

10. Smoke Abatement.

Fifty-six smoke observations were made and one excessive emission of black smoke was recorded for which an abatement notice was served.

The excessive black smoke was emitted from a steam boiler, hand fired with bituminous coal. Following the receipt of the notice, the firm made no alterations to the boiler or the associated equipment, but there was a marked improvement; this was due to better management by the boiler attendant.

The emission of grit from industrial furnaces has again been the subject of complaints. The most widely spread deposit emanated from a large boiler installation ; the operation of grit extraction apparatus whilst conforming to practical standards of efficiency still allowed sufficient solid matter to be emitted with the flue gases to cause a nuisance to the occupiers of premises in the vicinity. At another offending factory, experiments were carried out with oil firing and proved successful ; in consequence, the existing pulverised fuel burning equipment is being replaced in stages, and it is anticipated that there will be no further deposit from this source when the work is completed.

During extensive alterations which have been carried out to two large boiler installations, the problems of smoke abatement and dust extraction have been considered, although the work was not planned primarily to eliminate smoke. Upon completion of the alterations, the emission of smoke and dust should be diminished considerably.

The final report of the Beaver Committee on Air Pollution had been published in December, 1954. This committee expressed a belief that the present degree of air pollution was a social and economic evil that should no longer be tolerated, and that it needed to be combated with conviction and energy similar to that applied years previously in securing pure water supplies. The committee was confident that the implementation of its proposals would result in happier and healthier living conditions for millions of people, and that the high remedial cost would be far less than the national loss if the evil continued. Definite recommendations were made in regard to smoke, grit and dust which it was maintained formed the most serious immediate problem ; there should be a declared national policy to secure clean air and a statement to that effect should appear in a " Clean Air Act ", which was recommended. A " Clean Air Bill " was later introduced by the government and its provisions closely followed these recommendations which, if enacted, will considerably alter the law on smoke abatement.

11. Atmospheric Pollution.

Investigations were continued during the year by means of one deposit gauge, four lead peroxide cylinders, one volumetric sulphur dioxide measuring apparatus and one smoke filter.

A site has not yet been located for the apparatus removed from Bantock Park ; it must be suitable, readily accessible and protected from interference by unauthorised persons and one fulfilling these requirements is difficult to find.

Frost damage prevented the grit deposit being measured during the months of January and February, but during the remainder of the year the total deposit in the Cleveland Road area was at the rate of 247.63 tons per square mile.

12. Factories Acts, 1937 and 1948.

In addition to works of building construction, etc., it is estimated that there are 963 factories within the borough ; of these 892 have mechanical power and the remaining 71 have no mechanical power.

Sixty-three 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 14 notices were served. Of the 24 defects found, 13 were of insufficient, unsuitable or defective sanitary accommodation. Defects remedied during the year amounted to 32, of which 20 referred to sanitary accommodation.

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		
		Inspections	Written Notices	Prosecutions
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	71	1	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	892	62	14	—
(iii) Other premises in which Section 7 is enforced by the local authority (excluding out-workers' premises)	82	—	—	—
Totals	1,045	63	14	—

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.)	7	2	—	7	—
Overcrowding (S.2.)	—	—	—	—	—
Unreasonable temperature (S.3.)	—	—	—	—	—
Inadequate ventilation (S.4.)	—	—	—	—	—
Ineffective drainage of floors (S.6.)	—	—	—	—	—
Sanitary conveniences (S.7.)					
(a) Insufficient	2	2	—	2	—
(b) Unsuitable or defective	11	17	—	8	—
(c) Not separate for sexes	—	1	—	—	—
Other offences against the Act (not including offences relating to outwork)	4	10	—	4	—
Totals	24	32	—	21	—

Outworkers : Lists of Outworkers received.

Description of Homework	No. of Outworkers	
	February	August
Making, repairing or altering of wearing apparel	16	9
Making of boxes, etc	26	16

13. Noise Nuisances.

Section 107 of the Wolverhampton Corporation Act, 1936 makes provision for action in respect of excessive, unreasonable or unnecessary noise where this is injurious or dangerous to health, but the defence available favours the person carrying on any trade, business or occupation and attempts are therefore made to achieve satisfactory results by co-operation. The complaints received invariably refer to noise caused by machinery or mechanical processes in operation at night or during week ends.

During the year complaints were received and whilst it was not possible to ensure the entire elimination of the noise in all instances, reductions in the degree were achieved.

14. Rag Flock and other Filling Materials.

No further applications for registration were received. A newly established business, where the prescribed filling materials were used, was visited but registration could not be required.

Only 8 of the 16 premises originally registered are now carrying on the business. No samples were taken.

15. Canal Boats.

Thirty-eight inspections were carried out and 28 infringements of the Public Health Act and the Canal Boat Regulations were found. 15 notices were served and of these 2 were complied with ; in addition, 4 of the notices outstanding at the end of 1954 were complied with.

The population of the boats inspected amounted to 83 persons, of whom 66 were adults and 17 were children.

16. Rodent Control.

Complaints concerning infestations at all types of premises were dealt with, and routine visits were paid to local authority premises, which were treated whenever necessary. Maintenance treatment of the sewers was carried out. While zinc phosphide and arsenic were still used in sewers, warfarin was the poison most extensively used for treatment of other premises. The following annual report was submitted to the Ministry of Agriculture, Fisheries and Food :—

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

	Type of Property				
	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses (inc. Coun- cil Houses)	(3) All other (including Business Premises)	(4) Total of Cols. (1), (2) and (3)	
(i) Number of properties in Local Authority's District	230	44,510	6,396	51,136	8
(ii) Number of properties inspected as a result of—					
(a) Notification	75	819	143	1,037	—
(b) Survey under the Act	—	—	—	—	8
(c) Otherwise	—	—	—	—	—
(iii) Total inspections carried out— including reinspec- tions	122	923	184	1,229	8
(iv) Number of proper- ties inspected (in Sect. ii) which were found to be infested by—					
(a) Rats { (Major	—	—	—	—	—
(Minor	38	449	71	558	2
(b) Mice { (Major	—	—	—	—	—
(Minor	33	315	67	415	—
(v) Number of infested properties (in Sect. iv) treated by the Local Authority	71	764	138	973	—
(vi) Total treatments carried out— including re-treat- ments	118	868	179	1,165	—

SECTION V.**HOUSING.****1. Slum Clearance.**

The Council submitted its slum clearance proposals to the Minister of Housing and Local Government in accordance with Section 1 of the Housing Repairs and Rents Act, 1954; these envisaged the clearance of 2,250 houses in areas and 250 individual houses during the five years commencing the 1st January, 1955, and conformed to the Housing Committee's decision in September, 1954, to increase the allocation of new houses for clearance purposes to 500 each year for that period. The proposals were formally approved by the Minister.

This aspect of the work of the department increased considerably during the year and five clearance schemes which involved 477 houses were represented. By the end of the year all the Orders made during 1954 and the majority of those made during 1955 were confirmed by the Minister; it was anticipated that confirmation of the remainder would be received early in 1956.

Many of the houses represented individually had been scheduled for inclusion in the Council's proposed clearance schemes, but their condition became such that immediate action was necessary to secure the rehousing of the occupants.

The following data summarises the progress made under Parts II and III of the Housing Act, 1936.

(A) Clearance Schemes.**(i) Pre-war Schemes.****Dale Street Clearance Scheme.**

The No. 1 Compulsory Purchase Order, which formed the greatest proportion of the Scheme, had been confirmed by the Minister of Health in 1940. The rehousing of the occupants and the clearance of the houses was continued. Eight houses were vacated, 15 persons were displaced and 17 houses were demolished. The only properties occupied on the 31st December were 4 coloured "grey".

The rehousing of the occupants and the clearance of the houses in the smaller compulsory purchase and clearance orders confirmed by the Minister of Housing and Local Government in 1954 were continued. The Council de-requisitioned the 4 houses which formed the No. 1 Clearance Order, and this Order was subsequently confirmed on the 2nd June. Fifty-five houses were vacated, 206 persons were displaced and 43 houses were demolished in these Orders ; only 3 houses remained occupied on the 31st December.

(ii) Post-war Schemes.

(a) Charles Street Clearance Scheme.

A Compulsory Purchase Order had been made by the Council in 1954 in respect of this Scheme, which included 101 houses coloured "pink", and the Local Public Inquiry was held on the 11th January, 1955.

Objections were made by 10 owners in respect of 36 houses coloured "pink", and a further 23 in respect of properties coloured "grey". The Minister of Housing and Local Government confirmed the Order on the 7th April with modifications ; a dwelling-house and store and the outbuildings, used for business purposes in connection with 2 dwelling houses and shops, were altered from "pink" to "grey".

Upon request details of the families occupying the houses in this Scheme were forwarded to the Housing Manager on the 10th March. Sixty-nine houses were vacated and 234 persons displaced by the 31st December, but no houses were demolished due to the difficulty in obtaining the vacation of complete blocks of property.

(b) Herbert Street Clearance Scheme.

A Compulsory Purchase Order had been made by the Council in 1954 in respect of this Scheme, which included 24 houses coloured "pink", and the Local Public Inquiry was held on the 11th January, 1955.

An objection was made in respect of the inclusion of a common lodging house in the Clearance Area, and a further objection was made in respect of property coloured "grey". The Minister of Housing and Local Government confirmed the Order on the 5th April without modification.

Eighteen houses were vacated and 58 persons displaced by the 31st December, but no houses were demolished.

(c) Grove Street Clearance Scheme.

A Compulsory Purchase Order had been made by the Council in 1954 in respect of this Scheme, which included 69 houses coloured "pink", and the Local Public Inquiry was held on the 11th January, 1955.

Objections were made by 3 owners in respect of 9 houses coloured "pink", and a further 3 were made in respect of property coloured "grey". The Minister of Housing and Local Government confirmed the Order on the 5th April without modification.

Thirty-eight houses were vacated and 136 persons displaced by the 31st December, but no houses were demolished due to the difficulty in obtaining the vacation of complete blocks of property.

(d) Wolverhampton Road (Heath Town) Clearance Scheme.

A Compulsory Purchase Order had been made by the Council in 1954 in respect of this Scheme, which included 16 houses coloured "pink", and the Local Public Inquiry was held on the 11th January, 1955.

One objection was made in respect of all the property included. The Minister of Housing and Local Government confirmed the Order on the 5th April without modification.

Six houses were vacated and 27 persons displaced by the 31st December, but no houses were demolished.

(e) St. Matthew Street Clearance Scheme.

This Scheme, which comprised 8 Clearance Areas affecting 136 houses, had been represented on the 15th December, 1954. A Compulsory Purchase Order, made by the Council on the 28th February, 1955, included 122 of these houses. The remaining 14 houses, situated on the perimeter, formed 4 Clearance Orders.

No objections were made in respect of the Clearance Orders, which were confirmed by the Minister of Housing and Local Government without modification on the 20th June. One house was vacated and one person displaced by the 31st December.

The Local Public Inquiry with regard to the Compulsory Purchase Order was held on the 7th June; objections were made by 11 owners in respect of 32 houses coloured "pink", and a further 4 in respect of property coloured "grey". The Minister of Housing and Local Government confirmed the Order on the 12th August with two modifications; 2 parcels of land which the Council had acquired were excluded. The Minister gave a direction in respect of 5 houses, 4 of which were owner-occupied, that payments be made for good maintenance. Nine houses were vacated and 32 persons displaced by the 31st December.

(f) Montrose Clearance Scheme.

This scheme, which comprised 3 Clearance Areas affecting 78 houses, had been represented on the 15th December, 1954; a Compulsory Purchase Order was made by the Council on the 28th February, 1955, and the Local Public Inquiry was held on the 21st June.

Objections were made by 5 owners in respect of 58 houses coloured "pink", but these were all subsequently withdrawn; 9 objections were made in respect of properties coloured "grey". The Minister of Housing and Local Government confirmed the Order on the 11th August without modification. The Minister directed that payment be made for good maintenance in respect of one house, and suggested that this should be received by the tenant.

Four houses were vacated and 13 persons displaced by the 31st December.

(g) Vauxhalls Clearance Scheme.

This scheme, which comprised 113 houses, was represented on the 16th March. A Compulsory Purchase Order, made by the Council on the 2nd May, included all these houses.

Objections were made by 8 owners in respect of 16 houses coloured "pink", and 6 in respect of property coloured "grey". The Local Public Inquiry was held on the 26th July. A further

objection was received in September and the premises were visited by an inspector from the Ministry of Housing and Local Government before the Minister confirmed the Order without modification on the 16th December. A direction was received that payments be made for good maintenance in respect of 10 houses which were mainly owner-occupied.

No families were rehoused, but one owner-occupier found alternative accommodation.

(h) Bagnall Street Clearance Scheme.

This Scheme, which comprised one large Clearance Area affecting 216 houses, was represented on the 20th April. A Compulsory Purchase Order and 3 Clearance Orders were made by the Council on the 27th June.

No objections were made in respect of the Clearance Orders, but the houses included were visited by an inspector from the Ministry of Housing and Local Government on the 31st August. Clearance Orders numbered 1 and 3 were confirmed by the Minister of Housing and Local Government without modification on the 6th October. Clearance Order numbered 2 was confirmed on the 11th October, but was modified to exclude the outbuildings, in which a small business was carried on, at the rear of a block of property. One family of 6 persons was displaced from Clearance Order numbered 2.

Objections were made by 6 owners in respect of 25 houses coloured "pink" in the Compulsory Purchase Order, and a further 2 were made in respect of property coloured "grey". The Local Public Inquiry was held on the 18th October, and the Minister of Housing and Local Government confirmed the Order on the 21st December with one modification; a dwelling house coloured "pink" was excluded from the Clearance Area and included in the properties coloured "grey". The Minister directed that payments be made for good maintenance in respect of 2 owner-occupied houses. No programme of rehousing was found possible by the 31st December, but one family of six persons was displaced before the Order was confirmed in view of the serious state of disrepair of the house occupied.

(i) Wright Street Clearance Scheme.

This Scheme, which comprised 2 Clearance Areas affecting 104 houses, was represented on the 15th June. These Areas formed the subject of a Compulsory Purchase Order made by the Council on the 25th July.

Objections were made by 5 owners in respect of 32 houses coloured "pink". The Local Public Inquiry was held on the 1st November, but confirmation of the Order had not been received by the 31st December.

(j) Pond Lane Clearance Scheme.

This scheme, which comprised 44 houses, was represented on the 15th June. A Compulsory Purchase Order was made by the Council on the 25th July.

One objection was made by an owner-occupier. The Local Public Inquiry was held on the 1st November, but confirmation of the Order had not been received by the 31st December.

Three houses were vacated by the 31st December. One owner-occupier found alternative accommodation, and 2 families comprising 10 persons were displaced in view of the advanced state of disrepair of the houses occupied.

(iii) Future Programme.

A provisional programme of the areas to be represented during 1956 was formulated; the areas and the approximate number of houses concerned were as follows:—

Pearson Street Area	...	...	...	160	houses
Graiseley Row Area	...	...	...	130	"
Lower Stafford Street Area	...	...	...	130	"
Total	...	...	...	420	"

The preliminary inspection of these properties was in progress at the end of the year.

(B) Individual Unfit Houses.

Eighty-nine houses were inspected, and of these 69 were represented for action under Part II of the Housing Act, 1936; the remainder will be represented in due course.

The owner of one dwelling house gave an undertaking "to repair and render fit", but with the consent of the Council, he later undertook not to relet the ground floor of the premises for human habitation, and converted the first floor into a self contained flat.

The owner of a further dwelling house, which was the subject of a demolition order, signified that he intended to submit a scheme of reconditioning in accordance with the provisions of Section 5 of the Housing Repairs and Rents Act, 1954.

In another instance the owner of a dwelling house failed to comply with a demolition order, and the Council exercised its powers under Section 13 of the Housing Act, 1936 and demolished the premises.

(C) The Housing Consolidated Regulations 1925-1932.

In accordance with Ministry of Health Circular numbered 28/54 the information required under paragraph 31 of the above-mentioned regulations is set out hereunder : —

(1) The number of houses inspected and found not to be in every respect fit for human habitation :—	
(a) In clearance areas	401
(b) Individual unfit houses	89
(c) Public Health Act, 1936	1,342
(2) The number of houses the defects in which were remedied in consequence of informal action by the local authority or their officers	881
(3) The number of representations made to the local authority with a view to :—	
(a) the serving of notices requiring the execution of works	—
(b) The making of demolition or closing orders	69
(4) The number of formal notices served requiring the execution of works :—	
(a) Under Housing Act, 1936, Section 9	—
(b) Under Public Health Act, 1936	424
(5) (a) The number of houses which were rendered fit after service of formal notices under the Housing Act, 1936, Section 9	—
(b) The number of houses in which defects were remedied after service of statutory notices under Public Health Act, 1936	462
(6) (a) The number of demolition orders made	72
(b) The number of closing orders made :—	
(i) Housing Act, 1936, Section 12	2
(ii) Local Government (Miscellaneous Provisions) Act, 1953	19
(c) The number of closing orders revoked	6
(7) The number of houses in respect of which an undertaking was accepted under Section 11 of the Housing Act, 1936	2
(8) Number of houses demolished under Section 11 of the Housing Act, 1936	80

2. Common Lodging Houses.

Two hundred and eight inspections were made of the 2 common lodging houses. Both premises were included in Compulsory Purchase Orders confirmed by the Minister of Housing and Local Government. The registrations were again renewed without prejudice to the action being taken under the Housing Act.

3. Overcrowding.

Thirty-two premises were inspected and measured. Legal proceedings were instituted against an owner and her daughter for permitting the overcrowding of a house-let-in-lodgings. Both defendants pleaded not guilty and each was fined £5. The overcrowding was subsequently abated.

One application from an owner under Section 62(2) of the Housing Act, 1936, requesting details of the permitted numbers of persons in respect of 10 houses was received and dealt with.

A number of requests was also received from the Housing Manager for the "permitted numbers" of new types of council houses and 8 inspections were made for this purpose.

4. Moveable Dwellings.

One hundred and seventy-one visits were made to accommodation of this nature.

Seven applications to station caravans on various sites were received, and three of these were granted.

5. The Housing Repairs and Rents Act, 1954—Part II.

The following is a summary of the action taken with regard to applications received for the issue of Certificates of Disrepair and their revocation :—

(a) Certificates of Disrepair.

Number of applications received	21
Number of applications withdrawn	3
Number of certificates granted	18
Number of applications refused	4
Number of applications outstanding at end of year	—

The 4 applications outstanding on the 31st December, 1954, were considered during the year under review ; 2 certificates were granted and 2 refused.

(b) Revocation of Certificates of Disrepair.

Number of applications received	10
Number of applications withdrawn	—
Number of certificates granted	8
Number of applications refused	—
Number of applications outstanding at end of year	2

6. Improvement Grants.

The administrative work in connection with applications for improvement grants is carried out by the Borough Engineer, but in each case this department is consulted regarding the suitability of the property ; 232 such enquiries were received and dealt with.

The Housing Committee approved 79 applications for improvement grants and 43 grants were paid following completion of the works.

SECTION VI.**INSPECTION AND SUPERVISION OF FOOD.****1. Meat Inspection.****(a) Public Abattoir.**

The following table gives details of the numbers of animals slaughtered during the years 1955, 1954 and 1938 :—

(1938 was the last complete year before Ministry control).

	1955	1954	1938
Cattle (other than cows)	10,250	12,013	8,067
Cows	4,349	4,561	6,877
Calves	4,452	8,784	3,459
Sheep	59,348	75,750	53,407
Pigs	53,574	43,017	19,567
Goats	36	37	—
Totals ...	132,009	144,162	91,377

The year's total showed a decrease of 8.43% compared with that for 1954, but it showed an increase of 44.47% over the 1938 figure, and in fact exceeded any pre-war and other post-war total. During the year, the heavy peak killing period, which was a feature of the days of control, partially disappeared and a more even distribution of killing took place.

The staff comprised two full-time inspectors and one part-time clerk. The inspectorial staff was augmented when necessary by one sanitary inspector in rotation. Consistent overtime was continued, and authority has now been given for the appointment of an additional inspector for meat inspection duties in order to overcome this problem and also that of the rota system.

Carcases Inspected and Condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	10,250	4,349	4,452	59,348	53,574	—
Number inspected	10,250	4,349	4,452	59,348	53,574	—
All diseases except tuberculosis and cysticercosis :—						
Whole carcasses condemned	11	41	20	89	53	—
Carcases of which some part or organ was condemned	1,199	1,282	14	1,197	768	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticercosis	11.80	30.42	0.76	2.16	1.53	—
Tuberculosis :—						
Whole carcasses condemned	7	45	5	—	24	—
Carcases of which some part or organ was condemned	667	1,139	1	—	1,767	—
Percentage of the number inspected affected with tuberculosis	6.57	27.22	0.13	—	3.34	—
Cysticercosis :—						
Carcases of which some part or organ was condemned	16	5	—	—	—	—
Carcases submitted to treatment by refrigeration	16	5	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Meat and Offals Condemned. The total weight of meat and offals condemned from all sources amounted to :—

Meat	...	...	51 tons	19 cwts.	3 qrs.	26 lbs.
Offals	...	...	72 tons	6 cwts.	2 qrs.	25 lbs.
<hr/>						
Total	...	...	124 tons	6 cwts.	2 qrs.	23 lbs.
<hr/>						

This amount was 53 tons 15 cwts. 0 qrs. 21 lbs. less than that recorded for the previous year, and included 14 cwts. 1 qr. 6 lbs. of meat and offals condemned from the Cold Stores and other sources.

Tuberculosis Orders 1938-1946. The number of animals sent to the abattoir for slaughter under these Orders showed a further decrease, only four cows being received. Upon inspection, the complete carcass and the associated offals of one cow were condemned for generalised tuberculosis while parts of the offal only were condemned in the other three animals.

Slaughter of Animals Acts 1933-1954. Fifty-six licences were renewed and 13 new licences issued, making a total of 69 persons on the register as compared with 64 for the previous year.

In addition 7 slaughtermen, issued with licences by other local authorities, were employed.

Transportation of Meat. The majority of vehicles, both large and small, used for transporting carcasses and offals were maintained in a satisfactory condition. Occasionally it was found necessary to complain of the dirty condition of the interior of a vehicle, but in each instance this was remedied before meat was removed from the abattoir.

Improvements. A centrally situated manure pit, connected to the main drainage system and provided with a constant supply of water, was constructed. All bovine and sheep stomachs, previously emptied in, or at the entrance to, the slaughtering bays, were removed to this pit for emptying, and in consequence there was a marked improvement in the cleanliness of the bays.

(b) Private Slaughterhouse.

At the only private slaughterhouse 13,844 pigs were slaughtered for bacon curing. 1,053 pigs (7.61%) showed evidence of disease; 614 (4.43%) were found to be suffering from tuberculosis, while 439 (3.17%) suffered from diseases other than tuberculosis.

The total amount of meat and offals condemned was 9 tons 17 cwt. 3 qrs. 6 lbs. consisting of 8 tons 13 cwt. 0 qrs. 22 lbs. of meat and offals from animals affected with tuberculosis and 1 ton 4 cwt. 2 qrs. 12 lbs. from animals affected with other diseases.

2. Food Inspection.

One thousand eight hundred and thirty-seven visits were paid to grocers' shops, warehouses, the markets, restaurants, school kitchens and other food premises for the purpose of food inspection. The total weight of foodstuffs found to be unfit for human consumption and subsequently destroyed was 7 tons 5 cwt. 1 qr. 11 lbs.

Proceedings were instituted in one instance in respect of a cottage loaf found to contain some tobacco. A conviction was recorded and a fine of £5 inflicted.

3. Milk Supply.

Regular inspection of dairies was carried out together with close supervision of milk processing by pasteurisation and sterilisation. With the exception of a comparatively small quantity of tuberculin tested milk bottled at the farm, all milk sold within the borough was either pasteurised or sterilised.

Seventy-two and 462 visits were made to dairies and milk-shops respectively.

Bacteriological and Biological Examinations. The number of milk samples taken for examination during the year was less than in previous years.

No sample of sterilised milk failed the turbidity test. Seven samples of pasteurised milk failed the methylene blue test and one sample failed the phosphatase test. The results obtained from the bacteriological tests can be considered to be very satisfactory and indicate that the milk supply of the borough has reached a high standard.

REGISTRATIONS

Number of Persons and Firms on Register	462
Dairies	8
Bottled Milk Shops	469
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	Bio-logical			
Tuberculin Tested (Farm Bottled)	26	4	Methylene Blue	26 4	— —
Tuberculin Tested (Pasteurised)	92	—	Phosphatase	92	—
Pasteurised	87	—	Methylene Blue	88	4
			Phosphatase	86	1
			Methylene Blue	86	1
Sterilised	87	—	Turbidity	87	—

4. Ice Cream.

Fifty samples of ice cream were examined and placed in the Ministry's provisional grades; two (4%) failed to pass the prescribed test. Following investigation and advice in these instances, repeat samples were obtained and found to be satisfactory.

The following table shows comparisons of the unsatisfactory results of samples examined during the years 1947 to 1955 inclusive:—

Year.	No. of Samples	Unsatisfactory.	
		No.	%
1947	69	48	70
1948	108	68	63
1949	99	31	31
1950	163	37	23
1951	117	12	10
1952	141	19	13
1953	140	1	.7
1954	106	7	6.6
1955	50	2	4.0

Thirty applications for the registration of premises for the sale of pre-packed ice cream were received and approved, making a total of 501 premises registered at the end of the year. Four manufacturers' premises were removed from the register leaving a total of 12 on the register at the end of the year.

Summary of results of Methylene Blue Test applied to Ice Cream Samples during 1955, showing a comparison with 1954.

(a) Ice Cream manufactured within the borough.

Year	Total No. of Samples Taken	PROVISIONAL GRADE			
		1	2	3	4
1955	20	16 80%	2 10%	1 5%	1 5%
1954	36	26 72.2%	6 16.7%	1 2.8%	3 8.3%

(b) Ice Cream manufactured outside the borough.

Year	Total No. of Samples Taken	PROVISIONAL GRADE			
		1	2	3	4
1955	30	30 100%	—	—	—
1954	70	63 90%	4 5.7%	—	3 4.3%

Chemical Analysis. Forty-four samples of ice cream including choc bars were submitted for chemical analysis compared with 100 for the previous year. All samples were reported to be genuine.

Ice Lollies. Eight samples of varying flavours and composition were submitted for bacteriological examination, compared with 11 samples for the previous year. Four samples were found to contain non faecal B. Coli. All the plate counts were low.

In addition to the 12 premises registered for the manufacture of ice cream, 3 premises are registered for the manufacture of ice lollies only.

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

Notices Served (Intimation)	2
Notices Complied with (Intimation)	3
Premises removed from the Register—	
(a) For Manufacture	4
(b) For Sale	—
Inspections of :—	
Manufacturers' Premises	37
Vendors' Premises	95
Purveyors' Vehicles	—
Total Improvements Recorded	4

5. Fresh Cream.

Seventeen samples were submitted for bacteriological examination. There is no statutory standard for fresh cream but the laboratory placed the samples in the following categories :—

Provisional grade 1	9 samples
Provisional grade 2	2 samples
Provisional grade 3	2 samples
Provisional grade 4	4 samples

Four samples were reported as having a high bacteriological count and two samples contained *B. Coli.* (faecal type).

6. Sampling.

Two hundred and seventy-nine samples of food and drugs were taken for analysis by the Public Analyst, consisting of 105 formal samples and 174 informal samples. Twenty-two samples (7.88%) consisting of 14 formal and 8 informal samples were found to be non-genuine or otherwise unsatisfactory.

Of the 102 samples of milk taken for analysis, 18 samples (17.64%) consisting of 14 formal samples and 4 informal samples were reported to be below the prescribed standards for genuine milk. Further samples of milk taken from one producer contained extraneous water in amounts varying from 6.1% to 18.8%. Proceedings were instituted in respect of each sample and fines totalling £90 were inflicted together with costs amounting to £21 13s. 2d. A bottle of sterilised milk, delivered to a householder, was found to contain 60% of extraneous water which undoubtedly had gained access during the sterilising process. Proceedings were instituted in respect of this bottle of milk but were dismissed on technical grounds. Two formal and 3 informal samples of milk were found to be deficient of milk fat, the deficiencies varying from 3% to 16%. Further follow-up samples were taken in each case and the results indicated that the deficiencies were natural variations from the standard.

FOOD AND DRUGS ACT, 1955.

Summary of samples taken during 1955.

Article	Number examined			Number adulterated		
	Formal	Informal	Total	Formal	Informal	Total
Butter		12	12		1	1
Cake Mixtures		7	7			
Candied Peel	1	2	3		1	1
Cereals		5	5			
Cod Liver Oil		1	1			
Coffee and Chicory		4	4			
Cream		4	4			
Dried Fruits		11	11			
Glacé Cherries		5	5			
Ground Almonds		4	4			
Ground-nut Oil		1	1			
Honey		4	4			
Jam		8	8			
Jellies		2	2		1	1
Lard		3	3			
Lemon Curd		2	2			
Margarine		9	9			
Marmalade		5	5			
Milk	92	4	96	14	4	18
Milk, Appeal to Cow	6	—	6			
Milk, Dried Skimmed		1	1			
Milk, Evaporated		2	2			
Mincemeat		3	3			
Miscellaneous Drugs		5	5			
Miscellaneous Foods		21	21			
Orange Drinks		16	16			
Pickles		2	2			
Sauce		9	9			
Sausage	6	—	6			
Shredded Beef Suet		1	1			
Spices		7	7			
Sunflower Oil		1	1		1	1
Tea		3	3			
Vinegar		3	3			
Whisky		7	7			
Totals	105	174	279	14	8	22

7. Catering Establishments.

Routine visits totalling 349 were paid to hotels, restaurants, snack bars and school kitchens. Twenty informal notices were served, 20 were complied with and 126 improvements recorded.

The general standard of cleanliness obtaining in the premises visited was reasonably good, but structurally too many of the premises leave much to be desired, and in the handling and service of food a far too casual approach by the persons concerned is noticeable.

Attention was given to the examination of the food stored and prepared in catering establishments, and also to the presence of pests liable to infest such premises. No serious pest infestation was found.

One new premises was opened during the year.

8. Provision Shops, Warehouses and other Shop Premises.

One hundred and seventy-nine inspections of provision shops and warehouses and 154 inspections of other shop premises were made.

One notice was complied with and 4 improvements recorded.

9. Wet Fish Shops.

One hundred and three inspections were made of this class of premises in addition to those made in connection with the sampling of shell fish. The improvements noted included the provision and installation of refrigerated display counters and modern storage cabinets for pre-packed frozen foods.

Special attention was given to the condition of empty fish boxes prior to their return to the wholesalers. In isolated instances only was it found necessary to remind tradesmen of the importance of returning the boxes expeditiously and in a clean condition.

A total of $49\frac{3}{4}$ stones of wet fish and 23 lbs. of shell fish was condemned as unfit for human consumption. Surrender certificates were issued to the owners concerned.

10. Shell Fish.

Four samples of mussels were submitted for bacteriological examination and all were found to be satisfactory.

11. Fish and Chip Shops.

One hundred and five routine visits were made.

One complaint in respect of a smoke nuisance was received and investigated; a notice was served on the owner and the nuisance was subsequently abated.

12. Mobile Fish and Chip Shop.

One mobile shop operated within the borough, and although it was an old type of vehicle it complied with the existing legislation.

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

The number of persons and premises registered under Section 67 of the Wolverhampton Corporation Act, 1936, increased by 2 from the previous year and totalled 179.

Routine inspections numbered 469; 32 informal notices were served and 40 were complied with, resulting in 91 improvements.

Four applications were received in accordance with Section 16 of the Food and Drugs Act, 1955, 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 54 premises was on the register at the end of the year. One hundred and twenty-two inspections were made, 11 informal notices served and 6 were complied with. A total of 29 improvements was recorded.

A complaint was received in respect of an amount of fat included in a purchase of pig's liver. Legal proceedings were instituted against the firm for selling the liver, which was not of the nature demanded by the purchaser, and resulted in a fine of £3 with 18s. 2d. special costs.

14. Licensed Premises.

A total of 4 visits was made during the year; 2 informal notices were served, 2 were complied with and 4 improvements recorded.

15. Bakehouses.

A total of 68 routine inspections was made; 4 informal notices were served, 4 were complied with and 20 improvements recorded.

Three complaints of extraneous matter alleged to have been found in bread were received and investigated. Two concerned discolouration by trade grease and one concerned the presence of an insect. In each instance a warning letter was sent to the firm concerned.

Nine samples of chinese egg albumen, suspected of containing salmonella organisms, were submitted for bacteriological examination. *Salmonella thompson* was isolated in 3 of the samples. Only small amounts of the infected albumen were held by the bakeries and these were voluntarily surrendered.

16. Lollipops.

One sample comprising 4 sweet lollipops of raspberry, orange, lemon and lime flavours was submitted for chemical analysis and was reported as genuine. The manufacturers wished to export a consignment of these lollipops and requested that a certificate of purity be issued for forwarding to the country of destination. The Medical Officer of Health issued a certificate to this effect.

17. Dried Hen Egg Albumen.

Information was received from the Medical Officer of Health, City of Worcester, that a sample of dried hen egg albumen of Chinese origin procured in Worcester, but obtained from a firm of wholesalers in Wolverhampton, had been examined and found to contain salmonella organisms. In consequence, the premises occupied by the wholesalers and all bakeries within the borough were visited, and samples of the product were taken for submission to the Public Health Laboratory Service for examination.

In addition to the samples mentioned under the heading "Bakehouses", 65 samples were obtained from the wholesalers; 33 of these were reported to contain salmonellae and 32 were reported to be free from pathogenic organisms. The types of organisms isolated in the unsatisfactory samples were as follows:—

Salmonella thompson	...	...	...	...	27
Salmonella aberdeen	...	...	...	...	2
Salmonella typhi-murium	...	...	...	...	3
Salmonella potsdam	...	...	...	...	1
Total	...	...	...	...	33

The Medical Officer of Health communicated the results to the firm of wholesalers, and informed them that in view of the widespread nature of the contamination, the entire stock of albumen held must be regarded with suspicion, and for that reason must not be used for human consumption or removed from the premises pending further instructions.

The Medical Officer of Health subsequently received a communication from the firm stating that they intended to carry out tests upon the product in conjunction with their consulting bacteriologists with a view to subjecting it to a satisfactory heat treatment.

A treatment was later devised and test samples proved satisfactory; in consequence, permission was granted for the entire product to be sold for human consumption subject to the satisfactory heat treatment of the albumen, to the supervision of the process by a member of this department, and to the samples taken following the treatment proving satisfactory.

By the 31st December, 23 samples of the reconstituted and heat treated product had been procured, and in each instance the Public Health Laboratory Service reported that no pathogenic organisms were isolated; permission was therefore granted for the sale of the batches from which the samples were obtained.

FOOD AND DRUGS ACT, 1955.
Administrative Action Taken Regarding Samples Reported not to be Genuine During the Year Ending 31st December, 1955.

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.	
2	Milk	Formal	Extraneous water	10 0 0	21 13 2	
3	Milk	Formal	Extraneous water	5 0 0		
4	Milk	Formal	Extraneous water	5 0 0		
5	Milk	Formal	Extraneous water	10 0 0		
6	Milk	Formal	Extraneous water	5 0 0		
7	Milk	Formal	Extraneous water	10 0 0		
8	Milk	Formal	Extraneous water	5 0 0		
9	Milk	Formal	Extraneous water	5 0 0		
10	Milk	Formal	Extraneous water	10 0 0		
11	Milk	Formal	Extraneous water	10 0 0		
14	Milk	Formal	Extraneous water	10 0 0		
15	Milk	Formal	Extraneous water	5 0 0		
58	Milk	Formal	Deficient of fat			Letter sent to producer
61	Milk	Formal	Deficient of fat			Letter sent to producer
104	Milk	Informal	Extraneous water			
123	Candied peel	Informal	Excess lead 6 parts per million			Formal sample found genuine
178	Milk	Informal	Deficient of fat			
179	Milk	Informal	Deficient of fat			
180	Milk	Informal	Deficient of fat			
203	Butter	Informal	Excess water			Letter sent to manufacturer
247	Sunflower oil	Informal	Consisted of Arachis Oil			Letter sent to manufacturer
252	Table jelly	Informal	No sugar present			

1956

THE
STATE OF
NEW YORK

OFFICE OF
THE ATTORNEY GENERAL

IN SENATE
JANUARY 10, 1956

REPORT
ON THE
ADMINISTRATION OF THE
STATE OF NEW YORK

FOR THE YEAR
ENDING DECEMBER 31, 1955

