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CITY OF WORCESTER

ANNUAL REPORT

ON THE

HEALTH OF THE CITY


FOR THE YEAR

1956

BY

A. J. B. GRIFFIN, M.B., Ch.B., D.P.H.

Medical Officer of Health



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Medical Officer of Health

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THE HEALTH COMMITTEE, 1956

CITY COUNCIL MEMBERS

<i>Chairman</i> - - -	ALDERMAN SPALDING
<i>Vice-Chairman</i> - -	ALDERMAN BUILT
<i>The Mayor</i> - - -	COUNCILLOR BROTHERTON
	ALDERMAN BENNETT
	ALDERMAN DANIEL
	ALDERMAN MOORE EDE (Retired)
	ALDERMAN MRS. RATCLIFFE
	COUNCILLOR MISS DORRELL
	COUNCILLOR EVANS
	COUNCILLOR EXALL
	COUNCILLOR GRIFFITHS
	COUNCILLOR MRS. LETTICE
	COUNCILLOR MUNSLOW
	COUNCILLOR PHILLIPS-BROADHURST
	COUNCILLOR WATTS
	COUNCILLOR WEAVER

NON-COUNCIL MEMBERS (Nominated by the Local Executive Council)

<i>Representing the Medical Profession</i>	DR. D. M. BRIERLEY DR. A. B. MILLIGAN DR. MARGARET NORTON
<i>Representing the Dental Profession</i>	MAJOR H. M. GRIFFITHS
<i>Representing the Ophthalmic Profession</i>	MR. I. LLOYD JOHNSTONE
<i>Representing the Pharmaceutical Profession</i>	MR. G. A. TURNER

HEALTH SUB-COMMITTEES

Accounts

COUNCILLOR BROTHERTON	ALDERMAN SPALDING
ALDERMAN BUILT	COUNCILLOR WATTS
ALDERMAN MRS. RATCLIFFE	

Baths

COUNCILLOR BROTHERTON	COUNCILLOR WATTS
ALDERMAN SPALDING	COUNCILLOR WEAVER
COUNCILLOR EVANS	MISS F. EVANS
COUNCILLOR HART	

Family Care

COUNCILLOR BROTHERTON	COUNCILLOR MISS DORRELL
ALDERMAN BUILT	COUNCILLOR HART
ALDERMAN MRS. RATCLIFFE	COUNCILLOR MUNSLOW
ALDERMAN SPALDING	COUNCILLOR WEAVER
COUNCILLOR MRS. LETTICE	DR. C. ROMER
	DR. MARGARET NORTON

Health Centres

COUNCILLOR BROTHERTON	DR. C. T. MILLS
ALDERMAN DANIEL	DR. C. ROMER
ALDERMAN MRS. RATCLIFFE	MR. R. M. HALL
ALDERMAN SPALDING	MR. E. R. HARRIS
DR. J. M. DUNCAN	MR. I. LLOYD-JOHNSTONE

Mental Health Services

COUNCILLOR BROTHERTON
 ALDERMAN MRS. RATCLIFFE
 ALDERMAN SPALDING
 COUNCILLOR MISS DORRELL

COUNCILLOR MRS. LETTICE
 MR. G. A. TURNER
 MR. T. H. GRIFFITHS

Midwifery etc.

COUNCILLOR BROTHERTON
 ALDERMAN BENNETT
 ALDERMAN BUILT
 ALDERMAN MRS. RATCLIFFE
 ALDERMAN SPALDING

COUNCILLOR MISS DORRELL
 COUNCILLOR MRS. LETTICE
 COUNCILLOR WEAVER
 DR. C. ROMER
 DR. MARGARET NORTON

Property Inspection

COUNCILLOR BROTHERTON
 ALDERMAN BENNETT
 ALDERMAN DANIEL
 ALDERMAN MRS. RATCLIFFE
 ALDERMAN SPALDING

COUNCILLOR MISS DORRELL
 COUNCILLOR GLOVER
 COUNCILLOR MUNSLOW
 COUNCILLOR WATTS
 COUNCILLOR WEAVER

Staffing

COUNCILLOR BROTHERTON
 ALDERMAN BENNETT
 ALDERMAN BUILT
 ALDERMAN MRS. RATCLIFFE
 ALDERMAN SPALDING

ALDERMAN DANIEL
 COUNCILLOR MISS DORRELL
 COUNCILLOR GLOVER
 COUNCILLOR WEAVER

PUBLIC HEALTH DEPARTMENT STAFF, 1956

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER	A. J. B. GRIFFIN, M.B., Ch.B., D.P.H.
ASSISTANT MEDICAL OFFICERS OF HEALTH	Elizabeth G. Henderson, M.B., B.Ch., B.A.O., D.P.H. (a) Moir K. E. Allington, B.A., M.B., B.Ch., D.C.H. (a)
CHEST PHYSICIAN (part-time)	E. N. Moyes, M.R.C.P. (Chest Physician Regional Hospital Board)
CHIEF DENTAL OFFICER	Betty Savage, B.D.S., L.D.S. (a) (Resigned 29th February, 1956) E. R. Dowland, B.D.S., R.C.S. (Eng.) (a) (Commenced duty 1st March, 1956)
DENTAL OFFICER	E. R. Dowland, B.D.S., R.C.S. (Eng.) (a) (Promoted to Chief Dental Officer 1st March, 1956) Betty Savage, B.D.S., L.D.S. (a) (Commenced duty 1st October, 1956)
DENTAL ATTENDANTS	Mrs. M. A. Windham (nee Hunt) (a) (Resigned 15th December, 1956) Miss L. J. Phipps (a) (Resigned 29th February, 1956) Miss A. Badham (a) (Commenced duty 22nd October, 1956) Miss B. J. Seers (a) (Commenced duty 10th December, 1956)
PUBLIC ANALYST	Mr. M. M. Love, F.R.I.C. (County Analyst—Services utilised by arrangement with Worcestershire County Council)
CHIEF PUBLIC HEALTH INSPECTOR	Mr. T. W. Marsden (b) (c) (d) (e)

DEPUTY CHIEF PUBLIC HEALTH INSPECTOR	Mr. R. V. Redson (b) (c) (d) (e) (f)
DISTRICT PUBLIC HEALTH INSPECTORS	Mr. J. H. Benjamin (b) (c) Mr. H. Jackson (b) Mr. R. J. Morse (b) (c) (d) (e)
TUBERCULOSIS HEALTH VISITOR	Miss D. H. Edgar (i) (n)
SUPERINTENDENT HEALTH VISITOR/SCHOOL NURSE	Miss D. M. Catlin (a) (g) (i) (j)
HEALTH VISITORS AND SCHOOL NURSES	Mrs. H. L. Bedford (a) (g) (i) (j) (Resigned 15th March, 1956) Miss B. A. Flint (a) (h) (i) (j) (k) Miss N. A. Hardiman (a) (h) (i) (j) (q) Miss O. R. Jones (a) (g) (i) (j) (k) Miss M. A. Mander (a) (h) (i) (j) Miss R. Sutcliffe (a) (g) (i) (j) Miss P. O. Viles (a) (g) (i) (j) (k) (p)
SUPERINTENDENT, NURSING INSTITUTE AND NON-MEDICAL SUPERVISOR OF MIDWIVES	Miss E. M. Bazley (g) (i) (j) (k)
ASSISTANT SUPERINTENDENT, NURSING INSTITUTE	Miss H. M. Downes (g) (i) (k)
CLERK AT NURSING INSTITUTE	Miss M. M. Parsons
DOMICILIARY MIDWIFE	Mrs. F. Langley (g) (Retired 30th June, 1956)
CHIEF CLERK	Mr. P. M. Christian
ASSISTANT CLERKS	Mr. J. A. Everett Miss E. C. Griffin Miss B. A. Lacroix Miss J. Alford Mr. I. Davis (Commenced duty 19th March, 1956) Mr. J. V. Bluett Mrs. V. A. Cole (Resigned 31st January, 1956) Miss P. M. Fairbairn (Resigned 31st March, 1956)

	Miss J. Draper (Resigned 11th July, 1956)
	Miss M. F. Dunne (Commenced duty 1st March, 1956)
	Miss M. Hawkins
	Miss P. M. Sampson (Commenced duty 30th April, 1956)
	Miss S. Usher (Commenced duty 27th July, 1956)
	Miss E. I. P. Prosser (a) (Transferred to full-time School Health Service from 1st July, 1956)
DULY AUTHORISED OFFICERS	Mr. W. H. Horne (i) (r)
	Mr. J. A. Everett (s)
DISINFECTOR, VAN DRIVER, ETC.	Mr. C. A. Webb
RODENT OFFICER	Mr. P. Rowberry
DAY NURSERIES—MATRONS	Miss C. Pain (l)
	Miss M. E. Partridge (l) (Resigned 29th February, 1956)
	Miss M. E. Griffin (m) (Commenced 1st March, 1956)

-
- (a) Joint appointment—Maternity and Child Welfare and School Health Service.
- (b) Inspector's Certificate of the Royal Sanitary Institute.
- (c) Certificate of the Royal Sanitary Institute for the Inspection of Meat and other Foods.
- (d) Smoke Inspector's Certificate.
- (e) Sanitary Science as applied to Buildings and Public Works.
- (f) Diploma in Public Administration.
- (g) Certificate of Midwives Board.
- (h) Certificate of Midwives Board, Part I.
- (i) State Registered Nurse.
- (j) Health Visitor's Certificate.
- (k) Queen's Nurse.
- (l) Norland Trained Nursery Nurse.
- (m) Princess Alice Nursery Nurse.
- (n) Certificate of Tuberculosis Association.
- (o) Parentcraft Teaching Certificate.
- (p) Registered Sick Children's Nurse.
- (q) Ear, Nose and Throat Certificate.
- (r) State Registered Mental Nurse.
- (s) Relief Duties only.

ANNUAL REPORT
ON THE
HEALTH OF THE CITY
FOR THE YEAR 1956

BY

A. J. B. GRIFFIN, M.B., Ch.B., D.P.H.
Medical Officer of Health

*To the Right Worshipful the Mayor, Aldermen and Councillors
of the City of Worcester.*

MR. MAYOR, LADIES AND GENTLEMEN,

In presenting my report on the Health of the City for 1956 I ask your indulgence for its somewhat belated appearance. It is however more important to get the work done than to write reports about it afterwards. This particularly applies when staffing is inadequate and the volume of work continues to increase. I have previously referred to the need in the Department for an administrative deputy; it is in fact false economy for a chief official to be constantly fighting a losing battle with masses of detail and be unable to attend to more important administrative problems, to plan and to critically examine the workings of the local government machine with a view to improving its operation.

The National Ill Health Service is becoming so expensive that sooner or later the hard facts of economics must force public thought in the direction of the prevention rather than the cure of disease and public health departments generally and our own in particular should be adequate for this greater task when it is entrusted to them.

Within our limited resources, Health Education has continued but its scope is extensive and much remains to be done.

Judged by the standard of other county boroughs the health of the city was reasonably good during 1956 and the vital statistics shown elsewhere give no special reason for disquiet.

No serious epidemics affected or threatened the City though the occurrence of Sonne Dysentary amongst school children which started in the autumn of 1955 and continued well into 1956 proved a social nuisance but was clinically unimportant.

The battle against tuberculosis—of which the Chest Clinic with its Chest Physician now furnishes the spearhead—has continued satisfactorily and yielded the lowest death rate ever recorded in the City.

The unflinching support of the Housing Committee in rehousing tuberculous families is acknowledged.

The year saw the introduction nationally of immunisation against poliomyelitis of which it might not unfairly be said never has so much publicity achieved so little immediate result. Nevertheless although the national campaign against poliomyelitis can hardly be said to have had an auspicious launching it will inevitably gather strength and in the saving of life and reduction of suffering this application of preventive medicine may achieve success comparable with that already recorded in the fields of smallpox and diphtheria.

Elsewhere in the report reference will be found to public health problems still awaiting attention and solution, and to the routine work performed.

In this year's work I have had the support of a staff some of whom are still with me after 26 years, and of a staff only slightly increased since pre-war years. I have had the co-operation of other chief officials which is perhaps at its best in these smaller units of local government not yet grown too large to lose the personal touch. A health Committee whose infrequent criticisms are constructive and a Council with a tradition of good relations with its officers have at least not added to the exacting duties that to-day confront a Public Health Department.

I have the honour to be

Your obedient Servant,

A. J. B. GRIFFIN.

Medical Officer of Health.

SECTION I

GENERAL STATISTICS

Area (in acres)	6,114
Estimated population	63,400
Number of inhabited dwellings	19,846
Number of persons per dwelling	3.195
Rateable value of the borough	£931,003
Product of a Penny Rate	£1,999

VITAL STATISTICS

	<i>City of Worcester</i>	<i>England and Wales</i>
Deaths (all causes)	757	521,402
Death Rate per 1,000 population ...	12.41	11.7
Births	1,010	699,059
Birth Rate per 1,000 population ...	15.29	15.7
Stillbirths	26	16,431
Stillbirth Rate (per 1,000 total live and stillbirths)	25.1	23.0
Infant Deaths	26	16,471
Infant Death Rate (number of deaths per 1,000 live births)	25.74	23.8
Maternal Deaths	nil	401
Maternal Death Rate (number of deaths of mothers per 1,000 live and stillbirths)	nil	0.56
Death Rate from all forms of Tuberculosis	0.095	0.121

COMMENT UPON STATISTICS

Births increased by 91 bringing the total once again in the four figure bracket and approximating closely to previous forecasts of population supplied to the Education Authority.

Under the protecting umbrella of the Welfare State the rate is likely to remain stabilised and might indeed show an upward trend if the fear of atomic warfare could be banished—and with it the present tendency to live only for the day.

Births and birth rates are tabulated below:

<i>Year</i>				<i>Number of births</i>	<i>Rate per 1,000 population</i>	
1947	...	...	...	1,256	...	20.66
1948	...	...	...	1,118	...	18.16
1949	...	...	...	999	...	14.5
1950	...	...	...	979	...	15.6
1951	...	...	...	908	...	14.55
1952	...	...	...	989	...	15.5
1953	...	...	...	1,026	...	16.3
1954	...	...	...	961	...	14.5
1955	...	...	...	919	...	13.9
1956	...	...	...	1,010	...	15.29

DEATHS

The 757 deaths accredited to the City gave a rate of 12.41 per 1,000 compared with 11.7 for England and Wales showing a slight rise on 1955. The preponderance of deaths is however in the age group 75+ and some increase can be expected when a population contains such a high proportion of elderly people.

Analysis of deaths is given on the Registrar General's abridged table below.

Age Groups	0+	1+	5+	15+	25+	45+	65+	75+	Total
1 Tuberculosis, respiratory ..	—	—	—	—	—	4	2	—	6
2 Tuberculosis, other ..	—	—	—	—	—	—	—	—	—
3 Syphilitic disease	—	—	—	—	—	1	1	1	3
4 Diphtheria	—	—	—	—	—	—	—	—	—
5 Whooping cough	—	—	—	—	—	—	—	—	—
6 Meningococcal infections ..	1	—	—	—	—	—	1	—	2
7 Acute poliomyelitis	—	—	—	—	—	—	—	—	—
8 Measles	—	—	—	—	—	—	—	—	—
9 Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—
10 Malignant neoplasm, stomach	—	—	—	—	—	5	8	7	20
11 Malignant neoplasm, lung, bronchus	—	—	—	—	2	11	6	1	20
12 Malignant neoplasm, breast ..	—	—	—	—	2	11	5	2	20
13 Malignant neoplasm, uterus ..	—	—	—	—	1	5	2	2	10
14 Other malignant and lymphatic neoplasms ..	—	—	—	—	1	28	15	28	72
15 Leukaemia, aleukaemia	—	—	1	—	—	2	1	1	5
16 Diabetes	—	—	1	—	—	—	2	—	3
17 Vascular lesions nervous system	—	—	—	—	—	20	29	62	111
18 Coronary disease angina	—	—	—	—	2	27	30	40	99
19 Hypertension with heart disease	—	—	—	—	—	6	5	11	22
20 Other heart diseases	—	—	—	1	—	7	26	72	106
21 Other circulatory diseases ..	—	—	—	—	—	6	5	6	17
22 Influenza	—	—	—	—	—	1	—	—	1
23 Pneumonia	6	—	—	—	1	5	5	21	38
24 Bronchitis	—	1	—	—	2	10	15	16	44
25 Other diseases of respiratory system	—	—	—	—	—	3	—	2	5
26 Ulcer of stomach and duodenum	—	—	—	—	—	2	4	1	7
27 Gastritis, enteritis and diarrhoea	1	—	—	—	—	—	1	1	3
28 Nephritis and nephrosis	—	—	—	1	—	3	—	2	6
29 Hyperplasia of prostate	—	—	—	—	—	—	2	1	3
30 Pregnancy, child-birth abortion	—	—	—	—	—	—	—	—	—
31 Congenital malformations ..	2	3	—	—	—	—	—	—	5
32 Other defined and ill-defined diseases	14	1	—	—	5	9	14	49	92
33 Motor vehicle accidents	—	—	—	1	2	4	—	—	7
34 All other accidents	2	2	2	—	—	3	—	6	15
35 Suicide	—	—	—	1	4	6	2	2	15
36 Homicide and operations of war	—	—	—	—	—	—	—	—	—
Totals	26	7	4	4	22	179	181	334	757

COMMUNICABLE DISEASES

The following deaths occurred from communicable diseases:

Tuberculosis	6	Syphilis	3	Influenza	1
		Meningococcal Infections	2		

Tuberculosis deaths reached a new low record—the comparison with 49 in 1938 is most striking.

HEART DISEASE

Heart disease (227 deaths) is still “the captain of the men of death”, but, coronary disease apart, is a recorded cause of death chiefly of the very elderly and is shown as the cause in 89 persons in the 75+ age groups.

CANCER

Cancer deaths at 142 showed no reduction but no significant increase. From the analysis chart that follows it will be seen that 20 deaths resulted from cancer of the Lung.

Cancer of uterus	...	...	...	10
Cancer of stomach and duodenum	...	...	...	20
Cancer of breast	...	...	...	20
Cancer of rectum	...	...	...	6
Cancer of bronchus and lung	...	...	...	20
Cancer of colon	...	...	...	12
Cancer of ovary	...	...	...	2
Cancer of prostate	...	...	...	5
Cancer of liver	...	...	...	6
Cancer of bladder	...	...	...	6
Cancer of all other sites	...	...	...	35
				—
				142
				—

If the significant association between tobacco and lung cancer is proved incontrovertibly the prevention of many lung cancers is in the public's own hands.

DEATHS FROM VIOLENCE

37 people met violent ends: 7 as a result of motor vehicle accidents—nothing seems to check the holocaust of the roads. One child was drowned and one burnt to death. None died from road accidents; a tribute to road safety drill plus the fact that they are too young to hold driving licences ! ! !

15 people committed suicide using the following modes of exit.

Coal gas poisoning	...	...	...	5
Carbon monoxide gas poisoning	...	...	...	1
Drugs	...	...	...	4
Drowning	...	...	...	4
Gunshot wounds	...	...	...	1

Their ages varied between 23 and 79 and 10 could be said to have been still in the heyday of life.

This unusually high figure is disquieting particularly at a time, when, apart from the threat of atomic war, the individual never had greater social security.

Inquests are held by coroners upon these unfortunates but one is tempted to ask if society should not hold its own inquest in each case to discover its own responsibility for these "for whom the bell tolls."

INFANT MORTALITY

26 children died before reaching their first birthday from the causes assigned below:—

Meningococcal septicaemia	...	...	1
Acute bronchitis	...	...	3
Congenital heart disease	...	...	2
Gastro-enteritis	...	...	1
Bronchopneumonia	...	...	4
Cerebral haemorrhage	...	...	1
Prematurity	...	...	9
Internal haemorrhage	...	...	1
Asphyxia	...	...	1
All other causes	...	...	3

26

Two more infants died than in 1955 but because of the increased birth rate the infant mortality rate fell to 25·74, but still remained slightly higher than that for England and Wales as a whole as that rate correspondingly fell.

Of the 26 deaths 20 were neo-natal death, i.e. occurred during the first month of life, the causes of death being shown below.

Acute Bronchitis	...	...	...	1
Congenital Heart Disease	...	...	...	1
Broncho pneumonia	...	...	...	3
Cerebral haemorrhage	...	...	...	1
Prematurity	...	...	...	9
Internal Haemorrhage	...	...	...	1
Asphyxia	...	...	...	1
All other causes	...	...	...	3
				—
				20
				—

It will be noted that “prematurity” claimed 9 out of these 20 deaths. In this connexion I find I wrote last year “If we could discover the cause of prematurity and control it we should reduce these neo-natal deaths considerably”.

All of these deaths of premature infants occurred in hospital, because it is in hospitals that most premature babies are born and where also they should have the best chance of survival. Much depends upon the degree of prematurity; the least mature having the least chance of survival.

The ages of babies who died within the first month of life were as follows:

Died within 24 hours	...	...	...	13
Died within 2—5 days	...	...	...	5
Died within 6—14 days	...	...	...	1
Died within 15—28 days	...	...	...	1

Excluding those who died within the first 24 hours the neo-natal deaths were very few.

It is far from satisfactory that the child born to-day has not got an appreciably better chance of surviving the first day of life than had his predecessor 30 years ago, hence the importance attached to investigation into neo-natal deaths and their associates stillbirths.

Infant mortality is ceasing to be of importance apart from neo-natal mortality which is of pressing importance and the subject of constant enquiry in hospitals where the bulk of neo-natal deaths take place.

SECTION II

National Health Service Acts 1946-1952

LOCAL HEALTH SERVICES

I—MATERNITY AND CHILD WELFARE

The local health authority's maternity and child welfare scheme provides the following:

- Ante-Natal Clinics.
- Infant Welfare Clinics.
- Contraceptive Clinic.
- Domiciliary Midwifery Service.
- Supply of milk foods and vitamin supplements.
- Supply of maternity outfits.
- Dental treatment.
- Transport arrangements through the Ambulance Service.
- Home Help Service.
- Relaxation Classes for Expectant Mothers.
- Care of the Unmarried Mother.
- Training of Midwives.

(a) ANTE-NATAL CLINICS

Only 29·4 per cent. of mothers were confined at home; with isolated exceptions all booked a doctor as well as a midwife so that ante-natal supervision at local authority clinics was negligible, apart from that carried out at the Nursing Institute in connexion with the training there of pupil midwives.

(b) CHILD WELFARE CLINICS.

Under the policy of decentralisation the welfare clinics have been taken to the mother in her own district and in the various areas of the City there are 7 such centres.

In most of these health visitors have the support of some voluntary help. As well as being advisory and supervisory centres the branch clinics are focal points for the distribution of welfare foods and vitamin supplements.

The year's work at welfare centres is summarised as follows:

CHILD WELFARE CENTRES

Number of centres provided at end of year	Number of child welfare sessions now held per month at centres in col. (2)	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in :			Total number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were :			Total attendances during the year
			1956	1955	1954-51		under 1 year	1 but under 2	2 but under 5	
7	32	661	584	427	430	1,441	9,194	1,722	1,652	12,568

(c) SUPPLY OF WELFARE FOODS

One senior and three junior clerks carry out the distribution of welfare foods and vitamin supplements in addition to dealing with the clerical work of the maternity and child welfare service and assisting in the clerical work of other sections of the public health department in emergency.

Welfare foods are available at conveniently placed branch clinics in all parts of the City. They are also obtainable at the Central stocking and distributive centre in the Health Department.

Simplification of distribution methods with strict adherence to cash transactions has enabled the existing staff to cope satisfactorily with the increased sales of which details are appended.

National Dried Milk Tins		Cod Liver Oil Bottles	Vitamin A & D Tablets Packets	Orange Juice Bottles
Full Cream 29,913	Half Cream 828	5,309	2,529	43,265

(d) HEALTH VISITING

To avoid duplication of visiting, all health visitors have to do a certain amount of work as school nurses. They are becoming increasingly concerned with immunology, prevention care and after-care—particularly in connexion with the elderly—and sociological medicine generally.

They are however not allowed to wander too far down some of these inviting by-paths but have constantly before them their original and still most important responsibility—the preservation of child life.

One Superintendent Health Visitor (with her own district) and 6 health visitors were responsible for the work recorded below :

HEALTH VISITING AND TUBERCULOSIS VISITING

Number of children under 5 years of age visited during year	Expectant mothers		Children under 1 year of age		Children age 1 and under 2 years	Children age 2 but under 5 years	Tuberculous households	Other cases	Total number of families or households visited by Health Visitors	Total visits paid to tuberculous households
	First visits	Total visits	First visits	Total visits						
5,358	302	412	970	4,723	3,030	5,561	26	1,526	12,294	2,863

(e) DOMICILIARY MIDWIFERY

With over 70 per cent. of women being confined in institutions—and who can blame them—domiciliary midwifery is fighting a losing battle.

Financial considerations weigh heavily with mothers in favour of the institutional confinement which also from the domestic angle is often much more convenient. Additionally, sub-letting, inadequate amenities, occasionally overcrowding are factors indicating the need for institutional confinement on “social conditions” grounds.

The domiciliary midwifery provision has been reduced accordingly. District Midwives have ceased to be employed and all domiciliary midwifery is conducted from the Part II Training School at the Nursing Institute.

Midwives acted independently as midwives in 202 confinements, the doctor being present at the time of delivery in 88 cases.

Statistics of domiciliary and institutional midwifery done during the year follow:

Number of deliveries attended by Midwives in the area during the year

	Domiciliary Cases				Totals	Cases in institutions
	Doctor not booked		Doctor booked			
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child		
(a) Midwives employed by the Authority ..	—	23	88	179	290	—
(b) Midwives employed by Voluntary Organisations	—	—	—	—	—	—
(i) Under arrangements with the Local Health Authority in pursuance of section 23 of the National Health Service Act, 1946	—	—	—	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ..	—	—	—	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	—
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	—	—	—	1,390
Totals	—	23	88	179	290	1,390

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day 55

(f) BREAST FEEDING: Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day .. 251

GAS AND AIR ANALGESIA

Ample provision has been made for gas and air analgesia, which is used on medical recommendation after the customary examination of the patient by a doctor for fitness to use this confinement aid.

Gas and air analgesia was used in the cases of 217 women confined at home.

Analgesia by Trilene has not yet been made available for use by midwives although some doctors make use of it themselves.

TRANSPORT

The experimental use of motorised cycles is not proving satisfactory in view of the apparatus now needed for deliveries and subsequent nursing; there would be advantages in providing cars for the use of midwives attending confinements.

CARE OF PREMATURE BABIES

The following table submitted to the Ministry of Health gives details of premature babies and premature still births both domiciliary and institutional.

Weight at birth	PREMATURE LIVE BIRTHS						PREMATURE STILL-BIRTHS		
	Born in hospital		Born at home and nursed entirely at home		Born at home and transferred to hospital on or before 28th day		Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
3lb. 4oz. or less	12	7	3	—	—	—	4	—	—
Over 3lb. 4oz. up to and including 4lb. 6oz.	9	—	9	—	—	2	8	—	—
Over 4lb. 6oz. up to and including 4lb. 15oz.	6	—	5	2	—	3	3	—	—
Over 4lb. 15oz. up to and including 5lb. 8oz.	22	2	20	17	—	17	1	2	—
Totals ..	49	9	37	19	—	19	16	2	—

(f) DAY NURSERIES

At the 40-place day nurseries at Powell's Row and Brickfields the attendances have averaged 22·94 and 27·19 respectively; these figures include attendances on Saturday mornings which appreciably reduce the average.

The gross cost per place per day was 14s. 9d. and the maximum charge 5s.

Day Nurseries are becoming an increasingly expensive provision for the benefit of the small section of the community using them.

For the fortunate child who gains admission the day nursery has many indisputable advantages.

(g) PROBLEM FAMILIES

The subjoined table indicates statistically work done by the Health (Family Care) Sub-Committee.

It is but a pale reflection of the work of investigation, enquiry, cross reference, fact finding, co-operation with Council and other officers, that accompanies consideration of each case. To-day the saying "the poor we have always with us" might be replaced by "the inadequate we have always with us", for so many parents of problem families might be so described; they are no sooner picked up than they again fall down. The children suffer and it is mainly on this account that the Health (Family Care) Sub-Committee continues to labour.

It is becoming fashionable to decry the residential homes for deprived children—but they are havens of light, security and hope compared with the homes of many problem families—and many more children would gain substantially if admitted to them.

HEALTH (FAMILY CARE) SUB-COMMITTEE

Statistics for twelve months ended December 31st, 1956

Date of Committee 1956	Number of Families on "Live Register"	Total number of cases reported to Committee	Number of new cases reported to Committee and referred for further report	Number of cases previously reported to Committee			Number of cases referred for investigation but not reported to Committee
				For Further report	Cases closed	Total	
January ..	63	32	5*	24	3	27	—
February ..	65		Committee	cancelled			2
March ..	65	35	3†	26	6	32	—
April ..	62	13	—	11	2	13	—
May ..	60	20	—	19	1	20	1
June ..	59	12	1‡	10	1	11	—
July ..	59	12	1	10	1	11	—
August ..	59		Committee	not called			—
September ..	59	19	2	15	2	17	—
October ..	59		Committee	cancelled			1
November ..	59	21	2§	15	4	19	—
December ..	57		Committee	cancelled			—
Total ..		164	14	130	20	150	4

* One of these cases had been closed in November, 1955, but was again referred to the Sub-Committee. (Father deserted Family).

† One of these cases had been closed in September, 1955, but was again referred to the Sub-Committee. (Married Son).

‡ This case had been closed in March, 1956. (Father left city, mother admitted to Mental Hospital and children taken into care).

§ One of these cases was one of those which had been transferred to another authority in July, 1955, and returned to Worcester in November, 1956.

(h) DENTAL TREATMENT WITHIN THE MATERNITY
AND CHILD WELFARE SERVICE

Arrangements previously outlined have continued unaltered, the Principal Dental Officer reports as follows:

“The statistics show an increase in the number of mothers treated and a slight decrease in the number of children treated. These figures are higher proportionally than those of the previous year, considering that only 1·4 Dental Officers were in attendance.

86 per cent. of the mothers, who applied for dental treatment, were made dentally fit. In addition, dentures were completed for nine mothers, whose treatment had commenced the previous year.

There was an increase in the number of dentures supplied, and an increase in the number of fillings.

86 per cent. of the children who attended were made dentally fit. The reason for the non-completion of the remainder was, either the unwillingness of the parents to have temporary teeth filled, or lack of interest once pain had been relieved and peace and quiet reigned in the home again.

It is regrettable, as the extraction figures show, that treatment of most of these young patients was brought about by pain. Only two children, out of fifty-one inspected, were found to be dentally fit.”

NUMBERS PROVIDED WITH DENTAL CARE

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	27	27	36	32
Children under five	53	51	51	44

FORMS OF DENTAL TREATMENT PROVIDED

	Scalings and Gum Treatment	Fillings	Silver nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and nursing mothers	7	17	2	—	88	9	21	10	4
Children under five	—	9	6	—	70	44	—	—	—

II. HOME NURSING

The District Nurses operate from the Nursing Institute under the control of the Nursing Superintendent, Miss Bazley.

The Staff consisted during the year of nine nurses assisted by three Queen's Institute Trainees.

All the regular nurses in addition to being qualified State Registered Nurses hold the certificate of the Queen's Institute for district nursing and many are also qualified midwives. The Queen's Trainees are similarly qualified nurses in training for the District Nurses' Qualification. The fact that the Institute is one of the few recognised Training Centres for Queen's Nurses in the Country secures that the standard of district nursing is always high. Probably no health authority in the Country has better qualified staff doing their district nursing; certainly many larger authorities have to content themselves with staffs of lower calibre.

The Nursing Superintendent reports as follows :

“During the year 1956, the Home Nursing Service has undergone no radical change. There has been, however, a marked increase in the number of visits paid to patients for the purpose of giving injections. Each night there are patients requiring late injections and two nurses are on call each evening until 10.0 p.m. for this purpose, and to deal with any late and urgent calls that may be received.

During the winter months the nursing was exceptionally heavy—visits increasing by 300 to 400 per month.

30,655 general nursing visits were paid to 1,015 patients. This is an increase over 1955. In addition, 2,016 casual visits were paid—these comprise casual calls where no nursing treatment is carried out, also visits of supervision by the Superintendent or Assistant Superintendent.

It has been found necessary to increase the nursing staff by two in order to maintain an adequate service for the City. This is accounted for by

- (a) the increased number of visits,
- (b) Homes Nurses are now entitled to five weeks holiday annually.
- (c) it takes considerably longer to reach the new housing estates being built on the outskirts of the City.

General Nursing visits can be analysed as follows:

Visits to Medical Cases	...	...	26,106
Visits to Surgical Cases	...	...	3,704
Visits to Tuberculosis Cases	...	...	754
Other visits, i.e. post-maternity cases and complications, infectious diseases, etc.	...	...	91
			30,655
			30,655

MEDICAL VISITS

(a) Chronic Sick

The nursing of the chronic sick and the aged continues to form the chief part of the home nursing service. 21,453 visits were paid to patients over 65 years of age.

(b) Injections

There continues to be a big increase in the number of visits required for the purpose of giving injections. During 1956, 5,608 visits were paid to diabetic patients requiring daily injections of insulin, and 3,917 visits to patients requiring other injections, i.e. penicillin, liver injections, mersalyl, neptal, cytamem, etc. This figure also includes late injections of morphia or other sedatives.

SURGICAL VISITS

There is little change in this branch of the work. Visits include post-operative dressings, dressings to varicose ulcers, etc.

TUBERCULOSIS VISITS

There continues to be a marked decrease in the number of Tuberculosis patients. Most are treated with streptomycin injections.

NURSING OF SICK CHILDREN

There is no special provision for the nursing of sick children. The number of cases requiring nursing care is comparatively small. 128 visits were paid to 16 children under five years of age.

LAST OFFICES

The District Nurses are required to perform last offices, where necessary. During 1956, this service was rendered 145 times.

SYRINGE SERVICE

There is an excellent syringe service in operation which has proved most helpful. Syringes go to the Royal Infirmary daily and are autoclaved with those of the Hospital and collected the following day. This ensures an adequate supply of sterilised syringes.

NURSING COMFORTS

The loan of nursing comforts continues to be of great benefit to those requiring to make use of this service."

	Medical	Surgical	Infectious Diseases	Tuber- culosis	Maternal complica- tions	Others	Totals	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year	Children included in (2)-(7) who were under 5 at the time of the first visit during the year	Patients included in (2)-(7) who have had more than 24 visits during the year
Number of cases attended by Home Nurses during the year	870	108	1	23	7	6	1,015	549	16	266
Number of visits paid by Home Nurses during the year ..	26,106	3,704	5	754	47	39	30,655	21,453	266	25,181

III HOME HELP SERVICE

The home help service is ably administered on behalf of the Health Committee by the Women's Voluntary Service from their Centre at Deansway.

In all 42 home helps are now employed; of these only 15 are full time. 21 are guaranteed part-time (i.e. 22 hours per week) and six are occasional; these last are called upon according to need and availability and receive no retaining fee.

Although the home helps are employees of the Council and although the Medical Officer of Health has an overall responsibility for the service to the Health Committee the Council has no administrative costs and finds no premises, the quasi-voluntary character of the service is retained and this factor may make it more readily acceptable to the public.

Every year the service is increasingly extended to old people so many of whom are unwilling to leave their familiar surroundings for a bed in an institution for the aged and infirm.

The cost of the service continues to increase—due mainly to wage awards—and the income to decrease, for most of the elderly get the service free and the Council's assessment scale is not an ungenerous one.

The following report on the Service has been submitted by Mrs. Moore Ede.

“There has been no diminution in the calls on the Home Help Service in the year 1956, though there was no particular incident of epidemic or sickness during the year to make unusual demands on the Service. The 42 Home Helps (of which only 15 are full-time) have during the year looked after 325 cases, divided as follows:—

Maternity	...	...	...	...	...	34
Tuberculosis	...	...	...	...	...	22
General sickness and accident	...	...	...	...	...	61
Old and chronic	...	...	...	...	...	208

Year by year this last category increases. Modern medicine has enabled many more people to reach old age but in many cases has not been able to give them full health and there are a great many who are not able to look after themselves without some help. Private domestic help is out of the reach of the majority of these older people to-day and there seems to be a great shortage of younger relatives, friends or neighbours able to come to their assistance.

Worcester is well equipped with almshouses and Council flats and by a few hours' work a week for the more frail inhabitants, many are enabled to continue to live satisfactorily in their little houses whereas otherwise they would have to be cared for institutionally.

During 1956 the Service reached the peak record of 167 cases in one week, but in spite of the heavy work the Home Helps undertake in looking after so many families, there is never a shortage of names on the waiting list of the service. The Home Helps themselves have a deep-rooted sense of vocation in their work and are very proud of being junior members of the Health Team.

In November, 1956, we were very sorry to lose the help of Miss Falconer who had organised the Service since its formation in Worcester in 1946. She had given a high degree of devotion and enthusiasm and efficiency and everyone—Home Helps, cases and all who had come in contact with her—were very sorry to lose her.

We are lucky to have as her successor Mrs. Richardson, who for many years has taken an active interest in local social work.

Once again, we in W.V.S. would like to express our appreciation of the fact that we are entrusted to run this Service for the local authority, and we record with gratitude the help we always receive from the Medical Officer of Health, Dr. Griffin, and all the staff in his department."

IV VACCINATION AND IMMUNISATION

(a) VACCINATION AGAINST SMALLPOX

Acceptance of vaccination for children under 12 months fell a little being 45.1% compared with 52.15% for the preceding year; nevertheless this figure is better than used to be recorded in the years immediately preceding the abolition of compulsory vaccination.

The desirability of vaccination against smallpox is constantly advised by midwives and health visitors. If it is not being similarly advocated by domiciliary medical practitioners—and I have no evidence of this—I should not be surprised; for the fee of 5s. paid for this procedure is absurdly trivial and lower than that obtaining before the war.

(b) VACCINATION AGAINST POLIOMYELITIS

The latter part of the year saw the national campaign for vaccination against poliomyelitis. Unfortunately the campaign went off at half-cock for reasons quite unconnected with the

local health authority. Only a miserable trickle of vaccine reached the City and by the end of the year exactly 39 children had been vaccinated with two injections of the material.

(c) IMMUNISATION AGAINST DIPHTHERIA

The community level of protection against diphtheria continues to be held.

No case of diphtheria has occurred since one was imported from the East Coast five years ago and it is 12 years since we had a death from the disease.

Since immunisation was started in the City about 25 years ago the productivity value of the lives saved runs into millions of pounds.

The customary return made to the Ministry of Health follows :

Number of children in the Local Health Authority area on 31st December, 1956, who have completed a course of diphtheria immunisation at any time between 1st January, 1942, and 31st December, 1956.

Age on 31.12.1956 (i.e. born in year)	Under 1 1956	1 - 4 1952-1955	5 - 9 1947-1951	10 - 14 1942-1946	Under 15 Total
A. No. of children whose last course (primary or booster) was completed in the period 1952-1956	69	2,203	3,018	659	5,949
B. No. of children whose last course (primary or booster) was completed in the period 1951 or earlier ...	—	—	1,466	3,441	4,907
C. Estimated mid-year child population ...	930	3,670	9,500		14,100
Immunity Index 100 A/C	7.4	60	38.7		42.2

V AMBULANCE SERVICE

(a) INFECTIOUS PATIENTS

The 639 patients carried in the Infectious Diseases Ambulance represented an increase on 1955. Most of these journeys, however, were inter-hospital movements of patients with pulmonary tuberculosis; very few patients having to be removed for other infectious diseases.

(b) NON-INFECTIOUS PATIENTS

The Council's responsibilities as an ambulance authority—apart from the removal of infectious disease patients—continue to be efficiently discharged through the agency of the Worcester City and District Voluntary Ambulance Committee. The strong support given by volunteers from the St. John Ambulance Brigade and The British Red Cross Society enables the service to be run most economically with only seven full-time drivers and a Secretary for a population, including that of areas in the Southern part of the County of Worcestershire, of approximately 110,000.

The service is operated for the Committee by the County of Worcestershire Ambulance Officer, Mr. Pitt, who reports as follows:

“During the year one ‘Austin’ Ambulance was replaced by a new ‘Morris’ 16 h.p. Ambulance. Good reports from patients have been received regarding the comfort of this vehicle.

In spite of the authentic checking of cases, it will be seen that the number of patients conveyed has increased slightly above that of the previous year and the mileage decreased.

The operational business of the Committee has continued in the restricted headquarters at 42 Foregate Street, but the near future will see us transferred to the New Ambulance Headquarters, where every facility will be available to ensure an excellent Ambulance Service for the public.”

The work within the Service for City patients is summarised as follows:—

No. of persons carried by ambulance

	1956	1955
Accidents or Emergency ...	1,510	1,474
Others	10,147	9,867
	Total ...	11,341
	11,657	11,341
Sitting Cases	7,508	7,763
Stretcher Cases	4,149	3,578
Journeys undertaken	6,474	6,579
<i>Total Ambulance Mileage ...</i>	<i>41,997 miles</i>	<i>44,472 miles</i>

In addition 108 patients were conveyed on long journeys by train during the year. 73 patients were conveyed in 1955.

(c) HOSPITAL SITTING CASE CAR SERVICE

This voluntary organisation—in existence when the National Health Service Act came into force—has continued to operate from the Worcester Royal Infirmary.

In addition to making mileage payments to car owners, the Health Committee pays 1½d. per mile for administration costs. The service carried City patients an aggregate of 10,750 miles.

(d) SITTING CASE HIRE-CAR SERVICE

At times when the Hospital Car Service is not available the Ambulance Officer is empowered to call upon sitting case cars from Messrs. Silver Wings, of Worcester, and these vehicles covered 9,454 miles.

VI SECTION 28 PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(a) TUBERCULOSIS

The local authority's tuberculosis health visitor attends Chest Clinics in addition to visiting patients in their homes. Co-operation with the local Chest Physician, Dr. Moyes and his colleague Dr. Kershaw, is both satisfactory and enjoyable.

For many years an executive as well as an administrative tuberculosis officer I would concede that the transfer of functions under the National Health Service Act in combination with the

new antibiotic treatment of tuberculosis has yielded nothing but good locally. Much of this happy position stems from the fact that our unit of local government is not too large so that the Medical Officer of Health from his knowledge of the patients and their environment can re-inforce the excellent work of the Chest Physicians.

Of that portion of the tuberculosis scheme affecting the work of the Chest Physician that the Ministry of Health asks to be included in the report of the Medical Officer of Health, Dr. Moyes writes as follows:—

“1. CONTACT EXAMINATION:

The following table shows the number of contacts examined in the years 1951-1956 (inclusive) related to the number of new notifications each year, including cases transferred into the area.

Year	1951	1952	1953	1954	1955	1956
New Notifications	57	76	78	87	64	68
Contacts examined ..	187	164	281	268	355	459

In 1956 there were 68 new notifications in the City of Worcester and according to the environmental reports 496 were at risk as contacts of these patients. 459 were examined at the chest clinic giving an examination rate of 93% and a ratio of 6.7 contacts per notification.

2. EMPLOYMENT CONDITIONS OF KNOWN CASES

No comment.

3. DEATH NOTIFICATIONS

No comment.

4. SCHEMES TO ASCERTAIN AND FOLLOW-UP EARLY CASES AMONG CHILDREN AND OTHERS

No comment.

5. SPECIAL CASE FINDING SURVEYS

None.”

NOTIFICATION

The following table relates to notifications over the past 10 years :

<i>Year</i>		<i>Respiratory</i>	<i>Non-Respiratory</i>
1947	... ..	42	14
1948	... ..	47	14
1949	... ..	53	15
1950	... ..	36	10
1951	... ..	56	12
1952	... ..	79	5
1953	... ..	63	13
1954	... ..	70	2
1955	... ..	64	3
1956	... ..	58	10

In the 10 cases of non-pulmonary tuberculosis the disease was localised as follows:—

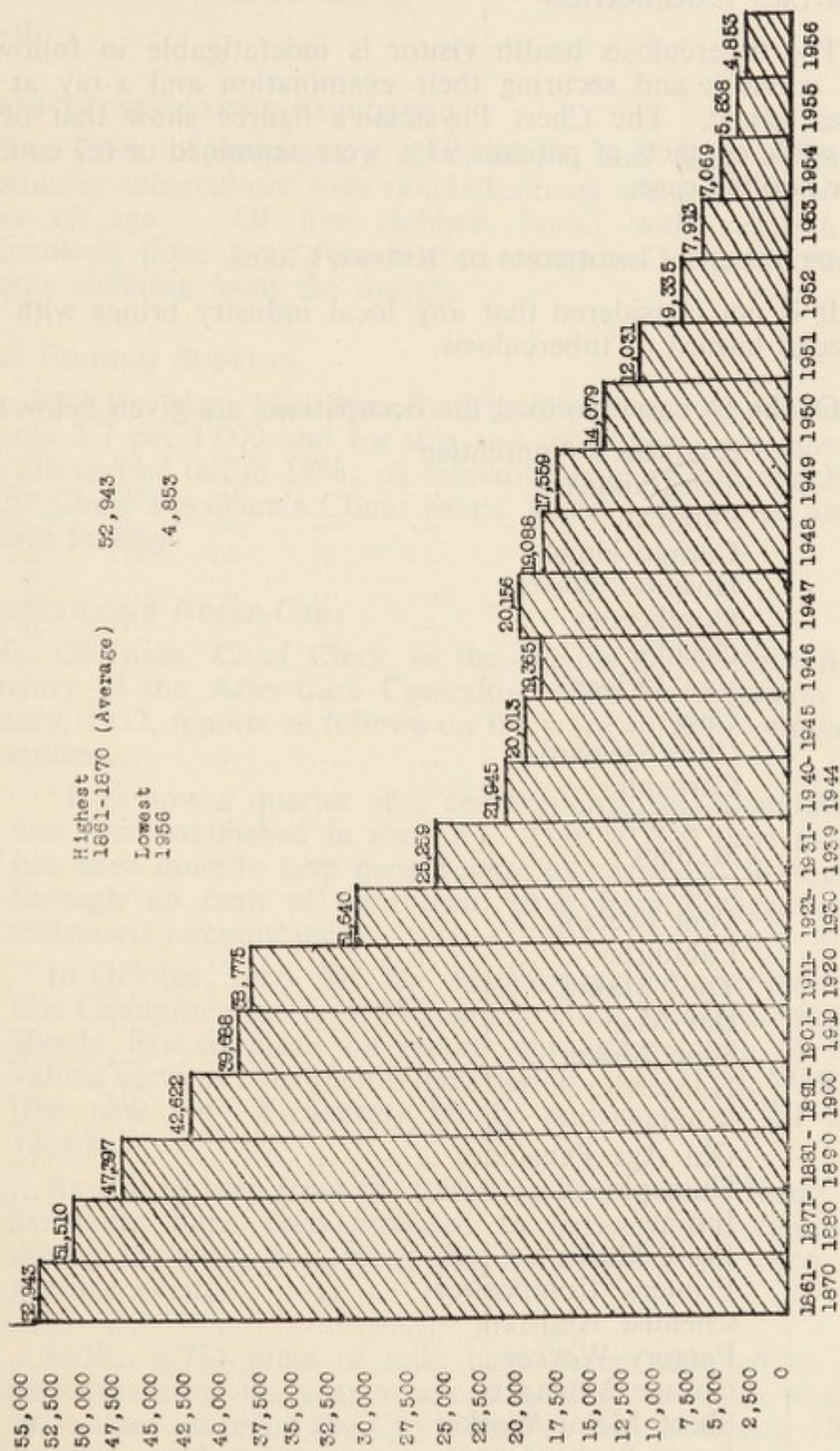
Knee	... ..	4
Meninges	... ..	1
Hip	... ..	1
Fallopian Tubes	... ..	1
Kidney	... ..	1
Spine	... ..	1
Neck Glands	... ..	1
		—
		10
		—

DEATHS

Few public health vital statistics are so striking as those dealing with tuberculosis mortality as the following table of local deaths illustrates.

<i>Year</i>		<i>Respiratory</i>	<i>Non-Respiratory</i>
1947	... ..	33	7
1948	... ..	35	5
1949	... ..	26	6
1950	... ..	24	2
1951	... ..	17	2
1952	... ..	18	1
1953	... ..	12	5
1954	... ..	15	2
1955	... ..	8	2
1956	... ..	6	—

RESPIRATORY TUBERCULOSIS—DEATHS PER ANNUM 1861-1956
ENGLAND AND WALES



CONTACT EXAMINATION

The tuberculosis health visitor is indefatigable in following up contacts and securing their examination and x-ray at the chest clinic. The Chest Physician's figures show that of all possible contacts of patients 93% were examined or 6.7 contacts per notified case.

EMPLOYMENT CONDITIONS OF KNOWN CASES

It is not considered that any local industry brings with it a special hazard of tuberculosis.

Of the 68 cases notified the occupations are given below :

Engineer's Apprentice	...	...	...	...	2
Telegraphist	...	...	...	...	1
Publican	...	...	...	...	1
Garage Hand	...	...	...	...	2
Hospital Porter	...	...	...	...	1
Storekeeper	...	...	...	...	1
Grinder	...	...	...	...	2
Van Driver	...	...	...	...	2
Chef	...	...	...	...	1
Club Steward	...	...	...	...	1
Carpenter	...	...	...	...	1
Tug Man	...	...	...	...	1
Student	...	...	...	...	1
Clerk	...	...	...	...	3
Tent Erector	...	...	...	...	1
Labourer	...	...	...	...	2
Tool Maker	...	...	...	...	1
Bar Man	...	...	...	...	1
Shoe Maker	...	...	...	...	2
Housewife	...	...	...	...	15
Scholar	...	...	...	...	8
Old Age Pensioner	...	...	...	...	7
Unemployed	...	...	...	...	3
Infant	...	...	...	...	1
Book Maker's Clerk	...	...	...	...	1
Printers' Compositor	...	...	...	...	1
Chemist Assistant	...	...	...	...	1
Factory Worker	...	...	...	...	1
Garage Manager	...	...	...	...	1
Sheet Metal Worker	...	...	...	...	1
Sewer flusher	...	...	...	...	1

DEATHS OF UNNOTIFIED CASES

Nil.

TUBERCULOSIS AMONG CHILDREN

Five cases of respiratory tuberculosis and four of non-respiratory tuberculosis were notified among children below 16 years of age. Of five children found with respiratory tuberculosis three were found when examined as contacts of parents suffering from the disease.

CASE FINDING SURVEYS

In 1955 the Mass Miniature Radiography Survey gave a rate of only 1.7 per 1,000 and for this and other reasons a survey was not carried out in 1956. A miniature camera unit attached to the Chest Physician's Clinic would in my view be an asset in case finding.

TUBERCULOSIS AFTER-CARE

Mr. Christian, Chief Clerk in the Health Department and Secretary of the After-Care Committee since its inception in January, 1932, reports as follows on the work of that voluntary Committee.

"It is now a quarter of a century since this Committee was first established in the City. During that time much has been done to help people who, by reason of ill-health through no fault of their own, have been plunged into distressed circumstances.

In October, 1956, Mr. Hy. Hacking retired after serving this Committee for over 24 years as Hon. Treasurer, and I should like to place on record our appreciation of his valued services over such a long period. Mr. H. B. Walton (the new City Treasurer) kindly undertook to fill the vacancy.

As will be seen from the following report many forms of assistance have been provided to patients and families during the year, and every case so assisted has been in genuine need.

Milk. 6,754 pints of milk have been supplied to 38 patients during the year at a cost of £212 8s. 11d., which more than exceeded the City Council's annual Grant. This compares with 3,851 pints in 1955-56—a very considerable increase. All the cases have been assisted on the recommendation of the Chest Physician and most have been in receipt of National Assistance.

Clothing, Bedding, etc. During the year bedding and personal clothing costing £107 17s. 7d., have been purchased for the use of patients and their families. Gifts of six single beds and 18 mattresses were received from the Hospital Management Committee and other donors. Single beds with bedding are always acceptable.

The City Council's Housing Committee continues to give priority to the re-housing of Tuberculous cases when recommended by the Medical Officer of Health, and during the year four such families have been re-housed in Council houses.

Two of the four Chalets owned by the Local Health Authority are at present in use and these Chalets are loaned out to patients free of charge when separate sleeping accommodation outside the house is advised. Rehousing activities have reduced the need for chalets.

During the year, by arrangement with the British Red Cross Society at small cost, it has been possible to provide patients with a free Library service.

Other forms of assistance provided for patients during the year have been as follows:—

- (i) Payment of an outstanding Electricity Account.
- (ii) Cost of hire of typewriter for a patient to keep in practice during a period of convalescence.
- (iii) Interest-free loan for payment of a T.V. Licence.
- (iv) Various grants to necessitous patients for purchase of occupational therapy materials.

Occupational Therapy. I am pleased to be able to report that it was possible to resume this service on 4th June, 1956, when Miss J. D. Stott succeeded Mrs. Matthews as Occupational Therapist to the Worcestershire County Council. Since then Miss Stott has been employed for one day per week to work in the City; the morning session being devoted to home visitation of patients, and the afternoon session to attendance upon patients at an Occupational Centre held at Bridge House (adjoining Church House). The number of patients attending the Centre has been small, but the facilities afforded have been much appreciated by the patients concerned. It will readily be understood that it is impossible for Miss Stott to keep all the patients

on her list under constant supervision in the one day a week allotted to her, but this service must be judged not by how much has been accomplished but rather by its psychological effect.

As reported last year your Committee has accepted responsibility for the payment of one-half of the remuneration paid to the Occupational Therapist for the one day a week service she gives to the City, and for the year ended 31st March, 1957, this amounted to £56 0s. 10d.

Christmas Seal Sale, 1956. Despite special efforts which were made and also wide publicity (well over 1,000 circular letters being sent out), the 1956 Seal Sale was not so successful as it was in 1955. A net surplus of £164 8s. 3d. was realised, compared with £221 10s. 8d. in the previous year. Even so, the surplus is the second highest since 1937 when Seal Sales were first commenced in Worcester. The reason for the drop in income was due to the unexpected appeal which was launched before Christmas for the Hungarian Relief Fund. This, together with other appeals, very much adversely affected the sale of Christmas Seals in the City Schools where takings were £33 less than they were in 1955. The sales in factories and business organisations were also lower.

I should like to express my thanks to all the many people who supported the Seal Sale and also to the voluntary helpers who assisted me in the organisation thereof and in the sale of the seals.

The total income raised from these annual sales of Christmas Seals since 1937 has been £1,696.

No case of real hardship has been refused some form of assistance."

(b) OTHER FORMS OF ILLNESS

Information continues to reach the department from the Hospital Management Committee in connexion with the discharge of children under five, school children, parturient women and others. In the case of children this is not confined to a completed form BRB/M/4 but includes full clinical reports and copies of letters to doctors where these can be of value to the Medical Officer of Health or Principal School Medical Officer.

Domiciliary Medical Practitioners, District Nurses, Health Visitors and School Nurses, home helps, almoners, probation officers, children's officers and others all contribute in greater or lesser degree to after-care. No system of individual case recording is followed as much is done by telephone and discussion. From the view point of production there can be a danger in too many social workers and too many records for recording sake.

RECUPERATIVE CONVALESCENCE

This is met in the main by the activities of the Worcester Hospital Contributors' Association and where this help is not available the Education and Health Committees assist in individual cases.

VII HEALTH EDUCATION

All professional and technical staff in the Health Department take their share in Health Education throughout the year and no "Health Week" with its transient effects was sponsored during the year.

The facilities of the Central Council for Health Education are regularly used and two film-strip projectors are available in the department.

With existing staff it is not possible to extend this most important aspect of The work of a Health Department. Perhaps in the fulness of time more money may be spent on teaching people how to keep well and less on treating them when they become sick.

VIII MENTAL HEALTH SERVICE

(1) ADMINISTRATION

(a) The composition of the Health (Mental Health Services) Sub-Committee is given at the beginning of this report.

(b) *Number and Qualifications of Staff Employed*

Details of staff given in the 1955 report remain the same.

To secure a 24-hour availability of the services of a Duly Authorised Officer, one of the departmental clerical staff relieves out of normal office hours and during holidays the single mental health service worker.

This worker attends regularly at the local mental hospital for conferences with the staff, although under present arrangements at the request of the hospital Superintendent only a small proportion of discharged patients is visited by the Duly Authorised Officer.

(c) A child Guidance Clinic operates at the School Clinic under a Regional Hospital Board Child Psychiatrist who draws his cases from the customary sources.

(d) At present there is no Occupation Centre for ineducable defectives. Under the present conditions of full employment it is possible for defectives to get and hold jobs requiring very little training and some defectives are so employed, they are of course likely to be the first to lose their jobs when unemployment occurs.

(II) WORK UNDERTAKEN IN THE COMMUNITY

(a) The following table details work done under the Lunacy, Mental Treatment and Mental Deficiency Acts.

(b) The sources of ascertainment remain the same, reference of defectives by practitioners to the Department tends to be more frequent, although nowadays most of the defectives are ascertained through the Child Welfare Department.

(c) There were three defectives under guardianship at the end of the year.

Cases admitted to Powick Hospital during the year ended 31st December, 1956

	Male	Female	Total
Certified under Section 16 Lunacy Act, 1890	4	10	14
Admitted under Section 20	44	33	77

(Of the cases admitted under Section 20, 40 males and 23 females received treatment under the Mental Treatment Act, 1930. Four males and 10 females were certified under the Lunacy Act.)

Certified patients discharged or died during the year

	Male	Female	Total
Discharged	1	5	6
Died	4	4	8

Mental Treatment Act, 1930

	Male	Female	Total
Admitted as voluntary patients	92	88	180
Left hospital	76	82	158
Admitted as temporary patients	—	—	—

An unknown number attended hospital for treatment as out-patients.

MENTAL DEFICIENCY ACTS

Ascertainment including number of defectives awaiting vacancies in institutions at the end of the year.

	Male	Female	Total
In institutions	44	36	80
Under guardianship	3	1	4
Under Statutory Supervision	24	20	44
Under Voluntary Supervision	24	22	46
Awaiting institutional vacancies	3	—	3
Number ascertained	6	1	7
Admitted to institutional care	1	—	1
Placed under Statutory Supervision	6	1	7
Placed under Voluntary Supervision	—	1	1
Died, removed or lost sight of	2	1	3
Given birth to a child while unmarried	—	—	—

Visits

Approximate number of visits paid to mental defectives	392
Approximate number of visits paid to mental patients	273

IX EPILEPTICS AND SPASTICS

(a) EPILEPTICS

Epileptics known to the department are only four below school age, four of school age, six adult epileptics are on the register of the Welfare Committee.

(b) SPASTICS

Of six known spastics of school age three are in special schools.

Four adult spastics are on the register of the Welfare Committee. One other known spastic is below 12 months old.

X BLIND PERSONS

12 persons were made the subject of report for blindness for purposes of the Register of Blind persons.

With two exceptions all were over the age of 60.

Seven patients had received treatment previous to notification.

In 10 cases no further treatment was recommended; one case was recommended for treatment later, and one patient refused the treatment recommended.

SECTION III

COMMUNICABLE DISEASES

Excluding Tuberculosis which has been discussed earlier, the following notifications of communicable disease were received.

	<i>Number of Notifications</i>
Scarlet Fever	20
Measles	229
Whooping-Cough	75
Acute Primary and Acute Influenzal Pneumonia	80
Erysipelas	8
Dysentery	121
Food Poisoning	15
Ophthalmia Neonatorum	4
Puerperal Pyrexia	46
Acute Poliomyelitis—Paralytic	1
Non-Paralytic	3
Para-Typhoid Fever "B"	1

(a) DIPHTHERIA

At the beginning of my own public health career between two and three thousand people, mostly children—died each year, some of them by suffocation; to-day preventive medicine has virtually eliminated diphtheria as the following table of incidence and mortality nationally and locally shows.

TOTAL OF DEATHS AND NOTIFICATIONS IN ENGLAND AND WALES AND WORCESTER CITY DURING THE PAST TEN YEARS

Year	England and Wales		Worcester City	
	Cases notified	Deaths	Cases Notified	Deaths
1947	5,609	244	7	—
1948	3,575	156	3	—
1949	1,890	84	4	—
1950	962	49	—	—
1951	664	33	3	—
1952	376	32	—	—
1953	266	23	—	—
1954	173	9	—	—
1955	161	13	—	—
1956	51	8	—	—

(b) POLIOMYELITIS

Of four cases of poliomyelitis notified three were non-paralytic—none had been immunised—either against diphtheria or against poliomyelitis. Field investigation of these four cases was sterile.

(c) OPHTHALMIA NEONATORUM

Four cases only were notified and in no case did the customary follow-up reveal any impairment of sight.

(d) VENEREAL DISEASE

City of Worcester patients attended the special clinic at the Worcester Royal Infirmary for the first time for the following conditions.

Syphilis	...	...	...	...	...	...	3
Gonorrhoea	...	...	...	...	...	...	11
Other conditions	...	...	...	...	...	...	42

Of the "other conditions" patients 15 males and eight females required no treatment having no form of venereal infection.

Syphilitic infection was the ultimate cause of four deaths.

The figures of attendances at the Worcester Royal Infirmary Clinic do not reveal a full picture of the venereal infection in our midst, although the majority of patients receiving treatment attend the clinic for it. There are however an unknown number of cases treated elsewhere and an unknown number of persons who do not seek treatment.

Venereal Disease is not a notifiable condition; if it were and if treatment were made obligatory under penalty for failure to secure or to complete treatment its more complete control would be facilitated.

(e) FOOD POISONING

In view of the many opportunities for contracting food poisoning cases are fewer than might be expected. Nevertheless there is a sufficiency of outbreaks causing loss of working time, distressing disability and sometimes even death, to cause the Ministry of Health concern and to necessitate a special return annually to the Ministry by local health authorities.

During the year the City was fortunate in having only five notifications (after correction) of food poisoning.

Details of the return made to the Ministry of Health follow.

Many more cases of food poisoning occur than are notified as in many instances the symptoms are so trivial that the doctor is not even called in, and in many cases the doctor is only called in when the worst symptoms are over.

Because diagnosis depends upon bacteriological investigation, specimens may not be taken, or may be taken too late, suspect material may no longer be available for examination.

Food poisoning will diminish as food hygiene spreads.

ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS
(CORRECTED)

1. *Local Authority : City of Worcester. Year ; 1956.*
2. *Food Poisoning notifications (corrected) returned to Registrar General.*

First quarter 11—10 (nine cases later diagnosed as Bacillary Dysentery and one food allergy) ...	= 1
Second quarter	1
Third quarter	2
Fourth quarter	1
Total ...	5
3. *Outbreaks due to identified agents*

Total outbreaks—2. Total cases—5.

Outbreaks due to :

(a) Chemical poisons	Nil
(b) Salmonella organisms	2
(c) Staphylococci (including toxin)	Nil
(d) Cl. botulinum	Nil
(e) Other bacteria	Nil
4. *Outbreaks of undiscovered cause*

Total outbreaks—Nil. Total cases—Nil.
5. *Single cases*

Agent identified—salmonella typhimurium ...	2
Unknown cause	1
	3

FOOD POISONING OUTBREAK No. 2 (1956) (Summary of Details)

1. *Food causing outbreak* : Unknown.
Agent causing outbreak : *Salmonella typhimurium*.

2. *Cases forming outbreak*, which occurred from 27th June to 6th July, 1956.
Total notified—1. Total ascertained—3. Fatal—Nil.

3. *Clinical features* : Average interval ingestion to onset (hours)—not known as mother had been admitted to Maternity Hospital two days before case notified—information obtained from a neighbour.
Main symptoms, etc.—Diarrhoea in two cases only, third case bacteriological diagnosis—symptomless.
Severity of illness—very mild.
Duration of illness—few days only.

4. *Results of laboratory investigation (summary)* :
Cases—three cases found positive.
Food samples—nil.
Food handlers—nil.
Other—other members of family.

5. *Origin and preparation of food causing illness* :
No special food incriminated.

6. *Place at which food causing illness was consumed* :
Home.
Number of consumers at risk, seven.

7. *Probable origin of infection or contamination of food* :
Unknown. Contributory factors: unknown.

FOOD POISONING OUTBREAK NO. 1 (1956) (Summary of Details)

1. *Food causing outbreak* : Unknown.
Agent causing outbreak : *Salmonella typhimurium*.

2. *Cases forming outbreak*, which occurred from 12th March to 28th March, 1956.
Total notified—1. Total ascertained—2. Fatal—Nil.

3. *Clinical features* : Average interval ingestion to onset (hours)—not known.
Main symptoms, etc.—Diarrhoea for six days.
Severity of illness—mild.
Duration of illness—about one week.

4. *Results of laboratory investigation (summary)* :
Cases—two cases found positive.
Food samples—nil.
Food handlers—nil.
Other—other members of family.

5. *Origin and preration of food causing illness* :
No special food incriminated.

6. *Place at which food causing illness was consumed* :
Home.
Number of consumers at risk—six.

7. *Probable origin of infection or contamination of food* :
Unknown. Contributory factors—unknown.

(f) TYPHOID FEVER

One case of paratyphoid "B" fever was reported in the person of an expectant mother.

She had been admitted to a maternity hospital as a presumed case of excessive vomiting of pregnancy and serological tests showed the true nature of her illness. Her illness was mild and she quickly recovered. No article of diet could be incriminated, the local water supply was perfectly satisfactory, and no other cases occurred; the source of this solitary case was not determined.

(g) SONNE DYSENTERY

Sonne Dysentery of mild type reported as starting in 1955 continued into 1956 when some 121 cases were notified.

The outbreak affected mainly school children, a number of schools were implicated and families had often more than one case—an occurrence which is almost inevitable if insufficient care is taken in the practice of personal hygiene.

As the symptoms were trifling and transient, as nobody was seriously ill and nobody died our early anxieties subsided.

Many swabs were taken, many children were excluded from school, appropriate information was circulated to school heads and the sanitary section of the department was extremely busy.

Despite these encouraging attentions the shigella organism—perhaps from gradual attenuation—languished and finally vanished to the relief of all but especially of the bacteriological department of the Worcester Royal Infirmary.

SECTION IV

OTHER HEALTH DEPARTMENT SERVICES

(a) EXAMINATION OF PLANS

737 plans passed through the department during the year, suitable comments being made to the Planning Officer as appropriate.

Where proposals are to become the subject of application for "improvement grant" care is taken to secure that the property shall be so reconditioned as to make it in every way a fit property with all necessary sanitary amenities.

Particular attention is given to proposals to convert buildings into "flatlets" or "houses-let-in-lodgings" and these proposals are brought specially before the Health Committee in addition to the Planning Committee.

It is the policy of the Health Committee to secure a high standard of sanitation and hygiene in these "conversions" to ensure that large houses of former dignity do not degenerate into insanitary tenements.

(b) NATIONAL ASSISTANCE ACT, 1948—SECTION 47. AND NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

In no case was it necessary to invoke these acts to enforce removal of persons to more suitable accommodation, removals being secured by persuasion.

(c) MEDICAL EXAMINATION OF LOCAL AUTHORITY STAFF AND OTHERS

263 examinations were carried out by the medical staff of the Health Department including 37 persons examined for fitness to enter a training college for teachers, five teachers and five persons examined on behalf of other authorities.

(d) PHARMACY AND POISONS ACT

Assistant Medical Officers of Health inspected premises which were the subject of 67 licences granted during the year by the local authority.

(e) PET ANIMALS ACT

Veterinary surgeons made eight inspections of the four registered premises.

SECTION V

SANITARY CIRCUMSTANCES OF THE AREA

(a) SOCIAL CONDITIONS

No abrupt changes in the social circumstances took place during the year. Reference has previously been made to the gradual establishment of light industries in a city formerly primarily the centre of an agricultural county. The movement of sections of the population to new housing estates on the periphery of the city and the increase in all forms of motor transport resulting from the increasing prosperity of the people are gradually altering the character of the city and posing fresh local government problems. Noticeable, though not welcomed by the older citizens, is the supplanting of the individual shop by the multiple store and in the food trade the extending sale of ready processed foodstuffs.

There are no particular industrial hazards and the tuberculosis among factory workers discovered by Mass Miniature Radiography has been low.

(b) WATER SUPPLY

A combination of gravity and pressure, sand-filtration plus chlorination ensures the purity of the doubtful water drawn from the River Severn.

The average daily output from the Waterworks was 3,400,000 gallons giving a consumption of 53.64 gallons of water per head of population for all purposes.

The improved sanitary amenities of new Council houses and privately built properties inevitably increase water consumption. This with the progressive absorption of drainage land places a constant and severe load on the sewers and sewerage-disposal plant.

In addition to the daily checks on the purity of supply carried out by the Waterworks staff, water samples are also submitted by the Chief Public Health Inspector from consumer taps.

There is a close and harmonious relation between the City Engineer and the Medical Officer of Health regarding water supplies and over a long period of years any outbreaks of water-borne disease have been conspicuous by their absence.

19,566 dwellings have separate piped supply and 280 houses are supplied from stand-pipes in communal wash-houses.

Bacteriological Examination Report

Plate Count Yeastrel agar 2 days 37°C. aerobically ... ..	... ..	— per ml.
Probable number of coliform bacilli, MacConkey 2 days 37°C. ... ..	... ..	Nil per 100 ml.
Probable number of faecal coli ... ..	... ..	Nil per 100 ml.

Remarks

Fit for drinking.

(Signed) R. J. HENDERSON,
Bacteriologist.
21st June, 1956.

(c) DRAINAGE AND SEWERAGE

On account of low level or absence of sewers 36 houses are still served by pail closets and 76 by septic tanks. Some of these houses are included in the slum clearance plans.

During the year a new low level sewer was led to the Lower Wick area.

The increased building of houses draining to combined private sewers is to be regretted as it is calculated to store up endless trouble for future generations of public health inspectors.

(d) REFUSE COLLECTION AND DISPOSAL

The "faithful City" still remains faithful to archaic methods of refuse collection and though occasionally some citizens complain of the nuisance from dustbin emptying the majority endure it stoically. The remedy for this unsatisfactory state of affairs I have suggested in my 1955 report.

(e) CARAVAN SITES

The Health Committee during the year granted three applications to station individual caravans on sites.

The Council's site for 28 caravans at Swanpool is always fully occupied and additional sites should be provided to meet the demand of those people who are prepared to do something for their own housing instead of importuning for a rent-subsidised Council house.

Granted that caravans are not places in which to bring up families they do much elsewhere to solve the problem of the single unit and childless couple.

Insanitation in caravans like insanitation in houses usually depends upon the occupants and caravan dwellers certainly have no difficulty in securing through ventilation!

(f) COMMON LODGING HOUSES

There are two lodging houses only, catering in the main for regular lodgers. Both of these lodging houses will be demolished under the Council's slum clearance proposals, and there is a need for new provision of lodging houses if we are to prevent the misuse of private residences.

The "casual" accommodation made available by the Welfare Committee at Hillborough is fully occupied each night.

(g) FACTORIES

During the year 137 visits were made by the public health inspectors to premises governed by the Factories Act. There has throughout the year, been a complete co-operation with H.M. Factories Inspectors on matters of mutual concern. The following tables show the extent of work, etc., done under the Factories Act.

	<i>No. on register</i>	<i>No. of inspections</i>	<i>No. of notices</i>
Factories (with power)	324	101	14
Factories (without power)	103	23	—
Other premises	13	13	2
	<hr/>	<hr/>	<hr/>
	440	137	16
	<hr/>	<hr/>	<hr/>

Defects found and remedied:—

Want of cleanliness	2
Inadequate ventilation	3
Insufficient sanitary conveniences	9
Unsuitable or defective conveniences	23
Others	6
	<hr/>
	43
	<hr/>

(h) OUTWORKERS

Under Section 110 of the Factories Act, 1937, it is the duty of the occupier of any factory employing outworkers to submit a list to the local authority giving the names and address of any such outworkers.

The number of outworkers notified on the August lists was 811, 444 were not City residents and for these transfer certificates were dispatched to 69 local authorities.

(i) OFFENSIVE TRADES

There were eight offensive trades in operation at the end of the year :—

				Old established	Annual licences	Total
Fellmongers	...	...	...	2	1	3
Hide and Skin	...	...	...	1	1	2
Rag and Bone	...	...	...	—	3	3

During the year the premises occupied by the fellmonger on annual licence was sold and the new occupant made application for licence to use the premises for the trades of

- (1) Preparation of Hides and Skins.
- (2) Storage of Hides and Skins.
- (3) Storage of Wool.
- (4) Fat Melting or Fat extracting.
- (5) Fellmongering.
- (6) Gut scraping or Gut cleaning.
- (7) Leather dressing.
- (8) Tripe boiling.

After much consideration the Health Committee agreed to issue licences only in respect of Fellmongering and Hides and Skin storage and preparation.

(j) SMOKE ABATEMENT AND CLEAN AIR

Industrial atmospheric pollution is not a serious problem in Worcester, mainly because the industries are powered by electrical energy. During the year two firms were found to be emitting black smoke in quantities in excess of the prescribed limits. Both firms were given written warning by the Health Committee, and one firm intimated that they proposed to convert from coal to oil firing during 1957.

The miscellaneous provisions of the Clean Air Act, 1956, became operative on the 31st December, 1956, and as the operative dates for the various portions of the Act are specified there will be increased burden placed on the shoulders of the Department. Especially will this be the case in respect of smoke from domestic premises and the establishment of smoke control areas. Preliminary enquiries have shown that for the year 1957, Worcester cannot expect any substantial increase in the supply of smokeless fuels for domestic consumption, and until there is ample supply of smokeless fuels available it is impracticable to establish smoke control areas.

(k) BATHS AND SWIMMING POOLS

The Council at the Sansome Walk Baths provides slipper, swimming and turkish baths. Though the buildings are old and the purification plant lodged in cramped quarters the management is in the efficient hands of Mr. Park who is responsible to the City Engineer.

There is little immediate prospect of providing more modern facilities and provision for teaching school children swimming is consequently inadequate. For some obscure reason the Baths Committee is still a Sub-Committee of the Health Committee though the Health Department staff have no responsibility for the conduct of the Baths.

Houses: Let in Lodgings	24
Overcrowding	107
Vermin	16
Section 9	19
Section 11	136
Section 25	495
Public Health Act	2,866
Housing Reports	101
Ice Cream: Shops	18
Manufactories	6
Infectious Disease Visits	302
Licensed Premises	23
Markets	3
Miscellaneous Nuisances	85
Outworkers	2
Rodent Control	109
Sampling: Bacteriological	28
Fertilisers and Feeding Stuffs	1
Food and Drugs	25
Ice Cream	14
Milk	30
Schools	58
Septic Tanks	19
Sewers	7
Shops Act	55
Slaughterhouses: Public	48
Private	764
Smoke: Inspections	7
Observations	16
Special Visits	260
Tips	2
Van Dwellings	34
Water Supply	83
	<hr/>
Total .	7,610
	<hr/>

NUMBER OF NOTICES SERVED AND SUMMARY OF WORK CARRIED
OUT DURING THE YEAR

Number of notices (preliminary) served	226
Number of notices (statutory) served	124
Number of letters sent with regard to notices	88
Number of summonses laid and withdrawn	3
Number of complaints received and investigated ...	323
Number of notices sent to schools regarding infectious diseases	423
Drains cleared	24
Drains repaired	16
Water closets repaired	60
Water closet buildings	20
Water supply improved	17
Paving about house repaired	8
Roofs repaired	71
Spouting repaired	37
Chimneys	18
Dampness treated	18
Sinks renewed	12
Windows repaired	56
Floors repaired	15
Walls (external)	23
Walls (internal)	50
Ceilings	23

(m) RODENT CONTROL

A staff of one rodent officer, one full-time and one part-time operative was employed by the Department in exterminating rats and mice.

During the year, 401 dwelling houses, 80 business premises and 121 local authority properties or land were treated for infestations, and approximately 6,868 rats were exterminated.

Regular and systematic inspections are carried out at schools, hospitals, food kitchens, river banks, canals and tipping grounds.

75 per cent. of the drains tested were successful in revealing defects which were causing rat infestations to premises.

Twice yearly maintenance treatment of city sewers is carried out in accordance with the Ministry of Agriculture and Fisheries instructions. The following table shows the extent and results of these sewer treatments.

Total number of manholes on City sewers	...	...	1,010
1st yearly treatment: number of manholes baited	...	...	354
1st yearly treatment: number of partial "takes"	...	...	127
1st yearly treatment: number of complete "takes"	...	...	109
2nd yearly treatment: number of manholes baited	...	...	348
2nd yearly treatment: number of partial "takes"	...	...	102
2nd yearly treatment: number of complete "takes"	...	...	88

(n) INSPECTION AND SUPERVISION OF FOOD

The inspection and supervision of food in order to reduce the possibility of outbreaks of food-poisoning, increasingly engages the attention of the public health department.

Proposals to open new premises are of particular interest in view of the powers contained in the Worcester Corporation Act.

The Deputy Chief Public Health Inspector spends the greater part of his time in connexion with this section of the department's work and the results of his labours are bearing fruit in improved food hygiene.

To enforce satisfactory food handling in all places at all times would call for an army of inspectors and would even then fail.

The solution lies in an enlightened public opinion, on insistence by the public on clean food handling in all public places, an application of the same principles by the public in their own homes where the provision of proper facilities should be a sine qua non; and the development of a conscience in food handlers.

1. MILK

There were at the end of 1956 four pasteurising plants, licensed by the City Council.

- (a) H.T.S.T. plant of 1,500 gall. per hour capacity;
- (b) H.T.S.T. plant of 350 gall. per hour capacity;
- (c) Two holder process plants, each having two vats of 100 galls. capacity.

Approximately 10,00 gallons of milk are pasteurised daily by these four plants.

Milk (Special Designation) Regulations

Dealer's (Pasteuriser's) Licences	...	...	...	4
Dealer's (Pasterurised) Licences	...	...	...	18
Dealer's (Tuberculin Tested) Licences	...	...	...	10
Supplementary Licences (T.T.)	...	...	...	3
Supplementary Licences (Pasteurised)	...	...	...	3

Milk and Dairies Regulations, 1949

Dairies registered	...	...	...	...	5
Distributors registered	...	...	...	...	23

BACTERIOLOGICAL EXAMINATIONS

	Satisfactory	Unsatisfactory	Total
Pasteurised Milk	167	—	167
Tuberculin Tested Milk	39	—	39
T.T. (Pasteurised) Milk	93	—	93
Raw Milk for T.B. and B. Abortus	6	—	6

PROSECUTIONS

During the year a farmer was prosecuted on three charges of adulterating milk by extraneous water. He was found guilty and fined a total of £30 with £2 2s. 0d. costs.

2. HYGIENE OF OTHER FOODS

The year began auspiciously enough with the coming into force of the Food and Drugs Act, 1955, and the long-heralded Food Hygiene Regulations. Shortage of staff and the prior claims of slum clearance, food inspection, etc., have made it impossible to devote as much attention as in recent years to this matter.

To their credit, many food traders have taken the initiative in applying the Regulations, after wisely consulting the department. One noticeable improvement has been in persuading butchers to discontinue the policy of the open fronted shop.

MEAT AND MEAT PRODUCTS

Since there is considerable risk of contamination of meat at slaughterhouses, a check was made on the bacterial condition of freshly killed beef and of equipment, etc., coming into contact with it in slaughterhouses. The tests were carried out at four premises, A, B, C and D, all operating on traditional lines, swabs being taken of approximately three square inches of carcass surface in each case. Slaughterhouses A and B may be said to have an average standard of cleanliness. At C it was the practice to wash carcass wiping cloths in a detergent-sterilant solution after use, while at D there was a little detergent-sterilant in the water used for washing down carcasses.

No coliform or faecal coli organisms were found on the carcass swabs, though both were present on a swab used for hanging offal at Slaughterhouse A.

Plate Count per Swab				
Site	Slaughterhouse			
	A	B	C	D
Pleura	80	1,290	A few saprophytic staphylococcal colonies only.	A few saprophytic organisms from flank only.
Peritoneum	over 2,000	70		
Flank	740	Spreading Colony obscured count		
Brisket	560	1,290		

Specimen	Plate Count Per Swab	Coliform	Faecal coli
Slaughterman's cleaver at A	270	-	-
Water used to swab carcasses at A	1,940	-	-
Meat hook at B	1,820	-	-
New butcher's block at D	2,300	+	+
Old butcher's block at D	27,600	+	+

While these results showed the advantages of using detergent-sterilant solutions, they compare very favourably with those reported by K. H. Marsden and B. M. Freeman at Watford (*The Sanitarian*—Volume 59—Number 6) where the water supply appears to have been heavily contaminated, indicating particularly the value of frequent changes of clean hot water during slaughtering.

No pathogens were found in the various meat pies and other meat products submitted for examination during the year.

It is interesting to note that swabs of the hands of seven persons engaged in handling meat products taken in an effort to trace the source of a case of suspected food poisoning all gave plate counts exceeding 10,000 organisms.

CLEAN FOOD PUBLICITY

A short lecture on Food Hygiene is given as part of the training of employees of the food departments of a multiple store by the Deputy Chief Inspector, who also lectured on "Hygiene in Licensed Premises" in the first Worcester Licensed House Catering Course arranged by the National Trade Development Association and the Domestic Science School of the Victoria Institute.

CATERING

Supervision of catering hygiene was one of the activities of the department which suffered most from the shortage of staff during the year. During the infrequent visits possible it was distressing to see personal habits and the condition of some premises beginning to slip back from the standards already achieved.

Of the 45 swabs of utensils taken at cafés and restaurants, however, it is satisfying to note that none were reported as showing faecal coli and only four showed organisms of the coliform group. The results are summarised as follows:—

<i>Bacteria</i>	<i>Number of swabs</i>
Uncountable	Nil
Over 10,000 but countable	1
1,001 to 10,000	2
101 to 1,000	10
1 to 100	22
Sterile	10
	—
	45
	—

Two of the highest counts and three of the four swabs with coliforms were all from one premises. The 32 swabs that were satisfactory represent 71.1%, compared with 59% in 1955 and 57% in 1954.

Expressing each group of swabs as percentages, there appears to have been a general improvement.

CAFE SWABS

Percentage of Swabs in each group of Bacterial Counts

	1954	1955	1956
Uncountable	1.4	.9	Nil
Over 10,000 but countable ...	7.4	2.8	2.2
1,001 to 10,000	9.4	14.0	4.4
101 to 1,000	24.0	23.3	22.2
1 to 100	24.0	24.4	48.9
Sterile	33.4	34.6	22.2
Containing Coliform organisms	13.4	15.9	8.9
Containing Faecal Coli ...	5.4	1.9	Nil

The usual check on the washing up in school meals service gave 23 out of 27 swabs of utensils satisfactory, or 85% compared with 59% in 1955, showing that the standard is being improved.

No systematic inspection of licensed premises was possible this year.

ICE CREAM

At the end of the year the following registrations were in force.

Premises registered for manufacture	8
Premises registered for storage	2
Premises registered for sale	39

Premises registered for sale in prepacked quantities 190

During the year two of the registered manufacturers did not operate their plants. One manufacturer works on the cold-mix principle; the remainder work on the hot-mix principle.

Eight samples were submitted for bacteriological examination; all were found to be Grade I.

Six samples submitted for chemical analysis were all found to be genuine.

FOOD PREMISES

The following is a list of premises in the City where food is exposed for sale, or prepared for sale.

Cafés, restaurants	...	...	...	...	...	56
Fish and chip shops	...	...	...	...	...	21
Wet fish shops	...	...	...	...	...	18
Butcher's shops	...	...	...	...	...	57
Confectioner (flour)	...	...	...	...	...	45
Sweets	...	...	...	...	...	64
Fruiterers	...	...	...	...	...	53
Bakehouses	...	...	...	...	...	17
Grocers	...	...	...	...	...	214
Food preparation rooms, registered under Food and Drugs Act	...	...	...	...	...	24

SUMMARY OF BACTERIOLOGICAL EXAMINATIONS

Milk, pasteurised	...	...	...	...	...	167
Milk, Tuberculin Tested	...	...	...	...	...	39
Milk, T.T. (Pasteurised)	...	...	...	...	...	93
Raw milk, biological tests	...	...	...	...	...	6
Milk (special samples in connexion with sickness)	...	...	...	...	...	6
Ice cream	...	...	...	...	...	8
Imitation Cream	...	...	...	...	...	4
Liquid egg	...	...	...	...	...	1
Meat products	...	...	...	...	...	6
Meat specimens	...	...	...	...	...	1
Swabs from—Cafés, etc.	...	...	...	...	...	45
School Meals Service	...	...	...	...	...	27
Meat	...	...	...	...	...	8
Food Servers' hands	...	...	...	...	...	7

FOOD AND DRUGS SAMPLING

The following samples were submitted to the Public Analyst.

Formal Samples

Milk	...	...	...	...	...	...	...	36
Butter	...	...	...	..	...	...	...	1

Informal Samples

Milk	...	...	...	...	...	...	...	231
Aspirin	...	...	...	...	...	...	...	1
Vitamin capsules, etc.	...	...	..	...	...	...	...	3
Smokers' cough pastilles			...	...	...	...	...	1
Coconut dainties		...	...	...	...	...	...	1
Cold capsules	...	...	...	...	...	...	...	1
Sedatives	...	...	...	...	...	...	...	1
Shortening fat	...	...	...	...	...	...	...	1
Glucose tablets	...	...	...	...	...	...	...	1
Dressed crab	...	...	...	...	...	...	...	1
Antibiotic throat lozenges			...	...	...	...	...	1
Liver pills	...	...	...	...	...	...	...	1
Mincemeat	...	...	...	...	...	...	...	1
Influenza mixture	...	...	...	...	...	...	...	1
Cornish pasty	...	...	...	...	...	...	...	1
Chewing gum	...	...	...	...	...	...	...	1
Milk with trace of blood			...	...	...	...	...	1
Ice cream	...	...	...	...	...	...	...	6
Biscuit	...	...	...	...	...	...	...	1
Powder on flour sacks	...	...	...	...	...	...	...	1
Bacon	...	...	...	...	...	...	...	1
Bread and butter	...	...	...	...	...	...	...	1
Cream of chicken soup	...	...	...	...	...	...	...	1

PROSECUTION

For selling a loaf of bread containing a surgical dressing a firm of bakers was fined £20.

Warnings from the Health Committee were given in nine instances respecting contaminated foods.

One food shop was closed by the occupier when threatened with a prosecution for failing to comply with the Food Hygiene Regulations.

SLAUGHTERHOUSES

Slaughtering of cattle continued unchanged in the public slaughterhouse and five licensed private slaughterhouses concerning which details follow.

So far as efficiency of layout is concerned the public abattoir could be fittingly scheduled as an ancient monument; for years the Council has striven to replace it without effect.

PRIVATE SLAUGHTERHOUSES

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	354	340	671	5,355	978	—
Number inspected	354	340	671	5,355	978	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcasses condemned	—	—	1	8	—	—
Carcasses of which some part or organ was condemned	49	176	2	738	7	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	13.8%	51.7%	0.4%	13.9%	0.7%	—
<i>Tuberculosis only</i>						
Whole carcasses condemned	1	—	—	—	—	—
Carcasses of which some part or organ was condemned	22	34	—	—	25	—
Percentage of the number inspected affected with tuberculosis	6.5%	10%	—	—	2.5%	—
<i>Cysticercosis</i>						
Carcasses of which some part or organ was condemned	1	—	—	—	—	—
Carcasses submitted to treatment by refrigeration	1	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

PUBLIC SLAUGHTERHOUSE

CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	3,580	227	1,157	13,901	6,569	—
Number inspected	3,580	227	1,157	13,901	6,569	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcasses condemned	4	14	23	68	37	—
Carcasses of which some part or organ was condemned	347	88	11	203	194	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	9.8%	45.2%	2.9%	2.9%	3.5%	—
<i>Tuberculosis only</i>						
Whole carcasses condemned	8	4	1	—	3	—
Carcasses of which some part or organ was condemned	183	44	—	—	37	—
Percentage of the number inspected affected with tuberculosis	5.3%	21.1%	0.86%	—	0.6%	—
<i>Cysticercosis</i>						
Carcasses of which some part or organ was condemned	1	—	—	—	—	—
Carcasses submitted to treatment by refrigeration	1	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Weight of meat and offals condemned at Public Slaughterhouse	...	...	...	...	29,461 lbs.
Weight of meat and offals condemned at Private Slaughterhouses	...	...	...	...	7,930 lbs.
Total	...	...	...	...	16 tons 13cwts. 95 lbs.

DISPOSAL OF CONDEMNED MEAT

Meat and offals condemned at all the slaughterhouses are stained prior to collection daily by an approved firm for transference to a by-products factory. Payment is made direct to the butcher or is credited to the Butcher's Mutual Insurance Scheme.

FOODSTUFFS OTHER THAN BUTCHERS' MEAT CONDEMNED DURING THE YEAR

Fish	...	...	...	...	...	240 lbs.
Tinned goods	...	...	...	...	...	6,648 lbs.
Other foods (cereals, cheese, etc.)	...	...	...	...	...	1,552 lbs.

DISPOSAL OF CONDEMNED FOODSTUFFS

Condemned fish and fish offal are accumulated at the Corporation Cleansing Department and disposed of by the Corporation. Tinned foods, etc., are collected by Health Department staff from the various shops, warehouses, etc., and are disposed of by burying in the Corporation tip.

SLAUGHTER OF ANIMALS ACT, 1933-1954

The total number of licensed slaughtermen on the register was 50, about 21 being regularly employed at the slaughterhouses and knacker's yard.

FERTILISERS AND FEEDING STUFFS ACT

Pressure of other work prevented the taking of formal samples. Three informal samples of fertilisers and one of feeding stuffs taken, were found to be genuine.

(O) HOUSING

(1) SLUM CLEARANCE

The slum clearance programmes submitted to the Ministry by the Council in August, 1955, provided for the representation as unfit of some 1,551 houses of which it was estimated that 874 would be in clearance areas. Allowing for houses that might be made fit and for certain demolitions that would not entail rehousing it was considered that 200 new housing units annually for five years would be needed for rehousing consequent on slum clearance.

In view of prewar slum clearance activities when one in 11 of all the houses in the City had been the subject of unfitness representations under Housing Acts, it may seem surprising that there still remain in the City some 1,500 houses considered unfit. It must, however, be remembered that all building had ceased during the war and that sub-standard properties had during that period deteriorated at a much more rapid rate.

This deterioration was due first to the difficulty in carrying out repairs and secondly, particularly during the post-war period, to the financial inability of some owners to effect urgent and necessary repairs.

Rents have had to remain static while the costs of housing repairs have rocketed and owners have had to face post-war costs upon pre-war incomes. In consequence many houses that might have been saved this fate will have to become subject to demolition orders as a result of inadequate maintenance during the war and post-war periods. Recent legislation dealing with out-dated rent restriction law represents a moiety of justice towards property owners which was long overdue.

During the year 1954, area clearance had been applied in the Little Park Street district where three areas containing houses were made the subject of Compulsory Purchase Orders.

The Housing Committee have accepted the suggestion that this central site when cleared could be used for rehousing small family units and provision will be made for rehousing elderly people on that site.

During the year 75 individual unfit houses were represented.

(2) OVERCROWDING

Apart from the frequent unauthorised overcrowding of Council houses—often as a means of securing priority rehousing—there is now little overcrowding in the City according to legal standards. This is not surprising in view of the fact that the average number of persons occupying a dwelling has fallen to a new low level of 3.195.

(3) REHOUSING

The year saw the completion of 302 Council houses and 146 privately built houses.

Since the war ended there have been built 3,483 dwellings of which 2,626 (including 56 “prefabs”) were built by the Council and 857 privately.

For an old built-up City with suitable building land difficult to obtain this is no mean achievement.

The customary housing statistics as normally submitted to the Ministry follow.

For the compilation of these and other statistics given under Section V of this report and indeed for the compilation of most of this section I am indebted to the Chief Public Health Inspector, Mr. T. W. Marsden.

CLEARANCE AREAS IN CONNECTION WITH BUILT CLEARANCE

*in the City viz.:
Clearance Areas already declared from 1930 to 1955*

Area	Number of					Area in square yards	No. of persons displaced or yet to be displaced
	Dwelling Houses	Common Lodging-Houses	Houses let in lodgings	Other Buildings			
Dolday	48	—	—	—	—	2,600	221
King Street No. 1	12	—	—	—	—	834	51
King Street No. 2	9	—	—	—	—	456	29
Copenhagen Street No. 1	38	—	—	2	—	2,665	161
Copenhagen Street No. 2	18	—	—	—	—	745	61
Bull Entry and Chapel Walk	10	—	—	2	—	500	26
Newport Street and Dolday No. 1	6	—	—	1	—	1,398	31
Newport Street and Dolday No. 2	17	—	—	1	—	1,580	57
Newport Street and Dolday No. 3	5	—	—	—	—	431	24
Hylton Road	19	—	—	—	—	1,480	51
Copenhagen Street and Warmstry Slip	29	—	—	—	—	2,891	108
The Moors No. 1	14	—	—	1	—	1,513	60
The Moors No. 2	29	—	—	2	—	4,592	111
The Moors No. 3	28	—	—	—	—	5,224	82
Powick Lane	18	—	—	1	—	1,370	82
St. Paul's (Blockhouse) No. 1	49	—	—	1	—	4,050	157
St. Paul's (Blockhouse) No. 2	30	—	—	3	—	2,045	94
Dolday (South) No. 1	7	—	—	—	—	490	32
Dolday (South) No. 2	3	4	5	1	—	1,030	119
Lich Street	7	—	7	—	—	928	74
Tybridge Street	10	—	—	—	—	1,324	33
St. Clement's Square No. 1	10	—	—	—	—	1,285	30
St. Clement's Square No. 2	20	—	—	—	—	1,693	70
Little Park Street No. 1	28	—	—	—	—	1,354	95
Little Park Street No. 2	35	—	—	—	—	2,235	98
Little Park Street No. 3	41	—	—	—	—	2,836	99
Hylton Road No. 2	7	—	—	—	—	685	22
Hylton Road No. 3	19	—	—	—	—	2,025	59
Blackfriars No. 1	8	—	—	—	—	640	20
Blackfriars No. 2	9	—	—	—	—	950	30
Blackfriars No. 3	5	—	—	—	—	280	21
Dolday (North)	12	—	—	—	—	2,360	15
Little Park Street No. 4	11	—	—	—	—	1,751	42
Little Park Street No. 5	44	—	—	—	—	7,962	118
Little Park Street No. 6	2	—	—	—	—	3,438	8
Individual Unfit Houses represented from 1930-1955	657	4	12	15	—	67,640	2,391
Added during 1956:	1,173	—	—	—	—	—	3,262
Individual unfit houses	75	—	—	—	—	—	281
Total to 31st December, 1956	1,905	4	12	15	—	67,640	5,934

HOUSING STATISTICS

1. *Inspection of Dwelling-houses during the year :*

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,987
(b) Number of inspections made for the purpose	3,516
(2) (a) Number of dwelling-houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations, 1925, 1932 ...	397
(b) Number of inspections made for the purpose	650
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	395
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	171

2. *Remedy of defects during the year without service of formal notices :*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	165
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3. *Action under Statutory Powers during the year :*

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	6
(2) Number of dwelling-houses which were rendered fit after service of formal notices:	
(a) By owners	Nil
(b) By Local Authority in default of owner	Nil

(b) Proceedings under the Public Health Act :	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	85
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :	
(a) By owners	85
(b) By Local Authority in default of owner	Nil
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :	
(1) Number of dwelling-houses in respect of which Demolition Orders were made ...	43
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	58
(d) Proceedings under Section 12 of the Housing Act, 1936 :	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	4
(2) Number of undertakings accepted to close houses for human habitation	Nil
(3) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil
(4) Reconditioning schemes accepted in respect of dwelling-houses	Nil
(e) Proceedings under Local Government (Miscellaneous Provisions) Act, 1953 :	
(1) Number of dwelling-houses in respect of which Closing Orders were made	15
(f) Proceedings under Housing Act, 1949 :	
(1) Number of dwelling-houses closed under Section 3	1
(g) Proceedings for demolition of unfit houses owned by Local Authority (Circular 33/56) ...	12

