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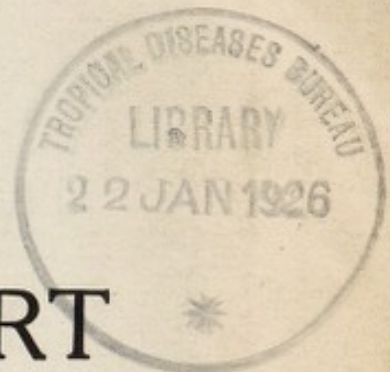


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Gloucestershire County Council.

11TH JANUARY, 1926.



ANNUAL REPORT

OF

The Medical Officer of Health

FOR THE

ADMINISTRATIVE COUNTY OF GLOUCESTER

FOR 1924.

SHIRE HALL, GLOUCESTER,
26TH NOVEMBER, 1925.

*With the Compliments of
The County Medical Officer of Health.*

HEALTH DEPARTMENT,
SHIRE HALL,
GLOUCESTER.

1,000—6-25 C.H.P. LTD.

Gloucestershire County Council.

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Journal of the Council

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ADMINISTRATIVE COUNCIL OF LONDON

FOR 1924

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Gloucestershire County Council.

ANNUAL REPORT, 1924.

HEALTH DEPARTMENT,
SHIRE HALL,
GLOUCESTER.
26TH Nov., 1925.

*To the Chairman and Members of the
Public Health and Housing Committee.*

GENTLEMEN,

I regret that, for various reasons, it has not proved possible to complete this report for your consideration at an earlier date. The records, however, for the year are of the usual character and do not call for special comment.

Progress has been made in the development of health services provided by the County Council, particularly in the care of infants and mothers: the records on p. 34 show the increasing use made of the opportunities for treatment under the Scheme for the Extension of Medical Services and have encouraged the Council to enlarge the range.

On the other hand, it is to be regretted that the provision of houses is not advancing at a faster rate. In some areas there has been considerable activity, but in others very little progress has been made. This is all the more unfortunate in that bad home environment lies at the root of many health problems, and it is very largely by improvement in the structural arrangements and in the management of homes that the future health of the community is to be assured. The former (the provision of houses) is a matter mainly for the District Councils; for the latter much has been done, especially

through the influence of nurses, as agents both for the District Nursing Associations as District Nurses and for the County Council in their capacity as health visitors, school nurses and tuberculosis visitors. Public health propaganda in the form of lectures, addresses and display of films is very useful, but in no way can direct influence be exerted in the homes more helpfully than through the agency of nurses who have an entry to homes in so unique a capacity. The County Nursing Association endeavour to secure as high a standard of nurse as possible, but the present conditions of service do not appear to be sufficiently attractive to induce girls of good education and suitable qualities to apply for training in large enough numbers. District nurses are available for about five-sixths of the population, the remainder of the County being in the main sparsely populated parts; efforts are being made by the County Nursing Association to secure the formation of District Nursing Associations, but it is possible that the circumstances of some parts will need special consideration.

I have the honour to remain,

Your obedient servant,

J. MIDDLETON MARTIN,
County Medical Officer of Health.

VITAL STATISTICS.

POPULATION.

The Registrar-General estimates a considerable increase in the population between 1923 and 1924, namely 2,590, the figure for the middle of 1924 being given as 334,400. The division between urban and rural districts is :—

	1923.	1924.
Urban Districts	99,826	100,900
Rural Districts	231,984	233,500
Administrative County	331,810	334,400

The natural increase (excess of births over deaths) in 1923 was 2,074 and in 1924 1,375, and from this it would appear that the Registrar-General assumes that migration into the county has exceeded emigration considerably. His figures are checked from such sources of information as the Electoral Register and migration returns from the Board of Trade.

BIRTHS.

The registered births have steadily decreased from 7,658 in the exceptional post-war year 1920 to 5,563, which is a smaller number than that in any pre-war year, and approaches the lowest record of 4,786 in 1917. In 1901 the number was 7,730 and the variation year by year since 1914 is as follows :—

Births Registered.			
1914 ...	6,216	1919 ...	5,275
1915 ...	5,978	1920 ...	7,658
1916 ...	5,852	1921 ...	6,528
1917 ...	4,786	1922 ...	6,098
1918 ...	5,001	1923 ...	5,953
		1,924 ...	5,563

What may be the complete explanation of the decreasing number of births in spite of the much larger population is not clear : the fact brought out by the Registrar General of the effect of marriage at older ages is one cause, and difficulty in getting houses is, at least in some cases, one of the factors in the postponement of marriage.

As between urban and rural districts in the county the following table shows a persistently lower rate in the former, in which the low rate in Cheltenham M.B. is the main factor.

	1924	1923	1922	1921	1916- 1920	1911- 1915	1906- 1910	1901- 1905
Urban	15.5	17.0	17.1	18.8	16.7	18.1	20.8	22.3
Rural	17.2	18.4	19.1	20.3	17.9	19.8	22.4	24.6
Administrative County	16.6	18.0	18.5	19.9	17.6	19.3	21.8	23.8
England and Wales	18.8	19.7	20.6	22.4	20.1	23.6	26.3	28.2

DEATHS.

In 1923 the record low number of 3,879 deaths was reported ; in 1924 the number was 4,188. The rates for recent years and groups of years are :—

	1924	1923	1922	1921	1916- 1920	1911- 1915	1906- 1910	1901- 1905
Urban	13.7	12.5	14.7	13.0	15.1	14.2	14.1	14.6
Rural	12.0	11.3	12.8	11.6	14.1	13.0	12.9	13.8
Administrative County	12.5	11.7	13.4	12.0	14.4	13.4	13.3	14.1
England and Wales	12.2	11.6	12.9	12.1	13.7	13.8	14.4	16.0

The increased number of deaths was due mainly to a greater fatality from conditions affecting the respiratory organs. Bronchitis and pneumonia show an increase of 95, pulmonary tuberculosis 36, and influenza 128 on the figures for 1923—a total of 259 ; the number of deaths from cancer reached the record figure of 519. The importance of malignant disease in the death returns has steadily increased in the 25 years for which the figures are available from 6.6 per cent. to 11 per cent. of total deaths, i.e., it has nearly doubled ; in the same period the proportion attributed to heart disease increased from 11.6 per cent. to 16.1 per cent. of total deaths.

The progressive changes in the proportion of deaths occurring at different age groups in the present century are set out in the following table :—

		Percentage of total deaths occurring in age groups.					
		under one year	1-5	5-15	15-25	25-65	over 65 years
1901-10	...	15.0	6.0	3.1	4.0	29.2	42.8
1911-20	...	10.2	4.4	3.5	4.4	31.8	45.7
1921	...	9.9	2.5	2.5	4.3	31.3	49.5
1922	...	7.7	2.9	2.3	3.9	30.6	52.7
1923	...	7.3	3.1	2.4	4.0	31.0	52.1
1924	...	7.1	3.2	2.6	3.4	30.4	53.3

It will be noticed that in all groups up to 25 years the proportion of deaths has fallen greatly and more or less steadily, and that for ages over 65 years the percentage has increased from 43 per cent. to 53 per cent. For the age group 25—65 years there has been little variation as a whole, but closer analysis would probably show a considerable reduction below 45 years of age.

However great a saving there may be from different diseases and longer though lives are now prolonged, the time must come when any individual must succumb to some condition or other: while the causes chiefly fatal to young persons assume less important positions, those liable to affect persons of older age bulk more largely. Apart from the question whether or not cancer is increasing actually as well as relatively, there are two certain facts—that the average age at death has risen considerably and that more people die of malignant growths. The natural conclusion from the preventive standpoint is the possibility of reducing the fatality of this increasingly important cause of death or, at any rate, of delaying its influence. Much work has been done by the Medical Research Council and other bodies and encouraging reports as to progress have been made quite recently. At present, however, the most hopeful outlook lies in diagnosis at the earliest possible stage and prompt removal. For the former two things are necessary—(1) making known to the public as widely as possible the importance of attention being given to symptoms which may be due to malignant growths in an early stage so that affected persons will go to their doctors for advice; and (2) arrangements for consultation. For the former the County Council now has powers under sect. 67 of the Public Health Act, 1925, which authorises general public health propaganda, and for the second we have the necessary machinery in the system of out-stations of the General Hospitals in the county. As regards treatment, presumably the opportunities for private or hospital treatment are sufficient but, if requisite, the range of the scheme for the extension of medical services could readily be enlarged to cover the treatment of malignant growths.

INFANTILE MORTALITY.

The number of deaths of infants under the age of one year was under 300 for the second time, but there was an increase from the record low figure of 284 in 1923 to 298 in 1924. The following table shows the course of the infantile mortality figure for urban and rural districts since 1896 :—

	1924	1923	1922	1921	1916- 1920	1911- 1915	1906- 1910	1901- 1905	1896- 1900
Urban	62	51	66	63	69	87	95.5	111	—
Rural	50	46	51	59	66	77	75	92.5	—
Administrative County	54	48	55	60	67	80	81	98	113
England and Wales	75	69	77	83	90	110	117	138	156

As regards the causes of death and the possibilities of further reduction in infantile mortality, the most striking fact is that very nearly one-half of the total deaths come under the heading "congenital debility and malformation, premature birth."

The increase in the infantile mortality figure from 48 in 1923 to 54 in 1924 may be taken as an example of the slight variations which will occur from year to year and the general position is that there has been steady improvement in this respect, with one exception. The exception is that the rate for infants under one month of age has been practically unchanged, though that for infants over this age has been diminished so greatly. In previous reports it has been stated that improvement in the death rate of infants under one month of age will result only from special attention to the conditions before birth and such ante-natal work is undertaken by district nurses, both as certified midwives and as district nurses, so far as their knowledge allows. The need for this work is emphasised by the bald statement made above that very nearly one-half of the total infant deaths come under the heading "congenital debility and malformation, premature birth," and the present agencies need strengthening. What is required is that the circumstances of their patients should be more fully investigated by midwives before the confinements take place and that they should receive skilled advice on ante-natal work from a doctor with special experience.

MATERNITY AND CHILD WELFARE.

The progress of the work during 1924 is set out briefly in the following paragraphs :—

1. NOTIFICATION OF BIRTHS.

The numbers of births registered and notified year by year since 1916 are :—

		<i>Births registered.</i>	<i>Births notified.</i>	<i>Percentage notified.</i>
1916 ...	...	5,852	4,620	78.9
1917 ...	...	4,786	4,261	89.0
1918 ...	...	5,001	4,504	90.0
1919 ...	...	5,275	4,805	91.1
1920 ...	...	7,658	6,767	89.7
1921 ...	...	6,528	5,898	90.4
1922 ...	...	6,098	5,591	91.8
1923 ...	...	5,953	5,598	93.9
1924 ...	...	5,563	5,228	94.0

The advantage of notification is that information as to the occurrence of the birth should be available within 36 hours and thus the Health Visitor is enabled to give advice and assistance in suitable cases during the early days after birth at the time when special care is needed.

2. PROVISION OF MIDWIVES.

The number of resident practising midwives fell fairly steadily from 260 in 1911 to 207 in 1918, mainly due to the old "bona fide" midwives gradually dying or giving up practice. Their place is taken in increasing numbers by trained midwives—mainly district nurses working for associations, so that the total number of resident midwives in 1924 (250) was nearly the same figure as in 1911. There are 30 civil parishes still without the services of a certified midwife. This number is being reduced gradually, mainly by the efforts of the County Nursing Association; thus seven new District Nursing Associations were formed in 1924, but owing to one having been given up, the net increase was 6. The nurses of the 124 Associations now cover 297 of the 354 civil parishes in the county. The Maternity and Child Welfare Committee are prepared to subsidise new District Nursing Associations generously and make grants to all the associations undertaking midwifery work, though the total contributions of the County Council in 1924-5 amounted to only £4,113 of the total income (mainly voluntary subscriptions) of the associations of £28,157.

3. MEDICAL ASSISTANCE FOR CERTIFIED MIDWIVES.

Under the rules of the Central Midwives Board midwives are required to seek medical help for any circumstance beyond their competence, and specific conditions are laid down. The tendency has been for the proportion of cases for which such assistance is requested to increase: the average percentage of cases for 1916-20 was 15.5, and in both 1923 and 1924 21.6. The fees or such proportion as cannot be contributed by the patients are paid by the County Council: this arrangement has been in operation since 1918 with the following results:—

	<i>Notices of Medical Help.</i>	<i>Claims. Received.</i>	<i>%</i>	<i>Amount of Claims.</i>	<i>Paid by Patients.</i>	<i>Paid by County Council.</i>
1918 ...	437	12	2.7	£27 15 0	£7 12 0	£20 3 0
1919 ...	542	151	27.8	296 7 0	72 13 6	223 13 6
1920 ...	822	217	26.4	433 15 0	112 15 6	320 19 6
1921 ...	767	276	36.0	539 7 6	99 10 9	439 16 9
1922 ...	782	292	37.3	470 4 6	124 18 9	345 5 9
1923 ...	811	241	29.7	420 8 6	96 0 0	324 8 6
1924 ...	790	277	35.0	482 3 0	132 18 0	349 5 0

4. HEALTH VISITING.

Provided the right women are chosen, there are few directions in which public health influences can be more advantageously directed than through health visiting. The value of the work depends not only on the knowledge of the Health Visitor, but possibly even more on the footing she has in the houses in her neighbourhood; her main duty in respect of this branch of work is the care of the mother and particularly of the infant, but her influence, rightly used, will embrace all home conditions. Of this aspect time and the statistics of the future alone will produce evidence, but the following table sets out the mass of work undertaken by 118 district nurses, the Health Visitors in Kingswood U.D. and West Dean R.D., and the seven whole-time County Health Superintendents since 1916:—

	<i>Births referred to Visitors.</i>	<i>First Visits.</i>	<i>Total Visits.</i>
1916 (From 1st April) ...	1,472	1,857	3,735
1917 ...	3,650	3,320	13,359
1918 ...	4,019	3,461	23,818
1919 ...	4,408	3,799	28,817
1920 ...	5,969	5,552	38,396
1921 ...	5,112	6,291	48,730
1922 ...	5,561	6,725	61,512
1923 ...	5,185	7,245	62,177
1924 ...	5,197	6,078	71,271

The last figure includes 7,554 visits to expectant mothers, an increasing figure and a welcome indication of progressive work in one of the directions of greatest importance at the present time.

5. INFANT PROTECTION VISITING.

The supervision of children coming within the range of Part I of the Children Act 1908 is undertaken by the Health Visitors in 5 Poor Law Unions, and in those areas duplication of visitors is thus avoided; a nominal fee of 5s. per annum per case is paid by the Guardians, and quarterly reports are sent to them; 40 cases living in 5 Unions were visited periodically during 1924.

6. MEASLES, ETC., VISITING.

Much of the danger from attacks of acute diseases such as measles can be avoided if reasonable precautions are adopted, but even now many mothers do not take sufficient care by keeping children in bed long enough, attaching importance to early ear trouble, etc. These facts have long been recognised and in 1919 the County Council agreed to pay a small fee to those District Nursing Associations whose nurses visited such cases: in addition to giving advice, they also nurse children who need special care owing to the development of complications. The extent of this work year by year is indicated by the following figures:—

	<i>Cases visited.</i>			<i>No. of Visits.</i>	<i>No. Nursed.</i>	<i>Cost.</i>		
	<i>Mild.</i>	<i>Severe.</i>	<i>Total.</i>			<i>£</i>	<i>s.</i>	<i>d.</i>
1919 (From 30th Oct.) ...	118	13	131	288	5	9	16	9
1920	576	72	648	1,807	62	42	2	9
1921	11	1	12	38	1	0	15	0
1922	284	—	284	549	11	17	15	0
1923	266	44	310	1,141	61	26	7	6
1924	160	30	190	564	18	17	2	6

For some cases when the complications are severe greater attention is necessary than can be given in the homes, and certain District Councils have agreed to accept such cases for their Isolation Hospitals. During 1924 the Stroud Joint Hospital Board decided to accept them.

7. INSTITUTIONAL PROVISION FOR CONFINEMENTS.

Particular mention was made in my last report to the trouble and difficulty superadded to the unsatisfactory housing conditions of normal periods when an addition to the family is expected.

The majority of mothers are disinclined to leave their homes to others and prefer to be in the house to direct affairs, if only from their beds. On the other hand, appeals for alternative accommodation for the time of the confinement and lying-in are received even in respect of normal cases owing to the impossible home conditions from lack of proper ordinary sleeping accommodation: when the numbers of these cases are added to those in which complications have arisen or are expected, the numbers of beds available in the maternity wards of the Cheltenham and Gloucester District Nursing Homes (4 at the former and 8 at the latter) provide far from adequately for the needs of the County. Additions to the resources are being made, as for example at the Moreton-in-the-Marsh Cottage Hospital, or contemplated as at the Berkeley Cottage Hospital, and occasional cases are taken in other Cottage Hospitals, for example at Chipping Sodbury and Hambrook, a small room being given up for the patient. It would be very helpful if there was in each of the small hospitals a room definitely available for confinement cases from their areas: but increased accommodation would still be required in the large centres, for example at Cheltenham, where the present number of beds is very small.

The numbers of women for whose cases the Maternity and Child Welfare Committee have accepted responsibility have not been large in the past, as will be seen from the following table:—

	<i>Admissions.</i>	<i>Total fees.</i>	<i>Paid by Patients.</i>
		£ s. d.	£ s. d.
1917 (6 months)	4	7 15 0	—
1918	14	121 0 7	20 15 0
1919	6	48 10 1	5 1 9
1920	16	90 15 3	23 19 0
1921	14	86 16 3	31 11 0
1922	12	77 11 6	17 3 0
1923	15	86 5 10	37 5 6
1924	9	41 7 0	5 14 6

No urgent case has been refused, but these figures do not give full indication of the extent of the accommodation required, and it is probable that the applications will considerably increase in the future, partly in response to the recent circular of the committee to medical practitioners and others, and also as a result of more thorough ante-natal work bringing suitable cases to light.

8. HOSPITAL TREATMENT FOR INFANTS.

Again no cases were treated in hospital directly under the auspices of the Maternity and Child Welfare Committee, but

children under the age of five years are brought under orthopaedic treatment by the Medical Services Committee in rapidly increasing numbers. During 1924 31 children ranging in age from six months to five years were examined. The number seen in 1925 up to 30th September was 46. The advantages of the out-stations for the examination of children, living at long distances from the General Hospital, by the orthopaedic surgeon are appreciated more and more as time progresses and the work increases.

9. ALLOWANCES OF MILK.

There is a considerable proportion of the population which can be entirely self-supporting while the conditions of the home life are normal, but the balance is upset in many cases in times of illness, confinements, etc., putting a slight further strain on the resources. It is in these circumstances that an allowance of milk may be a great boon and one that is much appreciated. The selection of expectant and nursing mothers and infants for whom such grants should be made is in the hands of the health visitors, and on their recommendation and a vouched statement of the financial circumstances of the family milk is freely given to suitable cases. The supply is authorised in the first instance for four weeks, and is extended for further periods of four weeks as necessary: after twelve months another detailed statement of the circumstances is required.

The numbers of cases in respect of which allowances were granted in 1924 and previous years were:—

	<i>Expectant and Nursing Mothers.</i>	<i>Infants.</i>	<i>Total.</i>
June 1918—March 1919...	19	17	36
April 1919—March 1920...	121	142	263
April 1920—March 1921...	199	245	444
April 1921—March 1922...	181	231	412
April 1922—March 1923...	274	318	592
April 1923—March 1924...	340	351	691
April 1924—March 1925...	236	289	525

WELFARE OF THE BLIND.

The County Association for the Blind administers the scheme approved by the County Council, and presented the following report on the work undertaken during the year 1924-25:

GENERAL. Thanks to continued support from the County Council this Association has been able to continue its work for the welfare of the Gloucestershire Blind, and in some ways to widen the scope of its activities,

The number of Blind and Partially Blind at present on the register (April 1925) is 623 (including 44 "watching cases"). This number does not include Gloucester City, where the 69 blind are well cared for by the City Association in connection with Corporation. The City Association issues a separate report.

By means of about 70 District Representatives and Visitors, and also through the Home Teachers, we are in touch with practically all the blind of the County, but further organisation in this way is still needed in order to ensure that all the blind people (who wish it) are *regularly visited*—the distances and difficulties of transit in the country parts making this not always easy.

We are grateful for help received from Gardner's Trust, and also from the National Institute for the Blind, for special cases, and also from the Gyde Trustees, in respect of children. We have been successful in obtaining Hetherington's, Clothworkers' and Painters' Pensions for nine needy cases. We have, as before, co-operated with Boards of Guardians for the benefit of cases already under their care, and are grateful for the help received from their officials.

NECESSITOUS BLIND. We are at present giving temporary weekly grants of from two shillings to five shillings to 28 necessitous cases, and have helped 14 others in this way during the year. These grants are promised for 13 weeks only, but are renewed, if still needed, until more permanent help, as from special pensions for blind, can be secured. In addition, 104 cases have been helped in special needs, or with special gifts at Christmas, and about 56 gifts of warm clothing (made by blind workers) have been given. The help is given through an almoner, and great care is exercised in each case. We are also helping with the fees for a woman lately admitted at the Devonport Home, local help being also forthcoming.

PREVENTION OF BLINDNESS. In this connection we have helped many cases both of children and adults by arranging for examination by an Oculist, helping with fares, glasses, etc.

TRAINING AND HOME TEACHING. Nineteen children of the County (including boys and girls up to 21) are now at Blind Schools, principally at Westbury-on-Trym. During the year a girl of 21 has been sent to the Bristol Workshops for training, and is doing very well—the fees being partly paid by the Education Authority. Fees for a boy lately sent to Leatherhead have been paid by the Gyde Trustees, who are also paying for a baby at Sunshine House (N.I.B. Home for Blind Babies), Chorley Wood. Three men are still in training, and another, who was in training, has now been accepted by St. Dunstan's.

The work in Cheltenham—the largest town in the area of the G.C.A.B. has been much extended during the past year. The Home Visitor and Teacher has about 150 blind under her care, including those of the surrounding district, and is giving Braille or Moon lessons, or instruction in handicrafts, to 29 blind persons.

A fortnightly "Braille Social Club" has been started, and is held at the Workshops by the kindness of the Workshops' Committee, to whom the Association is much indebted, both for this and for other help. Thanks are also due to the Members of the local branch of Toc H., and of the League of Women Helpers (Toc H.), and to many interested in the Cheltenham Blind, for both monetary help and personal service. A party was given in the summer to the local blind.

The blind in the Forest of Dean area are well cared for, as before, by a part-time Home Visitor, and a part-time Home Teacher under the Bristol Institution is paid for by the Association to work in the outskirts of Bristol (Glos. County).

The Charfield "Braille Social Club" has done energetic work during the year, and had a very successful Sale of Work done by blind in September. The Cirencester Club is also much appreciated.

The Braille magazine circulation scheme has continued, as have also the Reading Circle, Braille Competitions, and of course lessons in Braille and Moon. A new departure was a "Braille Day" held at the Charfield Club, with a meeting of the Reading Circle, and competitions in Braille reading and writing. We are most grateful for the help given in connection with these clubs, and to those who helped with the special entertainments at Christmas.

Two parties have been given by local kindness in the Stroud Union area, and many of the blind living just outside Bristol have been invited to entertainments by the kindness of the Bristol Committee.

EMPLOYMENT. The Association continues to pay augmentation of wages of 18 employees at the Cheltenham Workshops. The registered Home Workers are now increased to 17, and it is hoped shortly to add to the list. These, with the exception of a Braille copyist working under the National Library for the Blind, are looked after by the Bristol Institution, and have received much help and encouragement. The Association has continued its practice of providing materials for other workers (not sufficiently skilled to be registered), and of helping them to sell their goods, and has also given grants for materials, etc., to 28 of these workers. As before, orders have been given to blind workers for knitted garments to give to needy blind, and the workers have of course benefited much in this way.

Stalls of "Blind Work" have been held at Much Marcle, Nailsworth, Cherington and at the Cheltenham Market, in addition to the Sale at Charfield. Proceeds from a Concert at Newent were much appreciated.

BALANCE SHEET—APRIL 1st, 1924, TO MARCH 31st, 1925.

<i>Receipts.</i>			£	s.	d.	<i>Expenditure.</i>			£	s.	d.
Balance in hand, April 1st, 1924	...	...	140	0	7	Administration (Registration, Printing, Hon. Sec.'s Postage, Travelling, etc.)	103	1	0		
Grants per Western Counties Association	...	...	148	0	0	Augmentation of Wages in Institution	...	...	70	0	0
Grant from Glos. County Council	...	...	620	0	0	Help for Necessitous Blind	355	18	5		
Grant from Ministry of Health (<i>re</i> Home Teaching)	...	...	58	10	0	Training, Home Teaching, Employment, etc.	...	...	466	12	9
Grant from Gardner's Trust (<i>re</i> special case)	...	...	12	10	0	Outstanding Liabilities:					
Grant from Gyde's Trustees (<i>re</i> children)	...	...	37	0	0	Home Teaching, Fees at Home for Blind	...	...	35	0	0
Donations, Sales, Concerts, etc.	...	...	35	8	7	Balance in hand	...	...	40	17	0
			£1051	9	2				£1051	9	2

Holloway, Malmesbury,
April 27th, 1925.

Audited and found correct,
D. R. M. GLADWIN.

This statement of accounts sets out the sources of income (including the grant of the County Council, etc.), but it would not be possible for the Association to benefit blind persons in the County to the extent that they do were it not for the personal help of many voluntary helpers and for the further moneys forthcoming from other sources.

INFECTIOUS DISEASES.

SMALL-POX.

It is a matter for satisfaction that, whereas in some areas of the country small-pox, once introduced, has persisted even for years, there is only one fact to be recorded to make complete the account of the outbreak of 1923-24 given in my last report. The one fact is that apparently one case which occurred in the East Dean R.D. in January 1924 had not been included in the returns. No new case was reported after 22nd May, 1924. The first-known cases occurred in February 1923, and the outbreak was so well controlled generally that, with the exception of one area, it was at an end so far as the County was concerned by October of the same year. In East Dean R.D. cases continued to arise for another seven months, but the County has now (October 1925) been absolutely free from small-pox for nearly a year and a half. When this experience is compared with that of areas in the north of the country, it cannot but be regarded as satisfactory that the County escaped so comparatively lightly in spite of the fact that at one time the disease appeared to have gained so strong a hold.

The actual cost to the County in respect of this outbreak is not known, but Surgeon-Captain Andrews states in his report that the treatment of 311 cases in the Greenway Hospital cost £10,606 13s. 9d. This is the expenditure merely on isolation, and takes no account of the incidental losses. In the last epidemic in the City of Gloucester of 1896 the Chairman of the Chamber of Commerce estimated the losses of that outbreak at £150,000.

SCARLET FEVER.

This disease was considerably less prevalent in 1924 than in either of the two previous years, only 477 cases being notified, but there were still lower figures in 1921 (451), 1919 (344), 1918 (249) and 1917 (284); this period of three years (1917-19) was a record, for never had the incidence of scarlet fever been so low. Not only so but the mortality of the disease at that time was also very low, there being only one death for 200 cases. The pre-

valence of this disease appears to come in waves, and in the early years of the century the crests of the waves were only about two years apart; more recently the interval has been greater, the last being nine years. Coincident with the decrease in prevalence, the disease has become of a much milder type, the mortality falling from about 2% to about $\frac{1}{2}$ %. The following table shows the records from 1896 in an abbreviated form:—

	1924	1923	1922	1921	1920	1917-1919	1914-1916	1911-1913	1908-1910	1905-1907	1902-1904	1899-1901	1896-1898
Cases	477	783	618	451	515	293	1152	999	648	689	1216	1079	1045
Deaths	2	8	4	5	5	1	14	11	7	9	22	21	21
Hospital Cases ...	240	388	293	198	163	—	—	—	—	—	—	—	—
Case Fatality ...	.42	1.02	.65	1.11	.97	.46	1.24	1.07	1.08	1.26	1.84	1.98	1.98
Death-rate per 1,000	.01	.01	.02	.02	—	—	—	—	—	—	—	—	—
England and Wales													
Death-rate per 1,000	.02	.03	.04	.03	.04	—	—	—	—	—	—	—	—

The area of chief prevalence was the Stroud Rural District, where nearly one-quarter of the total cases were notified. Dr. Green observes that there was a well-marked epidemic of mild type starting in September 1924: the cases generally were mild, but many were complicated with diphtheria.

Of recent months particular attention has been drawn to the possibility of detecting those persons who are likely to develop scarlet fever, if exposed to the infection, by means of a reaction known as the "Dick" test: this may be useful when selecting persons to take charge of cases of the disease.

DIPHThERIA.

Formerly there was a tendency for the wave of diphtheria prevalence to follow that for scarlet fever very closely, but of recent years for some reason the two diseases appear to have parted company. Thus the year of high incidence for scarlet fever was 1923 with 783 cases, whereas that year was a record low prevalence for diphtheria with only 180 cases. The number increased to 243 in 1924; half of the cases occurred in four districts: Cheltenham M.B. (39), East Dean R.D. (33), Gloucester R.D. (28) and Stroud R.D. (24). So far as the last two areas are concerned, the numbers appear to have been largely

due to localised outbreaks : in Gloucester R.D. half of the cases (14) occurred in one Institution, the Children's Hospital, and in the Stroud R.D., over half (15) of the total were among children attending the Rodborough Council School.

The following table gives in a condensed form the history of diphtheria in this County from 1896 onward :—

	1924	1923	1922	1921	1920	1917- 1919	1914- 1916	1911- 1913	1908- 1910	1905- 1907	1902- 1904	1899- 1901	1896- 1898
Cases	243	180	332	376	443	273	476	403	479	595	374	337	301
Deaths	19	15	25	40	27	29	64	27	44	51	38	52	65
Hospital Cases ...	149	92	177	199	261	—	—	—	—	—	—	—	—
Case Fatality ...	7.8	8.3	7.5	10.6	6.1	10.6	13.5	6.6	9.25	8.5	10.1	13.5	21.7
Death-rate per 1,000	.06	—	.08	.12	.08	—	—	—	—	—	—	—	—
England and Wales Death-rate, per 1,000	.06	.07	.11	.12	.15	—	—	—	—	—	—	—	—

The most striking fact in the table is the very great difference in the fatality in the three years 1896–8, and in that of succeeding years : this drop is coincident with the general use of antitoxin in the treatment of the disease, and mention is made in reports year after year that the cases which have been fatal have been those in which medical advice has been sought too late for this remedy to be of use. A further weapon of defence has been given to us recently in the Schick test, to which reference was made in my reports for 1921 and 1922. By means of it those liable to develop the disease on exposure to infection can be discovered : further, these susceptible persons can be given artificial protection in a manner somewhat analogous to vaccination for small-pox, and this protection persists for a prolonged period. Advantage has been taken of this opportunity of immunising persons specially exposed to infection, e.g. nurses working in diphtheria wards. But, so far as the general population is concerned, young children are chiefly in question for among them it is particularly fatal. With this in mind, testing and immunisation has been offered on a large scale at Maternity and Child Welfare Centres in Edinburgh with very encouraging results, and it will be interesting when full information is available, showing the general effect on a considerable population over a period of years. In a scattered community less liable to infection, the testing might be reserved for special times of danger,

but as there is an interval between the inoculation and time when immunity is established, the method is one which should be used as early as possible. It is particularly useful for persons who from their occupation, e.g. nurses in Isolation Hospitals, are specially exposed to infection.

ENTERIC FEVER.

Generally speaking, this is a rare disease in Gloucestershire, and in the absence of special circumstances cases are seldom seen. In 1923 there were sporadic cases, chiefly of the paratyphoid variety and probably due to infection from food, reaching a total of 89. The number in 1924 was 36 : of these 15 occurred in the Gloucester R.D., where year after year cases are notified from the County Asylum, the inmates of such institutions being specially prone to intestinal disease. Of the remaining 21, it is definitely noted that 9 were paratyphoid—probably due to infected food.

The fatality is low, as will be seen from the following brief statistical statement :—

	1924	1923	1922	1921	1920	1917-1919	1914-1916	1911-1913	1908-1910	1905-1907	1902-1904	1899-1901	1896-1898
Cases	36	89	33	27	23	41	41	51	49	65	77	141	88
Deaths	2	9	1	7	1	7	9	6	9	9	10	23	18
Hospital Cases ...	10	32	16	11	16	—	—	—	—	—	—	—	—
Case Fatality ...	5.6	10.1	3.0	25.9	4.3	17.9	23.0	11.8	19.2	13.8	13.4	16.1	20.9
Death-rate per 1,000	.006	.03	.003	.02	.003	—	—	—	—	—	—	—	—
England and Wales Death-rate per 1,000	.01	.01	.01	.02	.01	—	—	—	—	—	—	—	—

PUERPERAL FEVER.

The number of notifications increased from the record of 3 in 1923 to 10 in 1924, but the deaths attributed to puerperal infection decreased from 13 to 5. These are small numbers in a population of over 330,000 and there is a great range of accidental variation from year to year ; further there is now a tendency to regard feverish conditions in child bearing women much more seriously than even twenty years ago, with a result that cases are notified now which would not have been reported formerly. Cases of rise of temperature in the practice of certified midwives

who attend about two-thirds of the confinements have careful enquiry by the County Health Superintendents and it may confidently be said that the risk of puerperal sepsis has been reduced very greatly by modern methods of practice.

OPHTHALMIA NEONATORUM.

Under the Regulations of 1914 purulent discharge from the eyes of an infant below the age of 21 days became a notifiable disease under this denomination. Between 1914 and 1921 the average annual number of cases so notified was 28; during the three years to 1924 the numbers were 15, 16 and 16. The special danger of this affection is permanent damage to vision and the experience of blind institutions is that a large proportion of the inmates are thus crippled owing to it. During the past five years 125 cases of ophthalmia neonatorum have been notified and it is satisfactory that in only one of them has impairment of vision been reported and that only of slight degree, in 1921.

TUBERCULOSIS.

From the summary statement given below it would appear that information is now available as to the approximate proportion of the population presenting clinical signs on which tuberculosis can be diagnosed

	PULMONARY.				NON-PULMONARY.			
	<i>Known cases in county during year.</i>	<i>Deaths.</i>	<i>% Death rate.</i>	<i>Survivors</i>	<i>Known cases in county during year.</i>	<i>Deaths.</i>	<i>% Death rate.</i>	<i>Survivors</i>
1913	493	41	8.3	452	121	13	10.7	108
1914	977	209	21.4	768	223	25	11.2	198
1915	1,242	214	17.2	1,028	307	36	11.7	271
1916	1,459	345	23.6	1,114	368	50	13.6	318
1917	1,490	242	16.2	1,248	381	35	9.2	346
1918	1,685	260	15.4	1,425	408	27	6.6	381
1919	1,686	234	13.9	1,452	428	39	9.1	389
1920	1,736	211	12.2	1,525	423	25	5.9	398
1921	1,784	190	10.6	1,594	442	25	5.65	417
1922	1,923	248	12.9	1,675	463	29	6.3	434
1923	1,954	191	9.8	1,763	573	51	8.9	522
1924	1,978	237	12.0	1,741	584	33	5.65	551

From 1914 the known numbers of cases steadily increased up to 1922 for pulmonary tuberculosis and to 1923 for non-pulmonary forms. They now show a tendency to be stationary at about 2,000 for pulmonary and 600 for non-pulmonary tuberculosis or 6 and 1.8 persons per 1,000 of the population respectively. If

the machinery devised for the treatment and prevention of this disease is producing the desired result, these figures should now slowly diminish, though it will probably be long before the decrease shows very strikingly in the statistics. The recent instructions of the Ministry of Health in their Circular 549 of the 22nd December, 1924, provide for the removal of names from the register under prescribed conditions; these are for pulmonary tuberculosis, absence of symptoms (including sputum with tubercle bacilli) for 5 years, and for non-pulmonary tuberculosis absence of signs and symptoms of active disease for 3 years. This is an artificial limitation of administrative measures to illness and removes persons from observation after a long period of quiescence, though, when the resistance of the individual is weakened again, there may be a recrudescence of illness, similar to the occurrence of the original illness when the resistance first broke down.

As in future years a review of the total population reported at any period to have tuberculosis of some region of the body will not be practicable, the information gained from examination of the complete list of the past ten years is worth recording.

FOR PULMONARY TUBERCULOSIS.

i. OF THE CASES NOTIFIED

- (a) 11 years ago 30% are known to have survived to 31st Dec., 1924.
 (b) 4 to 10 years approximately 35—40% had survived to "
 (c) 2 to 3 " " 50% " " "

ii. THE DEATH RATE IN

- (a) the year of notification is about 30%
 (b) the year after notification is about 20%
 (c) ,, third year after notification is about 12%
 (d) ,, fourth ,, ,, ,, ,, ,, 7%
 (e) ,, fifth ,, ,, ,, ,, ,, 5%
 (f) ,, sixth to eleventh years after notification is about ... 3%

- iii. The total fatality among the notified tuberculous population was at its maximum in 1916 (23.6%) and fell more or less steadily to about 12% in 1920, about which figure it has since remained, as if for the time being a normal mean had been reached. Other things being equal, a slow but steady fall from this figure should be seen as treatment measures, including increase of resistance, particularly among children, become effective.

FOR NON-PULMONARY TUBERCULOSIS.

1. The proportion surviving of those notified in any year between 1913 and 1923 ranges about 50—60%.
2. The death rate in the year of notification has varied from 15% in 1917 to 40% in 1919, averaging between 1917 and 1924 about 26%.
3. The fatality of all known cases in the County rose from 11% in 1913 to 14% in 1916 and has since fallen to about 6%.

Such figures as the above are concrete proofs of the now well recognised fact that tuberculosis is a very much more chronic condition than was formerly known, and, further, tend to show that if an individual survives the acute illness leading to notification there is a fair prospect of the disease becoming chronic or quiescent. Combined with the present knowledge that by the end of childhood few persons have escaped infection while comparatively few have illness during childhood recognised as being due to such infection, the conclusion is that the resisting power to the development of illness is a very important factor in its prevention. Until such time, therefore, as control can be gained of all sources of infection, the direction in which efforts can be most usefully employed is the strengthening of the inherent resisting power. Once this is seriously overcome, a fatal result follows within the year in about 30 per cent. of cases; if the resistance is not completely overcome in 12 months, the chances of its being revived sufficiently to rehabilitate the individual—damaged to some extent though he probably is—appear steadily to improve. The time at which the stimulus to the resisting power can be most usefully employed appears to be late childhood, when the stress of life is beginning to tell, but while immediate results from our present experience are very encouraging insufficient time has elapsed to show how lasting the effects of the stimulus are.

A point of great interest in this connection is the view strongly held by many authorities, that while there may be a considerable degree of natural immunity in our population, the resisting power to pulmonary tuberculosis is due in very great measure to the comparatively mild form of tuberculosis—human or bovine—with which large numbers of persons are infected in childhood without obvious illness. On the other hand, tuberculosis thus contracted kills a certain proportion—comparatively small—of the population and cripples many more; thus about 46 deaths per annum of children under 15 years of age are attributed to tuberculosis and there are 245 persons resident in the County known to be more or less crippled by tuberculosis. With a view to the prevention of illness and defect due to bovine tuberculosis, the tuberculosis order of the Ministry of Agriculture of 1913 has been revived and animals known to be yielding tuberculous milk are destroyed; on the other hand—as stated by Professor A. Calmette in an address to the Edinburgh Medico-Chirurgical Society on 7th June, 1922—slight infections not

repeated tended to begin in childhood, while, contrariwise, they were grave in the adults who had remained virgin soil in respect of bacillary implantation. He concluded that the essential aim was not, as some had supposed, exclusion of the possibility of bacillary contagion, but rather the realisation of contagion in all human beings, as soon as possible after birth, in a form which was inoffensive and protective for a sufficiently long time, against serious infection. "The practical conclusion which emerged from our present day knowledge was that efforts should principally be directed towards the protection of childhood." The principles enunciated by Professor Calmette, which have been quoted as an example of modern views, have been held and practised within practicable limits in this County. So far as institutional treatment is concerned for the protection of children from massive infection, accommodation has been provided for 76 advanced cases, thus removing many persons from the homes for considerable periods, and very extensive provision was proposed for weedy children, especially those of tuberculous families. The latter accommodation was, in the financial restrictions of 1921, cut down from 200 to 40 beds, but the number has already been increased to 78 and proposals are before the Committee to enlarge it to 140.

The progress of the work undertaken under the scheme is set out briefly in the following paragraphs:—

A.—DISPENSARIES AT CHELTENHAM, CINDERFORD, GLOUCESTER, STROUD, THORNBURY AND WARMLEY.

	<i>New Cases reported.*</i>			<i>Work of Dispensaries.</i>		
	<i>Pulmonary.</i>	<i>Other forms.</i>	<i>Total.</i>	<i>New Cases.</i>	<i>Persons seen.</i>	<i>Attendances.</i>
1915...	542	137	679	921	?	4,741
1916...	476	116	592	749	?	3,743
1917...	417	80	497	734	1,216	4,069
1918...	456	65	521	879	1,483	5,211
1919...	403	57	460	693*	1,218	5,233
1920...	388	65	453	639*	1,193	5,005
1921...	337	58	395	620	1,311	5,346
1922...	373	63	436	557	1,318	5,553
1923...	345	127	472	597	1,288	5,886
1924...	315	112	427	513	1,485	6,465

*Excluding City.

Cases are also grouped for examination at the out-stations thus affording additional facilities for supervision of patients at a distance from any dispensary, and the Tuberculosis Officer sees many persons at their homes in consultation with the medical attendants.

B.—SHELTERS.

The number of shelters in use was 113 : 48 were transferred during 1924 for the use of new cases. The use of one shelter was given up owing to its having got beyond repair.

C.—RESIDENTIAL INSTITUTIONS.

The numbers of beds include all the accommodation available but the admissions refer to cases from the County only.

	<i>Beds available.</i>	<i>Admissions.</i>							
		1919	1920	1921	1922	1923	1924		
1. <i>Early cases</i> in both sexes and advanced cases among males									
Standish House	100	$\left. \begin{array}{l} \text{M } 74 \\ \text{F. } 26 \end{array} \right\}$		133†	135†	102†	170	178	130
2. <i>Advanced cases</i> in City and Stroud Isolation Hospitals	38	69	78	97	80	59	84		
3. <i>Surgical cases.</i> Cheltenham General Hospital	10	23	34	23	14	24	25		
4. <i>Children.</i>									
(a) Alexandra Home	—	33	24	21	25	17	—		
(b) Standish House	78	—	—	—	40	68	93		

†For these years, the Sanatorium was Cranham Lodge.

D.—HOME VISITS BY NURSES.

Valuable as is the work undertaken in other directions, there can be no doubt but that from the preventive point of view the visitation of homes by nurses affords the most fruitful opportunities. These are not fully realised under existing conditions, but the nurses' efforts are increasingly useful and will become more and more valuable as the present nurses gain riper experience and as the standard of the district nurse rises. The advantage is not limited to this disease alone, for important as is the tuberculosis factor, home conditions have far wider influences which affect the health and welfare of the inmates generally. Indeed, it may be said that home environment, in the broadest sense of the word, is one of the most important factors in public health, and, with tuberculosis as an example, the nurse has exceptional opportunity of laying the foundation of healthy life by helping to secure satisfactory conditions in every home in the County. Some indication of the increasing amount of work done by the nurses at the homes of tuberculosis patients is given in the following table :—

<i>Visits.</i>		<i>Visits.</i>	
1917	... 4,578	1921	... 7,822
1918	... 5,904	1922	... 9,507
1919	... 6,243	1923	... 9,618
1920	... 7,185	1924	... 10,296

VENEREAL DISEASES.

The decrease in the number of new cases noted last year did not continue in 1924, when it rose to 267, a higher figure than in either of the two previous years. The increase was mainly with respect to gonorrhoea. There was also a considerable increase in the number of attendances (3,655), approaching the record of 3,982 in 1920: this latter is satisfactory as tending to show that persons are more inclined to continue treatment in a manner necessary for complete cure. The numbers year by year are:—

NEW CASES.										
	<i>Syphilis.</i>	<i>Soft</i>	<i>Gonor-</i>	<i>Not</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Attend-</i>	<i>In-patient</i>	<i>Specimens</i>
	<i>Chancre.</i>	<i>rhœa.</i>	<i>Veneral.</i>					<i>ances.</i>	<i>days.</i>	<i>examined.</i>
1917	31	2	15	13	61*	25*	36*	258*	524*	75*
1918	77	7	77	58	219	135*	76*	1,090	662	214*
1919	125	16	143	68	352	264*	74*	2,729	1,549	249*
1920	192	7	159	64	422	280*	134*	3,982	1,035	527*
1921	103	6	87	91	287	175*	65*	3,292	1,083	484*
1922	94	3	77	51	225	110†	50†	2,727	810	422*
1923	80	2	72	76	230	89†	75†	3,322	654	632*
1924	82	5	100	80	267	148†	92†	3,655	716	697*

* Excluding Bristol Hospitals.

† Excluding Bristol and Gloucester Hospitals.

BACTERIOLOGICAL AND PATHOLOGICAL WORK.

The numbers of specimens examined again shew considerable increases for diphtheria and tuberculosis, as will be seen from the following table:—

	<i>Diphtheria.</i>	<i>Enteric</i>	<i>Tuber-</i>	<i>Cerebro-spinal</i>		<i>Total.</i>
		<i>Fever.</i>	<i>culosis.</i>	<i>Fever.</i>	<i>Others.</i>	
1905-14 yearly average	1,553	49	207	—	—	1,809
1915	1,713	31	369	6	—	2,119
1916	721	32	348	1	—	1,102
1917	716	57	523	8	—	1,304
1918	687	35	517	6	—	1,245
1919	506	20	569	2	8	1,105
1920	1,352	29	692	2	6	2,081
1921	2,465	37	804	—	2	3,308
1922	1,459	35	1,108	3	—	2,605
1923	682	112	1,347	5	—	2,146
1924	1,215	84	1,822	4	—	3,125

The advantage taken of the arrangements for the examination of swabs for diphtheria varies with the incidence of the disease in the County and the increase in the numbers in 1924

is associated with an increased prevalence of diphtheria. The most striking fact in the table is, however, the very rapid rise in the numbers of examinations of sputum for the tubercle bacillus, largely explained by the work done in connection with the dispensaries and tuberculosis institution.

The importance of these and similar examinations for exact diagnosis with a view to appropriate and effective treatment is increasingly recognised, and with a view to meeting the requirements of the present day pathological departments have been arranged at the hospitals in Cheltenham and Gloucester. The work above set out has been done at the Public Health Laboratory of the Bristol University, but the hospitals now desire to make the required examinations from persons in their respective areas. That there are advantages in utilising the Hospital laboratories is recognised by all concerned and arrangements whereby the work can be undertaken are now under consideration. There is, further, general agreement that from the point of view of the public health it is very desirable that the range of services provided at the public expense, at present limited to the specimens included in the table, should be extended to include other work, for example the examination of material for cancer. But, under existing conditions, the powers of the County Council are strictly limited and they will require extension before they can undertake all the work that is desirable in the interest of the health of the community.

ISOLATION HOSPITALS.

The position of the County at the end of 1924 remained the same as in the previous year. One slight change in the type of case taken was made at Stroud, where it was agreed to take special cases of measles.

The matter of accommodation for cases from Coleford Urban and West Dean Rural Districts is still under consideration, and it is hoped that a satisfactory solution may be found in the near future.

Other areas without provision for cases of general infectious diseases are Stow-on-the-Wold Urban and Rural, Tetbury Urban and Rural, and Thornbury Rural Districts. The tendency in all these areas is to seek accommodation in existing hospitals and, it is satisfactory to know, with some success. Thus Stow-on-the-Wold R.D.C. have made arrangements with the Trustees of the Delancey Hospital at Cheltenham, and, recently, accommodation for cases of diphtheria from Tetbury was found in the

Cirencester Joint Hospital: a further extension of such an arrangement is the closure of the Northleach Isolation Hospital in favour of sending cases to the Delancey Hospital. In these days of motor transit this custom has much to commend it and, possibly, the solution of the difficulties in the remaining districts may be found in a similar manner.

HOUSING ACCOMMODATION.

In 1924 there was considerably greater activity in the matter of providing new houses than in 1923. The numbers erected year by year since 1919 are :—

			<i>Under Schemes.</i>	<i>Privately.</i>	<i>Total.</i>
1919	...	...	—	53	53
1920	...	...	98	74	172
1921	...	...	865	171	1,036
1922	...	...	637	188	825
1923	...	...	12	380	392
1924	...	...	92	516	608
			1,704	1,382	3,086

Excluding 1919 and 1920, when the general state was far from normal, the average number of houses built each year was 715, which is about double the pre-war average. Even so the deficiency of housing is very far from being met adequately. The estimated requirements in November 1919 were 6,400 houses and at the low pre-war rate of 350 new houses per year for five years, the requirements at the end of 1924 would have been 8,150 houses; only 3,086 have been built, leaving an accumulated deficiency of 5,064 houses. Even with this accumulated deficiency met, it would not mean that the conditions could be regarded as satisfactory, for the pre-war standard itself was admittedly very low and improvement was then being pressed.

The numbers of new houses in the several districts are set out in Table IV at the end of this report, and from this it will be seen that the fairly satisfactory position in the County as a whole is in very great measure due to the energy displayed in certain districts. For example, in the Cirencester districts the two Councils built under their housing schemes 180, or over 80% of the 224 houses estimated in 1919 to be required; considerable efforts have also been made in the West Dean Rural District (222 houses), Dursley R.D. (164), Chipping Sodbury

R.D. (128), and Stroud U.D. (66). There are, however, areas in which very few houses have been provided; thus in the Kingswood U.D., where the very moderate estimated requirement was 200 houses, only 16 have been erected by the Council, and in East Dean R.D. with an estimated need of 305 houses, only 10 have been built. In other areas, too, the problem has not been tackled effectively by the Councils.

There is, however, one encouraging feature in the table in that the number of houses built privately has been steadily increasing from 53 in 1919 to 516 in 1924; that progress is in very great measure accounted for in that the grant of a subsidy has encouraged persons to build houses for themselves who would not otherwise have been able to do so. The assistance given has varied in different areas, but at present detailed information is not available. Even in this direction such areas as Kingswood with only 17 houses, East Dean with 42 houses, have benefited hardly at all. This is all the more unfortunate with respect to Kingswood, where the housing conditions appear to be particularly difficult, there being over 300 houses with more than one family. The building of a total of 33 houses in East Dean R.D.—the best on record—is regarded as good progress, and it was reported that a scheme for 30 houses was to be prepared.

Until sufficient additional accommodation is provided it will be impossible for sanitary authorities to deal effectively with home conditions.

RIVERS POLLUTION.

The survey of the Severn arranged for 24th September, 1924, had to be postponed owing to flood conditions and was not made until June of the present year. The full results are not available as yet, but it is understood that they are not regarded as unsatisfactory. The test applied was the percentage of saturation for dissolved oxygen, a simple experiment which can be readily conducted while a boat travels down stream. The same test has been applied to tributaries of the Severn and has given useful indication of pollution and of the recovery of dissolved oxygen at distances below the point of pollution.

The attention of various Councils has been directed to pollution of streams in their respective districts, namely at Coleford, Stroud, Tewkesbury, Chipping Campden, Chipping Sodbury, Dursley and Andoversford.

SEWERAGE AND SEWAGE DISPOSAL.

Comparatively little was done in the way of constructive work during 1924, but improvements of greater or minor degree were made in some districts. The sewerage of Amberley (Stroud R.D.) was completed, works were carried out at Filton, Winterbourne and Winterbourne Down (Chipping Sodbury R.D.), extensions of sewers were effected at Brockworth and Churchdown (Gloucester R.D.) and at Stonehouse (Stroud R.D.), and sewers were re-laid in Berkeley (Thornbury R.D.). No definite action appears, however, to have been taken in respect of nine of the ten places specially mentioned in my last two reports—Coleford, Chipping Campden, Mitcheldean, Hempsted, Quedgeley, Tuffley, Andoversford, Tredington and Lydbrook. With respect to certain of these places the Public Health Committee are in communication with the Councils concerned and it is hoped that necessary effective action may ensue.

WATER SUPPLY.

A very useful survey of *The Water Supply of Gloucestershire* has been prepared by Mr. L. Richardson, F.R.S.(Edin.), F.G.S., of which a summary appeared in *Water and Water Engineering* of the 20th July, 1925. He takes the various geological formations as his headings and deals generally with the water supply possibilities of each, instancing his observations by notes on individual supplies obtained from the various sources. Such surveys are of very practical value and when fully worked out afford invaluable information as to the manner in which the greatest advantage can be taken of the resources of any area. Mr. Richardson's paper is of great importance to this County, but is too long for reproduction here. I understand, however, that a fuller report is in course of preparation and when it is ready it would appear that it should be made available for every local sanitary authority in the County.

Works undertaken in 1924 include a new borehole to supplement the supply of Cirencester, the purchase of the proprietary supply at Newnham by the Urban District Council with a view to its augmentation, new collecting mains at Stroud, deepening the well for the supply of Dursley, and a new reservoir and pumping plant for Lydney.

Improvements were under consideration for Birdlip, parts of East Dean, Ruardean, Dorsington, Leighterton and West Dean with Coleford.

There are, however, several places scattered over the County where the conditions cannot be regarded as satisfactory. The most urgent case and the one of widest extent is that of Coleford and West Dean, and it is to be hoped that the borings being made at Upper Redbrook may reveal a source which will provide the supply required.

FOODS AND DRUGS.

On the appointment of a new County Analyst, the Council decided to increase the number of samples to be taken for examination in order that a closer watch might be maintained over the milk sold in the County and from the following table it will be seen that the record number of 350 samples were examined:—

Samples examined 1908—1924.

(Figures in brackets are the numbers found adulterated).

	1908-21.		1922.		1923.		1924.	
	Samples.	Per-centage adul-terated.	Samples.	Per-centage adul-terated.	Samples.	Per-centage adul-terated.	Samples.	Per-centage adul-terated.
Spirits of Nitre...	37 (8)	21.6	4	—	4 (1)	25.0	2 (2)	100.0
Rum	57 (9)	15.7	—	—	—	—	—	—
Cocoa	90 (13)	14.4	7	—	21	—	—	—
Brandy	61 (8)	13.1	—	—	—	—	—	—
Milk	2,155 (251)	11.6	302 (18)	6.0	223 (23)	10.3	350 (26)	7.4
Mustard	85 (9)	10.6	—	—	2	—	3	—
Whiskey	363 (36)	9.9	—	—	—	—	—	—
Gin	175 (15)	8.6	—	—	—	—	—	—
Beer	97 (4)	4.1	—	—	2	—	—	—
Camphorated Oil ...	74 (3)	4.1	6	—	6	—	1	—
Butter	1,032 (13)	1.3	26	—	15 (1)	6.7	22 (1)	4.5
Coffee	321 (2)	.6	16	—	12	—	7	—
Sugar	269 (1)	.4	5	—	—	—	1	—
Total	4,816 (372)		366 (18)		285 (25)		386 (29)	
Other Foodstuffs ...	1,515		95		80 (1)		61 (1)	
Other Alcoholic Drinks	5		—		—		—	
Non-alcoholic Drinks ...	67		—		—		—	
Other Drugs	182		6		4		3	
Total	1,769		101		84 (1)		64 (1)	
Grand Total	6,585 (372)	5.7	467 (18)	3.9	369 (26)	7.0	450 (30)	

It would seem that the desired result—improvement in the chemical composition of the milk—has already been realised in some degree, the proportion found adulterated being 7.4 per cent., a slightly higher figure than in 1922 but considerably below the average (11.6 per cent.). The other items in the table do not call for special comment, except that the one sample adulterated of the 61 other foodstuffs examined was vinegar.

In addition to the above, samples were also examined under the special regulations dealing with milk and cream, as follows :—

			<i>Examined</i>	<i>Contravening</i>	<i>Percentage.</i>
			<i>samples</i>	<i>Regulations.</i>	
Cream	...	...	16	3	18.7
Condensed milk	...	...	34	4	11.8
Dried milk	...	...	2	—	—

Up to the present time nine producers have been licensed to sell graded milk—eight for certified milk, Grade A (Tuberculin tested) and Grade A, one for Grade A (Tuberculin tested) only, and one for Grade A (Tuberculin tested) and Grade A.

SCHEME FOR THE EXTENSION OF MEDICAL SERVICES.

In my last report I included a general statement on the principles of the scheme, the work done up to the end of 1923 and a note on the special consideration given to the procedure. I also mentioned certain developments made and proposed by the Council. Effect has since been given to the arrangements with the Chepstow Hospital and the Cottage Hospitals at Fairford and Winchcombe: the new Out-Station at Soundwell has recently been completed and work will be commenced there shortly. The table of work done and the cost of the services is brought up to the end of 1924 in the following table :—

	Period to 31st December, 1921.	Year ending 31st December, 1922.	Year ending 31st December, 1923.	Year ending 31st December, 1924.
NO. OF OUT STATIONS,	8	8	8	10
OPENINGS.				
Regular	225	407	407	420
Intermediate	—	—	—	280
Total No. ...	—	—	—	—
NO. OF CASES.				
School Children	272	942	1,566	2,643
Tuberculosis ...	44	117	111	310
V.D. ...	5	4	9	6
M. & C. W. ...	39	92	177	441
Others ...	—	13	15	33
General Hospitals	41	—	—	—
Out-Stations ...	319	74	169	515
Total ...	360	1,094	1,709	2,918
NO. OF ATTENDANCES				
School Children	758	2,282	4,239	5,326
Tuberculosis ...	173	471	548	980
V.D. ...	24	57	87	13
M. & C. W. ...	71	245	438	994
Others ...	—	29	33	92
General Hospitals	115	—	—	—
Out-Stations ...	911	175	328	816
Totals ...	1,026	2,909	5,017	6,589
AVERAGE ATTENDANCE PER OPENING AT OUT-STATIONS ...	4.0	7.1	12.3	13.6
SPECIALIST SERVICES				
Visits ...	12	45	63	80
Cases seen ...	179	705	1,001	1,485
Operations ...	56	159	312	412
Cost.				
Specialists :—				
Operations ...	£ s. d. 88 4 0	£ s. d. 250 8 6	£ s. d. 391 19 0	£ s. d. 463 10 0
Examinations	344 19 6	424 12 0	605 8 0	709 14 6
Medical Officers	433 3 6	375 0 6	997 7 0	1,173 4 6
Other Items ...	378 0 0	625 16 0	723 9 0	702 3 0
	916 18 6	1,001 6 5	1,121 9 1	1,367 8 7½
	£1,728 2 0	£2,392 2 11	£2,842 5 1	£3,242 16 1½

It will be noticed that there has been progress in all directions, particularly with respect to young infants under the care of the Maternity and Child Welfare Committee. In the very early days, it was not anticipated that many cases would appear under this heading, but the advantage taken of the opportunities now shows very great increase and it is satisfactory to see that they account for over one-eighth of the cases and attendances in 1924. With this increase in the work the average total cost per attendance has decreased as follows:—

	1921.	1924.
	£ s. d.	s. d.
Total cost per attendance	1 13 6	6 10½
Specialist services, per case	1 18 6	9 6½
Medical Officers, per attendance ...	0 5 6½	1 11

There is good reason for thinking that the average total cost per attendance will be even further reduced as the scheme develops.

The full advantages of the scheme have been realised in but small degree at present, even though there has been such considerable development in the numbers treated. More important than the mere increase in numbers is the effective and harmonious working of the numbers of different persons, committees and institutions co-operating, and the opportunities for developing both in the direction of extending the range of the services provided and of the places at which they can be obtained. Already the scope has been enlarged in both ways. Three more out-stations have been opened—at Fairford, Kingswood and Winchcombe—and requests for others have been received and will have consideration: an additional service—orthopaedic treatment—has been commenced and will shortly be extended. Other services of almost any kind can be grafted on the scheme very simply and one for which it may be found very useful is the treatment of persons now under the care of Poor Law Guardians. With such extensions of the range of services the need for covering the whole area of the County with treatment centres will become more urgent: that can be arranged by the opening of eleven further out-stations in more or less populated areas and by the use of about 13 doctors' surgeries in the more sparsely populated parts of the County. The estimated capital expenditure is about £6,000—£8,000 and the total maintenance expenditure about £5,650: the latter figure exceeds the cost for 1924 by only two-thirds, though it makes provision for considerably more than twice the area at present covered, and works out at twopence per head of the population in respect of rates per annum.

1924.

TABLE I.—RATES, &c.

DISTRICTS.	Estimated Population.	BIRTHS.					DEATHS.					
		Legiti- mate.	Illegiti- mate.	Total.	% Illegiti- mate.	Birth Rate.	Total.		Under one year.			
							No.	Rate.	Legiti- mate.	Illegiti- mate.	Total.	Infantile Mortality.
URBAN :												
Awre	1,184	19	1	20	5.0	16.9	15	12.7	1	-	1	50
Charlton Kings	4,328	56	1	57	1.8	13.2	51	11.8	2	-	2	35
Cheltenham	48,810	651	43	694	6.2	14.2	707	14.5	38	7	45	65
Cirencester	7,558	105	3	108	2.8	14.3	75	9.9	4	-	4	37
Coleford	2,854	51	5	56	8.9	19.6	28	9.8	2	-	2	36
Kingswood	13,650	222	4	226	1.8	16.5	170	12.4	23	-	23	102
Nailsworth	3,273	46	2	48	4.2	14.7	48	14.7	2	-	2	42
Newnham	1,237	26	2	28	7.1	22.6	12	9.7	2	-	2	71.5
Stow-on-the-Wold	1,202	18	-	18	-	15.0	32	26.6	1	-	1	56
Stroud	8,614	126	4	130	3.1	15.1	135	15.7	6	1	7	54
Tetbury	1,555	39	2	41	4.9	26.4	31	19.9	4	-	4	97.5
Tewkesbury	4,774	92	4	96	4.2	20.1	52	10.9	3	1	4	42
Westbury-on-Severn	1,861	37	1	38	2.6	20.4	24	12.9	-	-	-	-
Total Urban Districts	100,900	1,488	72	1,560	4.6	15.5	1,380	13.7	88	9	97	62
RURAL :												
Campden	5,383	86	4	90	4.4	16.7	82	15.2	2	-	2	22
Cheltenham	5,359	70	5	75	6.7	14.0	70	13.1	5	1	6	80
Chipping Sodbury	21,970	344	13	357	3.6	16.2	280	12.7	19	2	21	59
Cirencester	11,990	201	9	210	4.3	17.5	161	13.4	7	3	10	48
Dursley	12,750	188	10	198	5.05	15.5	120	9.4	12	1	13	66
East Dean and United Parishes... ..	21,360	438	27	465	5.8	21.8	247	11.6	30	5	35	75
Faringdon (part of)	1,047	19	-	19	-	18.1	18	17.2	1	-	1	53
Gloucester	13,190	179	7	186	3.8	14.1	141	10.7	8	-	8	43
Lydney	10,030	157	10	167	6.0	16.6	114	11.4	10	-	10	60
Marston Sicca	1,675	21	1	22	4.55	13.1	18	10.7	1	-	1	45.5
Newent (part of)	6,648	120	5	125	4.0	18.8	101	15.2	6	1	7	56
Northleach	7,515	131	7	138	5.1	18.4	95	12.65	9	-	9	65
Pebworth	3,292	64	1	65	1.5	19.8	43	13.1	3	-	3	46
Stow-on-the-Wold (part of)	6,159	102	4	106	3.8	17.2	75	12.2	2	2	4	38
Stroud	28,590	377	21	398	5.3	13.9	369	12.9	19	2	21	53
Tetbury (part of)	3,558	65	3	68	4.4	19.1	42	11.8	2	-	2	29
Tewkesbury (part of)	4,616	73	4	77	5.2	16.7	65	14.1	3	-	3	39
Thornbury	18,950	304	19	323	5.9	17.1	208	11.0	5	-	5	15.5
Warmley	19,270	292	10	302	3.3	15.7	200	10.4	13	-	13	43
West Dean	15,030	324	13	337	3.9	22.4	180	12.0	17	1	18	53
Wheatenhurst	6,258	114	5	119	4.2	19.0	73	11.7	6	-	6	50
Winchcombe (part of)	8,860	150	6	156	3.8	17.6	106	12.0	2	1	3	19
Total Rural Districts	233,500	3,819	184	4,003	4.6	17.2	2,808	12.0	182	19	201	50
Administrative County	334,400	5,307	256	5,563	4.6	16.6	4,188	12.5	270	28	298	54

TABLE III. (A)—URBAN DISTRICTS.

1924.

L.G.B.—TABLE III.—CAUSES OF AND AGES AT DEATH.

CAUSES OF DEATH.	All Ages	AGES AT DEATH									URBAN DISTRICTS												
		Under 1 year	1—2 years	2—5 years	5—15 years	15—25 years	25—45 years	45—65 years	65—75 years	75 and over	Avre	Charlton Kings	Cheltenham	Cirencester	Coleford	Kingswood	Nailsworth	Newnham	Stow-on-the-Wold	Stroud	Tetbury	Tewkesbury	Westbury-on-Syvern
1. Enteric Fever	2	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
2. Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3. Measles	11	1	3	6	1	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...	...
4. Scarlet Fever	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough	4	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
6. Diphtheria	3	...	...	...	3	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2
7. Influenza	68	3	2	...	1	1	6	17	18	20	1	3	38	1	2	5	4	...	3	7	2	1	1
8. Encephalitis Lethargica	2	...	...	...	...	1	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
9. Meningococcal Meningitis	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
10. Tuberculosis of Respiratory System	96	...	1	1	2	25	38	24	5	...	1	3	42	7	2	15	5	1	3	14	...	3	...
11. Other Tuberculous Diseases	24	6	2	3	3	1	4	3	1	1	...	1	16	1	...	3	...	...	1	1	...	1	...
12. Cancer, malignant disease	183	...	...	1	...	...	14	76	59	33	2	8	96	9	2	18	3	2	6	22	5	8	2
13. Rheumatic Fever	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
14. Diabetes	12	...	...	...	...	...	...	5	4	3	...	1	6	1	...	1	...	...	1	2	...	...	...
15. Cerebral Hemorrhage	95	...	...	...	...	...	6	22	38	29	1	3	46	5	2	16	4	...	1	12	3	2	...
16. Heart Disease	206	...	...	...	...	3	11	47	60	84	4	9	101	11	3	29	5	2	6	23	2	9	1
17. Arterio-sclerosis	59	...	...	...	...	...	1	6	15	37	...	4	38	3	1	4	1	...	2	1	1	3	1
18. Bronchitis	88	7	3	...	...	...	3	11	24	40	1	2	47	4	2	11	3	1	1	7	2	4	3
19. Pneumonia (all forms)	83	17	8	4	2	2	8	13	12	17	...	5	42	6	3	17	...	1	3	4	...	2	...
20. Other respiratory diseases	22	...	...	...	2	...	6	5	3	6	...	2	9	1	2	3	2	1	...	1	...	...	1
21. Ulcer of stomach or duodenum	5	...	...	...	...	...	2	3	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...
22. Diarrhoea, &c., under 2 years	8	5	3	...	...	...	...	...	...	...	...	...	3	1	...	3	1	...	...	...	...	...	...
23. Appendicitis and Typhlitis	9	...	...	1	3	1	2	1	1	...	...	...	9	...	...	...	...	...	...	...	...	...	...
24. Cirrhosis of liver	6	...	...	...	...	...	...	3	2	1	...	...	3	...	...	...	1	1	...	...	...	...	1
25. Acute and chronic nephritis	38	...	...	...	...	...	2	19	10	7	2	...	21	1	1	2	1	...	...	5	3	1	1
26. Puerperal sepsis	2	...	...	...	...	1	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
27. Other accidents and diseases of pregnancy and parturition	4	...	...	...	...	...	3	1	...	...	...	...	1	...	...	2	...	...	...	1	...	...	...
28. Congenital debility and malformation, premature birth	39	38	...	...	...	...	1	...	...	...	...	1	20	2	...	5	1	1	...	1	4	4	...
29. Suicide	12	...	...	...	...	...	3	8	1	...	...	1	6	3	...	...	1	...	...	1	...	...	...
30. Other deaths from violence	34	2	1	3	6	3	4	4	5	6	...	...	13	3	2	4	1	...	1	4	...	4	2
31. Other defined diseases	259	16	1	2	7	6	16	38	49	124	2	6	131	15	6	30	15	2	2	25	7	10	8
32. Causes ill-defined or unknown	4	...	...	...	...	1	...	2	1	...	1	...	1	...	...	...	...	...	...	1	...	...	1
Total	1,380	97	24	23	30	45	134	311	308	408	15	51	707	75	28	170	48	12	32	135	31	52	24

HOUSING. TABLE IV.

(Figures in brackets are numbers of houses erected under Schemes.)

	No. of houses proposed in Schemes	HOUSES ERECTED							Total	Under Schemes	Private-ly
		1919	1920	1921	1922	1923	1924				
URBAN :											
Awre	26	—	2	—	2	1	—	5	—	5	
Charlton Kings	40	—	—	16 (14)	10	9	11	46	14	32	
Cheltenham	520	2	2	97 (92)	82 (84)	17	64 (40)	264	196	68	
Cirencester	48	—	5	20 (16)	38 (36)	14	32	109	52	57	
Coleford	100	—	—	40 (40)	—	2	2	44	40	4	
Kingswood	200	1	4 (4)	2	3	—	23 (12)	33	16	17	
Nailsworth	60	—	2	22 (22)	2 (2)	7	7	40	24	16	
Newnham	25	—	—	1	—	—	2	3	—	3	
Stow-on-the-Wold	25	—	—	25 (25)	—	—	—	25	25	—	
Stroud	125	—	—	17 (16)	52 (50)	6	17	92	66	26	
Tetbury	30	—	—	12 (12)	—	—	—	12	12	—	
Tewkesbury	122	—	—	12 (12)	—	—	—	12	12	—	
Westbury-on-Severn	50	1	—	1	—	1	1	4	—	4	
Total U.D.	1,371	4	15 (4)	265 (249)	189 (152)	57	159 (52)	689	457	232	
RURAL :											
Campden	88	—	—	14 (14)	2	3 (2)	3	22	16	6	
Cheltenham	80	2	10 (10)	68 (54)	9	18	29	136	64	72	
Chipping Sodbury	471	10	22	123 (88)	40 (40)	34	78	307	128	179	
Cirencester	176	4	6 (6)	65 (58)	74 (64)	18	14	181	128	53	
Dursley	212	1	15 (15)	75 (62)	89 (87)	9	6	195	164	31	
East Dean	305	—	—	—	—	19	33 (10)	52	10	42	
Faringdon	—	—	—	2	2	2	—	6	—	6	
Gloucester	270	—	19 (19)	38 (34)	36 (18)	28	28	149	71	78	
Lydney*	106	26	2 (2)	8 (2)	34 (26)	20 (10)	35 (20)	125	60	65	
Marston Sicca	15	—	2	—	6	8	3	19	—	19	
Newent	75	—	3	—	—	7	5	15	—	15	
Northleach	86	—	—	12 (10)	1	4	7	24	10	14	
Pebworth	36	—	26 (26)	8	4	9	4	51	26	25	
Stow-on-the-Wold	71	—	12	16 (16)	39 (31)	4	12	83	47	36	
Stroud	217	2	—	66 (50)	45 (22)	95	78	286	72	214	
Tetbury	26	—	7	—	—	—	—	7	—	7	
Tewkesbury	88	2	10 (10)	28 (22)	12 (10)	6	2	60	42	18	
Thornbury	297	—	6 (6)	41 (33)	44 (24)	31	26	148	63	85	
Warmley... ..	343	—	10	54 (38)	22	5	59 (10)	150	48	102	
West Dean	400	1	4	80 (74)	157 (148)	—	9	251	222	29	
Wheatenurst	21	1	—	21 (21)	15 (15)	1	11	49	36	13	
Winchcombe	117	—	3	52 (40)	5 (1)	14	7	81	40	41	
Total R.D.	3,500	49	157 (94)	771 (616)	636 (485)	335 (12)	449 (40)	2,397	1,247	1,150	
COUNTY	4,871	53	172	1,036	825	392	608	3,086	1,704	1,382	
Schemes	—	—	98	865	637	12	92	1,704	—	—	
Private	—	53	74	171	188	380	516	1,382	—	—	

HOUSING TAB

A Report on the Housing Situation of the

Year	1918	1919	1920	Total	
				Number	Percentage
1918	100	100	100	100	100
1919	100	100	100	100	100
1920	100	100	100	100	100
1921	100	100	100	100	100
1922	100	100	100	100	100
1923	100	100	100	100	100
1924	100	100	100	100	100
1925	100	100	100	100	100
1926	100	100	100	100	100
1927	100	100	100	100	100
1928	100	100	100	100	100
1929	100	100	100	100	100
1930	100	100	100	100	100
1931	100	100	100	100	100
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