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## HEREFORDSHIRE COUNTY COUNCIL

# ANNUAL REPORT

OF THE

# MEDICAL OFFICER OF HEALTH

OF THE

Administrative County of Hereford,

# FOR THE YEAR 1926

BY

PETER LOWE, M.A. (Hons.), B.Sc., M.B., Ch.B., D.P.H.,

County Medical Officer of Health.

#### HEREFORD:

PRINTED BY THE HEREFORD TIMES LTD., MAYLORD STREET.

1927.

# COUNTY OF HEREFORD.

# PUBLIC HEALTH AND HOUSING COMMITTEE OF THE COUNTY COUNCIL.

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The Vice-Chairman of C.C.

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Mr. R. S. Beavan.

Mr. A. E. Bishop.

Mr. W. C. Bolt.

Mr. S. H. Deakin.

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Mr. E. Edwards.

Major G. Elgood, D.S.O.

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Capt. E. F. H. Evans.

Mr. C. Freer.

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Mr. J. R. H. Harley.

Mr. T. Hopkins.

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Commander A. J. Windebank,

R.N. (R.)

### MIDWIVES AND NURSING SUB-COMMITTEE.

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The Vice-Chairman of C.C.

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Mrs. Kevill-Davies.

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Mr. F. L. J. Parker.

Major L. Beaumont Thomas.

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R.N. (R.)

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The Vice-Chairman of C.C.

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Mr. R. W. Hall.

Mr. J. R. H. Harley.

Mr. T. Hopkins.

Rev. W. Marshall.

Mr. H. J. Pewtress.

Commander A. J. Windebank

R.N. (R.)

# To the Chairman and Members of the Public Health and Housing Committee of the Hereford County Council.

### LADIES AND GENTLEMEN,

I have the honour to submit to you the Annual Report on the Health and Sanitary Administration of the County for 1926.

### Population of the County and General Statistics.

The population of the County at mid-year 1926 is estimated by the Registrar-General to be 114,990, of whom 42,340 belong to the Urban Districts and 72,650 to the Rural Districts.

	1926.	1925.
Birth Rate	17.3	 18.3
Death Rate	12.3	 12.7
Infant Mortality Rate (per 1,000 Births)	61	 52.6
Death Rate-Pulmonary Tuberculosis	0.72	 0.74
Death Rate-All Forms of Tuberculosis	0.93	 0.89
Death Rate from Cancer	1.68	 1.53

### Birth Rate.

The Birth Rate for 1926 is 17.3 per 1,000 of the population, and is 1.0 per 1,000 lower than in 1925. The figure for England and Wales is 17.8.

#### Death Rate.

The Death Rate for the County is 12.3 per 1,000, which is 0.4 per 1,000 lower than the figure for 1925. The rate for England and Wales is 11.6 per 1,000.

DEATHS FROM	м—		1926.	1925.
Influenza		 	25	 36
Bronchitis		 	69	 75
Pneumonia ·		 	63	 66
Whooping Cough		 	3	 23
Measles		 	4	 3

### Infantile Mortality.

The Infantile Mortality Rate for 1926 is 61 per 1,000 births, which is 8.4 per 1,000 higher than in 1925. For England and Wales the rate is 70 per 1,000. The rate for legitimate children in the County is 58 per 1,000 births and for illegitimate children 97 per 1,000 births.

#### Tuberculosis.

The Death Rate from Pulmonary Tuberculosis is 0.72 per 1,000 of the population, which is 0.02 per 1,000 lower than in 1925. The Death Rate from other forms of Tuberculosis is 0.21 per 1,000 of the population, and is 0.05 per 1,000 higher than the figure for 1925. The total Tuberculosis Death Rate in 1926 is 0.93 per 1,000, compared with 0.89 in 1925. The Death Rate from Pulmonary Tuberculosis is again the lowest on record for the County.

### Zymotic Diseases.

The incidence of Infectious disease is much the same as in 1925, the number of notifications in 1926 being 554, as against 591 in 1925. The Death Rate from Whooping Cough is higher than in 1925. The Death Rate from Infantile Diarrhœa keeps low, and is 4.5 per 1,000 births for 1926, compared with 3.8 per 1,000 births in 1925. The figure for England and Wales in 1926 is 8.7 per 1,000 births.

#### Venereal Diseases.

The work at the Venereal Clinic continues to show satisfactory progress. The out-patient attendances show an increase on last year's. Specimens of blood are sent to Birmingham University Laboratory for Wassermann Reaction and films for Gonococci are undertaken at the County Laboratory. New arrangements have been made with regard to the Clinic which has been held at the Isolation block of the Hereford Union Workhouse since 31st March, 1924, and in-patient treatment is also provided for in the same Institution.

### County Laboratory.

2,089 Specimens, bacteriological and analytical, were examined during the year. The work carried out continues to afford great assistance in dealing with epidemics. Positive results of diphtheria swabs are transmitted to the doctors by wire. Copies of the results of all examinations made are sent to the District Medical Officers of Health for their information, and they are thus enabled to deal early and effectively with any outbreak.

#### Housing.

There is nothing to record in regard to housing, except that all the houses provided for under the Housing Scheme have been completed,

### Mental Deficiency.

Cases of Mental Deficiency are brought to the notice of the Medical Adviser by various voluntary agencies. Provision for adult cases is made at the Ross Certified Institution. High grade cases are sent for training to various Institutions where training facilities are available, only those cases unsuitable for training being retained at Ross.

I have to thank the Members of the Public Health and other Committees for their courtesy and support. I also wish to express my appreciation of the help afforded by the District Medical Officers and my indebtedness to the Staff for their loyal assistance during the year.

I have the honour to be,

Your obedient servant,

PETER LOWE.

Public Health Department,
132, St. Owen Street,
Hereford,

July 14th, 1926.

# COUNTY STAFF.

COUNTY MEDICAL OFFICER OF HEALTH, CHIEF S.M.O., Etc.: PETER LOWE, M.A. (Hons.), B.Sc., M.B., Ch.B., D.P.H.

CLINICAL TUBERCULOSIS OFFICER AND MEDICAL SUPERINTENDENT NIEUPORT SANATORIUM:

BASIL ADAMS, M.D., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH AND
ASSISTANT SCHOOL MEDICAL OFFICER:

LIEUT.-COLONEL C. F. WANHILL, M.R.C.S., L.R.C.P., D.P.H.

INSPECTOR OF MIDWIVES AND SUPERINTENDENT OF NURSES MISS G. A. PAYNE.

#### HEALTH VISITORS :

MISS J. ANDREWS.

MISS C. E. NICHOLL.

MISS K. BLACKLEDGE.

(Resigned 8th November, 1926.)

MISS E. J. GLEADELL.

MISS C. E. NICHOLL.

MISS M. SARGENT.

MRS. C. E. TURNER.

CHIEF CLERK—L. A. NICHOLLS, C.R.San.I. (The above are all full-time officials.)

## DISTRICT MEDICAL OFFICERS OF HEALTH.

			URBA	N.
Distric	t.			Medical Officer of Health.
Bromyard		 		DR. HERBERT JONES. (Resigned 30th June, 1926.)
				Dr. R. WOOD POWER. (Temporary.)
Hereford C	ity	 		Dr. A. M. Brown.
Kington		 		DR. RICHARD HARDING.
Ledbury		 		Dr. J. McKean Harrison.
Leominster		 		DR. ROBERT WILLIAMS.
Ross		 		Dr. A. J. CAMPBELL.
			RURA	L.
Bredwardin	ie	 		Dr. T. HINCKS.
Bromyard		 		
Dore		 		Dr. HERBERT JONES.
Hereford		 		(Resigned 30th June, 1928.)
Ledbury		 	1	DR. R. WOOD POWER.
Leominster		 	1	(Temporary.)
Weobley		 		
Kington		 		DR. RICHARD HARDING.
Ross		 		DR. A. J. CAMPBELL.
Whitchurch	1	 		DR. W. H. WILLIAMS.
Wigmore		 		Dr. W. B. DARROLL.

### GENERAL STATISTICS.

Area		538.924 Acr	es.
Population—1925 .			
" 1926 .		114,9	
Number of Structurally Separa		gs (1921)	. 27,590
Number of Families or Separat	e Occupier	rs (1921)	. 26,876
Rateable Value, £955,901 (Cit	y, £148,156	6; County,	(807,745).
Assessable Value, £740,809 (Ci	ty, £144,02	6; County,	(596,783).
Sum represented by	a penny i	rate-£3,087	
	Total.	M.	F.
Births-Legitimate	1850	961	889
" Illegitimate	134	81	53
BIRTH RATE-	-17·3 PER	1,000.	
Deaths	. 1412	713	699
DEATH RATE—	-12·3 PER	1,000.	
Number of Women dying in,	or in conse	equence of	childbirth—
From Sepsis			
From other Cause			
Deaths of Infants under 1 year			the_
Legitimate, 58; Illegi			
Deaths from Measles (all ages)			
,, ,, Whooping Cough			
" " Diarrhœa (under			9
at the Census of 1921 and for n			population
	1921.	1921.	1926.
	Census.	Census. Corrected.	Mid-year.
ADMINISTRATIVE COUNTY	113,189	111,829	114,990
URBAN DISTRICTS	39,940	39,778	42,340
RURAL DISTRICTS	73,249	72,051	72,650
For the County, a single adopted as applicable for both	estimate births and	of populati	on is now

8

## Urban Districts.

	Population Census 1921.	Population Mid-year 1925.	Population Mid-year 1926.
Bromyard	 1,573	1,545	1,554
Hereford City (M.B.)	 23,322	24,360	25,020
Vinatan	 1,688	1,704	1,739
Ledbury	 3,154	3,228	3,311
Toomington (MD)	 5,538	5,728	5,793
Ross	 4,665	4,815	4,923
	39,940	41,380	42,340

### Rural Districts.

Bredwardine	 	 1,969	1,996	2,036
Bromyard	 	 7,697	7,855	7,807
Dore	 	 6,254	6,229	6,203
Hereford	 	 13,894	13,500	13,480
Kington	 	 4,932	4,828	4,939
Ledbury	 	 9,060	8,979	8,985
Leominster	 	 7,599	7,512	7,451
Ross	 	 10,215	10,030	9,916
Weobley	 	 6,439	6,527	6,495
Whitchurch	 	 1,680	1,734	1,790
Wigmore	 	 3,510	3,610	3,548
		73,249	72,800	72,650

# Total Estimated Civil Population.

As Given by Registrar-General.

	Population	Population	Population
	Census	Mid-year	Mid-year
	1921.	1925.	1926.
Urban Districts Rural Districts	39,940	41,380	42,340
	73,249	72,800	72,650
Total Population Administrative County	113,189	114,180	114,990

### BIRTH-RATE.

The total number of births registered in the County during 1926, after due correction, was 1,984, against 2,092 in 1925. Of this number, 725 occurred in the Urban districts and 1,259 in the Rural Districts.

			No. of Births 1926.	Birth-rate 1926.	Birth-rate 1925.
URBAN	DIST	RICTS.			
Bromyard			 24	15.4	16.9
Hereford City			 423	16.9	18.3
Kington			 29	16.7	22.3
Ledbury			 56	16.9	23.9
Leominster			 112	19.3	17.0
Ross			 81	16.5	18-1
RURAL	DISTR	ICTS.			
Bredwardine			 34	16.7	20.0
Bromyard			 133	17.0	21.4
Dore			 129	20.1	19.9
Hereford			 235	17.4	16.8
Kington			 72	14.6	17.6
Ledbury			 168	18.7	19.2
Leominster			 118	15.8	14.1
Ross			 153	15.4	17.6
Weobley			 129	19.9	19.5
Whitchurch			 23	12.8	9.8
Wigmore			 65	18.3	21.6

# Birth-Rates of Urban and Rural Districts and Administrative County.

(PER 1,000 PERSONS LIVING.)

	1926.	1925.
Urban Districts	17.1	18.6
Rural Districts	17.3	18-1
Administrative County	17.3	18.3
England and Wales	17.8	18.3

The birth-rate for the Administrative County is 1.0 per 1,000 lower than in 1925.

Of the Urban Districts, the highest rate occurred in Leominster (19·3), and the lowest in Bromyard (15·4). Of the Rural Districts the highest rate occurred in Dore (20·1) and the lowest in Whitchurch (12·8).

### Illegitimate Births.

There were, during 1926, 134 (6.8%) illegitimate births in the County, compared with 151 in 1925 and 153 in 1924.

### DEATH-RATE.

The number of deaths which occurred in the County during 1926, after due correction for residents and non-residents, was 1,412. Of these, 507 occurred in the Urban districts and 305 in the Rural districts. The following table shows how these deaths are distributed and the rates per 1,000 persons living:—

			No. of Deaths. 1926.	Death Rate 1926.	Death Rate 1925.
			1020.	1020	1020
URBAN DIS	TRICT	S.			1-12-11-11-11-11
Bromyard				9.7	10.4
Hereford City			295	11.8	12.2
Kington			22	12.7	18.2
Ledbury			39	11.8	12.1
Leominster			66	11.4	12.2
Ross			70	14.2	17.0
RURAL DIS	TRICT	s.			
Bredwardine			30	14.7	12.5
Bromyard			105	13.4	11.6
Dore			76	12.3	14.1
Hereford			152	11.3	13.5
Kington			GA .	13.0	12.4
Ledbury			110	12.2	12.1
Leominster			00	13.3	13.4
Ross			117	11.8	12.7
Weobley			01	12.9	13.0
Whitchurch		•••	10	6.7	9.8
Wigmore			55	15.5	10.8

# Death-Rates of Urban and Rural Districts and Administrative County.

(PER 1,000 PERSONS LIVING.)

		1926.	1925
Urban Districts	 	12.0	12.9
Rural Districts	 	12.5	12.7
Administrative County	 	12.3	12.7
England and Wales	 	11.6	12.2

The death-rate of the County for 1926 is 0.4 per 1,000 lower than that for the year 1925, and is 0.7 per 1,000 higher than the death-rate for England and Wales.

Of the Urban Districts, the highest death-rate (14.2) occurred in Ross, and of the Rural Districts (15.5) in Wigmore.

The following Table gives the chief causes of death, with percentages for year 1926:—

	CAUSE O	F I	EATH.			No. of Deaths.	Percentage of Total Deaths.
1.	Organic Heart	Dis	ease			265	18.8
2.	Malignant Dis	ease				193	13.7
3.	Cerebral Hæm	orrh	age			109	7.7
4.	Tuberculosis (i	nclu	ding Phth	nisis,	83)	107	7.6
5.	Congenital Del					71	5.0
6.	T					69	4.9
7.	Pneumonia					63	4.5
8.	Arterio-Scleros					44	3.1
9.	Nephritis and			ase		44	3.1
10.	Violence (other					32	2.3
11.	T 0					25	1.8
12.	Appendicitis					14	1.0
13.						13	0.9
14.	Diabetes					10	0.7
15.						9	0.6

### INFANTILE MORTALITY.

The infant mortality rate refers to the number of children who die under the age of one year, per 1,000 births. During the year there were 42 deaths in the Urban and 79 deaths in the Rural districts of children under one year—in all 121.

		No. of Deaths, 1926.	Rate, 1926.	Rate, 1925.
URBAN.				
Bromyard		 0	0	77
Hereford City	2	 27	64	45
Kington		1	34	26
Ledbury		 i	18	78
Leominster		 4	36	21
D	1	 9	111	34
RURAL.		 9	111	34
Bredwardine		3	88	100
		 9	68	
Bromyard				60
Dore		 14	109	97
Hereford	•••	 13	55	44
Kington		 4	56	35
Ledbury		 7	42	52
Leominster		 7	59	19
Ross		 11	72	45
Weobley		 8	62	110
Whitchurch		 0	0	59
Wigmore		 3	46	38

Infantile Mortality Rates for Urban and Rural Districts and Administrative County.

(PER 1,000 BIRTHS.)

		1926.	1925
Urban Districts	 	58.0	41.1
Rural Districts	 	63.0	57.5
Administrative County	 	61.0	52.6
England and Wales	 	70.0	75.0

The rate for the County as a whole is higher by 8.4 per 1,000 births than that for 1925. The rate for the Urban Districts is 16.9 per 1,000 higher than in 1925, and that for the Rural Districts is 5.5 per 1,000 greater than in 1925.

In England and Wales as a whole the rate in 1926 was 70 per 1,000 births.

In the 105 great towns it was 73 per 1,000 births. In the 158 smaller towns it was 67 per 1,000 births.

There were 108 deaths among LEGITIMATE children under one year, out of 1,850 LEGITIMATE births—equal to a rate of 58 per 1,000.

There were 13 deaths among ILLEGITIMATE children under one year, out of 134 ILLEGITIMATE births—equal to a rate of 97 per 1,000.

### ZYMOTIC DEATH-RATE, Etc.

By the above term is meant the deaths from the Principal . Infectious diseases. There were 49 deaths, against 79 in 1925.

Number of Deaths from the Principal Zymotic Diseases in 1926.

	Urban Districts.	Rural Districts.	Admin. County.
Small Pox	 0	0	0
Measles	 1	3	4
Scarlet Fever	 0	1	1
Whooping Cough	 1	2	3
Diphtheria	 .2	2	4
Enteric Fever	 0.	1	1
Diarrhœa and Enteritis			
(under 2 years)	 5	4	9
Influenza	 11	14	25
Encephalitis Lethargica	 0	2	2
TOTALS	 20	29	49

### TUBERCULOSIS.

During the year 1926, 107 deaths were directly attributable to Tuberculosis. Of this number 83 of the deaths were caused by Pulmonary Tuberculosis (Phthisis), and 24 by other tubercular diseases.

Compared with 1925, therefore, there were 5 more deaths from all forms of Tuberculosis, 1 less from Tuberculosis of the Lungs (Phthisis), and 6 more from other forms of tubercular disease.

### Phthisis.

Tuberculosis of Lungs (Phthisis).—The number of deaths from Phthisis in the Administrative County during 1926 was 83 (compared with 84 in 1925), of which 36 occurred in the Urban and 47 in the Rural districts. The rates per 1,000 persons for the separate districts are:—

DISTR	DISTRICT.		No. of Deaths.	Rate per 1,000, 1926.	Rate per 1,000, 1925.
URBAN D	ISTRIC	TS.			
Bromyard			1	0.64	0.00
Hereford City			24	0.96	1.03
Kington			0	0.00	0.00
Ledbury			0	0.00	0.62
Leominster			3	0.52	0.87
Ross			8	1.63	0.21
RURAL D	ISTRIC	rs.			
Bredwardine			1	0.49	0.00
Bromyard			9	1.15	0.25
Dore			4	0.64	0.80
Hereford			7	0.52	0.74
Kington			2	0.40	1.24
Ledbury			2 5	0.56	0.89
Leominster			3	0.40	0.53
Ross			7	0.71	0.70
Weobley			5	0.77	0.61
Whitchurch			0	0.00	0.00
Wigmore			4	1.13	1.38

Calculated on the total number of deaths returned, the rates for Urban and Rural areas and Administrative County are:—

	No. of	Rate per	Rate per
	Deaths,	1,000 persons,	1,000 persons,
	1926.	1926.	1925.
Urban Districts Rural Districts Administrative County	36	0·85	0·80
	47	0·65	0·70
	83	0·72	0·74
England and Wales	30,107	0.771	0.833

The Phthisis death rate in the Administrative County is lower than in 1925 by .02 per 1,000 persons living.

### Other Forms of Tuberculosis.

During 1926 there were 24 deaths—13 in the Urban and 11 in the Rural Districts—from other forms of tuberculosis (compared with 18 in 1925) giving the following rates:—

District		culosis i	Tuber- Rate per including nisis). 1925.	"Other Forms of Tuberculosis." Rate per 1,000 (excluding Phthisis) 1926. 1925.		
URBAN. Bromyard Hereford City Kington Ledbury Leominster Ross RURAL. Bredwardine Bromyard Dore Hereford Kington Ledbury Leominster Ross Weobley Whitchurch Wigmore		0·64 1·32 0·57 0·30 0·86 1·63 0·49 1·15 1·29 0·67 0·80 0·56 0·54 0·71 1·08 0·00 1·41	0·00 1·07 0·59 1·24 1·05 0·62 0·00 0·51 0·96 0·89 1·24 1·11 0·80 0·90 0·61 0·00 1·38	0·00 0·36 0·57 0·30 0·35 0·00 0·00 0·64 0·15 0·40 0·00 0·13 0·00 0·15 0·00 0·28	0·00 0·04 0·59 0·62 0·17 0·42 0·00 0·25 0·16 0·15 0·00 0·22 0·27 0·20 0·00 0·00 0·00	

"Total Tuberculosis" and "Other Tubercular Diseases" Rates,
Urban and Rural Districts and Administrative County.

	Rate p	berculosis er 1,000 Phthisis). 1925.	"Other Forms of Tuberculosis" Rate per 1,000 (excluding Phthis) 1926. 1925.	
		-		
Urban Districts	 1.16	0.97	0.31	0.17
Rural Districts	 0.80	0.85	0.15	0.15
Administrative County	 0.93	0.89	0.21	0.16
England and Wales	 0.961	1.04	0.190	0.21

# Number of Cases of Tuberculosis Notified from 3rd Jan., 1926, to 1st Jan., 1927.

	Pulmo Tuber	onary culosis.	Other forms of Tuberculosis.	
	No. of Cases Notified.	Rate per 1,000 Population.	No. of Cases Notified.	Rate per 1,000 Popula- tion.
Administrative County	116	1.02	37	0.32

# ADMINISTRATIVE MEASURES AGAINST TUBERCULOSIS.

### Notification, Etc.

The number of Pulmonary Cases notified during 1926 was 14 more than in 1925, and the number of non-Pulmonary Cases notified was 8 less than in 1925.

The methods adopted for the prevention of Tuberculosis were fully set out in last year's Survey Report.

A considerable proportion of cases consult their own doctors too late, and when notified are too advanced to be suitable for Sanatorium treatment.

A fairly large number of observation cases have been treated at Sanatorium during the past year, and this is a good preventive measure. Nieuport Sanatorium, Almeley, provided by the County Council, was ready for the reception of early cases of Tuberculosis at the end of January, 1923, and provision is made for the treatment of 34 adults and 28 children. The Children's Block is entirely separated from "Nieuport House," where the adults are accommodated. There are also Tuberculosis Dispensaries at Hereford, Bromyard, Kington, Leominster, Ross and Ledbury, full particulars being given as to situation and time of clinic at page 30 of this Report.

## Surgical Tuberculosis.

Four beds at Shropshire Orthopædic Hospital are available for cases of Surgical Tuberculosis, and these are occupied almost continuously throughout the year, and at the present time seem to meet the requirements adequately.

### General.

Generally speaking, there appears to be a real need for a Hospital for advanced cases of Tuberculosis, as cases of this description are the most difficult to deal with; but, owing to present financial restrictions, there is little hope of this provision being made.

During 1926, 83 deaths occurred from Pulmonary Tuberculosis—37 males and 46 females. Of these, 30 males and 42 females have been traced as being notified; 7 males and 4 females were not notified. Twenty-four deaths occurred from non-Pulmonary Tuberculosis—15 males and 9 females, of whom 12 males and 5 females had been previously notified; 3 males and 4 females were not notified. The ratio of non-notified Tuberculosis deaths to total Tuberculosis deaths is therefore 18: 107 or 1: 6.

No action has been taken under the Public Health (Prevention of Tuberculosis) Regulations or under the Public Health Act, 1925, Section 62, during the year.

Particulars regarding Tuberculosis Dispensaries and administration of the Council's Scheme are mentioned in the body of the Report.

Very close co-operation has been maintained with the Sanitary Authorities, and copies of Laboratory Reports on analyses of Sputa, etc., are sent to Sanitary Authorities for their information, and those Authorities materially assist the Tuberculosis Officer by undertaking the disinfection of shelters. Efforts are made to prevent overlapping in home visitation, and every assistance is given by each Authority to the other and information regarding cases is exchanged.

The following-up of doubtful cases for diagnostic purposes is left in the main in the hands of the patients' own doctors, as being without the services of a full-time Tuberculosis Officer, visitation of cases is very difficult. Reports by the Tuberculosis Officer and Health Visitors on defective housing and sanifary defects are reported to District Medical Officers from time to time.

Visits have been paid during the year for the purpose of consultation to the Hereford General Hospital and the Ross and Ledbury Poor Law Institutions, and a large number of children have attended the Dispensaries on the advice of medical practitioners and the School Medical Officer. Very few of these have proved to be tubercular, and are mostly weakly and pre-tubercular children who would benefit greatly from open-air treatment. Eighty-six children have been treated in the Children's Block of Nieuport Sanatorium.

Every facility has been offered to medical practitioners in assisting them in their diagnosis, and cases which are considered doubtful have been sent to Sanatorium for observation and diagnosis.

Contacts are usually called to the nearest Tuberculosis Dispensary and kept under observation there. Owing to the shortage of medical staff, it is practically impossible to arrange any systematic visitation of contacts in their homes.

No special form of treatment is employed, and it is difficult to assign to each form of treatment its relative value as the amount of benefit derived in each case depends on all the forms of treatment afforded to the patients concerned. The greatest improvement has been found in patients who have had a course of Sanatorium treatment after living under bad housing conditions, but unfortunately these patients have had to return to their old conditions with adverse ultimate results.

No Dental treatment is provided by the Council.

Patients are visited regularly by the Health Visiting Staff on their discharge from Sanatorium, and the representative of the County Council in the district to which they are returning is notified and asked to take an interest in the case.

A large amount of work is done in regard to Non-Pulmonary cases by the local Orthopædic After-Care Committee—a voluntary organisation under the auspices of the British Red Cross Society—which is a most efficient body of workers. Clinics are held at Hereford, Leominster and Ledbury, under the supervision of a Surgeon from Shropshire Orthopædic Hospital.

Tuberculosis.

				NEW	CASES	3.	52.3	DEAT	HS.	
AGE PERIODS.		Pulmonary.		Non- Pulmonary.		Pulmonary.		Non- Pulmonary.		
			м.	F.	M.	F.	м.	F.	M.	F.
0-1			_	_	1	_	-	_	1	_
1-5			-	2	2 5	1	-	2	1	1
5-10			1	1	5	3	-	-	4	-
10-15			1	3 9	1	7	1	2	1	1
15-20	***		3		2	3 2 3	1	5	-	2
20-25		***	8	14	1	2	4	9.	-	1
25-35			16	20	3	3	8	13	3	_
35-45	***	***	4	9	1	-	7	5	1	3
4555	•••		6	6	1	1	6	6	4	-
55-65			4	4	-	-	9	1	-	-
65 and	upwar	ds	3	2	_	_	1	3		1
	TOTAL	ĻS	46	70	17	20	37	46	15	9

### Treatment.

### (a) DISPENSARIES.

The number of cases which received attention at the County Dispensaries during 1926 is given in the Tables, pages 26 and 27, and it can be stated that the County Dispensaries contributed adequately towards the control of the disease.

During the year the Dispensaries dealt with 1,490 separate attendances of patients, involving 656 patients; 299 new cases came under review.

The function of the Dispensary is to decide what form of treatment is suitable for each case. Early cases only, if possible, should be sent to Sanatorium, while late cases are granted Domiciliary treatment and the use of a Shelter where possible. A large number of the cases are not actually Tubercular, and these are kept under observation for a time until definitely diagnosed. All definitely negative cases should be discharged from attendance at Dispensary after three months' observation at the most.

### (b) Institutional.

Eight cases of Surgical Tuberculosis received treatment at the Shropshire Orthopædic Hospital during the year—5 males and 3 females.

### NIEUPORT SANATORIUM.

# ANNUAL REPORT FOR YEAR ENDED 31st DECEMBER, 1926.

During the year there have been considerably fewer admissions of adult patients, viz., 7 men and 8 women, or 15 in all, less than the previous year. The children's beds have been fully occupied. As there have not been patients waiting for admission, it has been possible to keep both adults and children for a longer period of treatment, and in consequence the average length of treatment has been increased.

A similar number of cases classified as observation, but fewer cases suffering from early disease, and a few more suffering from intermediate and advanced disease, have been admitted. One always regrets that it is not possible to get more early cases—

the type which benefits most from treatment at a Sanatorium. 127 cases (75 adults and 52 children) were admitted during the year; they consisted of the following:—

## TABLE I.

### NUMBER OF PATIENTS ADMITTED.

- 0	п	TТ	т	т	c	
A	v	u	1.		3	×

Males				 	33	
Female	es			 	42	5
		Сн	ILDREN			5
Boys					29	
Boys Girls				 	23	
					5	52
		Tota	al	 	12	27

The ages of these patients are shown in the following Table :-

### TABLE II.

### AGES OF PATIENTS ADMITTED.

### ADULTS.

		LID	JLIJ.	
Males.			Females.	
Under 20 years		4	Under 20 years	8
,, 30 ,,		10	,, 30 ,,	19
,, 40 ,,		16	,, 40 ,,	9
,, 50 ,,		2	,, 50 ,,	5
,, 60 ,,		-	,, 60 ,,	1
Over 60 ,,		1	Over 60 "	
		-		-
Total		33	Total	42
		-		-
		Сни	DREN.	
Boys.			Girls.	
Under 5 years		1	Under 5 years	
,, 10 ,,		13	,, 10 ,,	10
11			1.1	
,, 14 ,,	•••	15	,, 14 ,,	12
Over 14 ,,		-	Over 14 ,,	1
		-		-
Total		29	Total	23

On 31st December, 1925, there were 53 patients remaining in the Sanatorium; 127 cases were admitted during the year 1926, making a total of 180 cases treated in the year. Of that number 132 have been discharged, leaving 48 patients in the Sanatorium on 31st December, 1926.

### TABLE III.

### PATIENTS DISCHARGED.

Adults ... 78 Children ... 54 Total ... 132

AVERAGE LENGTH OF . TREATMENT.

Adults ... 104 days. Children ... 167 days.

The Classification on admission of the 132 cases discharged is shewn on Table IV. The method of classification is the same as that used on Page 3 of the Yearly Financial Statement (Form T.90) (Revised) required by the Ministry of Health.

TABLE IV.

CLASSIFICATION OF CASES DISCHARGED.

	AD	ULTS.	Снп	DREN.	Tomero
	Males.	Females.	Boys.	Girls.	TOTALS
Pulmonary—					
1. Observation	15	16	28	24	83
2. Early	7	2	-	-	9 22
3. Intermediate	10	12	-	-	22
4. Advanced	1	9	-	-	10
Non-Pulmonary—	10000	000	100	The labor	
1. Glandular-Peritoneum, &c.	3	3	1	-	7
2. Bones and Joints	-	-	1	-	1
TOTALS	36	42	30	24	132

## RESULTS OF TREATMENT.

With reference to the results of treatment, the actual gain or loss of weight has been considered in four tables—V(a), (b), (c), and (d)—shewing adult males and females and boys and girls separately. The actual weight is considered in pounds and ounces, and, on the whole, is quite satisfactory.

TABLE V. (a). ADULTS (MALES).

	No. o	of Case	s which	shew		To	tal.		A	vei	age.	
Classification.	Gain.	Loss.	No change	No record.	Gai	n.	Los	s.	Ga	in.	Los	ss.
Observation	13	_	_	2	1b. 112		1b. c	)Z.		oz. 10		oz.
Early	6	1	-	-	72	8	1	0	12	1	1	0
Intermediate	8	-	1	-	56	4	_		7	0	_	
Advanced	-	1	-	-	-	-	6	0	-	-	6	0
Glandular- Peritoneum, &c.	3	-	-	-	24	8	-		8	2	-	
TOTALS	30	2	1	2	265	12	7	0	8	13	3	8

TABLE V. (b). ADULTS (FEMALES).

	No.	of Case	s which	shew		To	tal.		A	vei	rage.
Classification.	Gain.	Loss.	No change	No record	Ga	in.	Los	s.	Ga	in.	Loss.
Observation	16	_	_	_	1b. 133		1b. c	oz.	lb. . 8		lb. oz.
Early	2	-	-	-	25	5	_		12	10	_
Intermediate	9	2	-	1	101	0	10	4	11	3	5 2
Advanced	2	. 3	-	4	20	4	5	0	10	2	1 11
Glandular- Peritoneum, &c.	2	-	-	1	21	8	_		10	12	-
TOTALS	31	5	-	6	301	12	15	4	9	12	3 1

TABLE V. (c).

CHILDREN (BOYS).

	No.	of Case	s which	shew	To	tal.	Aver	age.
Classification.	Gain.	Loss.	No change	No record.	Gain.	Loss.	Gain.	Loss.
Observation	27	_	_	1	1b. oz. 178 9	1b. oz.	1b. oz. 6 10	
Glandular- Peritoneum, &c.	1	_	-	_	14 12	-	14 12	_
Bones and Joints	1	-	-	-	21 8	-	21 8	-
TOTALS	29	_	_	1	214 13	_	7 6	

TABLE V. (d). CHILDREN (GIRLS).

	No. o	of Case	s which	shew	То	tal.	Avei	rage.
Classification.	Gain.	Loss.	No change	No record	Gain.	Loss.	Gain.	Loss.
Observation	24	_	_	-	1b. oz. 211 0		1b. oz. 8 12	1b. oz.
TOTALS	24	-	-	-	211 0	-	8 12	_

Table VI. shows the condition of the 132 patients on discharge from the Sanatorium. I have adopted the following method of classification.

TABLE VI.

1. Observation Fe Bo Gi	C1/311	CI	assifica	tion o	n Dis	charge	e.	
1. Observation \begin{align*} \text{Mathematics} & Red & Gi & Fe & Bo & Gi & Fe &	SIOII.	A	В	C	D	E	F	Total
1. Observation Fe Bo Gi  2. Early Market Bo Gi  3. Intermediate Market Bo Gi	241							
2. Early Market Section	males	-	-	-	-	1	14	15
2. Early MF6 BC Gi  3. Intermediate MF6 BC		-	-	_	-	2	26	28
2. Early Fe Bo Gi	rls		-	-	-	2	22	24
2. Early Bo	ales	4	3	-	_		-	7
3. Intermediate	males	2	-	-	-	-	-	2
3. Intermediate	ys	-	-	-	-	-	-	-
3. Intermediate Fe	rls	-	-	-	-	-	-	-
3. Intermediate Bo	ales	-	6	4	-	-	-	10
	males		8	4	-	-	-	12
(GI		-	-	-	-	-	-	-
	ris	-	-	-	-	-	-	-
	ales	-	-	-	1	-	-	1
	males	-	1	4	4	-	-	9
D		-	-	-	-	-	-	-
\Gı	rls	-	-	-	-	-	-	-
Non-Pulmonary-					1399			
	ales	1	2	-	-	-	-	3
	males		1	2	-	-	-	3
&c \Bo	bys	1	-	-	_	-	-	1
(6)	rls	-	-	-	-	-	-	1
	ales		-	-	-	-	-	-
	males	-	-	-	-	-	-	-
		1.	-	-	-	-	-	1
(G	ys		10000	10000				
TOTALS	rls	-	-	-	-	-	-	-

A. Disease arrested. B. Improved, but not arrested. C. No improvement. D. Died in Sanatorium. E. Self-discharged or dismissed. F. No definite evidence of Tuberculosis.

It will be seen from Table VI. that 6 cases (1 man, 1 woman and 4 children) left the Sanatorium against my advice. On the whole, the patients have carried out their treatment to my satisfaction, and their general conduct has been excellent.

As in previous years, the patients, as they improved in health, were given some useful work to do. The men have done quite helpful jobs in the gardens and, on wet days, have chopped firewood in the shed adapted for the purpose. The women have followed their usual routine of washing up after meals, and tidying their quarters.

BASIL ADAMS, M.D., D.P.H., Medical Superintendent.

2

131

133

99

TOTAL

		Total.	18 16 28	. 62	for notified 26.	In Institutions on Dec. 31.	27 24	21212
YEAR 1926.	MONARY JEOSIS,	Other Conditions.			then required for the YEAR 1926.	Died in the Institutions.	-400	0000
DURING THE	Non-Pulmonary Tuberculosis.	Disease of Bones and Joints.	Girls.		surgical beds at Shropshire Orthopædic Hospital for use when required for notified cases of Tuberculosis of any age or sex.  EXTENT OF RESIDENTIAL TREATMENT DURING THE YEAR 1926.	Discharged during the year.	252 53	15 16 28 24
PATIENTS DI	MARY ULOSIS.	" Hospital " Beds.	18 16 Boys. 12		hopædic Hosp ge or sex. TREATMENT	Admitted during the year.	27 0 4	13 16 29 21
FOR	PULMONARY TUBERCULOSIS.	" Sana- torium " Beds.	91		Shropshire Ort culosis of any a	Institutions on Jan. 1.	12 6 5 1	4 2 2 2 2
BEDS AVAILABLE		Observation.			cases of Tuberculosis of any age or sex EXTENT OF RESIDENTIAL TREATM		1111	1111
AVERAGE NUMBER OF 1			Adult Females Children under 15	TOTAL	N.B.—In addition there are four surgicase reserved by RETURN SHOWING THE EX		NUMBER OF PATIENTS— Adults—M  Children—M	NUMBER OF OBSERVATION CASES— Adults—M F Children—M

OF.	1	TOTAL	1	61 -	804	100	-0184	-4	1 - 67	-	- 01	83
	Treatment in the Institution.	an hs.	Ch.	1::	1:::	1:::	1111	1::	::	:	::	han ks.
OBSERVATION YEAR 1926.	nstit	More than	F.	::	: : :	: : :	: : :-	- ::	; ;	:	11	More than 4 weeks.
BSERV	the I	Mo 12	M.	1::	1:::	-::	::::	::	::	:	1.1	M 4 01
100	nt in	-	Ch.	::	:::	1:::	::::	: 67	::	:	-:	. 61
	atme	6-12 months.	F.	1::	:	1:::	::::	::	::	:	::	2—4 weeks.
AND		. B.	M.	::	-::	e - :	:::-	::	- :	-	::	_ 4
PATIENTS UTIONS DU	of Residential		Ch.	1::	1:::	:::	1:::	1::	"::	:	::	
TION	Resid	3—6 months.	E.	- ::	-01-	4.01	:01	::	:-	:	:-	1—2 weeks.
OF P		, iii	M.	- ::	1000	1 1 ::	-:::	::	::	:	::	- :
500	Duration		Ch.	::	1111	1411	::::	::	::	:	!!	
TREATMENT DENTIAL INS	Du	Under 3 months.	F.	1::	111	:	:-01:	::	:-	:	::	Jnder week.
TRE/		Du	M.		1:::	:::	::::	:67	::	:	:-	D
OF				1 ::	1:::	1:::	1111	::	::		11	.:
RESULTS D FROM		GE.		::	:::	:::	::::	::	::	:	11	
		DISCHARGE.		::	:::	:::	::::	::	::	:	::	diagnosis-
RETURN SHOWING THE IMMEDIATE DOUBTFUL CASES DISCHARGE	Hon.	CONDITION AT TIME OF	I	s. Improved	.B. Quiescent Improved 1. No material improvement	B. Improved No material improvement Died in Institution	.B. Improved No material improvement Died in Institution	and Quiescent or Arrested s. Improved	m- Improved No material improvement	r Improved	eral Quiescent or Arrested	Observation for purpose of dia Non-Tuberculous
RET	HOISS	lassifica imba n	or C	Class T.B minus.	Class T.B.	Class T.B.	Class T.B. plus. Group 3.	Bones and Joints.	Tubero inal.	Other Organs.	Ros Glands.	
Er.	3000										-	av.

		Children.	F.	37	19	97	22 17
YEAR 1926.	AL.	Chil	M.	15 43	122	- 601	12 33
	TOTAL.	Adults.	F.	36		1 4	59 16
G THE		Adı	M.	36 21 19	-11	c1 &	104
DURING	RY.	ren.	F.	no	111	1 1	18
RIES)	MONA	Children.	M.	-	111	1 1	∞ l
DISPENSA RIES)	NON-PULMONARY.	Its.	F.	e	111	1 1	10
R DIS	ON	Adults.	M.	9	111	1 1	= 1
DISPENSARY (OR		lren.	F.	- 8	-11	1 1	41
SPENSA	ARY.	Children.	M.	8	111	1 1	41
THE DE	PULMONARY.	Adults.	F.	33	-11	- 1	49
OF	Pt	Ad	M.	30	-11	61	93
RETURN SHOWING THE WORK			DIAGNOSIS	A.—New Cases examined during the year (excluding contacts):—  (a) Definitely tuberculous (b) Doubtfully tuberculous (c) Non-tuberculous	B.—Contacts examined during the year:— (a) Definitely tuberculous (b) Doubtfully tuberculous (c) Non-tuberculous	C.—CASES written off the Dispensary Register as	D.—Number of Persons on Dispensary Register on December 31st:—  (a) Diagnosis completed  (b) Diagnosis not completed

2 2 0 2	1. Number of persons on Dispensary Register on January 1st	313 44 51 25 26	9. Numbe the 10. Numbe (a) At (b) Oth 11. Numbe Offi	Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary  Number of consultations with medical practitioners:—  (a) At Homes of Applicants  (b) Otherwise  Number of other visits by Tuberculosis Officers to Homes  Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	Nil. 51 41 73
Number of (includ	Number of attendances at the Dispensaries (including Contacts)	1490	13. Number of (a) Specimer (b) X-ray er with Di	Specimens of sputum, &c., examined X-ray examinations made in connection with Dispension work	200
Number of cases a treatme	7. Number of attendances of non-pulmonary cases at Orthopædic Out-stations for treatment or supervision	Nil.	14. Numbe Reg	Number of Insured Persons on Dispensary Register on the 31st December	MII.
Number of a	8. Number of attendances, at General Hospitals or other Institutions approved for the		15. Numbe Tre	Number of Insured Persons under Domiciliary Treatment on the 31st December	62
purpose, of patient (a) "Light" treatment (b) Other special forms	purpose, of patients for (b) Uther special forms of treatment	Nil. Nil.	16. Numbe in (a) For (b) For	Number of reports received during the year in respect of Insured Persons:—  (a) Form G.P. 17	27 180

### Shelters.

Fifty-two shelters have been in almost constant use during the past year, and the benefits accruing to patients who have previously received Sanatorium treatment are generally very marked. A large number of shelters has now been overhauled, while three have been found to be beyond repair. These have been dismantled and one shelter made of the best of the wood. Two new ones have been sanctioned by the Council, and are in course of erection.

Through the generosity of Mrs. Fox, of Fownhope, two additional Shelters have been placed at the disposal of the Council.

### Extra Nourishment.

During 1926 grants for extra nourishment were made to 32 patients at a cost of £135 1s. 2d.

### Nursing Arrangements.

These are the same as described in previous Reports, and form part of the approved Nursing Scheme for the County. In addition to attendance at the Dispensaries, domiciliary visitation is made to notified cases as soon after notification as possible. Special visits and much attention have been devoted to Tuberculous soldiers.

### OTHER RESPIRATORY DISEASES.

These diseases include Pneumonia, Bronchitis and other diseases of the Respiratory organs (but do not include Tubercular disease of the lungs).

From these causes there were 145 deaths—52 in Urban and 93 in Rural Districts, compared with 158 for 1925.

	Bronchitis.	Pneu- monia.	Other Diseases.	Total Rates per 1,000.
Urban Districts	 22	24	6	1.2
Rural Districts	 47	39	7	1.3
Admin. County	 69	63	13	1.3

Dispensaries, 1926.

		30					
No. of Cases Attended.	325	85	29	72	51	26	656
No. of Patients' Attendances.	614	209	204	195	171	26	1490
Day and Hours when Dispensary or Visiting Station is open.	Wednesday, Saturday, 9.30—12.30	Friday, 12.30-2 (fortnightly)	Thursday, 12.30—2 ( ,,, )	Tuesday, 12.30—2 ( ", )	Thursday, 10.30—12 ( ", )	Tuesday, 12.30—2 ( ", )	TOTALS
Dispensary.	Hereford (St. Peter's House)	Leominster (Cottage Hospital)	Ross (2, Church Street)	Ledbury (Homend Lodge Cottage)	Bromyard (Market Square)	Kington (Church Street)	

NOTIFICATIONS FROM 3rd JANUARY, 1926, TO 1st JANUARY, 1927.

NOTIFICATIONS ON FORM " C,"		Sana- toria.	91	17	61	-
NOTIFI ON FOR	Poor	Law In- stitu- tions,	1	1	1	1
7	Total Noti-	tions on Form	-1	1	1	1
NOTIFICATIONS ON FORM " B."	nary	Total primary Notifi- cations.	1	1		1
PICA	No. of Primary Notifications.	15 15	1	1	1	1
Nor	lo. of Notif	to 10	1	1	1	1
	4	Un- der 5	1	1	1	1
	Total Noti-	tions on Form	46	71	17	20
		and primary up- Notifi- wards cations.	91	70	17	20
		65 and up- wards	6	61	1.	1
. A.	ions.	55 to 65	4	4	1	1
ORM	ificat	45 to 55	9	9	-	-
ON FORM "A."	No	35 to 45	4	6	-	1
	mary	25 to 35	16	20	6	60
Notifications	Number of Primary Notifications.	20 to 25	00	14	-	61
OTIF	ber o	15 to 20	8	6	61	8
2	Num	10 to 15	-	3	1	7
		5 to 10	-	1	5	8
		to 5	1	61	2	-
		- t-	1	1	-	1
		Age Period.	Pulmonary Males	Pulmonary Females	Non-Pulmonary Males	Non-Pulmonary Females

These figures refer to the cases which have been reported to me weekly by the District Medical Officers of Health-not to the returns in their Annual Reports.

### Cancer.

During the past year 193 deaths in the County were due to Cancer, 63 occurring in the Urban districts and 130 in the Rural districts. The rates are as follow:—

	Rate per 1,000 1926.	Rate per 1,000 1925.
Urban Districts	1.42	1.71
Rural Districts	1.79	1.43
Administrative County	1.68	1.53

### PREVALENCE OF INFECTIOUS DISEASES.

### Small-Pox.

No cases of Small-pox were notified during the year.

### Scarlet Fever.

During the year 44 cases were returned as notified in the Urban and 100 in the Rural districts—144 in all against 178 in 1925. There was one death in a Rural district from Scarlet Fever during 1926, a female between 2 and 5 years of age.

	Attack rates per 1,000 population.	Number treated in Hospital.
Urban Districts	 1.04	22
Rural Districts	 1.38	37
Administrative County	 1.25	59

There was a slight decrease in the number of cases of Scarlet Fever compared with 1925 in both Urban and Rural districts.

### Diphtheria.

The number of cases of Diphtheria notified during 1926 was 100—53 from the Urban Districts and 47 from the Rural Districts, against 117—60 Urban and 57 Rural in 1925.

Four deaths occurred during the year—3 males, 5—15 years, and 1 female, 2—5 years.

	Attack rates per 1,000 population.	Number treated in Hospital.	
Urban Districts	 1.25	32	
Rural Districts	 0.65	25	
Administrative County	 0.87	57	

### Typhoid and Allied Fevers.

Under this head there are 3 cases to record—1 in the Urban and 2 in the Rural Districts. There was one death in the Rural Districts: one female between 15 and 25 years.

		Attack rates per 1,000 population
Urban Districts	 	 0.02
Rural Districts	 	 0.03
Administrative County	 	 0.03

### Puerperal Fever and Puerperal Pyrexia.

There were 4 cases of Puerperal Fever notified during the year, 1 from the Urban Districts and 3 from the Rural Districts. There was 1 death in the Urban Districts between 15 and 25 years, and 2 deaths in the Rural Districts between 25 and 45 years.

There were 6 cases of Puerperal Pyrexia (1 Urban and 5 Rural) notified during the year.

		Attack rates per 1,000 population.
Urban Districts	 	 0.02
Rural Districts	 	 0.04
Administrative County	 	 0.03

### Ophthalmia Neonatorum.

During the year 1 case was notified from the Rural Districts. The case was treated at home, and recovered with sight unimpaired.

### Poliomyelitis.

Four cases were notified during the year, and one death occurred in the Rural Districts.

### Encephalitis Lethargica.

Five cases of this disease occurred during the year—all in the Rural Districts. Two deaths occurred during the year in the Rural Districts, both females, 45—65 years.

### Whooping Cough.

Three deaths occurred from this disease, one in the Urban Districts and two in the Rural Districts. One male and one female under 1 year, one male between 1 and 2 years.

### Measles.

Four deaths occurred during the year, one in the Urban and three in the Rural Districts. One male and one female 1-2 years, and one male and one female 25-45 years.

A system of notification by School Teachers to the School Medical Officer, and the District Medical Officers of Health has been in force for several years, and through this channel cases were notified.

## Erysipelas.

Of this disease 21 cases were notified—9 from the Urban and 12 from the Rural Districts.

### Diarrhœal Diseases.

Seventeen deaths occurred—three males and five females under 1 year of age, one male 1-2 years, one male and one female between 2 and 5 years, two females between 65 and 75 years and four females over 75 years.

### Influenza.

There were 25 deaths, 11 in the Urban and 14 in the Rural Districts—one male under 1 year of age, one female at 2-5 years, one male at 15-25 years, one female at 25-45 years, and three males and four females at 45-65 years, five males and one female at 65-75 years, and four males and four females over 75 years.

#### ISOLATION HOSPITALS.

The provision in respect of Infectious Diseases Isolation Hospitals remains the same as outlined in last year's Annual Report.

#### Venereal Diseases.

By the Approved Scheme one Treatment Centre is provided at the Isolation Block of the Hereford Union for the whole County, and is under the care of a physician and a surgeon who have specialised in these diseases. Arrangements are made with Birmingham University Pathological Department for the Wassermann tests, etc., and with the County Laboratory for part of the microscopical work. In-patient treatment is also provided for at the same Institution.

The Clinic is available for the entire County, and is also open to patients from the County of Radnor.

The Clinic is held at the Isolation Block, Hereford Union, Workhouse, at the following hours:—

Tuesdays, 6-7 p.m.-Females.

Wednesdays, 1.30 to 2.30 p.m.-Males and Females.

Fridays, 6-7 p.m.-Males.

The Clinic is open to Males for irrigation daily (except Sundays) between 6 and 7 p.m.

The Medical Officers are :-

DR. PAUL CHAPMAN.

#### DR. WILLIAM AINSLIE.

The present arrangements are adequate and the co-operation of the medical profession is satisfactory. On receipt of the results of the Wassermann reactions from Birmingham, a letter is sent to each practitioner whose patient has given a positive result, together with a card giving all particulars of the Clinic and offering treatment for his patient under the Council's scheme.

The medical practitioners in the area are all well informed of the facilities provided for diagnosis and treatment, and that they can consult the medical officers of the Clinic by appointment on any Clinic day.

Seven medical practitioners, in addition to the medical officers of the Clinic, are qualified to receive free supplies of arsenobenzol compounds, but it is difficult to state the exact number of cases so treated.

Returns relating to all persons who were treated at the Treatment Centre during the Year 1926. PUBLIC HEALTH (VENEREAL DISEASES) REGULATIONS, 1916.

	Syphilis.	Soft Chancre.	Gonorrhæa	Conditions other than Venereal.	Total.	
	M. F.	M. F.	M. F.	M. E.	M. F.	
1. Number of cases which—  (a) at the beginning of the year under report were under treatment or observation for  (b) had been marked off in a previous year as having ceased to attend or as transferred to other Centres, and which returned to the Treatment Centre during the year under report suffering from the same infection	49 40	1 1	4 1	- 1	54 40	
Toral,—Items 1 (a) and 1 (b)	49 40	1.1	4	1 - 1	54 40	
2 (a). Number of cases dealt with at the Treatment Centre during the year for the first time	17 9	1	33 7	14 7	64 23	
Total.—Items 1 (a), 1 (b) and 2 (a)	66 49	1	37 7	15 7	118 63	
2 (b). Number of cases included in Item 2 (a) known to have received previous treatment at other Centres for the same infection	61	1	1 -		8	
3. Number of cases which ceased to attend—  (a) before completing the first course of treatment for  (b) after one or more courses but before completion of treat-	1	1	1	1	1	
but before final tests	21 14	1	12 2	1	33 16	
4. Number of cases transferred to other Treatment Centres after	1	1	1	1	1	
	1 1	1	1	1	2	
	28 14	1	11 3	15 7	54 24	
under treatment or observation f	16 21	1	13 2	1	29 23	
TOTAL,—Items 3, 4, 5, and 6	66 49	1	37 7	15 7	118 63	

PUBLIC HEALTH (VENEREAL DISEASES) REGULATIONS, 1916-cont.

		Soft		Conditions	ions		1
	Syphilis.	Chancre.	Gonorrhaa		eal.	Total.	1.
	M. F.	M. F.	M. F.	M.	F.	M.	F.
7. Out-patient attendances— (a) For individual attention by the Medical Officer (b) For intermediate treatment, e.g., irrigation, dressings, etc	199 245	11	133 37 250 18	13	13	351	295
TOTAL ATTENDANCES	199 245	1	383 55	21	13	603	313
8. Aggregate number of "In-patient days" of treatment given to persons who were suffering from	Nil.	Nil.	- 46	Nil.	-	1	46
		FOR DETECTION OF	TION OF				
	Spirochetes.	Gonococci.	_	Organisms.	Was: Rea	Wassermann Reaction.	
9. Examinations of Pathological material:—  (a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre  (b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory.	Nii.	Nii.		Nii.		Nil. 60	-
10. No. of doses of Salvarsan Substitutes given :—  (a) Out-patient Clinic  (b) In-patient Department	11	11	Z ::	Number. 249			
Torat				249			
					ı	ı	I

#### HOUSING.

#### Housing and Town Planning Act, 1909, etc.

In view of the curtailment of Schemes by the Ministry of Health, most Councils will, no doubt, be content to carry out a modified programme in the meantime. The details of the work of each Sanitary District, kindly supplied by the District Medical Officers of Health, shew the scope of the work done during the

			al New Horected duri		Houses erected as Part of Council's Scheme.		
URBAN DISTRIC	rs.						
Bromyard			8		_		
Hereford Ci	ty		127		100		
Kington			1		_		
Ledbury			12		-		
Leominster			18		14		
Ross			-		_		
RURAL DISTRICT	rs.						
Bredwardine			1	*		2 700	
Bromyard			8		<u></u>		
Dore			1		_		
Hereford			13		-		
Leominster			4		-		
Weobley			2				
Ledbury			10		_		
Kington			4		_		
Ross			13		_		
Whitchurch			-		-		
Wigmore			3 22		-		
	W	ATER	SUPPLIE	ES.			

URBAN DISTRICTS.

The water supply in all the Urban Districts is satisfactory.

#### RURAL DISTRICTS.

The water supplies in the Rural Districts are mainly from shallow wells, which yield waters of a rather low standard.

#### SEWERAGE AND DRAINAGE.

This remains the same as outlined in last year's Survey Report.

#### SALE OF FOOD AND DRUGS ACTS.

This is undertaken by the Standing Joint Committee of the County, so far as the County area is concerned. The City of Hereford is a separate local executive Authority, and its Health Committee controls the duties performed under the Acts.

In accordance with the Local Government Board Order, 6th August, 1912, the County Public Health Committee recommended in 1913 that the County Medical Officer of Health should supervise generally the administration of the Food and Drugs Acts, and that some co-operation should be brought about between the two Committees.

A more recent resolution of the Public Health Committee provides that the County Medical Officer shall draw the attention of the Standing Joint Committee to any question under the above Acts or under "Orders" of the Ministry of Health relating to Food which he considers vitally affects the public health of the County.

County of Hereford.

			San	ber of uples ken.	Gen	uine.	Adult	erated.
			Formal.	Informal.	Formai.	Informal.	Formal.	Informal
1.	Milk	 	16	21	16	17	0	4
2.	Butter	 	10	18	10	17	0	1
3.	Margarine	 	3	2	3 2	2	-	-
4.	Lard	 	2	4	2	4	-	-
5.	Demerara Sugar	 	1	1	1	1	-	-
6.	Liquorice Powder	 	1	0	1	0	-	-
7.	White Pepper	 	1	5	1	5	-	-
8.	Vinegar	 	1	3	1	3	-	-
9.	Glycerine	 	0	1	0	1	-	-
10.	Coffee	 	2 0	0	0 2 0	0	-	-
11.	Tea	 	0	1		1	-	-
12.	Ground Ginger	 	0	2	0	2 2	-	-
13.	Arrowroot	 	0	2	0	2	-	-
14.	Sugar	 	0	1	0	1	-	
15.	Cheese	 	0	1	0	1	-	-
16.	Glauber's Salts	 	1	0	1	0	-	-
	TOTALS	 	38	62	38	57	0	5
			10	00	98	5		;

There were no prosecutions under the Acts. The four informal samples of Milk were deficient in fat to the extent of 1%, 12%, 18%, and 32%. One informal sample of butter contained 21.4% of water, and a further (formal) sample was analyzed.

## PUBLIC HEALTH (CREAM AND MILK) REGULATIONS, 1912 AND 1917.

There were no samples taken under these Regulations.

City of Hereford.

#### SALE OF FOOD AND DRUGS ACTS.

The following Table shows the number and nature of the articles submitted to the Public Analyst during the year ending December 31st, 1926, and the result of the analysis:—

Formal   Informal   Formal   Informal   Formal   Informal   Info		ARTICLES.		nber nased.		nber uine.		nber erated.
2. Milk, Condensed		ARTICLES.	Formal.	Informal.	Formal.	Informal.	Formal.	Informa
	2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17.	Milk, Condensed Cream Butter Margarine Lard Pepper Rice Coffee Baking Powder Cocoa Mustard Ground Ginger Demerara Sugar Cream of Tartar Bicarbonate of Soda Sponge Cake Apples (Imported) Honey Gregory's Powder Ammon : Tinc. Quinine Tincture of Rhubarb		2 7 3 1 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1		2 7 3 1 2 2 4 1 1 1 2 1 1 1 1 1 2	2	

## SALE OF FOOD AND DRUGS ACT, 1899.

No wholesale dealers in Margarine, or Margarine Cheese, were registered during the year, and there are four premises registered wherein the business is carried on.

## PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912 AND 1917.

#### 1. Milk and Cream not sold as Preserved Cream.

	exa p	mined for resence of eservative.	the a	Number in which preservative was reported to be present.
Milk	 	36		Nil.
Cream	 	2		Nil.

#### 2. Cream sold as Preserved Cream.

- (a) Instances in which samples have been submitted for analysis to ascertain if the statement on the label as to preservatives was correct—Nil.
- (b) There have been no instances where (apart from analysis) the requirements as to labelling or declaration of cream have not been observed.

## 3. Thickening Substances.

There was no evidence of their addition to the samples of Cream.

## MATERNITY AND CHILD WELFARE.

Notification of Births (excluding Hereford City) :-

REGISTERED—(1) Legitimate, 1,561; (2) Illegitimate, 109; total, 1,670.

Notified—(1) Live Births, 1,468; (2) Still Births, 51; total, 1,519.

(1) By Midwives, 1,251; (2) Parents and Doctors, 268.

Infant Deaths (excluding Hereford City) :-

- (1) Legitimate, 82; (2) Illegitimate, 12; total, 94. Rate per 1,000 births:—
  - (1) Legitimate, 56; (2) Illegitimate, 110; total, 60.

## Health Visiting.

The present Scheme, as approved by the Local Government Board, was initiated in November, 1917.

The present whole-time staff consists of the Superintendent with the assistance of a lady clerk, and six Health Visitors, working in six Health areas. Within these areas the part-time service of 48 local District Nurses is also available, mostly for school and notification of birth duties.

In the several areas the Health Visitors, assisted by the local District Nurses, visit the notified births, attend the local Infant Welfare Centres, visit all notified cases of Tuberculosis, including discharged soldiers, and attend the local Tuberculosis Dispensaries. Cases of Measles and Whooping Cough were visited where these diseases were prevalent.

## Grants to District Nursing Associations.

Grants are paid to Associations affiliated to the County Nursing Association on the following basis:—£35 for the first year; £25 a year for the next two years, and £20 a year thereafter.

These grants are intended to be devoted towards paying the District Nurse's salary.

The following is a summary of the work carried out during the year 1926:—

-			
	INFANT WELFARE.		Visits.
1.	Attendances at Welfare Centre		 178
2.	Visits to Infants under 1 year		 1,521
3.	Re-visits		 5,718
4.	Visits to Ante-Natal Cases		 766
5.	Re-visits		 1,702
6.	Visits to Children, 1-5 years		 11,429
	TUBERCULOSIS.		
1.	Attendances at Dispensary		 235
2.	Domiciliary Visits to Notified Cas	es	 64
3.	Re-visits		 2,028
4.	Visits to Discharged Soldiers		 3
5.	Re-visits		 172
6.	Visits to Shelters		 483
	OTHER WORK.		
1.	Ophthalmia-Visits and Re-visits		 7
2.	Mancles		 166
3.	Mental Deficiency ,, ,,		 675
	TOTAL VISITS		 25,147

Expectant and nursing mothers, and children up to five years of age are seen at the Voluntary Child Welfare Centres. Facilities are provided at Ross Welfare Centre for examination of ante-natal cases and advice only is given at the other Centres. Ante-natal visits are also paid by the Health Visitors in the different areas and advice given. There are no Hospitals run by the County Council for the reception of expectant and nursing mothers and young children, but there is a Maternity Home at Ross as part of the Voluntary Infant Welfare Centre there.

The arrangements for Orthopædic treatment of children under five years of age is undertaken by the local Orthopædic After Care Committee, as described under Tuberculosis.

MILK (MOTHERS AND CHILDREN) ORDER, 1918.—The Order has been in force during the year, and is operative within the County area as a whole. No scale of wages has been adopted by the Council, the basis of distribution being largely destitution. Every case is carefully scrutinised by the Health Visitors, and all information as to wages, number in family, etc., is transmitted to the County Medical Officer of Health on special forms. Applications come through the Infant Welfare Centres, medical practitioners, local nurses, and Health Visitors. During the period in question these cases were dealt with at a cost of £36 0s. 0d.

#### Infant Welfare Centres.

Voluntary Infant Welfare Centres are established in Leominster, Ross, Ledbury, Kington and Weobley. In the case of the last mentioned, the meetings are held alternately in Weobley and Dilwyn.

The County Council gives to each Voluntary Centre a grant of £5 yearly, and the County Medical Officer, or one of his Assistants, gives advice at the Centres at each meeting.

These Welfares are run by enthusiastic voluntary workers who have local knowledge of the cases requiring advice. This voluntary effort is carried on in cordial co-operation with the official work of the Health Visitors and District Nurses.

Much encouragement has been forthcoming from general practitioners in the areas concerned.

At several of the Centres useful exhibitions were held, and at all the Centres "Health Talks" were given during the year.

The following is an account of the work at the five Centres during the year:—

0		
1.	Number of Infants attended	328
2.	Number of Attendances, Children ;	2752
	" Expectant Mothers	52
3.	Number of Children aged 2-5	
		20
	Number of children who were breast fed entirely.	198
	Artificial foods used :- Cows' Milk, Barley	
	Water, Cow and Gate, Glaxo, Nestle's,	
	Allenbury's, Trufood, Milkal.	
7.	Amount received for artificial foods, Virol,	
	*Clothing, etc., supplied £117	10s. 10d.
(	*This included such things as Belts, Socks, Vests.)	
8.	Number in attendance at end of year	285
		20
# 17 P. O. O.		

#### Maternity Homes.

(1) Ross Maternity Home is part of the Voluntary Infant Welfare Centre. Local practitioners can attend their own patients, who are admitted on a fixed scale of charges. The local Nurse resides in the Home, and acts as Midwife Superintendent.

#### THE MIDWIVES' ACT.

#### Summary of the Inspector's Work. Regular Inspection of Midwives 297 Special Visits of Enquiry 30 Letters and Notices sent out 280 NOTIFICATIONS RECEIVED: Of Intention to Practise 109 Of Sending for Medical Help 442 21 Of Still-births Last Offices 10 Liability to be a source of Infection 8 Artificial Feeding of Infants 15 Death of Infants before arrival of Doctor Death of Mother before arrival of Doctor ... Temporary withdrawals on account of being exposed to infection Died. Recovered. Total Septic Cases 2 2 Cases of Eclampsia MIDWIVES PRACTISING AND RESIDENT IN THE COUNTY-Number of Trained Midwives working under Local Nursing Associations affiliated to the County Nursing Assciation .. .. ... 48 Trained Midwives working under local Associations NOT affiliated to the County Nursing Association 1 Trained Midwives practising on their own account ... 31 Bona-fide Midwives 13 TOTAL 93

There are several Midwives resident in adjacent Counties and not included in the above list, who occasionally take cases in Herefordshire, and regularly notify to this Authority their intention to practise.

Quarterly Routine Inspections of Midwives and Special Visits when necessary are undertaken by the Inspector of Midwives.

One candidate was in training at the end of the year, and one finished training and is now working in an affiliated district.

#### Practice of Midwives.

During the year the following live births were attended by practising Midwives (County, excluding City of Hereford):—

	Cases.	1	Per cent. of total births.	
As Midwives	1298		77.7	
Medical Practitioners .	226		13.5	
Total	1,524		91.2	

In 442 instances medical help was called for, the particulars of which are as follows:—

Premature Labour						17
Long Labour						147
Rupture of Perineun	1					102
						7
Abnormal and doubt	ful	Present	ations			19
High Temperature						10
Hæmorrhage Ante a	nd l	Post Pa	rtum			28
Threatened Abortion	S					13
						3
Retained and adheren					es	15
Dangerous Varicose						7
Other Illnesses durin						27
Feebleness and Prem			Child,	etc.		37
Deformities and Abn						2
Inflammation and D	isch	arge fro	m Eye	S		6
Contracted Pelvis						2
						_
				34.50		442

#### Still Births.

The 21 Still Births were notified by 16 Midwives; eight at 7 months; four at  $7\frac{1}{2}$  months; three at 8 months; and six at full time.

#### Abortions.

The three abortions were notified by three Midwives. The periods of gestation were not given.

## Inflammation of and Discharge from Eyes.

Six cases were notified by 12 Midwives as having been the cause of sending for medical help. One was treated in Hospital, and all recovered without permanent injury to the eyes.

## Puerperal Fever and Rise in Temperature.

Medical help was called in 10 cases by 10 Midwives two of which were regarded as septic cases, and died. The remaining eight recovered.

## Eclampsia.

Two cases were reported, and both recovered.

## Hæmorrhage.

Twenty-eight cases were reported, and all recovered.

## Disciplinary Action.

One Midwife was censured on account of failure to notify two births taken in adjacent counties.

## Supply and Training of Midwives.

The work under the Midwives' Act, Infant Welfare and Nursing is controlled by the Midwives' and Nursing Sub-Committee.

Five bona-fide Midwives have retired since last year.

#### MENTAL DEFICIENCY.

At the end of 1925 there were 4 males and 15 females certified and under control. During the year 2 males and 1 female were certified and sent to Ross Certified Institution. One male was transferred from Circnester Certified Institution to Ross. One female was transferred to Burghill Mental Hospital.

There were 6 males and 15 females in Certified Institutions at the end of 1926.

Forty-five cases were dealt with by the Committee during the year, and 2 males and 2 females were ordered to be certified. The other cases were put on the list for periodic visitation at their homes.

The mentally defective cases are visited periodically by the Health Visitors, and reported on every two months by them to the Medical Adviser, who visits and reports on urgent cases. Only cases unsuitable for training are retained at Ross Certified Institution, higher grade cases being sent to other Institutions where training facilities are available.

#### COUNTY LABORATORY.

Complete outfits are supplied by the County Medical Officer under whose personal supervision the work of the Laboratory is conducted. Positive results are transmitted by telephone or telegram in order to avoid delay. No charge is made for the examination of "ordinary" specimens arising out of the routine work of any Sanitary Authority in the County.

Specimens, however, sent by the general public are subject to a modified fee.

The following work was carried out during the year :-

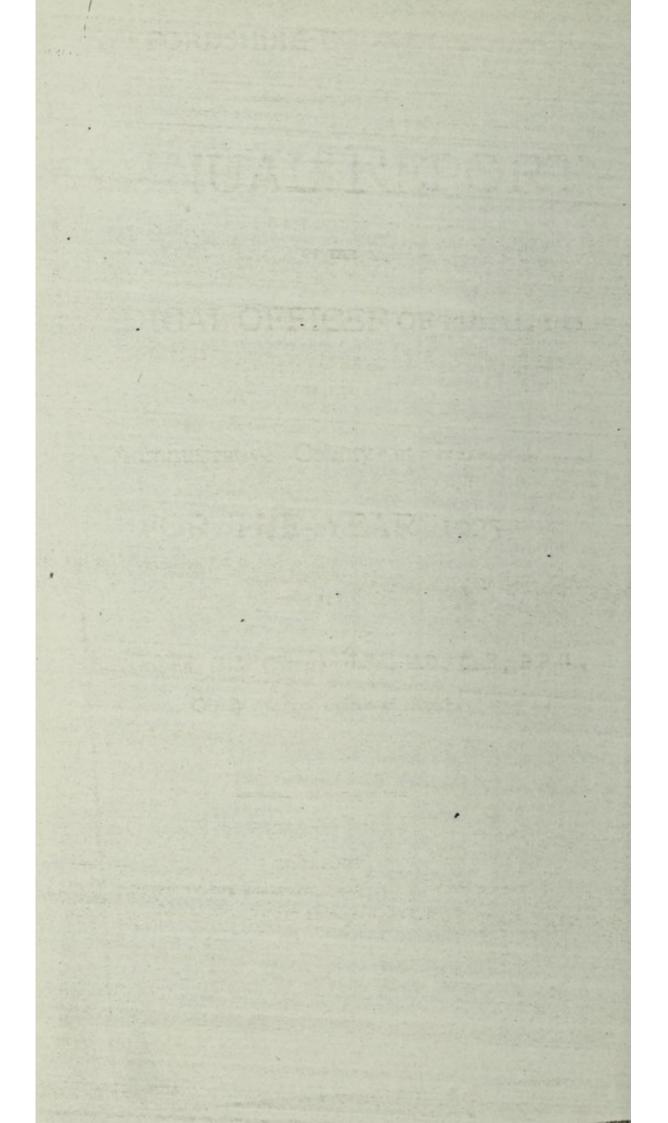
		SPECIMENS	
	No.	Con- taminated.	Passed.
Chemical. Examinations of Potable Waters	133	49	84
Bacteriological. Examinations of Potable Waters	7	3.	4
TOTAL	140	52	88
	No.	Positive.	Negative
Microscopical, etc.  Examinations for:—  Bacillus Diphtheriæ  Bacillus Tuberculosis (sputum)  Bacillus Tuberculosis (Milk)  Bacillus Tuberculosis (urine, etc.)  Meningococcus  Gonococcus  Vincent's Organisms  Urine for Albumen, Sugar, Casts, etc  B. Typhosus  B. Paratyphosus A  B. Paratyphosus B  Other Examinations  Total	1143 568 20 8 2 86 1 42 18 18 18 18	341 123 0 0 0 34 0 6 1 1 0 4	802 445 20 8 2 52 1 36 17 17 18 14
Samples of Water examined	140		
Specimens examined Bacteriologically	1942	,	
Blood Counts	7		
GRAND TOTAL	2089		

## Tuberculosis Order, 1925.

Nineteen specimens (chiefly Milk) were examined microscopically for the presence of Tubercle Bacilli during the year, and in no case was the Tubercle Bacillus found. All the samples were submitted by Veterinary Surgeons.

# CONTENTS.

								Page.
AREA AND POPUS	ATION							7
BIRTH-RATE .								9
CANCER								32
COUNTY AND CITY	LAB	ORATO	RY					46
DEATH-RATE .								10
FOOD AND DRUGS	ACT							39
Housing								38
INFANTILE MORTA	LITY							12
ISOLATION HOSPIT	ALS							35
MATERNITY AND	CHILD	WELF	PARE					41
MENTAL DEFICIEN	CY							46
NIEUPORT SANATO	RIUM							19
OTHER RESPIRATO	RY D	ISEASE	es					29
PREVALENCE OF I				ES				32
			2102,110					
								32
SCARLET FEV	ER							32
DIPHTHERIA .								32
TYPHOID AND	ALLI	ED FI	EVERS					33
SEWERAGE AND D	RAINA	GE						38
TABLES								49-51
THE MIDWIVES' A	CT							44
TUBERCULOSIS .								13
TUBERCULOSIS-A	DMINI	STRAT	IVE ME	ASURES	AND	TREATM	MENT	16
VENEREAL DISEAS	SES							35
WATER SUPPLIES								38
ZYMOTIC DEATH-R	RATE							13



								CASI	es Not	IFIRD I	N EACE	LOCA	LITY.
NAMES OF DISTRICTS.	Chicken Pox.	Small-pox.	Cholera.	Diphtheria, including Membranous Croup.	Erysipelas.	Scarlet Fever.	Pneumonia.	Enteric Pever,	Measles,	Dysentery.	Malaria.	Puerperal Pyrexia.	Puerperal Fever.
URBAN.		1											
myard	 			4	3	2	14						
eford City	 	1		31	5	18	6						1
gton	 	1				4							
bury	 			12		2			1				
minster	 			5	1	1	1						
5	 			1		17	3	1				1	
TOTAL	 			53	9	44	24	1	1			1	1
RURAL.				S) 100	127	25	1 -22 5 + 8						
dwardine	 			4					***	,,,			
myard	 		***	1	4	8	29			,,,			1
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No Isolation Hospital Accommodation available.

Isolation Hospital Accommodation available for Small-pox.

The Hereford Rural Isolation Hospital is available, by arrangement, for patients from the Dore, Ledbury, I Weobley Rural Districts.

Accommodated in the Isolation Cottage in the Ross Rural District.

Admitted to Hay Urban District Council Isolation Hospital, by arrangement.

Notified in each District and the Number Removed to Hospital.

						210		1	NEX	HER OF	CASE	s REN	ZVOI	Paris	Enam	TALI	ROMS
Phthisis (Pulmonary Tuberculosis),	Other forms of Tuberculosis,	Ophthalmia Neonatorum,	Cerebro-Spinal Fever.	Acute Poliomyelitis.	Encephalitis Lethargica.	Polio-Encephalitis.	Torat,s.	Small-pox.	Chicken-pox,	Diphtheria, including	Scarlet Pever.	Pacumonia,	Enterie Pever.	by apriles,	At said trees.	Pol. suy ditia.	Col. Malma
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4	CAUSES OF DEATH.		Sex.	All Ages.	0-	1-	2_	5-	15—	1
-	ALL CAUSES		M.	258	23	8	3	8	9	+
	de la la calación de la companione de la		F. M.	249	19	2	8	1	7	1
1.		***	F.							1
2.	Small-pox		M. F.							-
3.	Measles		M. F.	1		1				1
4.	Scarlet Fever		M.							
5.	Whooping Cough		F.	ï		ï			1	I
	The Landson Landson Land		F. M.	2				2		
6.	Diphtheria	***	F.		1					1
7.	Influenza		M. F.	5	1		1		1 :::	-
8.	Encephalitis Lethargica		M.							1
9.	Meningococcal Meningitis		F. M.							1
	Tuberculosis of Respiratory System	77	F. M.	17					3	
10.	A SECTION AND A SECTION ASSESSMENT ASSESSMEN		F.	19					4	1
11.	Other Tuberculous Diseases		M. F.	5	1	1	1	3	1	-
12.	Cancer, Malignant Disease		M. F.	22	1					
13.	Rheumatic Fever		M.	1						
14.	Diabetes		F. M.	···						1
	1 4 5 1		F.	3						1
15.	Cerebral Hæmorrhage, &c		M. F.	23						
16.	Heart Disease		M.	45						
17.	Arterio-Sclerosis		F. M.	37 13						
18.	Bronchitis		F. M.	3			";			
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19.	Pneumonia (all forms)		M. F.	13	5 4	3 2	1 2	1		
20.	Other Respiratory Diseases		M.	3 3						li
21.	Ulcer of Stomach or Duodenum		F. M.							
22.	Diarrhœa, &c		F. M.	1 2	ï	ï				
	and the second second second second		F.	5	3		1			
23.	Appendicitis and Typhlitis		M. F.	1 4						
24.	Cirrhosis of Liver		M.	1 1						
25.	Acute and Chronic Nephritis		F. M.	11						
26.	Puerperal Sepsis		F. M.	6			:::			
			F.	1					1	
27.	Other Accidents and Diseases Pregnancy and Parturition	of	M. F.							
28.	Congenital Debility and Malform	a-	M. F.	10	10					
29.	Suicide		M.	2					1	
30.	Other Deaths from Violence		F. M.	12		***		1	3	
		-	F.	-1						
31.	Other Defined Diseases		M. F.	57 54	5		3	1	1	
32.	Causes ill-defined or unknown		M. F.	1						
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## CAUSES OF DEATH

M. F. M. M. F. M.	CAUSES. OF DEATH.	Hereford City	M.B. 02.	Bromyard	U.D.	Kington	U.D. 05.	I,edbury	U.D. 06.	L'eominster	M.B. 07.	Ross	U.D. 14.	Ur	TAL ban tricts
Enteric Fever		М.	F.	M.	, F.	M.	F.	M.	F.	М.	F.	M.	F.	M.	F.
Small-pox	ALL CAUSES	143	152	9	6	11	11	24	15	33	33	38	32	258	249
Legitimate       185     213     9     14     16     12     25     28     47     52     43     33     325     352       Illegitimate       14     11     1      1      2     1     10     3     3     2     31     17       OPTLATION       25,020     1,554     1,739     3,311     5,793     4,923     42,340	Small-pox Measles Scarlet Fever Whooping Cough Diphtheria Influenza Encephalitis Lethargica Meningococcal Meningitis Tuberculosis of Respiratory System. Other Tuberculous Diseases Cancer, Malignant Disease Rheumatic Fever Diabetes Cerebral Hæmorrhage, &c. Heart Disease Arterio-Sclerosis Bronchitis Pueumonia (all forms) Other Respiratory Diseases Ulcer or Stomach or Duodenum Diarrhæa, &c., (under 2 years) Appendicitis and Typhlitis Cirrhosis of Liver Acute and Chronic Nephritis Puerperal Sepsis Other Accidents and Diseases of Pregnancy and Parturition Congenital Debility and Malformation, Premature Birth Suicide Other Deaths from Violence Other Deaths from Violence Other Defined Diseases Causes ill-defined or unknown  Pecial Causes (included above) Poliomyelitis Polioencephalitis  Deaths of Infants under 1 year Total  Ullegitimate	11 4 12 5 8 1 1 8 25 7 6 6 1 2 1 9 2 5 39 11	12 4 24 1 13 18 1 5 10 1 3 1 1 4 1 1 16 16	2 3 1 1	1		3	1 1 1 3 2 1 1 2 5 1 1 1	1	1		1 3 3 6 2 4 1		1 1 2 6 17 8 22 1 1 17 45 13 11 13 3 2 1 1 11 10 2 12 57 1 23	
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