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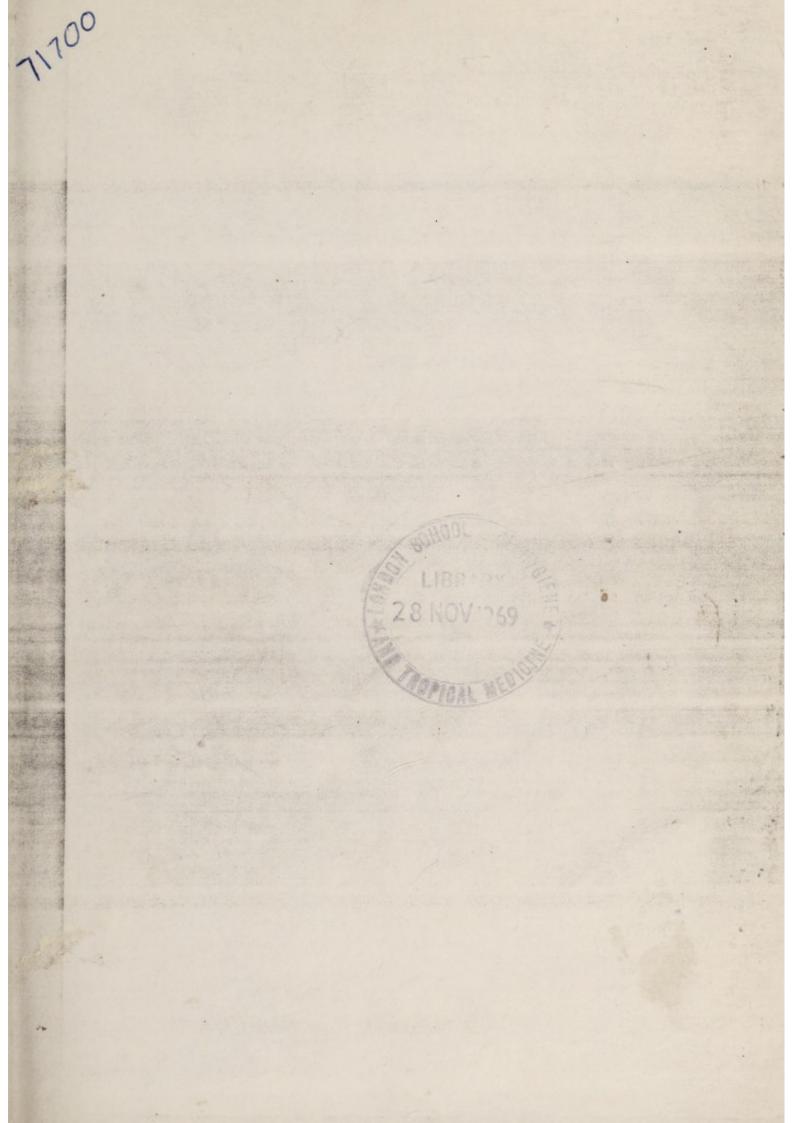
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STAFFORDSHIRE COUNTY COUNCIL.

Annual Report

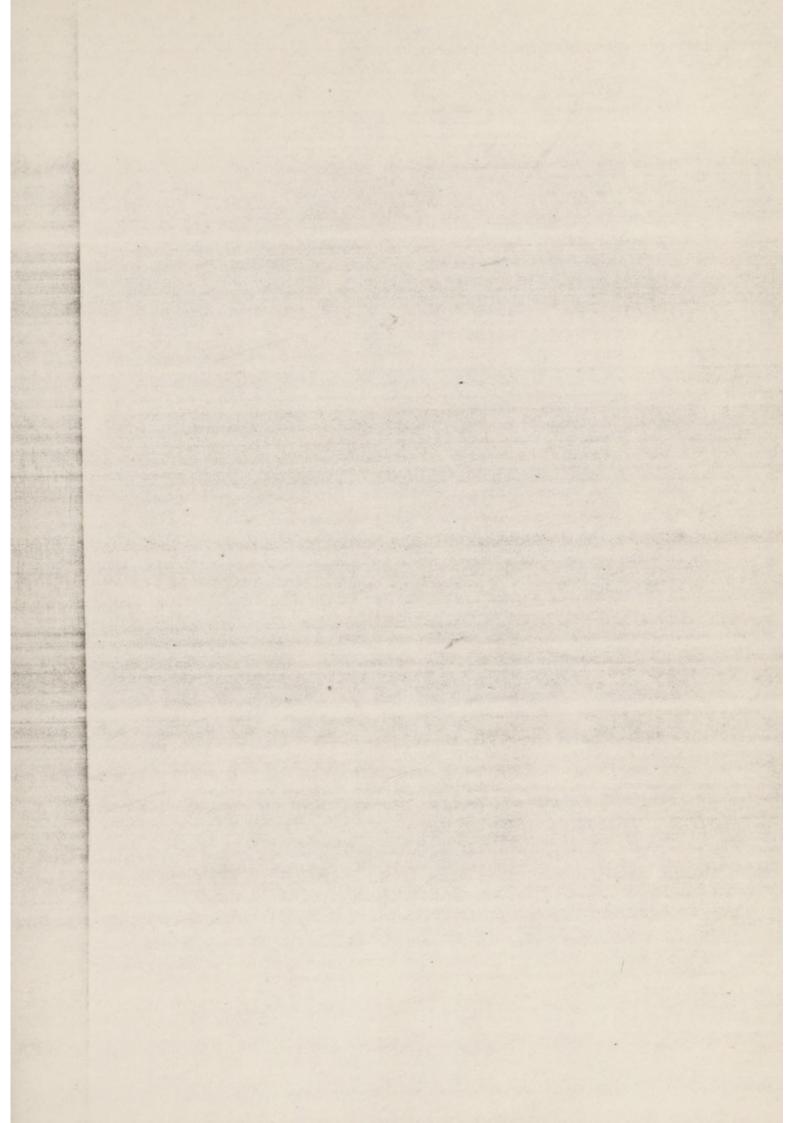
OF THE

MEDICAL OFFICER OF HEALI...

GEORGE REID, O.B.E., M.D., D.P.H.,

For the Year 1917.

Printed by J. & C. Morr, Land, 39, Greengate Street, 1918.



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Staffordshire County Council.

Annual Report of the Medical Officer of Health,

Presented to the Council at the Quarterly Meeting, November 16th, 1918.

Preliminary Note.

This, my Twenty-ninth Annual Report, is again considerably curtailed because of the instructions of the Local Government Board to the effect that during the war medical officers of health are not expected to give a detailed account of sanitary work during the year, but, apart from statistical matter, to confine themselves to references to specially important matters. Reference to the text of the reports of district medical officers of health, therefore, is again omitted. I give, however, a short summary of the work carried on by the Public Health Committee for the twelve months ending June 30th, 1918, together with special summary tables dealing with the more important statistics. As regards the detail tables of statistics, the matter has been curtailed and re-arranged in accordance with the instructions of the Local Government Board, and the summary table dealing with the sanitary work in the districts is again omitted.

For the first time, a report dealing with the first complete year's working of the County health visiting scheme is added to this report as an appendix.

> GEO. REID, County Medical Officer of Health.

Stafford,
September, 1918.

Summary of the Year's Work.

SUMMARY OF YEAR'S WORK OF THE PUBLIC HEALTH COMMITTEE OF THE COUNTY COUNCIL.

The County health visiting scheme, embracing an area in which the local authorities had not previously established schemes has been carried on most successfully as will be seen from the report which is reproduced as an appendix to this report. It will be seen the population under the scheme has been increased since its inauguration, and at the present time negotiations are in progress with the object of extending the scheme to other areas where local schemes are in operation.

As a complement to the health visiting scheme but applicable to the Administrative County as a whole, a scheme for supplementing the present midwifery service of the County has been approved by the County Council, and, through the agency of the County Nursing Association, some progress has been made in supplying the more urgent needs, in anticipation of a final agreement being arrived at with that Association as to financial arrangements in view of the greatly increased all-round cost of maintaining the needful machinery.

The difficult problem of making adequate provision for the treatment of venereal diseases has practically been solved and an efficient scheme has been in operation in the south of the County since April 1st last, the treatment centre being at the Wolverhampton General Hospital. As regards the north of the County, circumstances beyond the control of the County Council have, unfortunately, delayed the coming into operation of a scheme for establishing a treatment centre at the North Staffordshire Infirmary to serve the County Borough of Stoke-on-Trent as well as this County and part of Cheshire. In all probability that part of the general scheme will be in operation before this report is presented to the County Council.

The routine work under the Rivers Pollution Prevention Acts has proceeded on former lines, the work of inspecting sewage disposal works having gone on systematically. The County Rivers Inspector pays surprise visits to the various sewage disposal works, and it is satisfactory to be able to record that his visits continue to be appreciated rather than resented.

Matters, of course, have not improved as regards direct pollution of streams, both in the north and south of the County, by discharges from munition works. In some instances, also, the connection of such works with sewers has taxed the purifying capacity of disposal works and rendered precautionary measures necessary in order to prevent serious damage to the plant.

The construction of new works, for which plans have been approved, as well as additions and improvements in existing works, involving capital outlay, are still in abeyance pending the termination of the war.

The arrangement made by the Council for the gratuitous bacteriological examination at the Birmingham University in suspected cases of diphtheria, enteric fever, and tuberculosis continues to be appreciated and taken advantage of as will be seen from the following figures:—

							1	пни	HEI	RIA.	7	UBE	RCI	Æ.	EN	TERI	cFE	VER.
							Positive,	Negative.	Doubtful.	Total.	Positive.	Negative.	Doubtful.	Total.	Positive.	Negative.	Doubtful.	Total.
Co.	mmen 898, to	ceme	ent of 8 e 30, 18	Sche 99	me, Oc	t. 20,	110	101	1	212								
(F	From J	July	1, 1899,	to J	une 30	, 1900	196	180	2	378								
(F	From 3	Jan.,	1900, to	Ju	ne 30, 1	1900					9	14		23	5	4		9
F	From J	July :	1, 1900,	to J	une 30	, 1901	350	350	30	730	30	70		100	36	36	2	74
	**	**	1901,	,,	,,,	1902	190	367	14	571	25	67		92	26	32	3	61
	,,	,,	1902,	,,	,,	1903	247	421		668	45	77		122	8	41		49
	,,	,,	1903,	,,	.,	1904	183	324	***	507	41	107		148	3	34	4	41
	,,	,,	1904,	,,	,,	1905	231	494	22	747	36	100		136	8	24		32
	,,	***	1905,	"	.,	1906	271	469	15	755	56	103		159	13	34	4	51
а	,,	,,	1906,	,,	"	1907	714	771		1485	82	120		202	18	45		63
ь	,,	**	1907,	,,	"	1908	660	943		1603	47	103		150	5	33	1	39
	,,	19	1908,	,,	,,	1909	333	637		970	48	155		203	15	132	3	150
	,,	,,	1909,	,,	,,	1910	350	904	1	1255	62	187		249	11	57	1	69
c	,	,,	1910,	,,	,,	1911	442	1518	1	1961	55	196	1	252	13	69	3	85
d		**	1911,	,,	,,	1912	311	1035		e1346	13	253		266	11	202	4	217f
	.,	.,,	1912,	,,	,,	1913	175	549		724	109	424		533	10	35		45
i	,,	"	1913,	,,	,,	1914	449	1249		g1698	102	536		638	4	51		55
	,,	,,	1914,	,,	,,	1915	471	1218		h1689	110	410		520	21	52		73
j	1,	",	1915.	,,	,,	1916	297	774		k:1071	87	343		430	11	30	1	42
1	11	",	1916,	.,	,,	1917	352			m1162	119	422	***	541	10	32	1	43
71	,,	,,	1917,	**	,,	1918	426	1000		01426	1000			763	6	24	1	31
Tot	als f	rom to J	commune 30	nene), 19	cement 18	of	6758	14114	86	20958	1200	4326	1	5527	234	967	28	1229

a Seven special examinations of Cerebro-Spinal fluid for Meningococcus. b From this year onwards, excluding Smethwick, now a County Borough.
c Excluding five Pottery Towns which, with Hanley, now constitute the new
County Borough of Stoke-on-Trent.

i Twelve Special Examinations of Cerebro-Spinal fluid and swabs for Meningococcus.
i Thirty-two ditto ditto ditto
k Including 106 "Contacts."
l Thirty-one Special Examinations of Cerebro-Spinal fluid and swabs for Meningococcus.
m Including 75 "Contacts."
n Forty-eight Special Examinations of Cerebro-Spinal fluid and swabs for Meningococcus.
o Including 159 "Contacts."

d Handsworth added to Birmingham C.B., November 9, 1911.
e Including 224 "Contacts."
f Including 109 Special Blood Examinations from Cheddleton Asylum.
g Including 185 "Contacts."
h Including 117 "Contacts."

With reference to the administration of the Midwives Act 1902, the Council have already been informed as to the progress of the work in the two divisions of the County, but the following statement, which I have compiled from official returns and from information supplied by the Inspectors, will indicate the present position of the County as regards the number of midwives on the Register, and the number who have notified their intention to practise, as well as other details.

The number of certificated midwives on the Roll is 661, of whom 301 have notified their intention to practise, 145 being trained midwives. In addition to these, 56 midwives residing in County boroughs and adjoining counties have also notified their intention to practise within the Administrative County.

The ages of midwives who were practising in the Administrative County on 30th June in the four years 1915—1918 are indictated in groups in the following table:—

		25 to	45	45 t	o 65	65 and u	pwards	Tot	als.
YEA	R.	North	South	North	South	North	South	North	South
1915		48	53	77	79	32	32	157	164
1916		37	66	74	66	33	39	144	171
1917		37	59	75	59	34	33	146	151
1918		38	58	72	52	35	38	145	148

As regards the number of cases attended by midwives during 1917 in the two areas respectively, the figures are as follows:—

	No. of Midwives.	Births attended,	Total Births.	Percentage attended by Midwives.	Mean number of cases attended per Midwife.
North South	 147 154	3213 7164	4897	65·6 70·8	22·I 48·4

The total number of cases attended by midwives only in the Administrative County during 1917 was 10,377, the

total number of births registered being 15,010. It thus appears that midwives attended approximately 69 per cent. of the total births in the County, the percentage for the previous year being 64.

During the period covered by this summary (July 1st, 1917, to June 30th, 1918), in compliance with the rules of the Central Midwives' Board, 1,423 notifications have been received from certified midwives.

The following figures show the number and nature of notifications received during the past 13 years:—

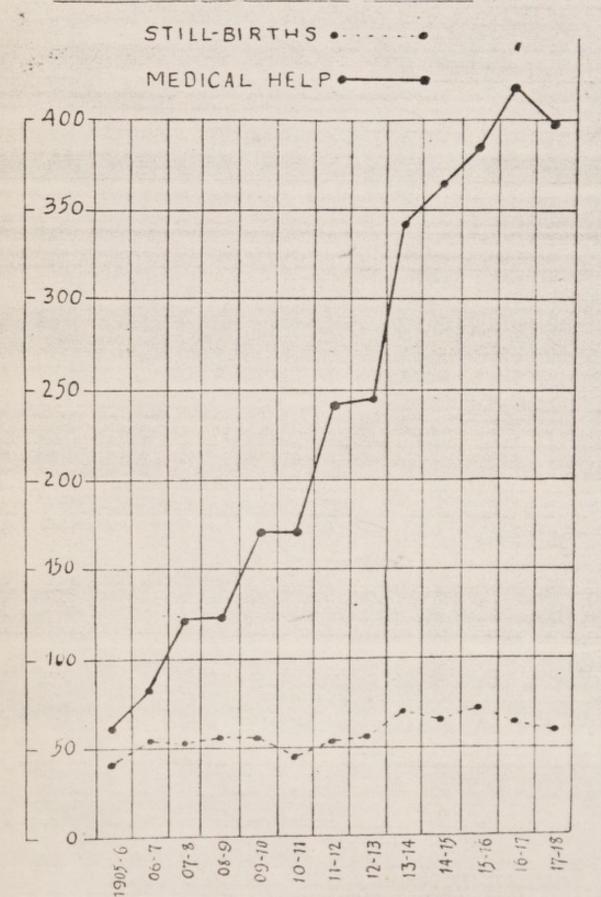
	Mean fo	r 5 years			
	1905-6 to 1909-10	1910-11 to 1914-15	1915-16	1916-17	1917-18
Sending for medical help	547	979	1209	1291	1202
Still Births	285	217	234	213	192
Death of Mother	3.4	2.8	- 4	2	2
Death of Child	37	35	35	34	27

In considering the above figures regard must be paid to the total number of births, when it will be seen that although for the first time there was a decline in 1917–18 in the number of occasions of sending for medical help, relatively that number was higher than in the previous year, the births in the last year being only 15,010 compared with 16,611 the previous year. This steady increase in the notifications of sending for medical help is highly satisfactory as it justifies the inference that midwives are continuing to benefit by the instruction of the Inspectors, and are realising more and more the importance of not undertaking the sole care of cases presenting abnormal features.

These figures are all the more satisfactory in view of the fact that in 1907 Smethwick was constituted a County Borough, thus removing 40 certified midwives from the number under the control of the Local Supervising Authority of the County, and also because of the transference of 73 midwives to the Local Supervising Authority of the County Borough of Stoke-on-Trent, constituted in 1910, and the inclusion of Handsworth in the County Borough of Birmingham in November, 1911.

The significance of these figures becomes more apparent when represented in diagramatic form showing the relative proportion of medical help and still birth forms per 100 midwives in each year:—

NOTIFICATIONS PER 100 MIDWIVES



It will thus be seen that while the notifications of still births were pretty constant, varying between the limits of 43 and 73 per 100 midwives, the corresponding figures of sending for medical help steadily progressed from 63 in 1905-6 to 420 and 400 in 1916-17 and 1917-18 respectively. The slight decline this year in the hitherto steadily ascending column is more than accounted for by the greatly reduced number of births.

To some extent the increase during the past five years in the medical help cases may be accounted for by the Treasury maternity grant of 30s.

The following figures show the causes which occasioned the sending for medical help:—

Causes of sending for m	edical ai	d.		Northern District	Southern District	Total.
PREGNANCY:					100	
Abortion				16	33	49
Threatened abortion				10	5	15
Puffiness of face and	hands			I	_	I
Premature birth .				-	5	5
Fainting				2	4	6
Varicose veins .				I	I	2
Fits				I	5	6
Vaginal discharge .					3	3
Unsatisfactory condi	ition			5	4	9
Prolapse of uterus .				2	-	2
Excessive sickness .				_	2	2
Loss of blood .				I	5	6
History of previous	still-bi	irths a	and		estile.	
abortions				_	9	9
Sore of genitals .	•			I	4	5
				40	80	120

Causes of sending for medical a	aid.		Northern District	District Southern	Total
LABOUR:					
Abnormal presentation			24	50	74
Delayed or difficult			86	191	277
Placenta prævia			I	I	2
Hæmorrhage ante			13	16	29
Ditto post			IO	33	43
Eclampsia			_	9	9
Prolapse of cord			2	12	14
Lacerated perinæum			50	.118	168
Retained placenta and me	embra	nes	12	34	46
Unsatisfactory condition			18	5	23
Cough			I	3	4
Inertia			13	21	34
Contracted pelvis			I	5	6
LYING-IN:		4	231	498	729
High Temperature			II	36	
Inflamed and painful leg			I	50	47 I
Convulsions	•		_	2	2
Unsatisfactory condition			2		12
Offensive lochia			3	9	I
D:			I	1	I
T. Comed broad			I		I
Unusual swelling of breas	te		_	. 2	
Abdominal swelling and to		2290	I	3	3 I
	circici	1035			-
CHILD:			18	51	69
Deformities			II	8	19
Convulsions			5	5	10
Inflamed and discharging			21	37	58
Feebleness and prematuri			52	98	150
Unsatisfactory condition		.;	16	8	24
Rash			_	I	I
Pemphigus			2	5	7
Triplets			I	-	I
Spina Bifida			I	5	6
Hare lip and cleft palate			2	4	6
Club foot			-	2	2
			III	173	284

Unless reliable information is otherwise forthcoming, it is the routine practice to specially inquire into the circumstances attending all still-births reported by midwives, also, in special circumstances, inquiries are made into cases where medical help is sent for as well as when deaths of mothers or infants are reported, and it is the invariable practice when cases of puerperal fever attended by a midwife only in the first instance are reported to specially inquire into the circumstances. In the following table figures are given showing the number of ordinary visits paid by the Midwife Inspectors as well as special visits, the outcome of notifications received:—

VISITS OF INSPECTORS, NOTIFICATIONS, INQUIRIES, &C., DURING THE TWELVE MONTHS, JULY 1ST, 1917, TO JUNE 30TH, 1918.

1	b	oo	1		1
	Liability	to be source of infection	00	7	15
		Laying out the dead	3	4	7
		Puer- peral Fever	63	7	10
Inquiries.	ths	Child	9	27	33
	· Deaths	Mother	-	61	2
		Still	40	7.5	112
		source of Assist- infection ance	48	95.	143
	Liability	to be source of infection	8	00	16
		Laying out the dead	60	re	00
38.		Puer- peral Fever	4	10	14
Notifications	ths	Child	9	21	27
N	Deaths	Mother Child	:	63	67
		Assist. Births 1	68	124	192
		Assist- ance	400	805	1202
	Inter-	views.	431	597	1121 1028
	Tisits		506	615	1121
	Un.	trained	82	74	156
	District Mid. Trained Un.		65	80	301 145 156
	Mid.	on List	147	154	301
	District		North	South.	Total

As regards the number of visits paid by the two inspectors, it will be seen that those in the southern area exceed those in the northern. This is entirely accounted for by the fact that the population in the south is larger and much more concentrated, thus necessitating the expenditure of less time in travelling. These facts were taken into account in constituting the two areas, the object aimed at being to equalise the work as far as possible.

As regards ophthalmia cases, the following figures indicate the degree of severity of the cases reported, all of which were enquired into by the midwife inspectors:—

		Enquiries.	Slight cases.	Severe cases.
Southern d	listrict	 42	25	17
Northern d	listrict	 27 .	14	13
		-	SEA THE SERVICE	-
Te	otals	 69	39	30

For the first time, apart from the initial enquiries, special visits have been paid in order to ascertain the conditions as regards the sight of each infant on the termination of the treatment.

As regards the slight cases, complete recovery took place in every case. With reference to the severe cases, a clear history of venereal disease was established in 15 cases, and of the 30 cases 27 recovered without damage to sight. Of the three remaining cases, one lost the sight of one eye, one, who had lost the sight of both eyes, died from convulsions, probably of syphilitic origin, and the third died from malnutrition while the eyes were under treatment. It speaks well for the measures adopted for dealing with these cases that out of such a large number only one of the survivors suffered permanent injury, and that as affecting one eye only.

In addition to the routine inquiries, 22 reported irregularities were specially investigated. Of these; 11 were dealt with by letters of caution from the County Medical Officer of Health; three were formally censured by the Local Supervising Authority; five were reported to the Central Midwives' Board; in one case the midwife voluntarily surrendered her certificate; and in two cases the circumstances did not

warrant any action being taken. As regards the five midwives reported to the Central Midwives' Board, in two cases the midwives' names have been removed from the Roll, while the hearing of the other three cases is pending.

Since the Act came into operation, the names of 86 midwives have been removed from the Roll as the result of representations to the Board by the Local Supervising Authority.

It would appear that the policy of the Local Supervising Authority in prosecuting women who, though uncertificated, have practised as midwives, has had the desired effect, for, during the year under review no such proceedings had to be taken.

During the year four midwives have died.

In the following table particulars as regards equipment, etc., of certificated midwives are set forth:—

PARTICULARS AS TO EQUIPMENT AND EFFICIENCY OF MIDWIVES VISITED

			Requirements.	ts.		No. reaso	mably		No. who can-		Reasonabl
District	Washing		Bags Equipped		Case Books	clean as to	us to	Read	Read		treatmen of mothe
	Aprons.	Fully.	Partially.	NII.	and Forms.	Person.	Home.	Ther- mometer.	and write.	Catheter.	and infant manage- ment.
North	147	144	3	:	147	144	145	144	135	73	147
South	154	104	50	:	154	154	154	148	135	80	147

As regards the Sale of Food and Drugs Acts, the administration of the Acts in this County by the Public Health Committee of the County Council is highly efficient.

The County is divided into two areas under the charge of two Senior Inspectors, who have under them assistants, and who also have the power of appointing further temporary assistants as occasion requires. The work under the Weights and Measures Act is also under the same administration and staff.

As regards the number of samples collected, this County compares favourably, I think, with other counties. In the following table I have set forth the samples which were analysed during the year 1917, together with the results :--

	No. of Samples Sub- mitted.	No. Genuine.	No. Adulter- ated.	Cautions	Prosecu-	Convictions.
Arrowroot	20	20				
Bread	7	7				
Bread (Fancy)	2	1	1			
Butter	426	420	6*	4	1	
Cheese	4 .	4	2			
Cocoa	1	1				
Coffee	43	43				
Corn Flour	1	1				
Custard Powder	4	4				
Dripping	17	17				
Egg Powder	1	1			50.00	
Flour	27	27				
Flour (Self-raising)	48	48				
Ginger (Ground)	41	41				
Lard	285	283	2		1	1
Maize Flour	1	1				
Margarine	6	6		1†	2†	2†
Milk	884 -	817	67‡	13	47**	43
Mustard	27	27				
Oatmeal	9	9				
Olive Oil	5	5				
Pearl Barley	6	6				
Pepper	151	151				
Prescriptions	3	3				
Rice	6	6				
Rice (Ground)	5	5				
Sugar	21	20	1	1		
Tapioca	1	1				
Tartaric Acid	5	5				
Tea	2	2				
Totals :.	2059	1981	77	19	50	46

^{*} In one case no proceedings taken; one sample unofficial.
† Also three samples exposed for sale unlabelled, and one sample delivered to purchaser in plain wrapper.

* No proceedings in two cases; in one case sample repeated.
** One case withdrawn, two cases dismissed and one prosecuted for

obstructing Inspector. In addition, there were two prosecutions against one vendor for refusing to supply samples, followed by convictions.

Summary of Statistics.

AREA AND POPULATION.

While the area of the Administrative County remains the same, an alteration has to be recorded in the areas and populations of two constituent districts by the enlargement of the Borough of Stafford at the expense of the Stafford Rural District. This alteration of boundary, which was effected on April 1st, 1917, has added 2,336 acres to the Borough and increased the population by 3,770. The Registrar General has adjusted the populations of the two districts in question for statistical purposes.

The populations of the various districts used in calculating the death-rates are the civil populations as supplied to me by the Registrar General, but the birth-rates are estimated on different populations, also supplied by the Registrar General, and based on the assumption that the ratio between total and civilian population is the same in the districts as in England and Wales as a whole.

In the following table, the census population of the Administrative County for 1911, the civil population estimated to the middle of 1917, and the estimated population for the purpose of arriving at the birth-rate are set forth:—

	Census, 1911.	Estimated Civil l'opulation middle of 1917	Estimated Population for Birth-rate.
Urban	459,811	450,200	501,848
Rural	208,030	191,777	213,777
Total	667,841	641,977	715,625

BIRTHS.

The births registered in the Administrative County numbered 15,010, the number in the urban districts being 10,915, and in the rural districts 4,095.

The mean birth-rates in the whole Administrative County and in the urban and rural districts respectively for five quinquennial periods and for the past four years are shown in the following table, in which corresponding rates in England and Wales are included:—

					CATE PER					
	DISTRICTS.	5 Years 1889-1893.	5 Years 1894-1898.	5 Years 1899-1903.	5 Years 1904-1908.	5 Years 1909-1913.	1914	1915	1916	1917
Staffordshire	Combined Urban & Rural	33.6	33.2	32.5	30.3	27.8	27:5	25.6	23.4	20.9
ord	Urban	35.5	34.7	33.6	31.5	29.2	29.1	27.0	24:4	21.7
Staff	Rural	30.2	30.2	30.2	27:0	24.4	23.8	22.5	21.2	19.1
En	gland and Wales	30.8	29.7	28.7	26.9	24.5	23:8	21.8	21.6	17.8
	wns in England.	31.5	30.7	29.7	27.8	25.2	25:0	22.8	*	18.1

^{*} Not given by Registrar General.

It will be noticed that there is again a serious decline in the birth-rates both in urban and rural areas and a corresponding decline is recorded for the country as a whole.

DEATHS.

The number of deaths among the civil population of the Administrative County amounted to 8,758, the number in the urban districts being 6,261, and in the rural districts 2,497.

In the following table comparative rates for five quinquennial periods and for the past four years are given, together with corresponding figures for the country as a whole, and for large and small towns throughout England:—

			D	EATH-RATE	PER 1000	OF POPUL	TION.			
		5 Years 1889-1898.	5 Years 1894-1898.	5 Years 1899-1903.	5 Years 1904-1908.	5 Years 1909-1913.	1914	1915	1916	1917
Staffordshire	Combined Urban & Rural.	18.1	. 16.9	16.1	14.6	14.1	14.1	15.2	14.2	13.6
ord	Urban	18.9	17.5	16.6	15.1	14.7	14.9	15.9	14.5	13.9
staff	Rural	16.8	15.7	15.1	18.4	12.7	12.3	13.7	13.7	13.0
-	gland and Wales	19.1	17.4	• 16.9	15.8	13.9	14.0	15.1	14 0	14.4
La	rge Towns	21.0	19.0	18.2	15.8	14.3	14.7	15.6	14.4	14.6
Sm	aller Towns	17.6	15.9	15.7	14.9	13.6	13.4	14.8	13.0	13.2

It will be seen that both the urban and rural rates compare favourably with those of previous years and also with those for England and Wales generally.

INFANTILE MORTALITY.

It is satisfactory to be able to record that the steady decline in infant mortality in the Administrative County during recent years has been maintained, the urban mortality this year being 92, compared with 96 the previous year, and the rural 83, compared with 82, a slight increase which does not materially affect the general decline. Having regard to this steady decline in recent years, one is justified in concluding that it is largely attributable to recent special efforts in the direction of the conserving of infant life.

SPECIAL ZYMOTIC DEATH-RATE.

It is satisfactory to be able to state that no case of small-pox has occurred in the Administrative County during the year.

Measles.—In the Administrative County, 321 deaths occurred from measles, as compared with 84 in 1916, equal to a rate per 1,000 of the population of 0.50, as against 0.12. Of these deaths, 279 occurred in the urban districts, or 0.61 per 1,000, and 42 in the rural districts, producing a rate of 0.21 per thousand.

In	the	following	table	correspon	nding	figures	are gi	ven
for five	quir	quennial	periods	, and for	the	past four	years	:

MEASLES.	5 years. 1889-1893.	5 years. 1894-1898.	5 years. 1899-1903.	5 years. 1904-1908.	5 years. 1909-1913.	1914	1915	1916	1917
No. of Deaths Rate per 1000		239 0·58	188 0·42.	211 0·41	268 0·54		282 0·62	70 0·15	279 0·61
No. of Deaths Rate per 1000		69 0·30	40 0·17	39 0:19	0:14	24 0·11		14 0·07	

Scarlet Fever.—In the Administrative County, 16 deaths occurred from scarlet fever, as compared with 54 in 1916, equal to a rate per 1,000 of the population of 0.02, as compared with 0.08. Of these deaths, 11 occurred in the urban districts, or 0.02 per 1,000, and 5 in the rural districts, producing a rate of 0.02 per 1,000. In the following table corresponding figures are given for five quinquennial periods, and for the past four years:—

SCARLET FEVER.	5 years. 1889-1893.	5 years. 1894-1898.	5 years. 1899-1903.	5 years. 1904-1908.	5 Years 1909-1913.	1914	1915	1916	1917
No. of Deaths Rate per 1000	76 0·19	95 0·23	87 0·19	56 0·11	43 0.08	57 0·12	41	38 0.08	
No. of Deaths Rate per 1000	39 0·17	37 0·16	36 0·15	16 . 0.08	11 0·05	7 0.03	7 0.03	16 0·08	5 0.02

Diphtheria and Membranous Croup.—
In the Administrative County, 127 deaths occurred from diphtheria and membranous croup, as compared with 156 in 1916, equal to a rate per 1,000 of the population of 0.19, as against 0.23. Of these deaths, 88 occurred in the urban districts, or 0.19 per 1,000, and 39 in the rural districts, producing a rate of 0.20 per 1,000. In the following table corresponding figures are given for five quinquennial periods, and for the past four years:—

DIPHTHERIA.	5 years. 1889-1893.	5 years. 1894-1898.	5 years. 1899-1903.	5 years. 1904-1908.	5 Years. 1909-1913.	1914	1915	1916	1917
No. of Deaths Rate per 1000	16 0·04	79 0·19	91 0·20	84 0·16	56 0·11	76 0·16	100	121 0·26	
No. of Deaths Rate per 1000	20 0.09	52 0·23	72 0·31	28 0·14	26 0.12	35 0·16		35 0·17	

Whooping Cough.—In the Administrative County 115 deaths occurred from whooping cough, as compared with 122 in 1916, equal to a rate per 1,000 of the population of 0.17, as against 0.18. Of these deaths, 101 occurred in urban districts, or 0.22 per 1,000, and 14 in rural districts, producing a rate of 0.07 per 1,000. In the following table corresponding figures are given for five quinquennial periods, and for the past four years:—

WHOOPING COUGH	5 years. 1889-1893.	5 years. 1894-1898.	5 years. 1899-1903.	5 years. 1904-1908.	5 Years 1909-1913.	1914	1915	1916	1917
No. of deaths. Rate per 1000		172 0·42	152 0·34	175 0·34	132 0·27		179 0·39	93	101 0·22
No. of deaths Rate per 1000		54 0·24	44 0·19	42 0·20	40 0·19	27- 0·12		29 0·14	14 0·07

Enteric Fever.—This disease, which must be looked upon as being entirely preventable, caused II deaths, compared with 18 in 1916, equal to a rate of o.o., as against o.o.. Of these, 8 occurred in urban and 3 in rural districts, equalling a rate per 1,000 of the population respectively of o.o. In the following table corresponding figures are given for five quinquennial periods, and for the past four years:—

ENTERIC FEVER.	5 years. 1889-1893.	5 years. 1894-1898.	5 years. 1899-1903.	5 years. 1904-1908.	5 Years 1909-1913.	1914	1915	1916	1917
No. of deaths Rate per 1000		84 0·20	71	49	24 0.05	20	30 mg	14	
		19	22	6	9	5	2	4	3
No. of deaths Rate per 1000		0.08	0.09	0.03	0.04	0.02	0.01	0.02	0.01

Diarrhœa and Enteritis.—Until lately it has been the practice to record the diarrhœa death-rate on the basis of general population, but the Registrar-General has now taken as a basis the number of deaths from this disease among infants under two years per 1,000 births registered during the year. As it is only among infants that deaths from diarrhœa are significant from a health point of view, this new method of utilizing the figures available will, as time goes on and comparative records are extended, afford a more valuable index as to the efficacy of the preventive measures in operation.

The following are the mean rates for urban and rural areas in the Administrative County on the new basis of calculation:—Urban, 12.3; and rural, 6.8. The rates for individual areas are set forth in the detail tables at the end of this Report.

Tuberculosis.—Since February 1st, 1913, tuberculosis (both pulmonary and other forms), which had been partially notifiable previously, became universally notifiable.

In the following table figures are given showing the number of primary notifications received from medical practitioners, medical officers of institutions, and school medical inspectors during the twelve months, sub-divided as regards sex, age periods, and locality of disaease.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Notifications dur	Summary of Notifications during the period of twelve months from 31st Dec., 1916, to 29th Dec., 1917. Primary Notifications by Practitioners and Medical Officers of Institutions. Medical Inspectors.	1 5 10 15 20 25 35 45 55 65 10 Trader 5 10	to to to to to to to up. Total.			20 23 13 46 34 70 68 36 19 6 342 1 6 2 9	10 23 25 37 50 76 52 14 9 2 299 — 6 11 17	31 21 10 10 3 6 6 1 2 - 100 - 11 2 13	
Notifications d to to 1	uring y Pra	-	to to	5	0	07	10	31	
Notification	ns dr			_			-	. 10	
Noti	ation								
Primary Primary Females Males	Lific		:		1		:	:	

It is interesting to note that fewer notifications have been received this year than in 1916, and that the numbers have declined each year since notification became general, as will be seen by the following figures:—

1913—1,722 1915—1,233 1917—873 1914—1,399 1916—1,048

No doubt the diminishing figures are explained by a surmise I made four years ago that the early figures would be higher than those of the succeeding few years, because they naturally would include a considerable number of cases of long standing.

	Quarry Bank	Perry Barr	Newcastle	Lichfield	Leek	Kidsgrove	Heath Town	Darlaston	Coseley	Cannock	Brownhills	Brierley Hill	Bilston	Biddulph	Audley	Amblecote	District.
1	188	50	385	144	270	229	246	460	582	864	480	283	660	198	337	56	Births.
	100	20	267	114	225	104	144	273	334	358	202	170	441	87	174	48	causes.
	16	co	30	14	228	24	23	41	45	85	55	20	96	19	00	-1	Deaths under 1 year.
100	:-	:	:	1	:	1	:		:	1	1	:	1	1	:		Enteric Fever.
	:	:	:	:	:	:	:	:	:	:	-	:	:	:	:	:	Smallpox.
	00	_	:	_	Ģ,	:	:	11	29	13	-1	ca	31	1	:	1	Measles
	:	:	:	:		:	-	:	:	:	-	:	:	-	:	:	Scarlet Fever.
1	-	:	10	-	:	:	03	9	10	1	10	. 1	7	-	1	:	Whooping Cough.
	:	:	1	-	15	+	50		-	6	GT.	_	4	4	co	:	Diphtheria and Croup.
	:		9	50	3	10	:		51	00	63	23	25	5	10		Influenza.
1	:	:	:	-	:	:	:	:	:	:	:	:	:	:	1	:	Erysipelas.
	G	:	28	9	222	51	14	223	26	24	9	7	37	5	9	-	Phthisis (Pulmonary Tuberculosis).
	1	-	:	:	:	-	:	:	:	01	-	-	01	-	23	:	Tuberculous Meningitis.
	-	:	7	10	10					-					-	-	Other Tuberculous Diseases.
			7 20		16			12	6 20	5 22	00	3 13	2 26	3 5	1 19		Cancer, Malignant Disease.
1	1	:	:	00	6 2	00	3	12	:	63	8	3 1	6 1	1	9 1		Rheumatic Fever.
-			:	_		100		**	4	_	61	22	_				Meningitis.
			10	_	10		_	3	12	10			29		-		Organic Heart
-	9 1	ಟ	225	12	100	4	12	333	29 2	25	19 1	26 1	26	0	17 1	co	Disease. Bronchitis.
-	*	j-4	=	U4	0	10	9	26	29	32	16	-	**	0	12	01	Pneumonia (all
-	0	-	23	11	14	11	20	39	31	25	14	21	45	01	9	10	forms).
	-	:	10	-	10	:	44	-	-	4	ಜ	-	57	63	10	01	Other Diseases of Respiratory Organs.
	co					03	0	9	0	12	4		10	10	3	1	Diarrhoea and Enteritis under 2 years
-	10	:	20	1	1	:	co	3	1	1	:	:	22	2 1	:	:	Appendicitis and Typhlitis.
-	:	:	-	:	:	:	:	00	:	-		-			:	-	Cirrhosis of Liver.
-	:	:	:	:	:		:	:	:	1	:	:	:	:	:	:	Alcoholism.
	-	_	15	23	13	1	4	22	4	3	2	1	11	10	6	10	Nephritis and Bright's Disease.
1	-	-	-	:	:	:	-	:	:	:	: 1	:	-	:	-	:	Puerperal Fever.
		:	:	:	:	:	:	:/	1	10	1	1	1	1	1	:	Other Accidents & Diseases of Pregnancy & Parturition.
	4	:	14	OX.	14	-7	51	14	15	45	26	4	44	7	14	23	Congenital Debility and Malformation, including Premature Birth.
	4	1.	10	10	ço	9	50	9	11	9.	12	10	13	10	11.	10	Violent Deaths, excluding Suicide. Suicides.
-			6	:	-		:	-	1	:	-	10	20	:	:		Other Defined
-	31	0	66	45	62	31	45	64	103	103	56	54	102	24	54	17	Diseases.
-	3	:	:	:	:	:	:	01	1	5	co	63	*	1	1	:	Diseases ill-defined or unknown.

Deaths occurring during the year 1917, classified according to Diseases and Localities,

Table showing Population, Number of Persons per Acre, Birth and Death-rates, as well as the Death-rates at all ages and among Children under 1 year, and the Death-rates from Zymotic Diseases, Phthisis, Diseases of the Respiratory Organs, &c.

URBAN.

-	uarry Bank	erry Barr	ewcastle	ichfield	eck	idsgrove	eath Town	arlaston	oseley	annock	rownhills	rierley Hill	ilston	iddulph	udley	mblecote	DISTRIOT.			
	7393	2403	20201	8616	16663	9012	12276	17107	22834	28586	16852	12263	25681	7422	14776	3155	Census 1911.		-	, Pc
	8155	2710	20658	8839	17760	9988	11855	18903	24409	32087	19047	12923	27565	8469	15808	3261	Birth-	Estima	and out office	Population
	7316	2431	18532	7929	15932	8960	10635	16958	21897	28785	17087	11593	24728	7597	14181	2925	Death- rate.	for		on
-	10-9	0.6	27.6	60.00	10-9	20	12-0	18.5	5.8	63	1.0	11.4	13.2	1.3	1.7	4:4	Number of per per acre.	rson	8	
	23.0	18.4	18-6	16.2	15.2	22-9	20-7	24.3	23.8	26-9	25-6	21.9	23.9	23-3	21.3	17:1	Birth-rate per of population.	1000)	
	13-6	00	14.4	14.3	14:1	11.6	13.5	16.0	15.2	12.4	8.11	14-6	17.8	11.4	12.2	16.4	General morta 1000 of popula	lity	per	
-	85	60	78	97	103	104	93	89	77	9.8	106	18	145	96	98	125	Mortality in cl under one year registered birt	r per	ren r 10	00
	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	Smallpox.	1		
	1.09	0.41	:	0.12	0.31	:	:	0.64	1.32	0.45	0.40	0.25	1.25	0.13	:	0.34	Measles.		Per	
1	:	:	:	:	:	:	0.09	:	:	:	0.05	:	:	0.13	:	:	Scarlet Fever.		1000 c	Zymotic
	0.13	:,	0.10	0.12	:	:	0.28	0.53	0.45	0.03	0.11	80.0	0.28	0.13	0.07	:	Whooping Cough.		Per 1000 of population	otic m
	:	:	0.05	0.12	0.94	0.44	0.28	:	0.04	0.20	0-29	0.08	0.16	0.52	0.21	:	Diphtheria and Croup.	d	lation.	mortality.
	:	:	:	0.12	:	0.11	:	:	:	0.03	0.05	:	0.04	0.13	:	:	Enteric Fever.			
	16.0	20.0	10.3	6-9	14.8	13.1	24.3	19-5	10-3	13.8	8:1	10-6	15:1	10-1	8-9	17-8	Diarrhoea and Enteritis (under 2 years)	Births	1000	
	0.68	:	1.50	1.13	1.38	0.55	1.31	1.35	1.18	0.83	0.52	0.60	1.49	0.65	0.63	1.36	Phthisis.			
	0.27	0.41	0.37	0.25	0.15	0.22	0.09	0.23	0.27	0.34	0.23	0.34	0.28	0.52	0.42	0.34	Tuberculous 3 and other Tub Diseases.	Ieni ercu	ngi! lou	tis 8
	0.54	0.82	1 07	1.00	1.00	0.88	0.56	0.70	0.91	0.76	0.46	1.12	1.05	0.65	1.33	1.02	Cancer, Maligr Disease.	ant		
	1.91	0.41	1.67	0.63	1.25	1.33	0.84	1.53	1.32	1:11	0-93	0.94	1.37	0-78	0.84	1.70	Bronchitis.			
-	0.81	0.41	1.23	1.38	0.87	1.22	1.88	2.29	1.41	0.86	0.81	1.81	1.81	0.05	0-63	89.0	Pneumonia (al	l for	rms).
1	0.13	:	0.10	0.12	0.12	:	0.37	0.05	0.04	0.13	0-17	0-08	0.20	0.26	0.14	89.0	Other Diseases Respiratory Or			
-	:	:	0.05	:	:	:	:	0.17	:	-	0.05	0.08	0.04	:	:	0.34	Cirrhosis of Liv	ver.		
	:	:	:	:	:	:	:	:-	:	:	:	:		:	:	:	Alcoholism.			
	0.13	0.41	0.80	0.37	18.0	0.11	0.37	0.11	0.18	0.10	0.11	0-08	0.44	0.26	0.42	0.68	Nephritis and Disease.	Brig	ht's	
-	0.54	:	0.75	0.63	0.87	0.77	0-47	0.82	0.68	1.56	0.52	0-34	1.77	0-92	0.98	1.02	Congenital Deb Malformation i Premature Birt	nelu	an	d g

	1	Population	uc				00			Zymotic		mortality.						-						
		at all ages.	II ages.	81	0	ber	nen ool 1		Per 1000	1000 of	population	tion.		Per 1000			1		(sma)				Rpt, a	
		fe	for	nosis	. 100	ality	ad in					· pt		(s			uvuž		ol III		iver.		laß l	oui
DISTRICT.	Census 1911.		Birth- Death- rate. rate.	Number of per acre.	Birth-rate per noitaluqod lo	drom Irrana;) duqoq to 000I	Mortality in c under one year registered bir	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria an Croup.	Enteric Fever	Diarrhosa and Enteritis (under 2 years	Phthisis.	Tuberculous and other Tubiseases.	Cancer, Malig Disease.	Bronchitis.	Pneumonia (a	Other Disease Respiratory O	Cirrhosis of L	Alcoholism.	Nephritis and Disease.	Congenital De Malformation Premature Bir
Rowley Regis	37000	40693	36505	9.9	23.4	12-6	91	:	1.47	0.03	0.32	9-02	:	5.5	0.79	0-43	0.51	1.28	0.51	0.13	0.10	:	0.38	0-87
Rugeley	4504	4676	4195	6.4	52.6	11.2	7.5	:	:	:	:	:	:	:	0.47	:	24.0	1.66	0.53	:	:	:	0-23	0-95
Sedgley	16527	17462	15665	4.0	24.0	14.3	1112	:	2-29	:	:	0-12	:	14.2	0-95	90-0	0-51	1-02	1-59	0-10	90-0	:	0-44	0.95
Short Heath	4075	4553	4084	3.8	25.9	15.9	90	:	1.46	0.48	0.24	:	:	\$·\$	26.0	:	0-24	26-0	1-95		0.24	:	0-73	0.48
Smallthorne	13559	14519	13025	4.8	21-4	13.2	06	:	0.07	0-15	:	0-15	:	6.4	1.45	0-23	19-0	1.76	1.61	0-15	:	:	;	1.15
Stafford	*21856	26342	23631	6.9	18.8	13.7	99	:	0.04	80-0	0-25	:	:	4.0	08-0	0-25	1-39	1.35	1-05	0.33	:	:	91-0	91-0
Stone	5688	5170	4638	4.3	14.8	14.0	06	:	0-21	:	:	19-0	:	:	1.29	0-43	1-07	0.64	98-0	:	:	:	0-43	0-13
Tamworth	7738	7753	6955	24.4	20.7	13.0	62	:	0-14	:	:	:	:	:	1.58	1.00	98-0	1.00	12.0	0.43	0-14	:	0-28	0.57
Tettenhall	5381	5678	5094	3.3	11-4	14.5	22	:	:	:	0.39	:	:	:	0.30	0.39	1.76	0.58	89-0	0-39	:	:	0-39	61.0
Tipton	31756	35259	31630	14.5	23.4	15.5	113	:	0.88	0.03	0.47	76-0	:	27.7	26.0	69-0	0.75	1.39	1-29	0-12	90-0	:	0.25	1.16
Uttoxeter	5717	5482	4918	4.7	14.5	12.8	87	:	:	:	:	0-50	:	12.5	18-0	0-50	1.42	0.40	1.42	0.50	:	:	0.40	1.01
Wednesbury	28103	33173	29759	13-0	21.3	13-9	94	:	29-0	:	0.20	0-03	0.03	12.7	1.07	0.47	29-0	1.37	1-44	0.10	0.03	:	0-30	29-0
Wednesfield	6488	7503	6731	2.6	19-4	12.4	137	:	0-14	:	:	:	:	13.7	1-63	:	65-0	0.59	1.63	:	:	:	0.59	1.63
Willenhall	18844	20266	18180	14-2	22.5	16.4	133	:	0.82	:	0.49	:	:	17.7	1.32	0-33	99-0	1.32	2.36	0.33	0-02	:	0.57	1.54
Wolstanton	27335	30882	27704	5-1	17.9	11.4	106	;	0-14	:	20-0	0.10	0-03	7.5	0.72	0.39	0.82	1.26	1-15	0-03	0.03	:	0-25	26-0
Totals and Averages	459811	. 459811 501848 450200	150200	6.3	21.7	13.9	86	:	0-61	0.05	0-22	0-19	0-01	12.3	10-1	0.34	0-85	1-22	1.27	0-15	10-0	1	0.30	96-0
96 large townsin England,					18.1	9.41	104 0	0.00	0-41	0.03	0-15	0-13	0-02	16.1	:		:	:	:		:	:		:
-		-	-				-	-	-		-				-	-	-	-	-	-	-	1	-	-

* Excluding persons in Public Institutions not belonging to the Borough.

	1															
Diseases ill-defined or unknown	-		:	:	:	-	:	:	01	4	:	-	-	:	:	333
Other Defined	129	19	99	61	35	80	21	01 03	62	136	24	125	62	138	06	27 1775
Suicides,	03	:	:	-	:	-	:	-	:	:	:	-	:	03	4	57
Violent Deaths, excluding Suicide.	18	6.1	9	-	00	00	63	1	C1	25	:	18	00	0	14	228
Congenital Debility and Malformation, including Premature Birth.	32	7	15	CS	15	11	01,	4	1	37	22	20	11	28	27	435
Other Aceldents & Diseases of Pregnancy & Parturition.	1 ,	:	4	- 03	61	1	1	1.5	:	61	:	01	63		00	24
Puerperal Fever.	-	:	:	:	:	-	2:	:	:	-	:	:	:	:	-	1 01
Nephritis and Bright's Disease.	14	1	1	60	:	4	61	61	61	90	03	6	0.1	2	7	139 10
Alcoholism.	:	:	:	:	:	:	:	:	:	:	-:	:	:	:	:	! :
Cirrhosis of Liver.	4	:	_		•	:	•	-	:	0.1	•	-		_	-	21
Appendicities and Typhlities.	1 2	1	9	:	01	2 1	-	:	-	60	1 1	9 1	.:	00	1	30
Diarrhosa and Enteritis under 2 years.		:			-		:	:	:	23						135
Other Diseases of Respiratory Organs.	5	:	60	. 00	01	00	:	.60	0.1	*	7	00	:	3 6	7	69
Pneumonia (all forms).	30		3 25	-	21	25	-	-1	69	141	01	43	-	43	35	576
Bronchitis.	47	7	16	4	23	322	.00	1		44		4	61	24	35	553
Organic Heart Disease.	20	20	15	61	26	34	10	15	15	2.5	7	56	-	21	30	531
Meningltis.	60	:	:	1	00	4	:	*	:	00	1:	1	63	03	60	59
Rheumatic Fever.	:	1	:	:	:	-	:	-	:	:	:	:	:	:	-	15
Cancer, Malignant . Disease,	30	61	88	1	80	33	.0	9	6	24	-	20	4	12	253	384
Other Tuberculous Diseases.	6	:	:	:	6.1	4	1	7	1	15	:	=	:	20	9	103
Tuberculous Meningitis.	-	:	1	;	1	03	-	00	1	1-	-	8	-	-	10	52
Phthisis (Pulmonary Tuberculosis).	29	0.1	15	+	13	119	9	11	63	31	4	60	11	24	20	456
Erysipelas.	4	:	:	-	-	-	-	1	9:		:	0.3	:	-:		107 12
Influenza.	1	1	-	3	:	01	-	:	5	12	:	65		7		107
Diphtheria and Croup.	63	:	01	:	62	23	60	:	:	00	-	1	:	:	60	88
Whooping Cough.	12	;	:	-	:	9	:	:	63	15	:	15	:	6	01	101
Scarlet Fever.	-	:	:	0.1	03	0.1	:		:	-	:	:	:	:	:	279 11
Measles.	. 54	:	36	9	1	-	1	-	:	83	:	20	-	15	7	
Smallpox.	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Enteric Fever.	:	:	:	:	:	:	:	:	:	:	:	-	:	:	-	4 00
Deaths under I year.	87	00	47	9	288	33	1-	10	2	6.6	1-	67	50	09	69	107.7
Deaths from all causes.	462	47	224	65	173	326	65	91	7.4	493	63	415	84	299	319	6261
Births.	954	106	420	118	311	497	77	101	65	828	80	707	146	451	553	10915 6261 1077
	:	:	:.	:	:	:	:	:	:	:	:	:	:	:	:	Totals
Ę.	egis	:	:	th.	ne	:	:					ury	eld	II	on.	IS.
TRI	y R			Hea	hor	P	:	ort	tha		toxeter	espu	esfl	thu	ant	ota
DISTRICT.	owley Regis.	ugeley	edgley	hort Heath	mallthorne	tafford	tone.	amworth	ettenhall	Spton	Jttox	Vednesbury	Vednesfield	Willenhall.	Volstanton	1

* Excluding 1,000 Inmates of Burntwood Asylum

32	-P	mjar	ų 'ne	Congenital J Malformatic ing Premate	:	86-0	19-0	0-45	0.73	09-0	0.73	1.66	1.88	0.48	1-46	08.0	1.66	\$6.0	0.20	0.12	\$2.0	1.28	0.80
	8,1	ugh	g pu	Nephritis an Disease.	:	0-50	0.16	0-45	61-0	0-33	0-08	0-27	0-34	0-34	1.46	0-46	0-23	0-23	0-10	0-10	0-11	0.55	0-28
				Alcoholism	:	:	:	:	0.04	90-0	:	;	:	:	:	:	:	:	:	:	:	:	0.01
		'ae	Live	To sisodraio	:	:	80-0	0-22	0-14	0-13	0-16	:	;	:	:	0-11	:	0-15	:	0-12	:	80-0	80-0
				Other Diseases	:	0.02	0.04	0.22	:	0.56	0.12	:	0.34	90-0	1-46	:	:	:	0.19	0-24	:	80-0	0-10
			Ila)	Pneumonia.	2.41	0.77	08-0	1.36	88-0	0.87	0-73	0.55	1-03	89-0	:	69-0	0.02	0-23	0.39	0.87	0-11	1.02	82-0
				Bronchitis.	:	29-0	1.00	2.04	1.32	1-00	0-77	0-55	1.20	1.10	:	1.15	1.42	84-0	86-0	1-12	1-19	0.85	66-0
		3u	euSil	Cancer, Ma Disease,	:	86-0	92-0	1.36	1-13	1.07	68-0	0.55	0-51	92-0	28-9	1.84	0-71	1.33	1.18	0-62	1.04	0.00	96-0
				Tuberculou and other T Diseases,	:	0.50	0-50	89-0	0.49	0.56	0.28	0.55	:	0.13	:	0.23	:	0.31	0-19	0.37	0.59	0.85	0-31
				Phthisis.	0.48	86-0	94-0	1.59	0.54	09-0	0-73	0-83	0-34	0.48	2-93	69-0	0.05	19-0	1.38	0-74	08-0	0.77	0-74
		Per 1000	3).	Diarrhea, C	:	4-6	7.3	:	1.9	3.0	10.3	12.3	8.9	:	:	:	9-3	:	10.5	:		27.3	8.9
				Enteric Fer		:	0-04	:	0.04	Y	;	:	:	90-0	:	:	:		4:		:	:	10-0
RURAL.	tallity.	tion.		Diphtheria	:	01.0	.0.54	:	0.04	09-0	0-16	0.27	0-17	0.50	:	0.46	:	0.23	0.19	0-49	:	:	0.50
RUR	Zymotic mortality.	population		Whooping Cough.	:	0-15	91-0	:	0.04	:	80-0	:	:	0.13	:	:	:	:	:	:	:	0.17	20-0
	Zymo	1000 of	.79	Scarlet Fev	0.48	0.02	0.04	:	:	:	:	:	:	:	:	:	:	:	:	0.24	:	:	0.05
		Per 10		Mensles.		0-15	:	0.45	1.18	0.13	:	:	:	:	:	0.11	1.18	:	:	0.12	0.50	0.17	0-21
				Smallpox.	:	:	:.	:	:	:	:	:	:	;	:	:	:	:	:	:	:	:	:
	,000 u	1 10	d ave.	Mortality in under one y registered b	19	86	7.5	120	104	52	62	98	141	20	428	81	140	89	40	37	113	102	83
	19	ty pe	iletr	General more 1000 of pop	14.0	12.0	12.8	19.1	15.2	12.9	11.6	14.7	10.8	13.7	17.6	13.6	13-7	13.5	10-0	12.3	12-9	11-2	13-0
	10	000) 1 190 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Birth-rate p	13-4	19-9	19-7	16.9	21.4	19-7	21.3	20-2	18.4	14.0	9-5	19.1	8.23	16-4	17.3	14.8	15.4	20.52	19.1
	tie	08190	ber b	Mean area in acres.	9.9	2.7	2.1	6.5	0.5	4.7	2.0	8.9	3.4 .	3.0	8.0	6.2	2-0	5.5	4.5	3.5	2.0	1.0	63
	u.		r	Death- rate.	2068	19353	24767	4301	20314	14842	24415	3594	5819	14494	681	8008	4207	12737	5059	8031	6694	11643	777101
	Population	all age	Estimated	Birth- Death rate.	2305	21573	27608	4895	22644	16545	27216	4006	6487	16157	759	9662	4690	14198	5639	8952	7462	12979	208030 213777
	Po	at		Census 1911.	2287	19786	26706	4765	20803	15487	*27718	3915	6410	15074	798	117777	4774	14387	5113	9087	8152	10001	
				District.	Blore Heath	Cannock	Cheadle	Gnosall	Kingswinford	Leek	Lichfield	Mayfield	Newcastle	Seisdon	Shifnal	Stafford	Stoke-on-Trent	.Stone	Tamworth	Tutbury	Uttoxeter	Walsall	Totals and Averages

	or unknown.		2																	1 -
	Diseases ill-defined					60		-	:		:	:	:	-		:	:	:		101
	Other Defined Diseases.	16	81	100	25	94	92	105	62	15	90	00	37	17	99	14	833	65	33	839
	Suicides.	:	64	00	:	Н,	60	c1	-	:	-	:	:	:	04	:	7:	-	:	18
	Violent Deaths, exclucing Suicide.	:	6	11	1	. 13	80	10	-	4	6	:	9	04	7	60	4	00	1-	88
	Congenital Debility and Malformation, including Premature Birth.	:	19	16	01.	15	6	18	9	11	1-	1	1-	1-	12	60	.1	29	15	154
	Other accidents & Diseases o Pregnancy & Parturition.		1	1	:	1	1	:	:	:	63	:	00	1	:	:	1	:	1	12
	Puerperal Fever.	:	:	-	-	:	-	:	:	:	:	:	:	:	03	:	:	:	1:	10
	Nephritis and Bright's Disease.	:	4	4	63	10	5	63	1	63	5	1	4	1	00	-	4	00	60	55
(Alcoholism.	:	:	:	:	-	Н	:	:	:	:	:	:	:	:	:	:	:	:	01
N.	Typhittis. Cirrhosis of Liver.	_ :	:	64	-	00	0.3	4	:	:	:	:	-	:	63	:	-	:	-	1 -
	Appendicitis and	:	00	64	:	c1	:	1	-	:	1	:	-	:	-	:	-	:	:	13
	Diarrhosa and Enteritis under 2 years	:	64	4	:	93	1	9	-	1	:	:	:	1	:	1	:	:	00	82
	Other Diseases of Respiratory Organs.	:	-	-	-	64	4	00	:	01	-	-	:	:	:	-	64	:	-	20
	Pneumonia (all forms).	52	15	20	9	18	13	18	63	9	10	:	9	4	60	63	-1	60	12	150
1	Bronchitis.	:	13	25	6	27	15	19	63	1-	16	:	10	9	10	70	6	80	10	191
-	Organic Heart Disease.	4	27	99	10	34	27	27	9	7	23	:	12	7	27	9	14	13	00	308
	Meningitis.	:	:	13	63	60	:	-	:	:	1	:	63	:	63	:	:	1		18
1	Eheumatic Fever.	:	63	:	:	:	:	10	:	:	:	:	:	:	-	:	:	:	:	, œ
	Cancer. Malig- nant Disease.		19	19	9	23	16	67	6.1	8	11	4	16	60	17	9	40	7	7	186
	Other Tuberculous Diseases.	*:	0.1	5	80	4	64	4	01	:	03	1	-	:	63	:	1	01	00	39
	Tuberculous Meningitis.	:	63	:	:	9	03	60	:	:	:	1	1	:	63	1	03	:	64	22
	Phthisis (Pulmonary Tuberculosis).	1	19	19	7	11	0	18	60	63	7	:	9	4	80	7	9	9	0	142
1	Erysipelas.	:	:	:	:	7	.: 9	9 1	:	:	:	:	:	:	.:	:	:	:	:	1 00
1	Influenza.	61	80	13				-				:	:	:	-	:				289
1	Diphtheria and Croup.	:	0.3	9	:	-	6.	4	-	-	60	:	4	:	00	-	4	:	:	39
	Whooping Cough.	:	63	*	:		:	0.1	:	:	01	:	:	:	:	:	:	:	64	14
1	Scarlet Fever.	-	-	-	:	:	:	:	:	:	:	:	:	:	:	:	0.1	:	: .	1 10
1	Measles.	:	00	:	01	63	64	:	:	:	:	:	-	5	:	:	-	0.3	0.1	42
1	Smallpox.	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	1:
1	Enteric Fever.		:	-	:	-	:	:	:	:	-	:	:	:	:	:	:	:	:	00
1	Deaths under I year.	64	25	41	10	51	17	36	00	17	17	60	15	15	22	4	10	13	30	342
-	Deaths from all causes.	29	234	819	84	310	192	285	53	63	200	12	118	. 68	172	51	0.6	87	131	4095 2497
-	Births.	31	430	545	83	486	326	581	81	120	241	1-	185	. 107	234	98	133	115	292	4095
1		:	:	:	:	1	:	:	:	:	:	:-	:	int	:	:-	. :	:	:	1:
1	. É	th	::		:	ford	:	:	:		:	iffnal	:	Tre	:	mworth	iod.	:	:	Totals
1	DISTRICT.	Hea	ck.	le .	=	win	:	eld	eld.	rstl	m.	Ho.	rd	no.	:	Port	us.	eten	=	ota
1	Drs	Biore Heath	Cannock,	Chendle	Gnosall	Kingswinford	Leek	Lichfield	Mayfield	Newcastle	Seisdon	Shifnal	Stafford	Stoke-on-Trent	Stone	Tamworth	Tutbury	Uttoxeter	Walsall	H
1		Bi	5	5	Gr	K	I	L	M	Z	8	50	30	52	T.	I	T	D	=	1

Table showing the number of cases of certain Infectious Diseases notified in each sanitary area during the year 1917, and the Attack-Rates per 1000 of the population.

URBAN.

	1													•
0		Scarlet Fever.		Diphtheria.	eria.	Enteric Fever.	Enteric Fever.	Puerperal Fever.	er.	Erysi	Erysipelas.	Continued	Cerebro-	Polio-
1 2	Cases, Rate, Ca	Cases, Rate.		Chses.	Rate.	Cases.	Rate.	Cases.	Rate.	Cases.	Rate,	Cases.	Fever Cases.	Cases.
1		1 0	0.34	:	:	:			:	:	:	:	:	:
	:	44 3	3-10	31	2.19	:	:	:	:	63	0.14		•	
		83 10	10-93	25	3.29	1	0.13		:	1	0.13		•	
:		29 1	1-17	12	0.49	-	0.04	:	:	60	0.12			
	:	1 0	60-0	60	0-26	:	:	:	:	4	0.35			
	:	51 2	83.7	40	2.34	1	90-0	03	0.12	9	0.50	:	:	1
		28 0	26-0	19	99-0	1	0-03		:	13	0.45	•	:	1
		19 0	28.0	6.1	60.0	1	0.02		:	10	0.46			100
		21 1	1.24	:	:	-	90-0	:	:	1	90-0	:		::
:		63	2.07	80	0.75	:	:	1	00-0	:	:	***	1	
35 63	:	12 1	1.34	21	2.34	01	0.22		:	00	0.33		1	
	:	20 1	1.26	112	2.03	:	:	:	:	29	0.31			
:	,	0 9	92.0	60	0.38	1	0.13	64	0.25	01	0.25	1.	03	
	:	21 1	1-13	23	1.24	60	0.16	:	:	60	0.16	:	1	•
3.	:	:	:	1	0-41	:	:	1	0.41	1	0.41	:		
	:	4 0	0.55	03	0.27	1	0.14	1	0.14	4	0.55	:		

URBAN-continued.

District. Fever. Indicated and the properties. Rate. Cases. Rate. Cases. <t< th=""><th>The state of the s</th><th></th><th></th><th></th><th></th><th></th><th></th><th>-</th><th></th><th></th><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	The state of the s							-			-						
In the midtle of 1917. Cases. Rate. Cases. <td>DISTRICT</td> <td>Estimated Civil Pownlation</td> <td>Small-</td> <td>.pox.</td> <td>Scar</td> <td>rlet er.</td> <td>Dipht</td> <td>eria.</td> <td>Ente</td> <td>eric er.</td> <td>Puerr</td> <td>eral er.</td> <td>Erysip</td> <td>elas.</td> <td>Continued</td> <td>Cerebro-</td> <td>Pollo-</td>	DISTRICT	Estimated Civil Pownlation	Small-	.pox.	Scar	rlet er.	Dipht	eria.	Ente	eric er.	Puerr	eral er.	Erysip	elas.	Continued	Cerebro-	Pollo-
36505 3.1 0.85 13 0.36 <t< th=""><th></th><th>in the middle of 1917.</th><th>Cases.</th><th>Rate.</th><th>Cases.</th><th>Rate.</th><th></th><th>Rate.</th><th>Cases.</th><th>Rate.</th><th>Cases.</th><th>Rate.</th><th></th><th>Rate.</th><th>rever Cases,</th><th>Fever Cases,</th><th>Cases.</th></t<>		in the middle of 1917.	Cases.	Rate.	Cases.	Rate.		Rate.	Cases.	Rate.	Cases.	Rate.		Rate.	rever Cases,	Fever Cases,	Cases.
15665 191 1 0.24 2 0.48 1 0.24 1 0.24 1 0.24 1 0.24 1 0.24 1 0.24 1 0.24 1 0.24 1 0.24 1 0.24 1 0.24 1 0.24 1 0.24 1 0.24 1 0.24 1 0.24 1 0.24 1 0.24 1 0.03 0.03 0.03 0.03 0.03 0.03	wley Regis	36505		:	31	0.85	13	0.36	:	:	:	:	18	0.49	:	1	:
15665 129 1-85 12 0-77 9 4084 67 16-41 2 0-49 <td>geley</td> <td>4195</td> <td>:</td> <td>:</td> <td>80</td> <td>1.91</td> <td>1</td> <td>0.54</td> <td>03</td> <td>0.48</td> <td>1</td> <td>0.54</td> <td>1</td> <td>0.24</td> <td></td> <td></td> <td></td>	geley	4195	:	:	80	1.91	1	0.54	03	0.48	1	0.54	1	0.24			
4084 67 16·41 2 0-49 2 0-49 2 13025 172 65 4·99 1 0·08 4 24376 113 4·78 281 11·89 1 0·04 4 4638 11 0·22 64 13·80 8 6655 11 0·22 64 13·80	:	15665	:	:	29	1.85	12	22.0	:	:	:	:	6	0.57			
13025 25 1.92 65 4.90 1 0.08 4.78 281 11.89 1 0.04 4.78 281 11.89 1 0.04 8 1 4638 1 0.22 64 13.80 <td>ort Heath</td> <td>4084</td> <td>:</td> <td>:</td> <td></td> <td>16-41</td> <td>01</td> <td>0.49</td> <td>:</td> <td></td> <td>:</td> <td>:</td> <td>63</td> <td>0.49</td> <td></td> <td></td> <td></td>	ort Heath	4084	:	:		16-41	01	0.49	:		:	:	63	0.49			
113 4·78 281 11·89 1 6·04 </td <td>:</td> <td>13025</td> <td>:</td> <td>:</td> <td>52</td> <td>1.92</td> <td>65</td> <td>4.99</td> <td>1</td> <td>80-0</td> <td>:</td> <td>:</td> <td>4</td> <td>0.31</td> <td></td> <td></td> <td></td>	:	13025	:	:	52	1.92	65	4.99	1	80-0	:	:	4	0.31			
4638 1 0-22 64 13·80 <td>:</td> <td>24376</td> <td>:</td> <td></td> <td>113</td> <td>4.78</td> <td>16.63</td> <td>11.89</td> <td>1</td> <td>0.04</td> <td>:</td> <td>:</td> <td>8</td> <td>0.34</td> <td></td> <td>1</td> <td></td>	:	24376	:		113	4.78	16.63	11.89	1	0.04	:	:	8	0.34		1	
6955 1 0·14 <td>one</td> <td>4638</td> <td>:</td> <td>:</td> <td>1</td> <td>0-22</td> <td>1000</td> <td>13.80</td> <td>:</td> <td>:</td> <td>:</td> <td>-</td> <td>89</td> <td>0.65</td> <td></td> <td></td> <td></td>	one	4638	:	:	1	0-22	1000	13.80	:	:	:	-	89	0.65			
5094 2 0·39 2 0·39 1 31630 16 0·51 14 0·44 3 0·09 1 0·03 20 4918 1. 18 3·66 7 1·42 1 29759 23 0·77 5 0·17 1 0·03 1 0·03 17 6731 14 2·08 8 1·19 2 18180 20 1·10 2 0·11 1 0·06 5		6955	:	:	1	0-14	:	:	:	:	:	:		:			
31630 1.6 0.51 14 0.44 3 0.09 1 0.03 20 4918 18 3.66 7 1.42 1 29759 23 0.77 5 0.17 1 0.03 1 0.03 17 6731 14 2.08 8 1.19 2 18180 20 1.10 2 0.11 1 0.06 5		5094	:		63	0-39	63	0.39	:	:	:	:	1	0.50	:		
29759 18 3.66 7 1.42		31630			16	0.51	14	0.44	60	00-0	1	0.03	20	0-63		1	
29759 2.3 0.77 5 0.17 1 0.03 1 0.03 17 6731 14 2.08 8 1·19 2 18180 20 1·10 2 0·11 1 0·06 5	toxeter	4918	:	:	18	3.66	2	1.42	;	:	:	:	1	0.50			
6731 14 2.08 8 1.19 2 18180 20 1.10 2 0.11 1 0.06 5	odnesbury	29759	:	:	62	0.77	9	0.17	1	0.03	1	0-03	17	19.0			
18180 20 1.10 2 0.11 1 0.06 5	dnesfield	6731	:	:	14	2.08	80	1.19	:	:	:	:	03	0.30			
	Henhall	18180	:	:	20	1.10	61	0-11	1	90-0	:	:	10	0.28	:	7	
distanton 27704 38 1.37 32 1.16 2 0.07 2 0.07 8 0.29	Wolstanton		:	:	38	1.37	.77	1.16	01	20.0	63	20-0	80	0-50		1	

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	٠ ,																		
Polio-	Cases.								:										
Cerebro-	Fever Cases.	::		1							1		1		:				:
Continued	rever Cases,		/:																
elas.	Rate	0-48	0-41	0.24	0.23	0.25	0.40	0-41	0.28	0.52	1.03	:	69-0	0.24	:	0.59	0.25	0-45	0.17
Erystpelas.	Cases.	1	80	9	1	2	9	10	1	60	15	:	9	1	:	69	63	69	c3
eral er.	Rate.	81-0	:	0.04	:	0.02	20-0	0-12	:	:	:	:	:	:	0.16	:	:	:	
Puerperal Fever.	C3869.	1	:	1	:	1	1	60	:	:	:	:	:	:	61	:	:	:	:
orie er.	Rate.	:		0.04	:	:	:	0.04			0-28	:	0.12	:	80-0	:	:	:	:
Enteric Fever.	Cases.	:	:	1	:	:	:	-	:	:	4	:	1	:	1	:	:	:	:
eria.	Rate.	2.90	1.00	26-0	1-14	0.25	6.93	0-04	0.83	1.37	2.14	1.47	7.38	0.48	2.90	1.38	1.99	0.15	1.12
Diphtheria.	Cases.	9	21	24	10	10	88	23	60	8	31	1	19	01	37	1	16	1	13
let er.	Rate.	3.38	86-0	2-06	1.82	0.50	1.95	98-0	0.28	1.89	0.48	:	5.54	0.24	1.57	0.40	4.36	1.34	0.52
Scarlet Fever.	Cases, Rate,	1	19	51	80	4	53	52	1	111	7	:	48	1	20	0.1	35	6	9
pox.	Rate.		:	:		:	:	:	:	:	:	:	:				:	:	.:
Small-pox.	Cases.	:	:	:	:	:				:	:		9:		:			:	:
Estimated	Population in the middle of 1917.	2008	19353	24767	4391	20314	14842	24415	3594	6819	14494	189	6344	4207	12737	6020	8031	1699	11643
6888	DISTRICT.	Blore Heath	Cannock	Cheadle	Gnosall	Kingswinford	Leek	Lichfield	Mayfield	Newcastle	Selsdon	Shiftnal	Stafford	Stoke-on-Trent	Stone	Tamworth	Tutbury	Uttoxeter	Walsall

35.5

County Health Visiting Scheme.

Annual Report of County Medical Officer of Health.

While it is essential, under present circumstances, to limit as far as possible the scope of all reports, as this is the first report which embraces a full year's work the Committee will no doubt desire that it shall contain adequate information as to the actual work done as well as suggestions as to work in the future.

Although the work actually started in October, 1916, I propose to disregard the first three months during which time the machinery was being brought into efficient operation. This report, therefore, has reference to the twelve months ending December 31st, 1917.

At the beginning of the year 26 districts with a total population (Census 1911) of 245,642 constituted the joint area included in the scheme. Subsequently, however, four other districts, namely, Heath Town, Lichfield, Perry Barr, and Rugeley, with a total population of 27,799, became constituent districts, bringing the aggregate population of the joint area up to 269,671.

The individual districts with their respective civil populations are set forth in the table attached to this report showing a summary of the work done during the year.

As regards the scope of the work, the Committee are aware that it embraces, at present, health visiting only, the County Council having determined when the scheme was approved not to include other branches of maternity and child welfare work, for example, the establishment of mother and infant welfare centres. On their own initiative, however, the following constituent authorities, namely, Lichfield, Sedgley, and Wednesfield (Urban) have established such

centres, and in other constituent areas, namely, Kidsgrove, Tamworth, Uttoxeter, and Willenhall (Urban) and Cheadle (R) Mayfield and Alstonfield (R.), Colwich (Stafford R.), Fazeley and Hopwas (Tamworth R.), Abbots Bromley and Rocester (Uttoxeter R.), similar centres have been formed by voluntary effort. While the Committee have taken no active part in the formation of these centres they have shown their sympathy in the movement by permitting their two inspectors to help in the organising work and to advise the local committees; also, in every instance the centres are conducted under the supervision of the local health visitor appointed under the County Council Scheme.

As will be seen from the summary table, the present staff of health visitors numbers 55, of whom seven are wholetime officers. In determining whether a whole-time or a part-time officer shall be appointed for a particular area, local circumstances, such as number and density of population, are taken into account, and it is chiefly in sparsely populated districts that part-time service is given the preference, in most cases by utilising under an Agreement with the County Nursing Association the services of district nurse midwives whose training and experience are found to be adequate. Neither the County Nursing Association nor the local associations, however, have any authority or control over the parttime nurses as regards their health visiting work. They are appointed by the County Council and their work is supervised by the highly qualified inspectors of midwives appointed under the Midwives Act, an arrangement which assures efficient service and avoids overlapping. The work of health visiting, however, is carried on under the direction and supervision of the Medical Officers of Health of the respective areas, thus securing a direct connecting link with the local sanitary authorities, who alone can put in operation and enforce the clauses in the Public Health and other Sanitary Acts under which action has often to be taken as the outcome of the health visitors' work. The County Council, on the other hand, are kept in touch with the work through the reports sent to me by the local medical officers of health and by the County inspectors. The nature of the work is such that, in the main, it goes on more or less automatically, depending, as it does, on the personal influence and initiative of the health visitors.

The records set forth in the tables will gain in value as time goes on and we become possessed of figures from which comparisons may be drawn.

Disregarding the small rural area of Blore Heath, from which I failed to obtain returns, it will be seen that out of a total of 5,842 births registered, 4,994 or 85 per cent. were visited, and that the total visits paid to infants numbered 23,292, giving an average of 4.6 visits per child.

Dissecting the figures in order to show how the number of visits paid by the whole-time staff compares with that of the part-time, I find that in the case of the former class the figure was 3.89 and in the latter 4.25. These figures might with advantage be higher, and I am hoping that next year returns will show an improvement in that respect.

In addition to the visits paid to children it will be noticed that 2,302 visits were paid to expectant mothers, making the total visits paid to mothers and infants 25,594.

Only a desire to curtail this report as far as possible prevents me from quoting from the reports of the local medical officers of health as to the success which has attended the working of the scheme. Suffice it to say that the comments are uniformly satisfactory, and, apart from a few suggestions as to minor modifications which will receive due attention, no adverse criticism is met with.

Early in 1918 one of the medical inspectors of the Local Government Board visited the County in order to enquire into the working of the scheme, and it is satisfactory to know that she reported favourably upon the work, as is apparent from the following extract from a letter from the Board dated March 13th, 1918:—'' I am directed by the President of the Local Government Board to state that they have had under consideration the report of their Inspector, Dr. Seekings, after her visit to Staffordshire in connection with Maternity and Child Welfare, and I am to express the Board's appreciation of the arrangements for health visiting in the area included in the County Scheme.''

That the Board approves the policy of the Council in utilizing existing agencies as far as possible is further borne out in a subsequent letter urging the Council to encourage in every way the extension of nursing associations affiliated to the County Nursing Association.

Now with regard to the future. In the letter from the Local Government Board from which I have quoted, attention is directed to other branches of infant welfare work provision for which, in the opinion of the Board, might with advantage be made by the County Council as follows:—

- (I) The home nursing of measles cases in the County health visiting area and, possibly, cases of whooping cough, epidemic diarrhœa in young children, ophthalmia neonatorum, and puerperal fever.
- (2) Medical attendance at Welfare Centres in the County health visiting area and the provision of new centres.
- (3) The payment of medical fees when doctors are sent for on the recommendation of midwives in the case of necessitous women in the Administrative County who are unable to pay a fee.

Of course it is for the Council to decide as to whether and to what extent these recommendations shall be acted upon, but the following comments and suggestions may assist the Council in coming to a decision, bearing in mind that one-half the cost of any approved scheme will be defrayed by the Local Government Board.

From the nature of most of the cases mentioned for which, it is suggested, home nursing should be provided, it is obvious that no woman who is engaged in midwifery practice should undertake the work. It is equally obvious, having regard to the intermittent need for such service that the local authorities would find it very difficult to make the needful provision. On the other hand, a central Authority like the County Council could, by means of a relatively small nursing staff, meet the requirements of all the constituent areas, because the need for such service would not simultaneously arise in the various districts.

If the provision of such a service, either in whole or in part, be entertained, I would suggest that the best and most economical way of providing the needful staff of nurses would be by employing the emergency staff (the number to be increased accordingly) of the County Nursing Association.

In the event of the Council deciding to carry out only part of the proposed extra work at present, I would suggest that the nursing of measles cases should have the preference, as it is an undoubted fact that the high mortality from that disease is, in the main, attributable to want of proper care, not only while the disease is in its acute stage, but also during convalescence.

With regard to the special nursing of cases of whooping cough and, more especially, epidemic diarrhæa, beyond that which is already afforded and will increasingly be afforded through district nurses, I am afraid that such provision is hardly practicable, at any rate at present. Epidemic diarrhæa in bad years is so universally prevalent that in the area comprised in the County health visiting scheme the staff of nurses required would be considerable, and as their services would only be needed for two or three months annually it would be difficult to find employment for them throughout the remaining months.

The importance of proper care and attention in the case of infants suffering from ophthalmia neonatorum can hardly be exaggerated, and this County was one of the first in the Kingdom to take the initiative in impressing upon local authorities the need for adequate medical attendance and expert nursing for such cases. Enquiry into the cases reported shows that through existing agencies, namely, eye hospitals, health visitors, and district nurses, such cases are now fairly well provided for, and I do not think that any further special provision is needed at present.

As regards medical attendance at welfare centres, the provision would undoubtedly enhance the value of the work, and for various reasons the employment of local practitioners is inexpedient. The proper solution of the difficulty would be for the County Council to appoint whole-time medical officers, assigning them such areas as would keep them fully occupied in this special work. If this proposal is approved steps should be taken to encourage the provision of welfare

centres in places within the County health visiting area either by district councils or by voluntary effort.

In addition to the existing centres, it is desirable that 25 additional centres should be constituted in order that all the urban areas and the populous centres and rural areas may be served.

The centres would be grouped under three classes, the first class to be visited by a medical officer weekly, the second class fortnightly, and the third class monthly, and to allow of this it will be necessary to appoint four whole-time medical officers. Should the Committee entertain the proposal some time would be occupied in organising the various centres, but there is sufficient work in connection with the existing centres to occupy the whole time of more than one medical officer, while certain other localities already are keenly desirous that centres shall be formed. The Committee will probably desire that a report should be prepared setting forth, in detail, how the County health visiting area could be served in this respect.

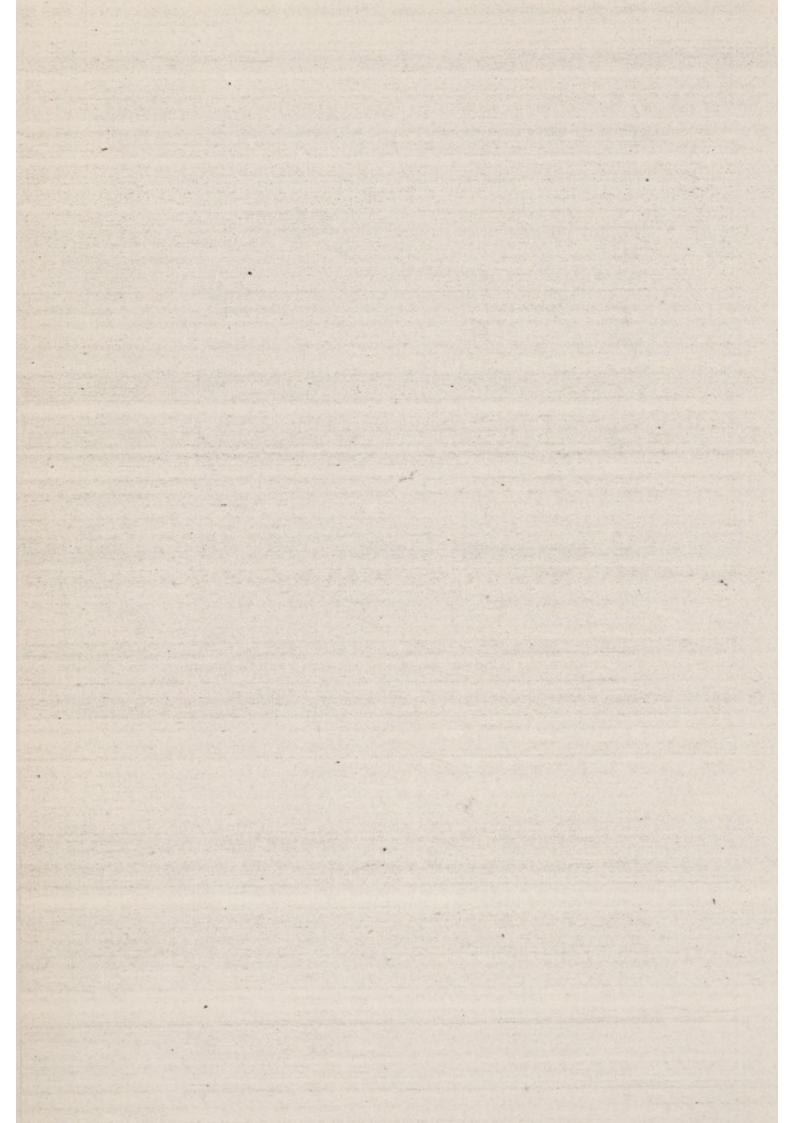
With reference to the nursing of puerperal fever cases, this is already provided for in most cases through local nursing associations where the district nurses do not undertake midwifery. In the case of districts within the County health visiting area where no such nurses are available, it would be a comparatively simple matter to arrange for a special nurse to be sent by the County Nursing Association when needed as the cases are very few in number.

With reference to the payment of fees for doctors sent for on the recommendation of midwives, provision has already been made by the County Council. In this County the present need for such assistance is nearly non-existent, and it is estimated that £20 per annum will cover the expenditure.

GEO. REID,

County Medical Officer.

Stafford,
1st July, 1918.



Particulars

	1				Infants
	tion 17.		Bi	rths.	
District.	Population ated at e of 1917.			Notified.	
	Civil Popu Estimated middle of 1	Registered.	Alive.	Premature.	Stillborn.
			(1)	(2)	(3)
URBAN. AUDLEY	10635	400 487 247 204	349 480 228 191	17 1 5	9 7 14
*LICHFIELD *PERRY BARR QUARRY BANK *RUGELEY	7929 2431 7316 4195	146 44 184 74 416	139 22 176 97 407	2 1 8 - 10	9 7 14 7 7 1 8 3 12 1
SEDGLEY SHORT HEATH SMALLTHORNE TAMWORTH UTTOXETER	4084 13025 6955 4918	118 311 143 81 146	117 190 141 74 112	2 4 - 3	1 - 2 4 3
WEDNESFIELD WILLENHALL	6731 18180	448	428	29	20
RURAL.	100000	4991454			1
BLORE HEATH CHEADLE	2068 24767 4391 14842	31 546 83 326	No 530 61 285	return 6 1 6	16 1 11
Mayfield	3594 5819	116 120 185 107	60 119 84 117	4 4 4 3	3 5 3 3
STONE TAMWORTH TUTBURY	12737 5059 8031	234 98 142	202 59 68	6	3 4 2 - 6
UTTOXETER WALSALL	6694 11643	136 292	215	-6	6
PARISHES. BLYMHILL AND WESTON DUDLEY CASTLE HILL	681 12	_8	_6		=
	255505	5873	5000	124	155

Maternity and Inf

relating to the work during the

First \	lisits.	Revi	sits.	Total V	isits.	Children o	n Visiti d of 191
Expectant Mothers. (4)	Children.	Expectant Mothers. (6)	Children.	Expectant Mothers. (8)	Children.	Under One Year. (10)	One Y unde
-5 -204 -14 -175 -2 160 - -30 78 -	358 445 246 204 133 22 184 93 398 111 182 120 78 114 446		1424 1316 475 963 747 78 2044 263 1897 151 278 320 156 145 1857	5 204 48 175 10 351 — 40 176 —	1782 1761 721 1167 880 100 2228 356 2295 262 460 440 234 259 2303	325 427 234 182 114 23 167 86 363 146 180 112 69 104 383	11 11 2 3 2 5 1 1 12
13 24 38 126 42 107 60 13 29	546 60 256 58 112 83 112 198 88 68 56 217	30 57 425 60 91 121 24 33 	1493 181 600 231 441 309 266 971 326 251 247 854	13 54 — 95 551 102 — 198 181 37 62	2039 241 856 289 553 392 378 1169 414 319 303 1071	433 49 220 54 93 61 76 133 59 53 37 203	13 1 4 1 1 1 2 2 2 2
_	_	=	- 14	_			250412
1120	4994	1182	18298	2302	23292	4315	93

^{*} Became constituent districts on April 1st, 1917.

[†] Districts or parts of districts worked by emergency nurs

ant Welfare.

year ending 31st December, 1917.

ig List	Death	ns of Children on Vis during 1917,	siting List		Welfa	are Centre.	
				No. on l	books.	Total No. o	f Attendances.
ear and five.	Under ten days. (12)	Over ten days and -under one year. (13)	One year and under five. (14)	Expectant Mothers, (15)	Children.	Expectant Mothers. (17)	Children.
0 2 - 4 1 - 7 0 9 8 7 6 6	12 14 1 - 4 - 3 8 7 - 3 2 2 2 2 20	1.2 17 10 5 -2 -7 1 12 3 12 2 1 6 26	- - - - - - - - - - - - - - - - - - -	12 11 11 49 		23 15 — — — — — — — 448 —	23 366 — — — — — 612 342 — 1448
6 2 6 6 6 6 3 8 2 9 3 5	10 5 1 7 3 6 5 3 1 1	17 5 1 5 3 7 5 2 10 8	5 - - - 1 - 1 - 3 -	- - 5 - 4 - - 1 - 3 -	- 64 26 - 25 18 -	37 	- - 553 -30 - 121 - 202 -
0	114	173	17	85	613	541	3697

No. of cases of insanitary conditions reported to Medical Officer of Health.	He	o. of alth tors.
(19)	Whole- time. (20)	Part- time. (21)
50 28 6 — — No record. 183 8 1 3 1	1 1 1 1 1	- - 1 † 2 1 3 - 1 1
19 2 3 1 2 1		1 7† 1† 2† 1† 6† 1 3† 4 1† 5† 2
444	7	44