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STAFFORDSHIRE COUNTY COUNCIL.

Annual Report

OF THE

MEDICAL OFFICER of HEALTH

W. D. CARRUTHERS, M.B., D.P.H.

For the Year 1924.

STAFFORD:
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1925.

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STAFFORDSHIRE COUNTY COUNCIL.

Annual Report of the Medical Officer of Health.

SUMMARY OF STATISTICS.

1. General Statistics.

Area of Administrat	ive	County .	 (acre	s) 697,557
			 (1924	1) 718,400
Rateable Value			 	£3,417,279
Sum represented by	a p	enny rate	 £12	794 5 4

2. Extracts from Vital Statistics of the Year.

	Total.	М.	F.			
Births (Legitimate) (Illegitimate)	$\begin{array}{ccc} \dots 15,056 \\ \dots & 490 \end{array}$			Birth-r	ate	21.6
Deaths	8,238	4,332	3,906	Death-	rate	11.4
Number of women dying of, childbirth						15 uses 28
Deaths of infants under Legitimate, 77; Ille					s:-	
Deaths from Measles (all						
" " Whooping						
,, ,, Diarrhœa (under two	years	of age)	***		103

Area and Population.

I have no alteration to record this year in the area of the Administrative County.

The populations of the various districts used in calculating the birth and death-rates have again been supplied by the Registrar-General.

The estimates of population as at 30th June, 1924, which are now provided, have been based on the adjusted 1921 figures, after allowance for the varying rates of natural increase as evidenced by the births and deaths in each area and of migration as indicated from other sources of information, such as the changes in the numbers on the Parliamentary Register and the migration returns obtained by the Board of Trade.

In the following table, the census population of the Administrative County for 1921, and the estimated population to the middle of 1924, are set forth:—

	Census, 1921	Population to middle of 1924.
Urban	 492,333	507,100
Rural	 218,532	* 211,300
Total	 † 710,865	718,400

* The estimated population for the birth-rate in the rural districts is 213,000.

† The Census population of the Administrative County as now constituted is less than this figure by about 27,000, owing to the absorption of certain districts in the extended County Borough of Stoke-on-Trent referred to in my Annual Report for 1922.

BIRTHS.

The births registered in the Administrative County numbered 15,546, compared with 15,342 the previous year, the number in the urban districts being 11,189, and in the rural districts 4,357, compared with 11,139 and 4,203 respectively.

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

		BIRTH-RATE PER 1,000 OF POPULATION.							
	DISTRICTS.	1889-	1894-	5 yrs. 1899- 1903.	1904-	1909-	1914-	5 yrs. 1919- 1923.	1924.
Staffordshire	Combined Urban and Rural	33,6	33.2	32,5	30.3	27.8	24.0	24.1	21.6
ford	Urban	35.5	34.7	33.6	31.5	29.2	25.0	25.0	22.0
Stri	Rural	30.2	30.5	30.2	27.0	24.4	21.6	22.0	20.4
Eng	gland and Wales	20.8	29.7	28.7	26,9	24.5	20.4	21.3	18.8
Lar	ge Towns in England	31.5	30.7	29.7	27.8	25.2	*20.9	22.0	19.4

DEATHS.

The number of deaths in the Administrative County amounted to 8,238, the number in the urban districts being 5,867, and in the rural districts 2,371.

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

	DEATH-RATE PER 1,000 OF POPULATION.							
DISTRICTS.	1889-	1894-	1899-	1904-		1914-	5 yrs. 1919- 1923.	
Combined Urban and Rural Urban	18.1	16,9	16.1	14.6	14.1	15.0	12.3	11.4
Urban	18.9	17.5	16.6	15.1	14.7	15.5	12.6	11.5
E (Rural	16.8	15.7	15.1	13.4	12.7	13.8	11.6	11.2
England and Wales	19.1	17.4	16.9	15.3	13.9	15.2	12.5	12.2
Large Towns	21.0	19.0	18.2	15.8	14.3	15.5	12.6	12.3
Smaller Towns	17.6	15.9	15.7	14.9	13.6	14.1	11.5	11.2

It is satisfactory to be able to observe that the deathrate for 1924 is only 11.4 per 1,000 of the population, being practically similar to last year, when it was 11.2, and lower than the rate for England and Wales, which is 12.2.

In the following Table the chief causes of death are set out, and, comparing this with a similar one given in last year's report, it will be seen that in 1924 the number of deaths from zymotic diseases was roughly half that sustained in 1923, when several large outbreaks of whooping cough were responsible for the comparative large number of deaths from zymotic diseases. This year there has been an increase in the deaths recorded from influenza, there being 427 as against 166 the previous year. Tuberculosis is responsible for practically the same number of deaths this year, but fortunately cancer has not proved so fatal, there being 639 deaths as against 716. A slight increase in the number of deaths from pneumonia occurred in 1924; whilst congenital debility is responsible for 551 deaths as against 482 in the previous year.

Table showing the Chief Causes of Death.

				271
				427
piratory S	System		•••	497
forms				154
Disease				639
ge				487
				968
				205
				687
				788
&c.				551
	oiratory storms Disease ge	oiratory System forms Disease ge	oiratory System forms Disease ge	oiratory System forms Disease ge

Enteric Fever, Measles, Small-pox, Scarlet Fever, Whooping Cough, Diphtheria and Diarrhea.

INFANTILE MORTALITY.

The infant mortality in the Administrative County for 1924 was 79 per 1,000 births, the figure for the urban districts being 83 and for the rural districts 68, whilst for England and Wales during this period the infant mortality rate was 75. The mean rate for the past ten years was 89 for the Administrative County. The slight increase in the infant mortality rate that has been noted can be chiefly ascribed to the increase in the deaths this year from congenital debility, prematurity, etc. In last year's report attention was called to the need for developing ante-natal work at the infant welfare centres, because it is the adverse influences that occur before the birth of the child which are largely responsible for these deaths, which take place chiefly during the first month of life, and in the appropriate section of the Report the measures that are being taken to reduce this mortality are set out.

MATERNAL MORTALITY.

In the accompanying Table the maternal mortality for the last ten years is shown. This is a death-rate of mothers per 1,000 births from conditions arising directly in connection with child-birth. This year there has been a reduction in the deaths from both puerperal fever and other diseases and accidents of parturition, which is most gratifying, but it is well to remember that all such deaths should be regarded as preventable, so that we cannot be entirely satisfied with the number of deaths from this cause, low as they are in comparison with previous years. This matter has been the subject of a special report during the year, and the County Council formulated a scheme of post-graduate training for the practising midwives whereby they will attend a refresher course at the Tipton Training Home once in four years, and I have no doubt that by this means the standard of midwifery practice will be raised.

		Death	s from	Maternal	
Year.	Births.	Puerperal Fever.	Other Diseases and Accidents of Parturition.	Mortality per 1,000 births.	
1915	17,407	17	49	3.8	
1916	16,611	16	55	4.2	
1917	15,010	15	36	3,4	
1918	15,339	16	27	2,8	
1919	15,101	27	40	4.4	
1920	20,116	26	63	4.4	
1921	18,848	24	44	3.6	
1922	16,394	21	42	3.8	
1923	15,342	20	40	3.9	
1924	15,546	15	28	2.7	
lean for 0 years	16,071	19.7	42.4	3,8	

SPECIAL ZYMOTIC DEATH-RATES.

Small-Pox.—During the year one case of small-pox occurred at Wednesbury, the patient being a contact of a case of small-pox in Willesden. The patient was removed at once to the Borough Isolation Hospital, and the active measures that were taken in vaccinating the contacts proved sufficient to entirely prevent the spread of the disease.

The continuance of outbreaks of mild small-pox in various parts of the country has had the effect of making many Sanitary Authorities review the provision they have for the treatment of cases of this nature in their districts. Many years ago a Small-Pox Hospital Board was formed in the north of the County and another in the south of the County, and, whilst a large number of the Sanitary Authorities became constituent members of these Boards, several preferred to make their own arrangements, and in many instances these local hospitals were only temporary structures which were never used, so during the year many decided that their best course would be to join the South Staffordshire Joint Small-Pox Hospital Board. Subsequently the North Staffordshire Joint Small-Pox Hospital Board found it necessary to terminate the arrangement which they had with certain Authorities to treat cases of small-pox from their districts, and these districts have now joined the South Staffordshire Joint Small-Pox Hospital Board.

The following is a list of the constituent authorities in the Administrative County of the North and South Staffordshire Joint Small-Pox Hospital Boards as now constituted, together with a list showing the position of the remaining Authorities in the Administrative County as regards provision for the isolation of this disease:—

NORTH STAFFORDSHIRE JOINT SMALL-POX HOSPITAL DISTRICT.

Newcastle-under-Lyme Borough.

Urban Districts.

Rural Districts.

Audley. Biddulph.

Cheadle. Leek.

Kidsgrove.

Newcastle-under-Lyme.

Leek.

Wolstanton.

SOUTH STAFFORDSHIRE JOINT SMALL-POX HOSPITAL DISTRICT.

Tamworth Borough. Stafford Borough.

Urban Districts.

Amblecote. Bilston. Brownhills. Rugeley. Sedgley. Short Heath.

URBAN DISTRICTS-continued.

Tettenhall.

Uttoxeter.

Willenhall.

Wednesfield.

Tipton.

Cannock.
Coseley.
Darlaston.
Heath Town.
Quarry Bank.
Rowley Regis.

Rural Districts.

Caunock. Tamworth.
Gnosall. Tutbury.
Kingswinford. Uttoxeter.
Stafford.

DISTRICTS HAVING THEIR OWN PROVISION.

Urban.	Rur	al.
Brierley Hill.	Lichfi	eld.
Lichfield.	Seisdo	n.
Stone.	Stone.	
Wednesbury.		

PERRY BARR URBAN DISTRICT -SMALL-POX.

Since the Report was printed the Medical Officer of Health has stated that the District has an arrangement with the West Bromwich County Borough for dealing with their small-pox cases,

Measies.—In the Administrative County 45 deaths occurred from measles, as compared with 266 in 1923, equal to a rate per 1,000 of the population of 0.06, as against 0.38. Of these deaths, 38 occurred in the urban districts, or 0.07 per 1,000, and seven in the rural districts, producing a rate of 0.03 per 1,000.

In the following table mean figures are given for seven quinquennial periods, and figures for the past year:—

	MEASLES.	1889-	5 yrs. 1894- 1898.	1899-	1904-	1909-	1914-	1919-	
Urban	No. of Deaths	 195	239	188	211	268	188	91	38
-	No. of Deaths	 0.50	69	0.42	0.41	30	0.41	0.18	7
Rural	Rate per 1,000	 0.29	0.30	0.17	0.19	0.14	0.18	0.10	0.03

Scarlet Fever.—In the Administrative County 20 deaths occurred from scarlet fever, as compared with 23 in 1923, equal to a rate per 1,000 of the population of 0.02, as compared with 0.03 in 1923. Of these deaths, 16 occurred in the urban districts, or 0.03 per 1,000, and four in the rural districts, producing a rate of 0.02 per 1,000. In the following table mean figures are given for seven quinquennial periods, and figures for the past year:—

SCARLET FEVER.	5 yrs. 1889- 1893.	1894-	1899-	1904-	5 yrs. 1909- 1913.	1914-	1919-	1924.
No. of Deaths	76 0.19	95 0,23	87 0.19	56 0.11	43	31 0.06	14 0.03	16
No. of Deaths	39	37	36	16	11	8	4	4
를 / Rate per 1,000	0.17	0.16	0.15	0.08	0.05	0.03	0.02	0.02

Diphtheria and Membranous Croup.—In the Administrative County, 38 deaths occurred from diphtheria and membranous croup, as compared with 36 in 1923, equal to a rate per 1,000 of the population of 0.05 as against 0.05. Of these deaths, 31 occurred in the urban districts, or 0.06 per 1,000, and seven in the rural districts, producing a rate of 0.03 per 1,000. In the following table mean figures are given for seven quinquennial periods, and figures for the past year:—

DIPHTHERIA.	1889-	5 yrs. 1894- 1898.	1899-	1904-	1909-	1914-	5 yrs. 1919- 1923.	1924.
No. of Deaths	16 0.04	79 0.19	91 0.20	84 0.16	56 0,11	85 0.18	41 0.08	31 0.06
No. of Deaths	0.09	52 0,23	72 0.31	28 0.14	26 0.12	34 0.17	21 0,10	7 0.03

Whooping Cough.—In the Administrative County, 60 deaths occurred from whooping cough, as compared with 67 in 1923, equal to a rate per 1,000 of the population of 0.08, as against 0.09. Of these deaths, 45 occurred in urban districts, or 0.09 per 1,000, and 15 in rural districts, producing a rate of 0.07 per 1,000. In the following table mean figures are given for seven quinquennial periods, and figures for the past year:—

WHOOPING COUGH.	1889-	1894-	1899-	1904-	5 yrs. 1909- 1913,	1914-	5 yrs. 1919- 1923.	1924.
No. of Deaths	182 0.47	172 0.42	152 -0.34	175 0.34	132 0.27	126 0.27	77 0.15	45 0.09
No. of Deaths Rate per 1,000	52 0.22	54 0.24	44 0.19	42 0,20	40 0.19	30 0.15	29 0.14	15 0.07

Enteric Fever.—This disease, which must be looked upon as being entirely preventable, caused five deaths, compared with 10 in 1923, equal to a rate per 1,000 of the population of 0.00, as against 0.01. Of these, four occurred in urban districts, or 0.00 per 1,000, and one in rural districts, producing a rate of 0.00 per 1,000. In the following table mean figures are given for seven quinquennial periods, and figures for the past year:—

ENTERIC FEVER.	1889-	1894-		1904-	1909-	1914-		1924.
No. of Deaths	59 0.15	84 0.20	71 0.16	49 0.09	24 0.05	12 0.02	4 0.01	0.00
No. of Deaths	29 0.12	19 0.08	22 0.09	6 0.03	9 0.04	4 0.02	3 0.01	0,00

Diarrhœa and Enteritis.—In the following table the deaths from diarrhœa and enteritis under two years are shown and the death-rate calculated on the basis of per 1,000 births. This method of showing the mortality from this disease was introduced by the Registrar-General eight years ago in place of taking the total number of deaths from diarrhœa and calculating the rate on a population basis, for it is only amongst infants that these deaths are significant from a health point of view. The rates for individual areas are set forth in the detailed tables at the end of this Report.

OIARR (under			1916	1917	1918	1919	1920	1921	1922	1923	1924
Urban			14.0	12.3	9.0	9.2	8.3	18.6	8.5	10.1	7.1
Rural			9.4	6.8	4.5	5.0	6 3	9.0	5.7	5.9	5.2
England	1 & W	ales	16.2	16.1	14.4	12.2	10.4	19.3	7.6	99	7.3

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 12 months, sub-divided as regards sex, age periods and locality of disease.

AND PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS (No. 2), 1918. Public Health (Tuberculosis) Regulations, 1912.

Summary of Notifications during the period of twelve months from 30th December, 1923 to 3rd January, 1925.	ons. Primary Notifications by School Medical Inspectors.	5 10	Total.	61 01 6 15	379 1 1	357 3 3 6	107 2 1 3	123 4 4
Oth De	Instituti	-	up-		6	00	62	:
m 3	s of I	55	50	65	29	II	:	00
s fro	ficers	ep-	to to	55	22	39	-	c1
onth	al Of	35 45	ę	45	9	44	70	77
е ш	Medic	255	\$	35	61	86	10	14
welv	[pun	10 15 20	to	25	47	64	1	01
of t	neis	15	to	20	54	39	7	19
riod	etitio	10	to	15	29	330	17	19
e be	y Pra	10	03	10	27	27	21	25
ng th	ns by	0 11 5	to	50	10	4	11 26	23
lurin	icatio	0	to to	-	-	-	11	KO.
ons (Notif		:				:	:
i Notificati	Primary Notifications by Practitioners and Medical Officers of Institutions		:		Males	Females	Males	Females
Summary of			Age periods		Pulmonary Males	:	Non-pulm. Males	:

SUPPLEMENTAL RETURN.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period from the 30th December, 1923, to the 3rd January, 1925, otherwise than by notification on Form "A" or Form "B," under the Public Health (Tuberculosis) Regulations, 1912.

-														The same		
				0	-	KO.	10	15	20	25	355	45	55	65		
Age periods		:	:	2	3	2	to	to to	to	2	20	\$	to	up-	Total.	
				-	10	10	15	20	25	35	45	55	65	wards.		
Pulmonary Males	Males		:	-	-	:	-	:	63	00	3	55	:	12	23	
:	Females		:	:	:	:	20	4	4	00	4	00	:	1	2.4	
Non-pulm, Males	Males	:	:	:	-	1	:	-	¢1	:	:	4	:	:	6	
:	Females	:	:	:	01	:	-	:	П	-	:	:	1	:	9	

It will be noticed that the supplemental return of new cases of tuberculosis has again been introduced this year as the outcome of a request made by the Minister of Health for information as to cases which come to the knowledge of the Medical Officer of Health or Chief Administrative Tuberculosis Officer otherwise than by notification on Form "A" or Form "B," and in this way an additional 62 cases were brought to notice.

Table showing primary cases of Tuberculosis and deaths from the disease classified according to ages and sex.

Age Periods.		NEW	CASES.			DEA	ATHS.	
AGE PERIODS.	Pulme	onary.		on- onary.	Pulm	onary.		on- onary.
	М.	F.	M.	F.	M.	F.	M.	F.
0	2 11	1 4	11 27	5 25	1 6	1	12 34	8 19
5	28 30	30	24 18	29 20	} 6	14	10	13
15 20	54 49	43 68	8 9	19 13	} 44	70	11	11
25 35	69 71	89 48	10 5	15 4	123	100	6	10
45 55	40 29	42 11	5	2 4	67	40	8	6
65 & upwards	11	4	2	0	14	10	4	2
Totals	394	387	119	136	261	236	85	69

An examination of the returns of district Medical Officers of Health has revealed the fact that, in nine out of 48 sanitary districts, actually more deaths from pulmonary tuberculosis than notifications were recorded, so that it is evident that in these areas the Authority cannot be in full possession of the facts relating to the incidence of this disease in their area. The attention of the Medical Officers of Health concerned has been drawn to the matter, and I have no doubt they will take every possible step to see that the cases coming to the notice of the medical practitioners of their area are notified, though at the same time I realise that in many instances, owing to the insidious nature of this disease, patients do not seek advice sometimes until they are in advanced stages. This matter is one which the Joint Committee for Tuberculosis are taking steps to remedy by educational means through their health visitors, and no doubt in course of time a very great improvement will result, judging by the more favourable figures obtained by the Joint Committee after the scheme had been in operation for 12 months.

In the Administrative County 497 deaths occurred from pulmonary tuberculosis and 154 from other forms of tuberculosis, equal to a death-rate per 1,000 of the population of 0.69 and 0.21 respectively. On reference to the general mortality tables at the end of the report, the numbers and rates for each sanitary district can be ascertained.

The following show the number of notifications received since 1913:--

1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
1722	1399	1233	1048	873	856	699	642	929	971	1029	974

An account of the treatment afforded for tuberculosis will be found in the Annual Report of the Joint Committee of the County Council, Wolverhampton and Dudley County Boroughs.

MATERNITY AND CHILD WELFARE.

In the following account under the above heading of the work undertaken, that under the Midwives' Acts, 1902 and 1918, relates to the whole Administrative County, whereas the Health Visiting work comprises only a portion of it in which there is a population of 277,447 out of a total estimated population to the middle of 1924 in the Administrative County of 718,400.

There are 822 certified midwives living in the area of the Administrative County as against 799 in 1923. Of the former number 272 notified their intention to practise. Of those in practice 225 are trained and 47 are bona-fide midwives. The bona-fide midwives have decreased by nine since last year, and the trained midwives have increased by six, the total number of midwives being three less than last year. In addition to these, 86 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 in the ten years 1915—1924 are indicated in groups in the following table:—

	25	to 45		4	5 to 65	5	65 and	dupw	ards		Totals.	
YEAR	North	Central	South	North	Central	South	North	Central	South	North	Central	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
1919	 30	31	40	46	43	24	26	27	21	102	101	85
1920	 50	50	61	36	20	22	19	24	15	105	94	98
1921	 58	52	60	28	22	23	21	21	16	107	95	99
1922	 51	64	68	21	21	21	14	16	14	86	101	103
1923	 55	59	66	21	27	18	14	16	11	90	102	95
1924	 50	56	62	22	26	19	14	11	12	86	93	93

As regards the number of cases attended by midwives during 1924 in the three areas respectively, the figures are as follows:—

	No. of Midwives.	Births attended	Total Births.	Percentage attended by Midwives,	Mean num- ber of cases attended per Midwife.
North	 86	2474	3389	73.0	28.7
Central South	 93 93	3080 5828	4432 7725	69.5 75.4	33.1 62.6

The total number of cases attended by midwives only in the Administrative County during 1924 was 11,382, the total number of births registered being 15,546. It thus appears that midwives attended 71.2 per cent. of the total births in the County, the percentage for the previous year being 79.5.

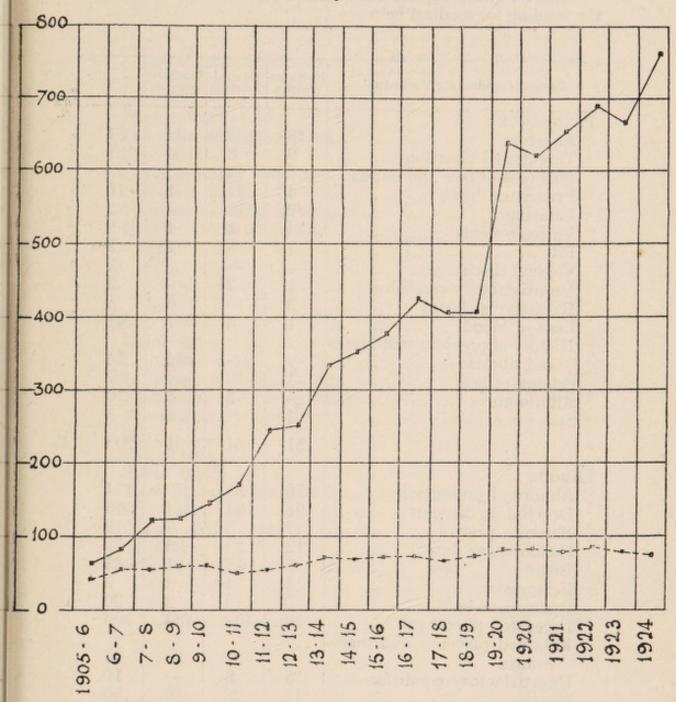
In compliance with the rules of the Central Midwives' Board, 2,359 notifications have been received from certified midwives.

The tollowing figures show the number of notifications under four headings received during the past 19 years:—

	Mean	n for 5 y	ears.		1			
	1905-6 to 1909-		1915-16 to 1919- 20	1920	1921	1922	1923	1924
Sending for medical help	547	979	1335	1769	1948	1992	1894	2083
Still Births Death of Mother	285	217 2.8	217	242	244	245	230	211
Death of Child	37	35	35	41	39	29	20	61

In the accompanying diagram the variations in the number of requests for medical help received from midwives are shown in graphical form. This year a further increase in the number will be noticed, which is partly accounted for by the fact that there is a slight increase in the number of births recorded, but no doubt the actual increase seen over a long period of years is due to the changing character of the type of midwife, for at the present time we have only 47 untrained midwives practising compared with 225 trained women, whereas on the passing of the Midwives' Act there were 438 untrained midwives and 18 trained.

NOTIFICATION PER 100 MIDWIVES.



During the year 211 cases of stillbirth were notified as compared with 230 in the previous year. Special inquiries were made by the Inspectors of Midwives into 107 of these cases, and a special effort was made to induce the mothers to receive medical treatment.

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

Causes of sending for Medical aid.	Northern District.	Central District.	Southern District.	Total.
PREGNANCY:				
Abortion	18	29	34	81
Threatened abortion	9	8	4	21
Puffiness of face and hands		3	3	13
Premature birth	4	11	1	16
Fainting	2		_	
Varicose veins	4	1	4	- G
Fits	1		$\frac{4}{2}$	2 9 3 2 3 8
X7:1 3:1	1		5	9
TT 4: 6 4 114:	1	2	-	2
	9	-	6	8
	2	3	6 7	11
		9	'	11
History of previous still-births			1.1	14
and abortions	1	-	14	14 7
Odema of legs	1	2 2	4 8	
Albuminuria	-	2		10
Sore of genitals	1		2	3
	51	61	91	203
LABOUR:	-			
Abnormal presentation	26	35	73	134
Delayed or difficult	98	184	244	526
Placenta prævia	7	5	7	19
Hæmorrhage ante	12	23	25	60
D'II	7	17	21	45
	1	4	4	9
	2	9	9	20
	59	106	144	309
Lacerated perinæum	99	100	144	303
Retained placenta and mem-	9	91	38	68
branes	5	21	90	
Unsatisfactory condition		5	10	10
Inertia	12	28	10	50
Contracted pelvis	2	2	11	15
Purulent discharge	-	-	2	5
Cough	4	1	-	9 .
Albuminuria		-		-
	244	440	588	1272

Causes of sending for medical aid.	Northern District.	Central District.	Southern District	Total
YING-IN:				
High temperature	11	14	64	89
Inflamed and painful leg	2	4	2	8
Convulsions		1	_	1
Unsatisfactory condition	5	13	7	25
Offensive lochia	_	1	7 2 2	3.
Unusual swelling of breasts	3		2	5
Abdominal swelling and				
tenderness	1	1	2	4
	22	34	79	135
HILD:	0	-	10	200
Deformities	8	5	19	32
Convulsions	2 23	5	4	11
Inflamed & discharging eyes	25	24	62	109
Feebleness and prematurity	32	59	123	214
Unsatisfactory condition	12	22	5	39
Rash	2 1 3 3 3	-	15	17
Pemphigus	1	-	6	7
Spina Bifida	3	_	7	10
Hare lip and cleft palate	3	_	7	10
Club foot	3	2	6	11
Serious skin eruption	-	1	-	1
Triplets		-	1	1
Injuries during birth			11	11
	89	118	266	473
Grand Total	406	653	1024	2083

VISITS OF INSPECTORS, NOTIFICATIONS, INQUIRIES, &C., DURING THE YEAR 1924.

-						
		Artificial Feeding.	:	:	:	:
		Contact with infection	10	22	15	47
	an.	Laying o	4	-	63	1-
	I	Puerpera Fever.	00	13	13	34
Inquiries	Deaths	Child.	:	:	64	67
Inc	Des	Mother.	:	:	-	-
	'sq.	still Bird	28	20	59	107
		mmsllnl To noid	51	36	86	185
	.99	Medical Assistan	7	П	88	26
		Artificial Feeding.	31	44	22	97
		Contact with infection	111	55	15	48
	gne	Laying o	6	5	4	18
ns.	Tr	Риетрега Реуег.	6	17	14	40
catio	ths	Срінд.	10	38	13	61
Notifications	Deaths	Mother.	1	63	1	4
	.sde	sen nir	09	20	101	211
		mmallnI H to noit	62	24	62	601
	.90	Medical Assistan	408	653	1024	2083
	·sA	Intervier	303	534	473	1110
		Visits.	277	368	476	1221
ot 924		Un- trained.	15	15	17	47
Mean No. of Midwives, 1924		Trained.	E	78	92	225
Midwi		no .oN Jaid	98	88	83	272
		.tointsiQ	North	Central	South	Totals

As regards ophthalmia cases, the following figures indicate the degree of severity of the cases reported during the past eight years, all of which were enquired into by the Midwives' Inspectors:—

Year	Northern District Cases			Central District Cases			Southern District Cases		
	1917-18	27	14	13	_	_		42	25
1918-19	= 20	10	10	14	9	5	22	11	11
1919-20		24	10	29	24	5	22	12	10
1920	45	32	13	30	23	7	23	14	9
1921	44	33	11	24	17	7	28	12	16
1922	33	21	12	19	10	9	60	38	22
1923	20	17	3	20	16	4	38	22	16
1924	23	19	4	24	17	7	62	46	16

Complete recovery took place in all the slight cases. Of the 27 severe cases, 25 recovered without damage to sight, one died from other causes, while in one case severe opacity of the left eye resulted. With reference to the total cases, irrespective of severity, no clear history of venereal disease was established. Twenty cases received hospital treatment, 12 as in-patients and eight as out-patients.

In addition to the routine inquiries conducted by the Midwives' Inspectors, 13 irregularities were specially investigated. Of these, three were dealt with by the Local Supervising Authority, the midwives being censured, four were dealt with by letters of caution by the County Medical Officer, whilst two ordinary cases were cautioned by the Midwives' Inspectors, and in four cases circumstances did not warrant any action being taken. During the year it was not found necessary to report any cases to the Central Midwives' Board. It was necessary in one case to advise a midwife to undergo a medical examination to ascertain whether some septic focus existed to account for the occurrence of several cases of puerperal fever in her practice. The Local Supervising Authority received a request from the Central Midwives' Board to furnish them with special reports on a midwife's practice who had recently been dealt with by the Board and had come to reside in the administrative County, but after a stay of four months the midwife returned to Shropshire.

Since the Act came into operation, the names of 110 midwives have been removed from the Roll as a result of action taken by the Local Supervising Authority.

During the year the deaths of five midwives have been reported to the Local Supervising Authority.

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

PARTICULARS AS TO EQUIPMENT AND EFFICIENCY OF MIDWIVES VISITED.

District.	Requirements			No, reasonably		No. who can-			
	Bags Equipped		Case Books	clean as to		Read	Read	Pass	General Efficiency
	Fully	Partially	and Forms	Person	Home	Ther- mometer	and write	Catheter	
North .	72	9	81	78	79	79	76	68	72
Central	82	11	93	92	92	90	90	82	85
South	75	18	93	93	93	90	67	7.5	83
Totals.	229	38	267	263	264	259	283	225	240

The provision of an efficient midwifery service throughout the County has been one of the chief concerns of the Public Health Committee for some considerable period, and many years ago they decided to adopt the following policy in this matter:—

In the more populous districts, if it is shown that the midwifery service is inadequate, either a midwife is trained at the expense of the County Council on her agreeing to practise in a selected area for three years, or a trained midwife is placed there, her income being guaranteed up to £120 a year on her undertaking not to select her cases.

The latter method is the one that has been generally adopted. At the present time there are six midwives receiving subsidies under this arrangement. Experience has shown that in the populous areas the midwife has usually established herself sufficiently in three years to not require any subsidy, but this, of course, does not apply to the more sparsely-populated districts. In these, the Committee endeavour to provide the midwifery service through the County Nursing Association establishing local nursing

associations there. Such an arrangement is obviously of great advantage to the area, because it ensures that, in addition to the services of a trained midwife being available, the district has also the advtanage of the services of a trained nurse for general sick cases. At the present time there are 62 local nursing associations affiliated to the County Nursing Association which undertake midwifery, and eight non-affiliated associations undertaking the same service. During recent years many of these local associations found considerable difficulty in paying their way, and from time to time the Committee have received applications for assistance, which have always been favourably received if it could be shown that adequate fees are charged, and that the association concerned had made a reasonable effort to augment their funds. During the year nine associations were so assisted.

The smaller nursing associations in the County employ nurse midwives, who are generally called village nurses; that is to say, in addition to holding the certificate of the Central Midwives' Board, they have received a six months' course of training in general sick nursing at the Tipton Training Home. The supply of these village nurses is undertaken by the County Nursing Association who, during the year, sent 11 pupils for training to that Institution, the Public Health Committee being responsible for the cost of the training in midwifery.

At the present time the County Council have not established any maternity homes, but they have arrangements with the Mrs. Legge Memorial Home, Wolverhampton, for dealing with prospective unmarried mothers, who are received at the Home for their confinements and remain there for six months. The County Council contribute 40/per patient per week for six weeks, the cost for the remainder of the period being defrayed from philanthropic sources. By this means nine cases were dealt with in 1924.

With reference to the recovery of fees for medical attendance under the Midwives' Act, 1918, the County Council have renewed the appointment of a collector until the 31st March, 1926. The income scale that was drawn up for his guidance has not been altered, and is as follows:—

(i.) Where the net weekly income of the family after deducting 3s, 6d, for each child under 14 years of age does not exceed 30s., the County Council shall not claim repayment of the medical practitioner's fee.

- (ii.) Where the net weekly income of the family, calculated as above, is over 30s, but does not exceed 45s., the County Council shall claim repayment of one-half of such fee.
- (iii.) Where the net weekly income of the family, calculated as above, exceeds 45s., the repayment of the whole of such fee shall be claimed.

Owing to the varying charges made for mileage by the medical practitioners, an arrangement has been made with the Local Branch of the British Medical Association for a uniform mileage fee of 1s. 6d. per mile one way only after two miles from the doctor's residence.

The claims made by medical practitioners for emergency attendance under the Act amounted to 30.4 per cent. of the total number of notifications of sending for medical help received, and during the financial year a sum of £912 17s. was paid in fees to medical practitioners, and the amount recovered from patients during the same period was £330 9s.

At the October meeting of the Committee a special report on Maternal Mortality and on the work of Health Visitors and that of the Infant Welfare Centres was presented, and, after considering it, it was decided to take the necessary steps to adopt the following measures during the next year:—

- (i.) To arrange for a post-graduate course for midwives of a fortnight's duration at the Tipton Training Home to provide for 70 midwives annually.
- (ii.) To arrange for nurse midwife pupils to receive practical training in health visiting, being attached to our whole-time health visiting staff for one month before leaving the Tipton Training Home.
- (iii.) It was decided to establish the following additional combined infant welfare centres and school clinics, and to develop ante-natal work as far as possible in all centres:—

Lower Gornal, Moseley Village, Walsall Wood, Norton Canes, Harriseahead,

and to establish a welfare centre only at Oakamoor.

At the same meeting an application was received from the Kingswinford Rural District to join the County Health Visiting Scheme, and upon this being agreed to, it was decided to start infant welfare centres and school clinics at Brockmoor, Kingswinford, Pensnett and Wordsley in this district.

At the end of 1924 there were 18 combined school clinics and infant welfare centres in the County Health Visiting Area, and by arrangement with the Lichfield Rural District Council the children from Rugeley attend their centre there, whilst voluntary centres exist at Mayfield, Rocester and Tutbury.

The County Council centres are open weekly, and are in charge of one of the School Medical Inspectors of the Education Committee with the assistance of the whole-time health visitor of the area. At Willenhall, owing to the large numbers that attended, it was found necessary to arrange for two sessions weekly.

The work of these centres is primarily educational, and ordinary cases requiring treatment are sent to the family doctor, but eye cases are now dealt with by the County Oculist, and in necessitous cases the Committee pay for spectacles if required. Cases of crippling deformities, whether tuberculous or non-tuberculous, receive treatment at special hospitals.

In the Table at the end of the Report will be found details of the work under the scheme. In 1924:—

- 513 expectant mothers attended welfare centres, compared with 511 in 1923.
- 15,171 children under one year, as against 13,397, and 12,856 children between one and five years, compared with 10,887.

Whilst some increase will be noted in the attendances of children, the number of expectant mothers who come to the centres remains, unfortunately, practically the same as last year. Naturally, we cannot expect any sudden increase in this figure, but it is hoped as special attention is being given to this side of the work that from year to year a steady increase will be found, for, as previously mentioned, too much importance cannot be given to the welfare of the

mother before her child is born, as the adverse influences at that time are undoubtedly a large factor in the comparatively large number of deaths of children in the very early months of life, amongst which practically no reduction has been made over a long period of years.

At the end of the year there were 31 whole-time health visitors on the staff of the County Council, serving an estimated population of 195,390, the remaining part of the health visiting area, consisting of a population of 82,057, being served by 45 part-time nurses in the employ of local nursing associations.

During the winter months a further course of lectures was given to health visitors, both whole-time and part-time, on their various duties in connection with health visiting, school medical work and tuberculosis health visiting, at varying intervals, extending from November 15th, 1924, to March 14th, 1925.

WATER SUPPLIES.

The following is a summary of the position with reference to those districts in which this subject has received special attention:—

In Biddulph Urban District, an additional storage reservoir has been constructed at Biddulph Park.

In the Cannock Urban District steps are being taken to bring the South Staffordshire Waterworks Company's water within reach of the houses in the Pye Green area.

The Stafford Corporation propose to construct a new reservoir alongside the existing one, so as to provide storage for two-and-a-half days' supply, the capacity of the existing reservoir being only sufficient for one day's supply. The connection of houses to the Corporation supply in the Doxey area, which a few years ago formed part of the Borough Extension, is nearing completion.

The Stone Urban District Council are carrying out extensions at their pumping station, which include the provision of a new bore hole with duplicate pumping plant, and the work is nearly completed. The new scheme adopted by the Uttoxeter Urban District Council to supplement the existing supply is nearing completion, and this will provide the town with an adequate supply of water for all purposes, and allow a margin for any contemplated sanitary improvements and for the future growth of the town. I understand that facilities will be available to supply the village of Rocester with water from this source, if desired.

The construction of water mains to the village of Brewood, in the Cannock Rural District, which is in the area of supply of the Wolverhampton Corporation, is nearing completion. The village of Coven, in this parish, is being supplied by arrangement by the South Staffordshire Waterworks Company.

In the Cheadle Rural District the scheme for supplying the parishes of Werrington, Wetley Rocks, Cheddleton and the villages of Cheddleton Heath and Cellarhead from springs at Wall Myers is now completed, and up to the present the water connections have been made in Cheddleton village.

The scheme for supplying the village of Tean is now complete with the exception of the pumping plant, which is expected to be installed by the end of August, 1925.

With regard to the improvement of the water supply to the villages of Alton, Bradley and Farley, the work is well advanced, and it is anticipated that the supply will be available before the end of 1925.

As the result of trial boring operations at Dimmingsdale, in the Seisdon Rural area, which I referred to in my last report as having been carried out by the Wolverhampton Corporation, a second bore hole has been started at this place to augment the existing supply. As the area of the Wolverhampton supply includes the Urban Districts of Heath Town, Short Heath and Wednesfield, this should enable the Corporation to render the supplies to these districts more constant.

The South Staffordshire Waterworks Company are still engaged on their new well at Prestwood, but I understand that it will be some time before the supply is available.

RIVERS POLLUTION PREVENTION.

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. In addition to the routine work, the Rivers Pollution Inspector has spent a considerable amount of time in special investigations as to the source of rivers pollution on various streams.

In connection with the Hydrographical Survey of the River Trent, which was commenced in 1923, further samples were taken and analysed at certain key positions in the course of the river and its tributaries during the months of May, June, July and September, 1924. At a meeting of Technical Officers at Nottingham, which I attended in May, 1925, a draft report on the results of the 1924 observations was submitted, and the Standing Committee on Rivers Pollution of the Board of Agriculture and Fisheries recommended that further observations should be made on July 16th and September 17th, 1925, and the Council have authorised me to arrange for such additional surveys as may be required in the County.

As regards the arrangements referred to in my last Annual Report for an intensive survey of the watershed of the River Severn, which had been fixed for September 24th, 1924, this was abandoned owing to unfavourable weather conditions. As I had, however, made all arrangements for the survey of the River Stour as it affects Staffordshire, this was carried out. It was ultimately agreed to carry out the survey on June 10th, 1925.

RIVER TRENT WATERSHED.—In the north of the County, the problem of sewage disposal continues to receive further attention.

At the Burslem works the new activated sludge plant has been completed, and is dealing with approximately 1,000,000 gallons daily. The new storm tanks have been constructed and the additional rectangular filter is nearing completion. The work of washing the media in the old filters is in progress.

At the Longton works two new storm tanks are in course of construction, and in addition the area of the sludge beds is being increased. As regards Fenton and Stoke, the scheme for the provision of a new works in substitution for the two existing works is under consideration.

The Wolstanton Urban District Council have adopted a draft scheme for the treatment of the sewage of the major portion of Wolstanton proper, Chesterton, Silverdale and Cross Heath, on the activated sludge principle, and plans are being prepared by a firm of engineers. When these are completed, three of the existing outfalls where the sewage is treated inadequately on land will be abolished, and more or less serious pollution of the Lyme Brook will be abated.

The Newcastle Corporation have given instructions to instal a recorder to ascertain the actual dry weather flow. When this is done it will be possible to estimate what extension of these works will be necessary to satisfactorily purify the effluent which discharges into the Lyme brook.

At Kingsley Holt and Froghall, in the Cheadle Rural District, the new sewage disposal works are now completed, and the work of connecting the house drains has started.

At Weston Coyney, in the same district, the sewage disposal works are completed, and the house connections have been made.

At Cheadle Town a considerable area of the farm has been recently under-drained as a result of a conference I had with the Clerk and the Surveyor to the District Council which has resulted in a much better effluent. Unfortunately the land is so stiff that it can only receive comparatively light doses of sewage, and so for this treatment to be effective a much larger area would be necessary. The District Council have considered the question on several occasions, and have recently acquired a site for artificial filters in place of land treatment.

At Cheddleton, in this district, land has been acquired and a scheme prepared to treat the sewage of this village. The scheme provides for detritus, sedimentation tanks and filters. Instructions have been given to the Surveyor to prepare plans, and as a first instalment it is proposed to put down a detritus and sedimentation tank, and later to construct the filter.

In Leek Urban District consideration has been given to the extension of the south outfall sewage works. The question of the sewerage and sewage disposal of Audley has been the subject of communications between the Public Health Committee and the Local Authority over a considerable period, and the District Council are being pressed to proceed with the matter at an early date.

In the central area a scheme for the provision of humus tanks at the Stone Urban District sewage works, and a new syphon under the canal, has been prepared by a firm of engineers, which is now being considered by the Ministry of Health.

The Corporation of Stafford have adopted a scheme for the treatment of their sewage on the activated sludge principle. The scheme provides for four units, and the work of constructing the first unit is now well advanced.

The Cannock Urban District Council have prepared a scheme for the treatment of the sewage from new houses at Cannock Wood, which, when completed, will be available for the treatment of sewage from the older houses in this district and Rawnsley School.

The Rural District of Cannock have prepared a scheme for the treatment of sewage in connection with the new housing scheme at Hilton, which is now under consideration by the Ministry of Health.

As regards the sewage disposal works at Cheslyn Hay, it is proposed to renew the media of the existing filters.

At Chasetown, in the Lichfield Rural District, work is in progress on the substitution of artificial filtration for the existing inadequate land treatment. The work of constructing additional tanks and filters is well advanced.

At Boney Hay, in the same district, it has been suggested that the Council should install a recording instrument so that the dry weather flow may be ascertained. It will then be seen whether the existing works are capable of adequately treating the sewage.

At Burntwood, in the same area, the sewer has been extended to complete the scheme as originally designed, but which was held up owing to the war, and house connections are now taking place.

In the southern area of the County, as regards the condition of the upper reaches of the River Tame, from the following notes it will be seen that efforts are still being directed towards abating the pollution in the centres of population set forth below:—

The Bilston Urban District Council have completed the extension of their sewage works, which includes the provision of a new detritus tank and two new storm tanks. The contact beds previously used for storm water are now available for the treatment of tank effluent resulting in a much better final effluent being discharged into the Tame.

In Coseley, the work of sewering the district and excavations for the new sewage works are well advanced.

At Darlaston, the construction of the new sewage works has been completed. These are working satisfactorily, and the serious pollution which previously took place is now abated.

At Oldbury (Worcestershire) an experimental activated sludge plant on the paddle system has been put down, also three experimental filters with distributors to ascertain which method is the most suitable for dealing with the sewage. When the District Council have satisfied themselves on this point, further consideration will be given to the matter. The Sewage Committee of the District Council have had an interview with a private firm with a view to coming to some arrangement for the treatment of their trade waste, and a further report will be presented in due course.

At Sedgley the work of connecting the house drains to new sewers and works is being pushed on. This district will be referred to later in connection with the river Stour.

As regards Tipton, the sewering of a portion of the area referred to in last year's Annual Report is completed, and up to July, 1925, 1,610 houses have been connected. At the sewage works a new compression plant has been erected, and it is proposed to lay down additional sludge beds. New tanks have been put down on the premises of a private firm in the district to so treat their trade waste that it can be discharged into the public sewer. The Surveyor is satisfied with the result of this preliminary treatment, and permission to connect with the public sewer has been given. This will abate a very serious pollution complained of by the County Council for a number of years

The Walsall County Borough have made satisfactory progress with the construction of the four new filters and humus tanks, and these will be in operation shortly.

The Wednesfield District Council are considering a scheme for the treatment of the sewage by artificial filtration in substitution for the present unsatisfactory land treatment.

At West Bromwich County Borough, the new sewer to connect the high level to the low level sewage works is completed with the exception of being connected up; this is not proposed to be done until such time that the necessary works are provided. The Corporation are considering the type of works to be adopted.

The sewage works at Tividale, in the Rowley Regis Urban District, have been enlarged by the provision of additional tanks, filters and a humus tank, which has resulted in a much better effluent being obtained.

On April 16th, 1925, a Ministry of Health Inquiry was held at Wolverhampton as to an application by the Corporation for a renewal of their certificate under the Wolverhampton Corporation Act, 1891, with the result that the certificate has been granted for a further 12 months. A scheme has been prepared for an activated sludge plant to deal with a part of the sewage. This has been submitted to the Ministry of Health, and subject to some slight amendments the scheme has been approved.

As regards the River Stour and its tributaries within the River Severn watershed, the following are the particulars showing the present position:—

At Lower Gornal, in the Sedgley Urban District, a site has been acquired, a scheme of sewage disposal has been prepared by a firm of engineers, and has been approved by the Ministry of Health. When these works are completed a serious pollution will be abated.

At Quarry Bank, where direct pollution takes place to the River Stour from the Stour Hill and Brook Street area, a scheme has been prepared and approved by the Ministry of Health, and it is proposed to begin the work within the next few months. At Pedmore Road, in the Dudley County Borough (Worcestershire), owing to mining subsidences the sewer of the Upper Stour Valley Main Drainage Board was fractured, and for some weeks the sewage from a population of approximately 5,000 was polluting the Black Brook direct, a tributary of the River Stour. The sewer has now been relaid with cast iron pipes on piers on the side of the road, and this pollution is now abated.

At Fox Oak, Cradley Heath, in the Rowley Regis Urban District, the Upper Stour Valley Main Drainage Board's sewer has been damaged, and pollution is occurring. Work is in progress to relay this sewer.

In addition to the above, pollutions occur on the Upper Stour Valley Main Drainage Board's system, both in Worcestershire and Staffordshire, owing to the sewers being overloaded and the storm water overflows operating in dry weather. I understand that a draft scheme has been prepared by the Board's engineer which will provide for additional sewers and sewage disposal works, which it is hoped will remedy the defects above mentioned.

The houses at Brockmoor, in the Kingswinford Rural District, where direct pollution to the Stourbridge Canal took place, have, with the exception of three, all been re-drained and connected to the sewer. The three not yet connected have had notices served upon the owners.

VENEREAL DISEASES SCHEME.

Under this scheme the County Council have agreements for affording the necessary treatment with the North Staffordshire Royal Infirmary, the Wolverhampton and Staffordshire Hospital, the Walsall General Hospital, and the Corbett Hospital, Stourbridge: whilst Staffordshire cases that go to recognised treatment centres outside the County are paid for under the scheme. In addition, 31 medical practitioners have been authorised to receive free supplies of salvarsan or its substitutes for use in cases of syphilis in their practice.

In the following table the numbers treated during the year are set forth, which include cases from the County who attend clinics outside the area:—

STAFFORDSHIRE CASES TREATED FOR VENEREAL DISEASES DURING THE YEAR 1924.

The cases of actual Venereal Disease seen remain substantially the same as last year, but I am glad to be able to record that an increase has been noted in the cases of non-Venereal Disease, there being 203 cases as against 150 last year, for this indicates that the work of these centres is appreciated by the public, and obviously it is advantageous to encourage all who desire to go for examination, for thereby cases come under notice at an early stage, when the disease is more curable.

The record of attendances this year is 14,680 as against 12,887 last year, and this I particularly wish to draw attention to because one of the dangers of this type of disease is that the symptoms promptly respond to suitable treatment, and there is a real danger that patients may decide to give up treatment while they are still in an infectious state. This was particularly noticeable when the centres first opened, and it is, therefore, satisfactory to be able to observe that there has been an increase in the attendances, for this shows that the work undertaken and the advice given at these centres is fully appreciated by the patients.

The following table shows the number of examinations of specimens made at the County Laboratory during each quarter of the year:—

Examinations of Pathological Specimens made at the County Laboratory under the Venereal Diseases Scheme during the Year 1924.

Fo	r Detection	of	For Wassermann	Other Examina-	Total
100	Spirochetes	Gonococci	Reaction.	tions.	10001
1st Quarter.	1	180	454	48	683
2nd Quarter	1	199	437	36	673
3rd Quarter	2	207	465	35	709
4th Quarter		143	407	26	576
TOTAL	4	729	1763	145	2641

COUNTY LABORATORY.

The work of the County Bacteriological Laboratory, under the charge of Dr. J. Menton, continues to increase, and during the year 11,383 specimens were examined as against 6,138 in 1923. On referring to the Table under the Venereal Diseases scheme and the Table showing the general bacteriological work, the number of specimens are shown classified according to the disease for which they were examined. The specimens are sent for examination by the medical practitioners of the County and the Medical Officers of the Education Committee. The Tuberculosis Officers examine specimens of sputa from their own patients themselves, except those from the Wednesbury Dispensary, where no facilities exist for this type of work.

During the year, owing to requests being received from the medical practitioners as to the character of the work undertaken at the Laboratory, a circular was drawn up, classifying under various headings the facilities now afforded, and a copy of this was sent to all medical men practising in the County. The following is a list of the tests carried out:—

Diphtheria Swabs.

Virulence Test for Diphtheria.

Examination of Sputum for Tubercle Bacilli.

Examination of Sputum for Pneumococci, etc., including Culture and Typing.

Virulence Test for any other organism.

Throat Swab and Culture for any other organism, meningococci, etc.

Direct Films for Vincent's organisms.

URINE.

General Examination, including microscopical examination of the centrifugalised deposit. This to include, when necessary, detection of Bile Pigment, Indican, Acetone and Di-Acetic Acid.

Cultural examination.

Examination for Tubercle Bacilli.

Examination for Tubercle Bacilli by animal inoculation.

CEREBROSPINAL FLUID.

General examination, chemical, cytological and direct bacteriological, including cultures, meningococci, etc.

Wassermann Test.

Lange's Colloidal Gold Test.

Estimation of Urea when asked for.

Globulin, Sugar, estimation of, when necessary for diagnosis.

FÆCES.

Cultural examination for Typhoid group, including Para. A, B, and C. Dysentery, Enteriditis, Tubercle Bacilli and other organisms.

Occult blood.

Intestinal parasites or their ova, Amoebic Dysentery.

BLOOD.

Differential cell count.

Culture.

Examination of films for parasites, including Malaria.

Widal Test for Typhoid Fever.

Widal Test for Paratyphoid A, B, and C.

Widal Test for B. Dysentery.

Wassermann Test.

Sigma Reaction.

Van den Bergh's Reaction.

OTHER EXAMINATIONS.

Examination of Pus for Gonococci.

Culture, Gonococci.

Complement Fixation Test for Gonorrhœa.

Examination of Hairs for Ringworm.

Examination of Serum for Spironema Pallidum.

Levaditi Section for Spirochætes.

Bacteriological Examination of Milk and Water.

Examinations for various food poisoning organisms.

			,					
	Diphtheria.	Tubercle.	Enteric Fever.	Cerebro-Spina Fluid and Swabs	Ring-worm.	Malaria.	Dysentery.	Other Examinations
Commencement of Scheme, Oct. 20,			1	-			-	
1898, to June 30, 1899	212							
From July 1, 1899, to June 30, 1900	378							
From Jan., 1900, to June 30, 1900		23	9					
From July 1,1900 to June 30, 1901	730	100	74					
., , 1901 ,, ,, 1902	571	92	61					
., ,, 1902 ,, ,, 1903	668	122	49					
., ,, 1908 ,, ,, 1904	507	148	41					
,, ,, 1904 ,, ,, 1905	747	136	32					
., ., 1905 ,, ,, 1906	755	159	51					
, ., 1906 , ,, 1907	1485	202	63	7			***	
a ,, , 19 7 ,, ., 1908	1608	150	39			***		***
,, ,, 1908 ,, ,, 1909	970	203	150					
., ., 1909 ,, ,, 1910	1255	249	69		***			
b ,, ,, 1910 , ,, 1911	1961	252	85				***	
c ,, , 1911 ., ,, 1912	1346	266	217d	***			***	
,, ,, 1912 ,, ,, 1913	724	533	45	:::		***	***	
,, ,, 1913 ,, ., 1914	1698	638	55	12			***	
,, ,, 1914 ,, ,, 1915	1689	520	78	90			***	
,, ,, 1915 ,, ,, 1916	1071 1162	430	42	32	***		***	
,, ,, 1916 ,, ,, 1917	1426	541 763	43	31	***		11	***
" " 1917 " " 1918 " " 1918 " " 1919	797	825	31 27	48		***	***	
1010 1000	2656	1106	361e	12			***	8
	1539	388	27	2	***		***	2
	2509	631	112	6	***		***	76
f, 1921	1643	681	23	4	30	6	4	21
1002	2080	885	198	27	218	11	-	19
1094	7281	1006	74	11	262	10	ï	97
,, ,, 1924	1201	1000	14	11	202	10	1	31
Totals from commencement of	7.100	-0-0		in the	Para	1	5	1
	39463	11049	2051	238	510	29	5	224
Continue of Decrease, 1924	02100	11010	2001	200	010	20	0	20.8

- a From this year onwards, excluding Smethwick, now a County Borough.
- b Excluding five Pottery Towns which with Hanley, now constitutes the County Borough of Stoke-on-Trent.
- c Handsworth added to Birmingham C. B., November 9, 1911.
- d Including 109 Special Blood Examinations from Cheddleton Mental Hospital.
- e Including 336 blood against B. typh, and A. and B. para-typh. fron Cheddleton Mental Hospital.
- f Portion of Administrative County transferred to Stoke-on-Frent County Borough as from 1st April, 1922.

FOOD AND DRUGS.

The work under the Food and Drugs' Act has proceeded as in former years, and in the following Table full details are shown of the number of samples taken during 1924 and

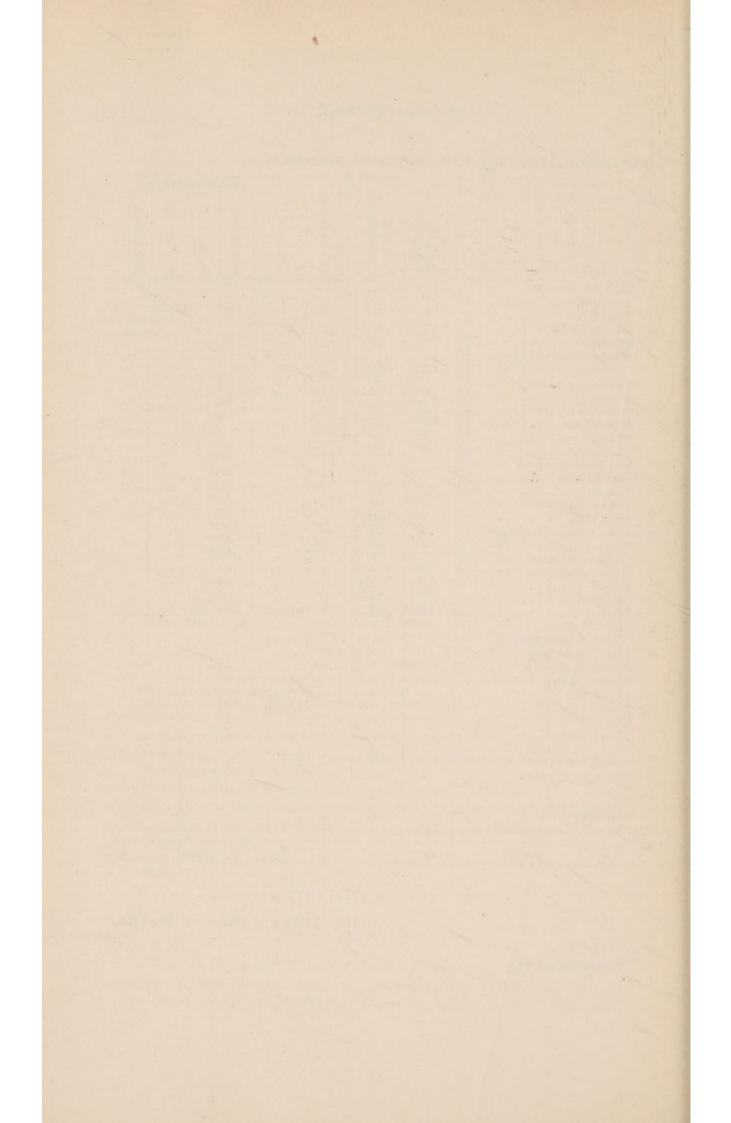
any action that may have appeared necessary:-

	100				PR	OSEC	UTION	NS.
	No of Samples Submitted.	Number Genuine.	Number Adulterated	Cautions.	Instituted.	Sustained.	Withdrawn.	Dismissed
saking Powder								1 .
Arrowroot		1						
Beef Suet	1	1						
Black Treacle								
Butter	70	70						1
amphorated Oil								
heese	23	23						
erebos Custard	1	1						
ocoa	1	1						1
od Liver Oil	1	1						1
hocolate		2						1
offee	9	9						18
hicory	1	1						13
onfectionery								
ake Flour		1						
ream		2						1
ream (Preserved)	5	5						
ripping								
lour (Self Raising)	11	11						
linger (Ground)	8	8	***					
olden Syrup	1	1						
am Sandwich	2	1	1	1				
ard	35	35						18
Iargarine	3	3						
filk	859	783	76	24	32	30		
lilk Grade A	2	2						100
lilk (Separated)								
filk (Sterilised)								
lilk Chocolate	1	1						
Iince Meat	2	2						
live Oil	1	1						
eas								13
Pepper	12	12						
rescription								
tice (Ground)		1						
ponge Cake	3	3						
ponge Mixture	1	1						
ен								
lice	1	1						
inegar	7	6	1	1				1 .
Vine (Non-Alcoholic)		***						
		And in case of the last						-

W. D. CARRUTHERS,

County Medical Officer of Health.

Stafford, September, 1925



TABLES

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, Tuberculosis. Diseases of the Respiratory Organs, &c.

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9.11	pur	uu:	Congenital Debilit Mallormation : Pre Birth	:	0.59	0.70	1.05	0.77	1.64	1.03	0.85	1.14	0.99	0.76	0.47	0.83	0.74	0.65	
-		oj	Acute and Chroni Nephritis	0.61	0.26	0.23	0.23	0.15	0.15	0.23	0.11	0.30	0.21		0.29		56		
		2	Cirrhosis of Liver	:	:	0.11	0.03	:	:	0.03	:	0.15		9.09		0.12	0.09	:	
		A	Other Respirator; Diseases	:	90.0	0.23	90.0	0.07	01.0	80.0	0.19	0.36	70.0	:	90.0	.23	23	0.32	10
(sm	110	Pneumonia (all f	1.52	0.72	0.70	1.64	1.53	0.79	0.89	90	98.	.13	.33	0.89	.59	.33 0.	0.65 0	T
	Birth-rate per 1000 Ofeneral mortality per 1000 Ofeneral mortality per 1000 Mortality in children 1000 General transport 1000 General transport 1000 General transport 1000 General per 1000 Gene			0.61	0.73	0.23	17.1	0.84	1.29	0.49	.01	0.93	177.	.85	0.65 0	0.94 0	1.16 2	32	
		au	Cancer, Maligna Disease	2.44	0.78	0.23	3.92	00.	97.0	3.89	.08	0.98	0.49	.57 0	1.48	.53 0	0.93	0 ::	
1		st	Other Tuberculor Diseases	0.30	9.33	0.23	91.0	.23	0.05	0.50	0.11	0.50	56	0.47	1.06	35 1	0.42	:	
-	ı	uə	Tuberculosis of Respiratory Syst	0.61	0.52	0.47	58	0.77 0	0.35 0	0.40	0.50	1.14 0	0.64 0	0.66	0.77	.59	.82	-:	-
	Per	1000	Diarrhosa, &c. (under 2 years)	:	7.0	6.1	3.7 0.	3,2	4.1 0	9.0	5.0)	4.9 1	7.0 3	· · ·	0.0	J	6.1 1.	7.8	-
		1	Diphtheria	:	0.13	:	0.03	20.0	0.15	:	0.04	0.05	:	.38	0.12	:	:	15	-
mortality	ation	ACION	Whooping	-:	91.6	.11	0.03	0	-:	0.03	0	0	. 70.0	0	0 90.0	:	.42	0.65	31
	nomile	nadad	Scarlet Fever	:	:	0	0		:	:	.04	:	· · · ·	:	0.12	0.12	0.09	0	**
Zymotic	20	5	Measles	:	.03	:	. 90.0			-	.27 0.	1	:	- 1	29 0	0	28 0.	:	100
2				-	0	:	:	:	:	:	.:	:	:	:	0	:		:	
	registered births Enteric Fever		:	:	:	:		:	:	:	:	:	:	:	:	:	:		
	Mortality in children under one year per 1000 registered births		:	77	61	97	. 89	13	. 18	75	07	. 18	10	54	04	00	07	00	
1	General mortality per 1000 of population Mortality in children		0.4	10.3	00.00	12.6	9.01	10.1	1.0	-	-	-	and	-	record	_	9.2 10	00	
-	Birth-rate per 1000 of population General mortality per nontality per		4.9 18.9 10.4	8.7	19.2	26.5 1	23.4	24.2	25.5 10.7	23.0 12.3	24.2 13.0	20.0 11.4	18.9 12.4	19.6 13.2	16.9 11.1	23.6 22.7 14.6	18.3	10 0 00 0 100	
	per acre Birth-rate per 1000		4.9	1.8 18.7	1.5 1	16.2 2	12.8 2	3.2 2	4.3	6.9	21.1 2	15.9 2	3.5 18	11.5 19	2.4 10	8.6 22		0 00	
	Numbers of Persons		~	0											220	23	0.7	1.0	
-	Census Destinated Census Destinated Destinat		3,273	15,240	8,495	30,310	13,000	20,080	34,710	25,780	19,290	14,100	10,490	16,870	8,451	21,430	3,049	0 414	
lation						60	-	61	60	0.1	-	-	-	-		64			
Popu			3,182	14,738	7,931	27,556	12,479	18,248	32,322	24,213	18,208	13,082	9,488	17,214	8,393	20,410	2,700	7 834	
			00	14	7	27,	12,	18,	32,	24,	18,	13,	9,	17,	8	20,	6,	te	
			:	:	:	:	:	:	:	:	:	:	:	:	:	:	:		
	101			:		:	:	:	:	:	:	:	:	:	:	:	:		
	DISTRICT		te .	:	ь ч	:	Hill	Ils	:	:	u	own	e.	:	:	е :	rr	Bank	
	D		Amblecote	Audley	Biddulph	Bilston	Brierley Hill	Brownhills	Cannock	Coseley	Darlaston	Heath Town	Kidsgrove	:	Lichfield	Newcastle	Perry Barr	Quarry Bank	
				Am	Auc	Bid	Bils	Bri	Bro	Can	Cos	Dar	Hea	Kid	Leek	Lich	New	Per	Опа

together with Births occurring during the year.

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Disea-es inl-defined or unknown	_:	:	:	:	:	61	7	:	-	:	:	-	:	00	:	:
Other Defined Di-eases	00	37	18	57	251	32	7.5	63	45	34	21	40	15	44	6	10
Other Deaths from Violence	:	-	00	6	63	S	15	00	9	5	0.1	70	61	8	61	9
Suicide	-	:	64	-	:	6.1	C1	0.1	00	:	:	0.1	:	:	:	
Congenital Debility and Mallormation, Premature Birth	:	6	9	32	10	60	36	61	95	14	00	00	[-	16	ତୀ	4
Other Accidents and Diseases of Pregnancy and Parturition	:	:	:	:	1	:	4	:	-	:	:		:	per	:	:
Puerperal Sepsis	:			:		:	:	-		:	-		:	1		:
Acute and Chronic Replication	6.1	ব	0.1	7	67	63	00	00	4	63	co	70	चा	12	:	:
Chrhosis of Liver	:	:	- proof.	-4	4	:	1-4	;	60	:			-	6.1	:	:
Appendicities and Tribudgy T	_:	:	6.1	બ	1	-:	70	4	1	60	00	:	:	60	:	00
Diarrhosa, &c.,	:	6.1	-	11	-	0.1	8	60	7	6.1		6.1	- :	60	-	-
Ulcer of Stomach or Duodenum	-	-:		0	:	_	¢1	-	:	0.1	7	:			:	:
Other Respiratory Diseases	:	1	64	6.1	-	6.1	00	70	-	1	:	1	63	10	1	4
Pneumonia (all lorms)	10	17	9	50	20	16	31	49	36	16	14	15	10	50	्य	:
Bronchitis	01	12	64	52	11	26	17	26	19	25	9	=	00	252	-	11
Arterio-Selerosis	:	9	1	:	¢1	00	16	-	1	-	10	00	89	:	-	1
Heart Disease	04	17	00	37	11	61	4	30	61	15	12	55	12	27	61	10
Cerebral Hæmorrhage, ke	01	12	00	23	10	10	25	15	16	7	00	17	9	16	6.1	6.1
Diabetes	:	:	0.1	THE STREET	:	:	C.I	-	:	00		9	6.3	0.1	-	1
Rheumaric Fever	1	:	-	0.1	-	:	00	-	:	;			:	:	:	:
Disease	00	12	0.1	28	13	16	31	28	18	7	9	25	13	20	:	1
Other Tuberculous Diseases Cancer, Malignant	-	70	6.1	70	60	-	L	8	757	00	70	-	60	6	:	н
Tuberculosis of Respiratory System	0.1	00	ক্	17	10	7	14	13	22	6	1	13	ŭ	39	:	41
Meningococcal	:	:	:	:	ı	:	:	:	:	:	:	:	:	:	:	:
Fincephalitis	:	:	¢4	00	1	61	-	:	:	-	-	:	e4	:	:	:
EzuenyuI	:	-	64	29	13	9	17	24	0	4	18	6.1	00	12	63	18
Diphtheria	_:	6.1	_ :_	1	-	63	:	-	-	:	ゼ	0.1	:	:	:	-
Whooping Cough	:	60	-	_	:	:	-	:	:	1	:	I	-	6	0.1	00
Scarlet Fever	:	:	;	:	:	:	:	-	:	:	:	0.1	-	0.1	:	:
Mensles	:	-	:	6.1	:		-	7	:	:	:	5		9	:	:
Smallpox	:	:	:	:	:	:	1	:	:	:	1	:		:	:	:
Enteric Fever	:	:	:	:	:	:	:	:	:		.:		:	:	:	-
Desths under 1 year	:	1 22	01 9	78	7 21	55	3 72	5 45	1 50	23	22	18	15	48	9	12
Deaths from all	34	157	75	382	137	204	873	318	251	161	130	223	94	313	28	87
Births	62	285	163	803	305	486	887	593	467	283	199	332	143	487	56	191
	:	:	:	:	III.	:		:	:	n.	:	:	:	:		nk
icr.	ote	1	Ч		Н	ills			no	MO	ve	:	-	le	arr	Ba
DISTRICT.	Amblecote	Audley	Biddulph	Bilston	Brierley Hill.	Brownhills	Cannock	Coseley	Darlaston	Heath Town	Kidsgrove	, ×	Lichfield	Newcastle	Perry Barr	Quarry Bank
-	H H	Au	Bid	Bil	Bri	Bro	Car	Cos	Day	Нея	Kid	Leek	Lic	Nev	Per	Jus

URBAN-continued.

p	A suc	Congenital Debility Malformation Premature Birth	0.61	0.59	0.78	0.43	0.41	:	0.97	0.73	0.92	0.71	0.40	0.37	1.22	0.46	0.79	:
	oin	Acute and Chro	0.21	:	0.21	0.42	0.35	:	:	0.18	0.21	0.18	0.27	:	0.23	0.10	0.22	
	19	Vi.I lo sisofitio	0.07	0.20	0.02	:	0.10	0.17	0.24	0.18	:	:	60'0	0.12	:	90.0	0.02	
	A.I.	Other Respirate	0.19	:	0.26	-	0.07	-	:	81.0	0.16	0.18	0.24	-	0.14	0.13	0.14	
(8	middle of Dercons ages of the Tuber of persons of population of populati		0.87	0.79	.56	.47	0.52	0.71	0.61	01.	68.	0.89	.34	.25	0.99	.26	22	
-		Bronchitis	.10	0.59	0.83	26 1	0.97	.42	60.1	0.92	0.78	0.54	.52	.62	.13	.03	1.04 1	
-	271	Disease	0.96	0.79	0.67	.42	.11	1 69.	.34	21	78	0.71	.45	1 18.	.32	1 60.	1.00.1	
-		səsnəsi(1	0.07	20	31	0.42 0.	1 12.	17 1	0.12	0.18 2	0.13 0.	54	.36	0.25 0.	0.14 1	1 92.	0.22	•
		Respiratory Sys	0.70	0.20 0.	0.67 0	.47 0	1.01	0.88 0.	0.36	0 ::	.65 0	43 0	1.09 0.	0.37 0	0.94 0	70 0	73	:
	Ser 000	The state of the s	4.5 0.	9.7 0.	4.4 0.	8.0 1.	2.2 1.	102	3).	:	7.6 9.		7.8 1.	5.9 0.	3.8 0.	3.0 0.	7.1).	9.5
	110	Diphtheria.	0.05	.39	:	.21	0.03	23	.12	.55	:	:	0.03	:	90.0	0.10	90.0	80.08
tality	ion	Cough	0.42 0	0	0.10	0	0.08 0	:	0	0 ::	:	:	0.03	:	0.04	::	0.09 0	0.12 0
Zymotic mortality	opulat	Scarlet Fever	10.	:	0	:	0.07	:	.12	:	35	:	0.06	0.12	0	.03	0.03	0.03 0
rmoti	of	Measles	0	:	.05	Ť	0.07 0	:	0	:	.32	i	90		i	0	07	0.18
Z	er 100	Smallpox	:	÷	0	:	:	:	:	-	0	:	0.	:	:	-	.0	0.00
	Enteric Fever		0.02	÷	:	i	-	:	:	:	0.05	:	÷	:	:	0.03	00.00	0.01
-	Mortality in children under one year per 1000 registered births		80 0	58	80	80	73	47	89	75	85 0	67	94	59	88	0 89	83 0	80 0
19	General Mortality per 1000 of population Mortality in children moder one year per 1000 under one year per 1000		0.2	1.1	13.1	13.0	F.	4.0	1.8	4.2	11.2	12.3	12.8	1.0	1.8	10.6	1.5	8.3
-	Of population General Mortality per		20.6 10.2	20.4 11.1	23.3	26.1	15.6 9.7	15.0 14.0	28.9 23.0 11.8	14.7 14.2	24.7	21.1	23.1	21.1 11.0	24.4 11.8	20.4	22.0 11.5	19.4 12.3
-	Birth-rate per 1000		11.11	7.7	4.9 2	4.5	8.3	5.3	8.9 2	3.5	17.0 2	5.3	14.3 2	3.1	16.6 2	5.5	6.2	
-	Sunber of persons		-															
tion	Population at all ages Estimated Census to to 1921 middle of 1924		42,460	5,037	19,180	4,749	28,730	5,640	8,209	5,430	36,930	5,575	32,880	7,998	21,240	30,060	507,100	:
Popula			40,025	4,607	17,300	4,469	28,635	5,552	8,030	5,188	34,130	5,363	30,390	7,446	19,665	29,232	478,320	:
	DISTRICT		Rowley Regis	Α	Δ	9	p		orth	hall		ker	sbury	sfield	nall	nton	1000	Fingland
-	Ā		Rowley	Rugeley	Sedgley	Short Heath	Stafford	Stone	Tamworth	Tettenhall	Tipton	Uttoxecer	Wednesbury	Wednesfield	Willenhall	Wolstanton	Totals an	Engl

Diseases ill-defined or unknown	-	:	:	:	:	1	:	:	4	:	:	:	:	:	20
Other Defined Diseases	74	16	7.1	13	46	12	19	11	84	10	99	19	55	50	1075
Other Deaths from Violence	13	:	T	-	00	60	00	-	16	6.1	14	5	Ó,	11	76
Suicides	5	:	10	-	00	-	61	-	4	:	:	:	60	61	42 1
Congenital Deblity and Malformation Premature Birth	26	00	15	0.1	15	:	00	4	34	4	23	00	26	14	403
Other Accidents and Diseases of Pregnancy and Parturition	1	:	:	:	63	:	-	:	00	:	-	-	:	-	18
Puerperal Sepsis	-	-	÷	÷	6/1	:	:	÷	01	÷	:	:	÷	0.1	=
Acute and Chronic Nephritis	6	:	¥	6.1	10	:	:	1	00	-	6	:	5	00	114
Cirrhosis of Liver	00	-	_	:	00	-	6.1	-	:	:	00	-	:	C1	28
Appendicitis and Typhlitis	63	:	-	:	1	:	Q1	:	0.1	:	62	01	-	00	43
Diarrhosa, &c (under 2 years)	4	1	6.1	-	-	0.1	1	:	L	:	9	-	63	00	80
Ulcer of Stomach or Duodenum	01	:	1	:	4	:	1	:	03	-	4	:	1	1	33
Other Respiratory Diseases	8	:	10	:	0.1	:	:	-	9	-	8	:	65	4	75
Pnenmonia (all forms)	37	4	30	[-	15	ক	10	9	70	50	44	10	21	38	622
Bronchitis	47	00	16	9	80	00	6	10	29	00	50	13	24	31	529
Arterio-Sclerosis	-	00	:	-	:	:	9	00	œ	10	1C	-	0.1	122	80
Heart Disease	36	10	26	6	39	1.6	10	119	18	11	38	6	15	30	6211
Hamorrhage, &c.	25	-	13	00	20	-	-	C/1	19	50	24	7	15	25	47
Diabetes	01	_	4	:	0.3	-	:	00	:	:	65	6.1	60	00	543
Rheumatic Fever	:	-	-	:	:	:	:	:	-	:	-	:	-	1	14
Oancer, Malignant Disease	41	4	13	୍ଦା	35	6	11	12	53	4	48	-	28	553	208
Orher Tuberculous Diseases	3	-	9	01	9	-	-	-	10	60	12	01	60	00	112
Tuberculosis of Respiratory System	30	-	13	1-	29	7.0	00	:	24	00	33	00	20	21	374
Meninguesceal	-	:	:	-	:	:	:	:	:		:	:	:	:	G1
Lethargica	0.1	-	:	:	2.1	:	:	:	:	:	co	:	:	i	21
Encephalitis	333	0.1	18	00	9	œ	4	60	24	-	16	-	11	-	303
Diphtheria	-	0.1	:	-	-	:	П	00	:	:	-	:	6.1	60	318
Whooping Cough	18	:	6.1	:	-	:	*	:	:	;	-	;	-	:	45
Scarlet Fever	6.1	:	:	:	0.1	:	-	:		:	6.1	-	:	-	16
Measies	:		-	:	62	:	:	:	12	:	0.1	:	:	:	38
Smallpox	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Enteric Fever	-	:	:	:	:	:	:	:	01	:	:	:	:	-	4
Deaths under I year	70	9	36	10	33	ना	17	9	78	00	72	10	46	42	936
Deaths from all	433	56	252	62	279	79	97	77	415	69	422	88	251	320	5867
Births	875	103	448	124	448	85	189	80	915	118	761	169	518	613	11189
		:	:	р.	:	:		:	:	:		- 773	:		1:
5	Reg	:	:	eat	:	:	42	T	:	-	our	ich	=	ton	:
TRI	D.	ey	ey	H	pro		VOL	nhe	n	cete	ses	iest	nho	an	cals.
DISTRICT	Rowley Regis	Rugeley	Sedgley	Short Heath	Stafford	Stone	Tamworth	Tettenhall	Tipton	Uttoxeter	Wednesbury	Wednesfield	Willenhall	Wolstanton	Totals .
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1	pu		Nephritis Congenital Debility Maltormation Premature Birth	0.79	0.08 0.87	10 1.06	:	.63 1.27	17 0.57	27 0.54	29 0.80	66.0 66	.48 0.16	.23 0.51	:	1 0.65	8 0.74	19 0.51	1 0.55	0.12	4 0.58	0.20	
1			Oirrhosis of Live	-:	0.0	0.1	:	0.0	0.1	0.27	03 0	0.00	0	0.17 0.5	- :	0.11	90.0	0.34	0.11 0.1		0.1	0.02 0.2	
		Ĺλ	Other Respirator Diseases		0.08	0.03		-	0.13	0.07	0.16 0.	:	0,16	0.23 0		-	0.25	0.51	0	0.12	0.14	0.12 0	
			Pneumonia (all	1.19	1.04	0.53	:	0.21	1.14	0.61	0.70	:	08.0	1.03	:	0.87	0.83	1.54	0.33	0.61	0.65	0.78	000
			Bronchitis	0.79	69.0	0.72	:	1.05	0.79	0.54	0.77	0.25	96.0	0.74	:	97.0	0.74	89.0	68.0	0.61	0.94	9.74	2 010
		qu	Cancer, Malignar Disease	:	0.87	0.95	:	1.05	1.06	1.02	1.25	1.50	2.23	1.09	:	97.0	1.16	0.51	1.11	1.82	1.09	10.62	32,88
		-	Respiratory Syst Other Tuberculo Diseases	0.40	0.13	3 0.22	:	0.21	0.56	0.50	0.19	::	:	0.11	:	9.43	0.33	0.17	9 0.44	:	0.07	0.50	n of
			Tuberculosis of	8 0.40	.8 0.52	4 0.38	:	. 0.84	0.70	. 0.61	2 0.67	0.75	8 0.80	7 0.57	. 1.46	4 0.32	1 0.74	1 0.17	. 0.33	2 0.73	8 0.65	2 0.58	latio
1	10	1900		. 23.	3 1	6.	- :	:	7.	-	6.	:	15.	. 6	:	5.4	. 4.1	. 6.4	:	. 7.2	7 10.	5.	ndod
	ality	on	Cough	:	0.1	0.03	:	:	4	0:	0.00		48			-	-	:	22	63	0.07	7 0.03	nated
-	mortality	population	Scarlet Fever	-:	0.04	0.0	:	-:	.04 0.04	.07 0.20	-	:	0.4	05 0.1	:	:	. 80	:	0.2	0.1	:	0.0 20	estin
1			Measies	:	.: 80	.03	:	:	0.0	0	:	:	:	0.0	-:	:	80.0 91	:	:	:	:	03 0.0	on an
		r 1000 of	Smallpox	:	0.08	.0.	-:	- :	-	0.13	- :		÷	:	:	:	0.16	:	:	:	:	10.0	ated o
	1	Per	Enteric Fever		-	- :	- :	:	:	- :	:		:	- :	:	:	0.08	-	:	:	:	00	alcula riete i
1	01		under one year per registered births	. 11	80	88	:	58	67	73	. 89	47	. 17	64	:	64	53 0.	. 89	26	43	20	68 0.	diet
1	zec.	uc	General mortalitics of population of population of population of the contract	1.9	8.0	1.01	:	8.0	1.1	12.2	10.5	12.2	4.0	9.	4.3	65	00	6.	1.6	1.8	80	27	RD
-	10	000	Birth-rate per 10	16.7	23.8	21.9	i	18.2	22.1 1	18.5	19.5 1	21.2	20.1 14	16.9 12	11.6	20.1 12	20.2 12	26.6 10	19.8	16.8 1	20.1 9.	20.4 11	hfield n the
1	uo	GLS	Mean area per p	5.4	2.3	2.0	3.1	6.1	0.2	4.7	2.3	6.1 2	3.1 2	2.5	7.9	5.9	5.3	3.7 2	2.9	5.8	0.9	2.9 2	or Lic
1		1		11	10	40	52	59	10	20	08	0.5	62	00	685	92	40	27	39	11		100	ate for
	ation	_	Estimated to middle of 1924	2,511	22,910	26,340		4,729	22,670	14,620	*31,180	4,002	6,262	17,400	9	9,192	12,040	5,827	8,939	8,211	13,760	21,1300	* The birth-rate for Lichfield † The mean birth-rate in the
	Population at all ages		Census 1921	2,283	21,551	28,454	59	4,634	22,067	16,122	29,448	3,993	6,327	16,816	689	\$11,029	14,500	5,359	8,908	8,295	13,019	213,523	† The
			DISTRICT	Blore Heath	Cannock	Cheadle	Dudley	Gnosall	Kingswinford	Leek	Lichfield	Mayfield	Newcastle	Seisdon	Shifnal	Stafford	Stone	Tamworth	Tutbury	Uttoxeter	Walsall	Totals and Averages	

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Diseases ill-defined or unknown.	:	-	-	:	:	:	:	:	:	-	-	:	-	:	:	-	-	-	00
Other Defined Diseases.	00	50	45	:	9	40	35	42	12	13	48	:	18	59	13	29	17	27	443
Other deaths from Violence.	-	00	7	:	-	11	9	11	1	64	6	:	0.1	00	00	YO.	9	7	85
Suicide.	-	0.1	4	:	:	9	1	64	:	:	1	:	4	1	61	:	:	21	26
Congenital Debility and Malformation, Premature Birth,	0.1	20	821	:	9	13	00	52	4	-	6	:	9	8	00	10	-	00	148
Other accidents & Diseases of Pregnancy & Parturition.	:	4	70	:	:	:	:	-	-	:	-	:	:	:	:	:	:	:	10
Puerperal Sepsis.	:	:	0.1	:	:	=	:	:	:	:	:	:	· :	:	-	:	:	-i	4
Acute and Chronic Nephritis.	:	01	10	:	00	4	T	6	4	20	4	:	1	1	6.1	-	:	c ₂ 1	404
Cirrhosis of Liver.	:	:	:	:	:	:	:		:	:	00	:	:	:	:	-	:	:	1/2
Appendicitis and Typhlitis.	:	ক	60	:	·	6.3	64	0.1	-	-	0.3	:	1	1	0.1	Н	:	:	24
Diarrhosa, etc., (under 2 years).	1	-	C1	:	:	4	:	4	:	0.1	6.1	:	1	-	1	:	_	CO	23
Ulcer of stomach or duodenum.		01		:	:	00	1	01	:	:	1	:	61	1	:	:	:	1	14
Other Respiratory Diseases		0.1	П	:	:	00	1	10	:	-	77	:	:	00	00		-	C.I	26
Pneumonia (all forms).	60	21	14	:	-	26	6	22	:	10	18	:	00	10	6	00	10	6	166
Bronchitis.	0.1	16	119	:	70	18	00	25.4	1	9	13	:	-	6	4	00	10	13	158
Arterio Sclerosis.		63	21	:	-	12	6	14	-	70	707	Г	10	10	-	01	11	C.1	97
Heart Disease.	00	29	42	:	6	22	37	40	oc	10	88	:	233	16	11	22	16	10	347
Сегерія] Натоттраде,	:	17	12	:	9	14	10	29	4	4	13	1	10	6	64	64	9	9	140
Diabetes.	1	101	:	:	Н	D.	4	10	:	:	00	:	head	П	-	-	П	-	80
Rhenmatic Fever.	:	:	6.1	:	:	00	्य	-	:	:	-	. :	:	0.3	:	-	:	-	13
Cancer, Malignant Disease,	:	20	25	:	5	24	1.5	30	9	14	119	:	7	14	00	10	15	15	131
Other Tuberculous Diseases,		63	6	:	1	9	03	9	:	:	64	:	44	4	I	4	:	1	42
Tuberculosis of Respiratory system.	-	12	10	:	4	16	S	5	3	10	10	1	.00	6	1	00	9	6	123
Meningicies. Meningitis.		:	:	:	:	:	1	:	:	:	:	:	:	:	:	:	:	:	1
Encephalitis Lethargica.		:	:		:	1	:	:	:			:	4	:	1	:	:	:	9
Influenza.	1	17	7	:	6.1	10	8	23	4	12	13	:	9	7	1	63	40	00	124
Diphtheria.	-:	00	Н	:	:	:	:	6.1	:	:	:	:	:	:	:	:	:	-	1
Whooping Cough.	:	-	61	:	:	-	65	:	:	00	0.1	:	:	:	:	6.1	-	:	15
Scarlet Fever.	-:	:	:	:	:	-	-	:	:	1	-	:	:	-	:	:	1	:	4
Measles.	:	6.1		:	:		0.1	:		:	:		:	67	-	-	:	:	7
Smallpox	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Enteric Fever.	:	:	:	:	:		:	:	:	:	:	:	:	-	:	1	:	:	-
Deaths under 1 year.	63	44	51	:	KQ.	34	20	44	4	6	19	:	12	13	C.	10	9	14	297
Deaths from all causes.	36	247	266	:	51	252	179	329	49	88	220	00	113	154	64	104	97	125	2371
Births	42	545	579	:	86	503	271	641	857	126	295	00	182	244	155	177	138	277	4357 2371
	h	:	:	:	:	pa	:	:	:	:	:	:		:	:		:	:	1:
ror.	eat		1	:		nfo	:		:	le	:	:	por.	:	th	od:	1	:	1
DISTRICE	H	ock	lle	A	=	swi		eld	eld	ast	no	-	rd.		TOL	HS.	ete		als
Di	Blore Heath	Cannock	Cheadle	Dudley	Gnosall	Kingswinford	ek	Lichfield	Mayfield	Newcastle	Seisdon	Shifnal	Stafford	Stone	Tamworth	Tutbury	Uttoxeter	Walsall	Totals
	Ble	Ca	Ch	Du	Gn	Ki	Leek	Li	Ma	Ne	Sei	Sh	Ste	Ste	Ta	Ta	Ut	W	1

Table showing the number of cases of certain Infectious Diseases notified in each sanitary area during the year 1924, and the Attack-Rates per 1,000 of the population.

URBAN.

o- Polio-		:	:			:	00	21	:	:	:	:		1			63
Cerebro-	Fever Cases.	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Con-	Fever Cases.	:	:	:	:	:	:	:	:	:	:	1.	:		:	:	:
Erysipelas.	Rate	:	0.46	1.06	0.13	0.15	0.79	0.31	0.23	0.26	0.14	0.38	0.47	0.12	0.18	:	0.12
Erysi	Cases	:	1-	6	4	63	16	11	9	20	61	4	00	-	4	:	-
Puerperal Fever.	Rate	:	90.0	:	:	0 07	0.02	80.0	:	:	:	0.28	:	0.12	0.04	:	:
Puer	Cases	:	1	:	:	1	-	00	:	:	:	8	:	1	1	:	:
Enteric Fever.	Rate	:	:	:	0.16	0.07	:	:	0.04	:	:	:	:	:	:	:	0.12
Ent	Cases	:	:	:	20	1	:	:	1	:	:	:	:	:	:	:	1
heria.	Rate	1.22	2.56	2.70	1.35	5.23	3.23	0.49	0.38	2.90	0.21	5.53	1.66	0.59	0.93	:	1.19
Diphtheria.	Cases	4	39	23	41	89	65	17	10	56	00	55	28	10	20	:	10
Scarlet Fever.	Rate	1.22	7.74	6.71	1.81	2.23	1.59	2.56	0.85	1.09	3.54	2.38	2.01	1.65 s	3.78	0.32	1.78
Sca	Cases	4	118	57	55	53	32	89	22	21	90	25	34	14	81	1	15
-pox.	Rate	:	:	:	:	;	:	:	:	:	:	:	:	:	:	:	:
Small-pox.	Cases	:	:	;	:	:	:	:	:	:	:	:	:	:	:	:	:
Estimated Population	middle of 1924.	3,273	15,240	8,495	30,310	13,000	20,080	34,710	25,780	19,290	14,100	10,490	16,870	8,451	21,430	3,049	8,414
Drewnorce	DISTRICT.	Amblecote	Audley	Biddulph	Bilston	Brierley Hill .	Brownhills	Cannock	Coseley	Darlaston	Heath Town .	Kidsgrove	Leek	Lichfield	Newcastle	Perry Barr	Quarry Bank

Polio-myelitis Cases. 0.1 Cerebro-spinal Fever Cases. Con-tinued Fever Cases. 0.26 0.46 0.18 0.73 0.17 0.12 0.55 0.73 0.23 96 0 0.21 Erysipelas. : Cases = 9 9 17 24 10 29 Rate Puerperal Fever. 0.20 0.05 0.10 0.15 0.05 0.03 Cases 00 10 URBAN-continued. Rate 0.19 0.04 0.08 0.04 0.26 Enteric Fever. Cases 01 00 1-0.1 Rate 1.09 2.76 0.75 0.99 0.79 1.08 1.83 1.66 0.41 3.37 0.27 1.34 Diphtheria Cases 3 00 16 15 10 39 90 8 31 Rate 1.48 2.38 1.98 1.09 1.88 4.89 0.67 6.56 0.37 1.16 1.97 0.87 2.35 4.21 Scarlet Fever. Cases 20 6 03 43 147 12 133 62 50 57 Rate 0.03 Small-pox. Cases Estimated in the middle of 1924. 36,930 21,240 28,730 5,640 8,209 5,430 5,575 32,880 19,180 4,749 7,998 30,060 42,460 5,037 Rowley Regis Sedgley Rugeley Stafford Stone Short Heath Wednesbury Wednesfield Wolstanton DISTRICT. Tamworth Willenhall Tettenhall Uttoxeter Tipton

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11024. Olimitation Clases Rate Clases Clases		Population in the	Small	-pox.	Scar	er.	Diphtl	neria.	Ente	er.	Puerp	eral	Erysir	elas.	Con- tinued Fever	Cerebro- spinal Fever	Pono- myelitis Cases
2,511 6 2,39 <th>T.</th> <th>1924.</th> <th>Cases</th> <th>Rate</th> <th>Cases</th> <th></th> <th>Cases</th> <th>Rate</th> <th>Cases</th> <th>Rate</th> <th>Cases</th> <th>Rate</th> <th>Cases</th> <th>Rate</th> <th>Cases.</th> <th>Cases.</th> <th></th>	T.	1924.	Cases	Rate	Cases		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases.	Cases.	
22,910 17 0.74 31 1.35 1 0.04 4 0.17 1.36 1.36 1.36 1.36	ath .	2,511	:	:	9	2.39	:	:	:	:	:	:	:	:	:	:	:
26,340 57 2.16 84 3.19 2 0.07 4 0.15 6 0.22 <td></td> <td>22,910</td> <td>:</td> <td>:</td> <td>17</td> <td>0.74</td> <td>31</td> <td>1.35</td> <td>:</td> <td>:</td> <td>-</td> <td>0.04</td> <td>4</td> <td>0.17</td> <td>:</td> <td>:</td> <td>:</td>		22,910	:	:	17	0.74	31	1.35	:	:	-	0.04	4	0.17	:	:	:
25	:	26,340	:	:	57	2.16	84	3.19	61	0.07	4	0.15	9	0.22	:	:	:
4,729 2 0.42 <td>:</td> <td>25</td> <td>:</td>	:	25	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
ford 22,670 59 2.60 45 1.98 1 0.04 2 0.09 12 0.03 </td <td>:</td> <td></td> <td>:</td> <td>:</td> <td>23</td> <td>0.42</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>1</td> <td>0.21</td> <td>:</td> <td>:</td> <td>:</td>	:		:	:	23	0.42	:	:	:	:	:	:	1	0.21	:	:	:
14,620 111 7.59 6 0.41 9 0.41 9 0.41 <td>ford</td> <td></td> <td>:</td> <td>:</td> <td>59</td> <td>2.60</td> <td>45</td> <td>1.98</td> <td>1</td> <td>0.04</td> <td>6.1</td> <td>0.00</td> <td>12</td> <td>0.53</td> <td>:</td> <td>:</td> <td>:</td>	ford		:	:	59	2.60	45	1.98	1	0.04	6.1	0.00	12	0.53	:	:	:
4,002 63 2,02 100 3.20 6 0.13 4 0.13 100 3.20 </td <td></td> <td></td> <td>:</td> <td>:</td> <td>111</td> <td>7.59</td> <td>9</td> <td>0.41</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>60</td> <td>0.20</td> <td>:</td> <td>:</td> <td>c1</td>			:	:	111	7.59	9	0.41	:	:	:	:	60	0.20	:	:	c1
e 6,262 1.50 1 0.25 <			:	:	63	2.03	100	3.20	:	:	9	0.19	4	0.13	:	;	:
e 6,262 45 7.18 7 1.11 17 1.11 17 1.11 17 0.40 11 0.45 11 0.45 11 0.40 11 0.45 <td>:</td> <td></td> <td>:</td> <td>:</td> <td>9</td> <td>1.50</td> <td>1</td> <td>0.25</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td>	:		:	:	9	1.50	1	0.25	:	:	:	:	:	:	:	:	:
por.) 94,92 7 0.40 1 0.40 1 0.40 1 0.40 1 0.40 1 0.40 1 0.40 1 0.41			:	:	45	7.18	1	1.11	:	:	:	:	00	0.48		:	:
por.) 94.192	:	17,400		:	44	2.52	1	0.40	:	:	-	0.02	9	0.34	:	:	:
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