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STAFFORDSHIRE COUNTY COUNCIL

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*Annual Report*

OF THE

MEDICAL OFFICER *of* HEALTH

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

*For the Year 1944*

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STAFFORD:

Printed by J. & C. MORT, LTD., 39, Greengate Street.

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# STAFFORDSHIRE COUNTY COUNCIL

## Annual Report of the Medical Officer of Health

### PRELIMINARY NOTE.

The Annual Report for 1944 is again smaller than in peacetime. The vital statistics show, as in former years, that the birth-rate is higher, and the death-rate lower, than the corresponding rates for England and Wales. The death-rate is the lowest on record and the birth-rate has risen as high as it was twenty years ago. The maternal mortality rate is the lowest so far recorded, as well as the infant mortality rate. The incidence of infectious diseases is less than in former years. Although there has been some increase in the notifications of cases of pulmonary tuberculosis, the death-rate is about the same as it was just before the war started. Venereal disease statistics show a slight increase in cases of syphilis, and as many more now go to the Treatment Centres for examination who prove not to be suffering from the disease, it appears that the propaganda campaign is showing satisfactory results.

In the section of the Report dealing with Maternity and Child Welfare it will be noted that in spite of war conditions the service has been well maintained. The Report gives a full account of the measures taken to provide more institutional accommodation for maternity cases, as well as a long term policy that was adopted by the Committee. Then, during the year, a scheme for the care of illegitimate children was adopted, the necessity for which was obvious when, on looking at the vital statistics, it was seen that the infant mortality of illegitimate children is twice as high as in those born in wedlock. An account is also given of the work of the wartime nurseries which were established at the instance of the Ministry of Health, who are financially responsible for the scheme. There is little doubt that in some areas these fill a much needed want, but the attendances at some are disappointingly low.

A full account appears in the Report of the work of the Chemical and Bacteriological Laboratories, which, from small beginnings, have developed into an essential part of the Public Health Service. I desire to draw attention particularly to the work of the Laboratories concerning the milk supply, and the results of the examinations of a large number of samples show how much the public is indebted to the farmers for the care and attention bestowed on this part of their work in times of great difficulty from the labour standpoint.

The favourable state of the public health disclosed in this Report, and it applies to the country generally, has been a very pleasant surprise to public health workers, who, with the experience of the last war in mind, never anticipated such satisfactory vital statistics. In considering the reasons for this, the importance of adequate nutrition, whereby the resistance of the body to infection is built up, cannot be over emphasized. Much credit is therefore due to the Ministry of Food in providing for the equal distribution of the food available and so ensuring a more balanced dietary than would have been possible for all otherwise. Under the special circumstances imposed by the war it has proved difficult to prevent monotony, but the housewife has especially felt the limitations of fat and meat, and milk, except for children and nursing mothers, in providing for her household. After long years of regimentation, therefore, many hope it will not be long before they once again have a free choice in the selection of their food, and, when this time comes, I wonder if the educational effect on those who, before the war, did not have such a balanced dietary, will be lost. If not, we may look forward to seeing a continuance of the favourable vital statistics shown in this Report.

## SUMMARY OF STATISTICS.

### 1.—GENERAL STATISTICS.

Area of Administrative County .. .. . (acres)	685,503
Estimated Civilian Population of Area, 1944 (primarily for calculation of Death-rates or incidence of Notifiable Diseases) .. .. .	773,040
Rateable Value at 1st April, 1944. (General County Purposes) .. .. .	£3,436,117
Estimated net product of a penny rate, 1944-45 (General County Purposes) .. .. .	£13,390

### 2.—EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

		Total	M.	F.	
Live Births	Legitimate ..	15,392	7,974	7,418	
	Illegitimate..	690	360	330	
	Total ..	16,082	8,334	7,748	Birth-rate 20.8
Stillbirths	Legitimate ..	446	223	223	
	Illegitimate..	29	21	8	
	Total ..	475	244	231	Rate per 1,000 total births 28.7
Deaths .. .. .		7,936	4,136	3,800	Death-rate 10.3
Deaths from Puerperal Causes :—					
			Deaths		Rate per 1,000 total births
	Puerperal and Post-abortive sepsis .. .. .		10		0.6
	Other Maternal causes ..		21		1.3
	Total ..		31		1.9

#### Death Rates of Infants under one year of age :—

All infants per 1,000 live births .. .. .	48
Legitimate infants per 1,000 legitimate live births ..	47
Illegitimate infants per 1,000 illegitimate live births ..	80
Deaths from Cancer (all ages) .. .. .	1,151
Deaths from Measles (all ages) .. .. .	6
Deaths from Whooping Cough (all ages) .. .. .	22
Deaths from Diarrhoea (under two years of age) .. .. .	86



## AREA AND POPULATION.

Since 1934 there has been no alteration in the area of the Administrative County.

The estimated populations have been supplied by the Registrar-General and are primarily given for the calculation of death-rates and the incidence of notifiable diseases amongst civilians, non-civilian deaths and notifications having been excluded from the statistics. Estimates of the numbers and distribution of the non-civilian population are not available and the birth-rates can only be based on the civilian populations of 1944 as used for death-rates.

In the Report for 1939 alterations in the allocation of births and deaths were briefly described.

Until 1940 Areal Comparability Factors supplied by the Registrar-General enabled local death-rates to be adjusted for comparison with the crude death-rate of the Country as a whole or with the similarly adjusted rate of any other local area. Since then, however, the variety and magnitude of local population movements, and the uneven incidence of civilian war deaths, have together combined to frustrate the attempt to secure such comparability, so that the factors cannot be provided under present conditions.

The estimated population and rates for each District are shown in the tables at the end of the Report.

In the following table the census population of the Administrative County for 1931, and the estimated civilian population for 1944, are set forth :—

	Census, 1931	Estimated Population, 1944
Urban . . . . .	490,632	*580,970
Rural . . . . .	21,622	*192,070
Totals . . . . .	†703,254	773,040

\*The increase in the population of the Urban Districts, and the decrease in that of the Rural Districts, is due to the changes in Sanitary Districts and boundaries which took place on the 1st April, 1934, under the Staffordshire Review Order, 1934.

†The census population of the Administrative County as constituted at the 31st December, 1944, is less than this figure by 2,902. The estimated population in the portion of the County area transferred to the County Borough of Wolverhampton on the 1st April, 1933, was 5,419, but this decrease was partly neutralised by the fact that on the 1st April, 1932, a portion of the County of Warwick, with an estimated population of 2,517 was added to the Administrative County.

### BIRTHS.

The live births registered in the Administrative County for birth-rate purposes numbered 16,082, compared with 15,414 the previous year, the number in the Urban Districts being 12,420 and in the Rural Districts 3,662.

*Stillbirths.*—There were 475 stillbirths registered during the year of which 376 were in Urban and 99 in Rural Districts. The stillbirth-rate per thousand of the population for the combined Urban and Rural Districts is 0.61. During the same period the rate for England and Wales was 0.50.

DISTRICTS		LIVE BIRTH-RATE PER 1,000 OF POPULATION											1943	1944
		5 yrs 1889- 1893	5 yrs 1894- 1898	5 yrs 1899- 1903	5 yrs 1904- 1908	5 yrs 1909- 1913	5 yrs 1914- 1918	5 yrs 1919- 1923	5 yrs 1924- 1928	5 yrs 1929- 1933	5 yrs 1934- 1938	5 yrs 1939- 1943		
Staffordshire	Combined Urban and Rural	33.6	33.2	32.5	30.3	27.8	24.0	24.1	20.2	17.6	17.1	18.3	20.0	20.8
	Urban ..	35.5	34.7	33.6	31.5	29.2	25.0	25.0	20.7	18.1	17.5	18.9	20.6	21.4
	Rural ..	30.2	30.5	30.2	27.0	24.4	21.6	22.0	19.0	16.6	15.7	16.7	18.0	19.1
England and Wales		30.8	29.7	28.7	26.9	24.5	20.4	21.3	17.8	15.6	14.9	15.2	16.5	17.6
Large Towns in England		31.5	30.7	29.7	27.8	25.2	*20.9	22.0	18.2	15.8	14.9	16.3	18.6	20.3

\* 4 years.

## DEATHS.

The number of deaths in the Administrative County amounted to 7,936, the number in the Urban Districts being 5,969, and in the Rural Districts 1,967.

DISTRICTS	DEATH-RATE PER 1,000 OF POPULATION													
	5 yrs 1889- 1893	5 yrs 1894- 1898	5 yrs 1899- 1903	5 yrs 1904- 1908	5 yrs 1909- 1913	5 yrs 1914- 1918	5 yrs 1919- 1923	5 yrs 1924- 1928	5 yrs 1929- 1933	5 yrs 1934- 1938	5 yrs 1939- 1943	1943	1944	
Staffordshire	Combined Urban and Rural	18.1	16.9	16.1	14.6	14.1	15.0	12.3	11.4	11.6	11.3	11.2	11.0	10.0
	Urban ..	18.9	17.5	16.6	15.1	14.7	15.5	12.6	11.5	11.8	11.3	11.2	11.1	10.0
	Rural ..	16.8	15.7	15.1	13.4	12.7	13.8	11.6	11.2	11.2	11.2	11.0	10.9	10.0
England and Wales	19.1	17.4	16.9	15.3	13.9	15.2	12.5	12.0	12.3	11.9	12.6	12.1	11.1	
Large Towns	21.0	19.0	18.2	15.8	14.3	15.5	12.6	12.0	12.3	12.0	14.0	14.2	13.3	
Smaller Towns	17.6	15.9	15.7	14.9	13.6	14.1	11.5	11.0	11.2	11.4	12.4	12.7	12.2	

In the following table I have shown the *chief* causes of death for the last ten years, the numbers given for 1944 being 72.1 per cent. of the total deaths :—

TABLE SHOWING CHIEF CAUSES OF DEATH.

	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944
*Zymotic Diseases ..	303	217	241	194	193	178	218	187	188	155
Influenza .. ..	170	121	359	142	166	207	189	69	263	88
Tuberculosis of Respiratory System .. ..	434	358	412	372	368	348	402	373	373	344
Tuberculosis, other forms	86	74	90	93	75	74	121	92	75	72
Cancer .. ..	981	968	989	1033	1046	1096	1095	1183	1128	1155
†Cerebral Hæmorrhage	457	477	505	472	492	—	—	—	—	—
†Intra-Cranial Vascular Lesions .. ..	—	—	—	—	—	808	799	756	818	788
Heart Disease ..	1618	1846	2006	2003	2246	2024	1889	1752	1898	1844
Bronchitis .. ..	377	366	329	262	273	797	631	439	575	455
Pneumonia .. ..	562	540	603	633	403	474	514	387	423	355
Premature Birth ..	415	472	482	428	466	217	224	237	212	223
Congenital Malformations,						231	243	234	210	244
Birth Injuries, Infantile Diseases .. ..										

\*Typhoid and Paratyphoid Fevers, Measles, Small-pox, Scarlet Fever, Whooping Cough, Diphtheria and Diarrhœa.

† Change of Classification.

## MORTALITY AT DIFFERENT AGES FROM VARIOUS CAUSES.

The following table gives the mortality from various causes in different age groups in the Administrative County during 1944 :—

Causes of Death	Age at Death						TOTAL
	Under 1	1 and under 5	5 and under 15	15 and under 45	45 and under 65	65 and over	
1. Typhoid and Paratyphoid Fevers .. .. .	—	—	—	1	—	—	1
2. Cerebro-Spinal Fever .. .. .	1	2	4	3	2	—	12
3. Scarlet Fever .. .. .	—	—	2	—	—	—	2
4. Whooping Cough .. .. .	11	11	—	—	—	—	22
5. Diphtheria .. .. .	1	16	18	5	—	—	40
6. Tuberculosis of Respiratory System .. .. .	—	5	5	211	108	20	349
7. Other forms of Tuberculosis .. .. .	11	13	13	24	10	1	72
8. Syphilitic Diseases .. .. .	2	—	—	8	5	5	20
9. Influenza .. .. .	5	—	3	13	24	38	83
10. Measles .. .. .	1	2	3	—	—	—	6
11. Acute Poliomyelitis and Polioencephalitis .. .. .	—	—	—	3	—	—	3
12. Acute Infectious Encephalitis .. .. .	1	—	—	4	2	2	—
13. Cancer of Buccal Cavity and Oesophagus (M) Uterus (F)	—	—	—	7	45	65	117
14. Cancer of Stomach and Duodenum .. .. .	—	—	—	15	83	125	223
15. Cancer of Breast .. .. .	—	—	—	18	46	57	121
16. Cancer of all other sites .. .. .	—	1	2	53	272	362	696
17. Diabetes .. .. .	—	2	—	5	27	61	95
18. Intra-Cranial Vascular Lesions .. .. .	4	2	1	20	209	553	789
19. Heart Disease .. .. .	—	3	5	119	426	1292	1845
20. Other Diseases of Circulatory System .. .. .	1	1	—	6	26	160	194
21. Bronchitis .. .. .	19	6	1	17	126	282	451
22. Pneumonia .. .. .	110	25	4	35	70	106	350
23. Other Respiratory Diseases .. .. .	2	4	1	12	40	32	91
24. Ulcer of Stomach or Duodenum .. .. .	—	—	—	7	40	15	62
25. Diarrhoea under 2 years .. .. .	82	4	—	—	—	—	86
26. Appendicitis .. .. .	—	2	1	9	13	4	29
27. Other Digestive Diseases .. .. .	8	6	6	26	45	70	161
28. Nephritis .. .. .	—	1	—	44	62	89	196
29. Puerperal and Post-Abortive Sepsis .. .. .	—	—	—	10	—	—	10
30. Other Maternal Causes .. .. .	—	—	—	21	—	—	21
31. Premature Birth .. .. .	237	—	—	—	—	—	237
32. Congenital Malformations; Birth Injuries; Infantile Diseases .. .. .	216	8	6	8	4	—	242
33. Suicide .. .. .	—	—	—	22	21	14	57
34. Road Traffic Accidents .. .. .	—	6	15	30	25	13	89
35. Other Violent Causes .. .. .	22	22	23	36	42	75	220
36. All other causes .. .. .	38	18	27	94	137	627	941
Totals .. .. .	772	160	140	886	1910	4068	7936

The following table has been prepared covering the last 25 years, in which the percentage of deaths under 45 years of age is worked out in relation to the total deaths at all ages, and in the table the sexes are divided. Speaking generally, in 1944 24.7 per cent. of all deaths occurred under the age of 45.

DEATHS UNDER 45 YEARS OF AGE—MALE AND FEMALE—SHEWING PERCENTAGE OF TOTAL DEATHS (ALL AGES).

YEAR	MALE			FEMALE		
	Deaths all ages	Deaths under 45	% of Total	Deaths all ages	Deaths under 45	% of Total
1920	4626	2295	49.61	4084	1935	47.38
1921	4545	2120	46.64	3985	1759	44.14
1922	4534	1943	42.58	4191	1793	42.78
1923	4197	1816	43.27	3788	1556	41.08
1924	4332	1795	41.43	3906	1520	38.91
1925	4556	1919	42.12	4161	1724	41.43
1926	4148	1658	39.97	3808	1441	37.84
1927	4458	1766	39.61	4082	1564	38.31
1928	3965	1449	36.54	3563	1180	33.12
1929	4813	1827	37.96	4293	1453	33.84
1930	4100	1473	35.92	3672	1211	32.98
1931	4376	1472	33.64	3933	1272	32.34
1932	4190	1425	34.01	3824	1174	30.70
1933	4213	1415	33.59	3900	1207	30.95
1934	4105	1261	30.72	3655	1054	28.84
1935	4284	1354	31.61	3802	1159	30.48
1936	4203	1266	30.12	4022	1100	27.35
1937	4793	1484	30.96	4075	1041	25.55
1938	4497	1296	28.82	3915	1065	27.20
1939	4498	1223	27.19	4038	973	24.10
1940	4899	1315	26.84	4246	1069	25.18
1941	4882	1436	29.41	4110	1086	26.42
1942	4257	1150	27.01	3742	970	25.92
1943	4403	1090	24.76	4112	1004	24.42
1944	4136	1069	25.85	3800	889	23.39

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

*Local Government Act, 1929.*

In view of the war, the question of hospital provision remains in abeyance and there has been no further development during 1944.

*Poor Law Medical Out-Relief.*

There has been no alteration in this scheme.

### *Institutional Provision for the Care of Mental Defectives.*

On the 1st January, 1945, the following certified cases were chargeable to the County Council :—

Great Barr Park Colony .. .. .	454
Stallington Hall .. .. .	56
Other Institutions (including State Institutions) .. .. .	46
	<hr/>
	556
	<hr/>

Of the above, 47 cases were on licence from Great Barr and 5 from Stallington Hall.

In addition, there were 5 certified patients under guardianship chargeable to the County Council.

### NURSING IN THE HOME.

#### (a) *General Nursing.*

There was no change in the total number of Nursing Associations in the Administrative County undertaking general work, but two, which had previously been independent, became affiliated to the County Nursing Association during the year, viz., Rushall from the 1st April and Pelsall from the 1st May. At the end of 1944, therefore, there were 102 affiliated and 7 independent Nursing Associations included in the service.

In view of the adoption of the Rushcliffe recommendations regarding nurses' salaries, etc., the County Nursing Association, on behalf of the local Associations affiliated to it, and the independent Stafford District Nurses' Society, made application to the County Council for assistance towards the consequent increased expenditure as far as their staffs engaged solely in general nursing were concerned. It was decided that during the two financial years ending 31st March, 1945, subscriptions should be made equivalent to one-half of the net additional cost, viz., one-quarter of the total, the additional expenditure being subject to a Government grant of 50 per cent., and that a further similar payment be made to those Associations whose accounts subsequently revealed that they were in need of such additional financial assistance.

Apart from the Administrative County, the County Nursing Association have seven affiliated Associations working in the City of Stoke-on-Trent and the County Boroughs of Walsall and Wolverhampton. This represents an increase of one over the previous year, Ward 27 Nursing Association of Stoke-on-Trent having affiliated during 1944.

(b) *Infectious Diseases.*

During 1944, no application was received for the nursing facilities available in the County Health Visiting Area in the event of an epidemic of measles or diarrhoea.

### MIDWIVES ACT, 1936.

There is nothing of an exceptional nature to report regarding the salaried midwifery service, inaugurated in 1937, which continued to be satisfactorily administered by 92 of the local Nursing Associations affiliated to the County Organisation and the independent Association at Stafford. In addition, the work of whole-time midwives in four areas is directly controlled from the County Nursing Association Headquarters. One change only occurred in nursing personnel, viz., at Walsall Wood, where it was decided not to replace a whole-time State Certified Midwife who had resigned.

Again this year, great difficulty has been experienced in filling vacancies, but, whenever possible, the practice of appointing trained nurse-midwives to fill posts vacated by midwives holding the Certificate of the Central Midwives' Board only is put into effect.

During 1944, no Orders were made under Regulation 33 of the Defence Regulations, 1939, temporarily restoring to the Midwives' Roll the names of women who had surrendered their Certificates and claimed compensation under the Midwives Act, 1936. Up to the end of 1943 ten such authorisations, affecting eight women, had been issued, but at the end of the current year the number practising was reduced to four, three being employed by Nursing Associations as salaried midwives and the other at a private registered Maternity Home.

When the Scheme under the Midwives Act, 1936, was inaugurated the midwifery and maternity fee payable by the patient in those areas served by whole-time midwives was decided upon as follows :—

Resulting in—Live and Stillbirths	..	£1 10s. 0d.
Abortions and Miscarriages		15s. 0d.

On reviewing the position it was decided that the amounts for cases booked on and after the 1st June, 1944, should be increased to £2 2s. 0d. and £1 1s. 0d., respectively. Where a septic case is transferred from a midwife to a general nurse one-half of the fee is credited to the general nursing account of the Association concerned.

No specified amounts are laid down in the areas served by nurse-midwives, but it is stipulated that an application for additional financial assistance by way of grant will not be entertained unless the Nursing Association has adopted the approved fees mentioned above.

I give below a summary of the staff placed in districts, *i.e.*, excluding relief nurses, at the end of the year. In addition, there were two unfilled vacancies on the staffs of affiliated Associations, one whole-time caused by the resignation of a State Certified Midwife only, and one part-time, a Nurse-Midwife having terminated her engagement.

	WHOLE-TIME MIDWIVES			PART-TIME MIDWIVES		
	Queen's	S.R.N.	S.C.M.	Queen's	S.R.N.	S.C.M.
		S.C.M.			S.C.M.	
Affiliated Associations ..	5	24	33	26	9	40
Unaffiliated Association ..	3	2	—	—	—	—
County Nursing Association Headquarters .. ..	—	4	14	—	—	—
Totals ..	8	30	47	26	9	40

S.R.N.—State Registered Nurse. S.C.M.—State Certified Midwife.

As will be seen there were 160 midwives, 85 whole-time and 75 part-time.

The central relief staff at the close of 1944 consisted of 10 nurses, viz., 2 Queen's, 1 S.R.N., S.C.M., and 7 holding the Certificate of the Central Midwives' Board only.

The Parish of Tutbury (Tutbury R.D.) which is the only area not included in the Scheme, is served by an entirely independent unaffiliated Nursing Association.

### MIDWIVES ACTS, 1902—1926.

The area for which the County Council is the Local Supervising Authority for the purpose of the Midwives Acts is the whole of the Administrative County with the exception of the Municipal Boroughs of Rowley Regis and Tipton. There are 23 Urban Districts and 10 Rural, with an estimated population of 691,270. In addition to the two districts mentioned, the area in which the County Council is responsible for maternity and child welfare purposes, does not include the Municipal Boroughs of Bilston, Newcastle, Stafford and Wednesbury, and the Urban Districts of Cannock and Coseley, so that the population in this respect is reduced to 461,650.



For inspection purposes the area is divided into three districts, North, Central and South, and there is a non-medical Supervisor resident in each. With the supervision of midwives are combined the inspection of Health Visitors and School Nurses, other activities in connection with the Child Welfare Scheme, etc. During the year, 1,147 visits and interviews were undertaken for midwifery purposes.

On the 31st December there were 211 domiciliary midwives resident in the County area who were actually practising, 160 district (85 whole-time, 75 part-time) and 10 relief midwives employed by Nursing Associations under the Scheme, and 41 in independent practice. Included in the latter figure are 5 midwives who were also engaged at registered Maternity Homes, and, in addition, there were 27 maternity home midwives who do not undertake domiciliary cases. The Assistant Superintendent of the County Nursing Association also notified to cover probable rare relief duty. Fourteen out-of-area midwives, including two employed by a Nursing Association whose area extends into Staffordshire, were in active practice at the end of the year. Ten other midwives, 8 resident within the County and 2 outside, notified their intention to practice but attended no cases. None of the midwives resident within the County is *bona-fide*.

Since the Act came into operation in 1902, the names of 115 midwives have been removed from the Roll in consequence of action taken by the Local Supervising Authority.

No applications were received during the year from independent midwives for compensation for loss of practice consequent upon suspension from duty, they themselves not being in default, after contact with infection.

In the following table the age groups in which the salaried midwives fall are shown :—

	21-44	45-64	65 and upwards
District .. .. .	81	79	—
Relief Staff .. .. .	7	3	—

During the year, 11,048 cases, 10,682 live and still-births and 366 miscarriages and abortions, were attended by domiciliary midwives, and the following summary indicates the numbers taken by each class of midwife :—

Salaried :—	Cases
Whole-time .. .. .	7,407
Part-time .. .. .	2,595
Independent resident in the County .. .. .	959
Out-of-area, including Association midwives .. .. .	87
	11,048

Roughly, the average individual number of cases taken by whole-time salaried midwives, based on the normal staff of 86, was 86.

In the table which follows more detailed information of the cases attended is given :—

	Registered Births (Live and Still-born)	*As Midwives		†As Maternity Nurses		‡ Births in respect of which no record is available	
		Births	% of total	Births	% of total	No.	% of total
Live and Stillbirths	14,699	8,396	57.1	2,286	15.6	4,017	27.3
Abortions and Miscarriages	—	222	—	144	—	—	—

\* Doctors not having been engaged for the confinements.

† Doctors having been engaged by the patients.

‡ These figures are in respect of births which (i) were attended by doctors, no midwife having been engaged; (ii) took place outside the Administrative County; (iii) took place in Institutions.

Eight hundred and sixteen live and stillbirths, together with 1 abortion or miscarriage, occurred at Public Assistance Institutions, and 1,392 at Maternity Homes.

The rules of the Central Midwives' Board require certain notifications by midwives, and particulars are given in the following table. The last seven years only have been included in view of the curtailment of the area in 1937.

Year.	* No. of Births attended by Midwives.	Medical Aid Notices.	Stillbirths.	Death of Mother.	Death of Child.	Contact with Infection.	Laying out the Dead.	Artificial Feeding.
1938	8730	4283	222	9	174	158	44	249
1939	8778	4297	222	5	206	161	38	262
1940	8714	3822	206	8	176	157	31	253
1941	9101	3966	220	8	187	151	38	280
1942	9325	3811	214	7	161	118	28	331
1943	9190	3546	172	3	159	125	17	374
1944	9136	3482	143	8	181	108	21	484

\* Including midwifery cases in Maternity Homes

The percentage of doctors' calls to the number of births attended by midwives in 1944 was 38.1. In 1915 the corresponding figure was 10.7 per cent., and the large gradual increase since can be ascribed to the trained type of midwife now practising.

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

PREGNANCY :

Disproportion .. .. .	87
Query Presentation .. .. .	11
Threatened Abortion .. .. .	57
Puffiness of face and hands .. .. .	22
Varicose Veins .. .. .	11
Fits .. .. .	2
Vaginal Discharge .. .. .	19
Unsatisfactory condition and general health	163
Excessive Sickness .. .. .	6
Loss of Blood .. .. .	78
Sugar .. .. .	1
Albuminuria .. .. .	115
Blood Pressure .. .. .	18
Cardiac .. .. .	11
Sores of Genitals .. .. .	2
Total .. .. .	603

LABOUR :

Premature Birth .. .. .	37
Abnormal Presentation .. .. .	112
Delayed or Difficult .. .. .	557
Placenta Prævia .. .. .	6

Hæmorrhage Ante-Partum .. ..	42
Ditto Post-partum .. ..	77
Eclampsia .. .. .	5
Prolapse of Cord .. .. .	15
Lacerated Perinæum .. .. .	956
Retained Placenta and Membranes .. ..	58
Unsatisfactory Condition .. .. .	80
Inertia .. .. .	72
Abortion .. .. .	137
Albuminuria .. .. .	2
Purulent Discharge .. .. .	2

Total .. .. 2,158

LYING IN :

High Temperature .. .. .	110
Inflamed and painful Leg .. .. .	45
Abdominal Swelling and Tenderness .. ..	3
Unsatisfactory Condition .. .. .	53
Offensive Lochia .. .. .	7
Unusual Swelling of Breasts .. .. .	28
Excessive or Prolonged Bleeding .. .. .	1

Total .. .. 247

CHILD :

Deformities .. .. .	26
Convulsions .. .. .	9
Inflamed and discharging eyes .. .. .	144
Feebleness and prematurity .. .. .	114
Unsatisfactory Condition .. .. .	132
Rash .. .. .	13
Pemphigus .. .. .	8
Spina Bifida .. .. .	8
Hare Lip and Cleft Palate .. .. .	2
Jaundice .. .. .	18

Total .. .. 474

Grand Total .. .. 3,482

During the financial year ended March, 1945, 3,345 notifications of sending for medical help were received, and, out of this number, Medical Practitioners claimed their fees from the County Council in 1,354 cases, that is, 40.5 per cent. of the possible claims.

In the last seven financial years the fees paid by the County Council were as follows :—

Financial Year	No. of Notifications of sending for Medical Aid	No. of Claims received	Percentage of claims received to Notifications	Total amount paid to Doctors during year			Amounts recovered from Patients during year		
				£	s.	d.	£	s.	d.
1938-39	4402	2424	55	3513	18	9	1593	16	0
1939-40	4256	2319	54	3614	6	6	1576	17	10
1940-41	3944	1959	50	3167	16	0	2026	16	2
1941-42	3920	1870	48	3420	8	4	1939	8	3
1942-43	3883	1680	43	3067	0	0	2273	17	7
1943-44	3482	1267	36	2322	2	6	1548	3	0
1944-45	3345	1354	41	2454	5	6	1022	12	4

A revised income scale was adopted with effect from the 22nd July, as follows :—

(1) Income to be taken into account—

- (a) The whole of the weekly earnings, unemployment benefit and income of a similar nature, of all members of the family. For this purpose the average earnings, etc., for six weeks up to date of assessment to be used.
- (b) The weekly value of any other income or of property owned by any member of the family.

(2) Deduct from the total above—

- (a) 12s. 6d. per week in respect of each child up to 14 years of age or receiving full-time education.
- (b) 12s. 6d. per week, or one-quarter of the weekly earnings, whichever is the greater, in respect of each child or other member of the household, excluding the husband, at work.
- (c) Rent and rates.

(3) The balance to be treated as net income.

(4) Where the net income as calculated above—

- (a) Exceeds 60s. 0d. per week .. Total fees to be re-claimed.
- (b) Exceeds 45s. 0d. but is not more than 60s. 0d. per week .. .. Half-fees to be re-claimed.
- (c) Is 45s. 0d. per week or less .. No claim to be made

## INFLAMED AND DISCHARGING EYES.

Year	CASES				Vision Un- impaired	Vision Impaired	Total Blind- ness	Deaths
	Notified	TREATED						
		At Home	In Hospital In- pat'nt	Out- pat'nt				
1938	193	166	11	16	191	—	—	2
1939	203	180	20	3	203	—	—	—
1940	162	145	12	5	160	—	—	2
1941	183	165	11	7	181	—	—	2
1942	167	149	14	4	167	—	—	—
1943	135	117	13	5	135	—	—	—
1944	144	129	7	8	144	—	—	—

The 144 cases in 1944, 103 of which were not severe, include medical aid calls for all unsatisfactory eye conditions and not notified cases of Ophthalmia Neonatorum only. The County Council are concerned with the notification and treatment of the latter condition in their Health Visiting Area, which is dealt with later in the Report.

### STILLBIRTHS.

In the area now administered by the County Council under the Midwives Acts, 425 stillbirths were registered during the year.

As already indicated, 143 were reported by midwives, a figure which has varied little during the last 20 years, and the causes were as follows :—

Albuminuria .. .. .	3
Ante-Partum Hæmorrhage .. .. .	4
Cord round Neck .. .. .	4
Cord Prolapse .. .. .	2
Deformities .. .. .	18
Difficult Labour .. .. .	7
Maceration .. .. .	69
Malpresentation .. .. .	7
Premature .. .. .	18
Spina Bifida .. .. .	3
Unsatisfactory Condition of Mother .. .. .	4
Placenta Prævia .. .. .	4

### PUERPERAL PYREXIA REGULATIONS.

Puerperal Pyrexia is defined as any febrile condition occurring in women within 21 days after childbirth or miscarriage, in which a temperature of 100.4 or more has been sustained during a period of 24 hours, or has recurred during that period.

The following are particulars of the notifications from the Administrative County during 1944 :—

	In area of County Local Supervising Authority	In areas of other Authorities	Total
Urban Districts ..	55 ..	7 ..	62
Rural Districts ..	23 ..	— ..	23
	— ..	— ..	—
	78 ..	7 ..	85
	— ..	— ..	—

The case rate for Puerperal Pyrexia per thousand total births (live and still) for Staffordshire is 5.13, as compared with 10.34 for England and Wales.

As will have been observed from a previous table, in the area administered by the County Council as Local Supervising Authority the midwives summoned medical assistance for rises of temperature on 110 occasions. These were specially investigated by the Supervisors, and it was found that in 50 instances the unsatisfactory conditions were due to abnormalities which could be said to arise directly from childbirth.

The facilities provided in the Health Visiting Area are mentioned in the appropriate section of the Report.

### MATERNITY AND NURSING HOMES

The County Council are responsible for the registration and inspection of these Homes in the Administrative County.

At the end of the year the number of premises registered was 23, as compared with 25 at the close of 1943. In 1944, two applications for registration were granted, and four Homes were given up. Of the Homes registered 10 only have more than two beds each, and 19 are solely for midwifery and maternity cases. In addition, four exemptions previously allowed were continued.

The County Council have not delegated any of their powers under Section 194 of the Public Health Act, 1936, or earlier provisions, nor have any applications been received for such delegation.

#### COUNTY COUNCIL MATERNITY UNITS.

At the 31st December, the maternity beds (exclusive of those for isolation and labour) available at Public Assistance Institutions were as follows :—

Cannock	..	..	..	..	..	5
Leek	..	..	..	..	..	10
Lichfield	..	..	..	..	..	11
Sedgley : House	..	..	..	..	..	8
					Rosemary Ednam Maternity Home	28
Stafford	..	..	..	..	..	5
Wordsley	..	..	..	..	..	20

The arrangements made by the County under their Health Visiting Scheme are dealt with in the appropriate section of the Report. In addition, however, arrangements exist at the Mrs. Legge Memorial Home, Wolverhampton, for the reception of prospective unmarried mothers. In 1944, ten cases were admitted.

### MATERNAL MORTALITY

In the accompanying table the maternal mortality rate for the Administrative County, showing the deaths per thousand (live and still) births in the last ten years is given.

Year	Total (Live and Still) Births	DEATHS FROM		Maternal Mortality per 1,000 (Live and Still) Births	
		Puerperal Sepsis	Other Diseases and Accidents of Parturition	Staffs.	England and Wales
1935	12,751	20	35	4.3	3.9
1936	12,995	14	33	3.6	3.6
1937	13,485	15	33	3.6	3.1
1938	13,834	12	28	2.9	3.0
1939	13,874	13	28	3.0	2.8
1940	14,069	8	28	2.6	2.2*
1941	14,372	16	31	3.3	2.2*
1942	15,351	14	31	2.9	2.0*
1943	15,941	13	30	2.7	2.3
1944	16,557	10	21	1.9	1.9

\* Abortions excluded.

As will be seen, this year there was a substantial improvement in the maternal mortality of the Administrative County, the resultant rate being the lowest ever recorded and the same as that for England and Wales. In the latter connection, I mentioned in my immediate previous Report that in view of the nature of our area it is always anticipated that the national rate will be the lower. The result, which is extremely gratifying, is due to the fact that, with 616 more births than in 1943, there were 12 less maternal



deaths, so that it can be said the whole circumstances were most favourable. As so many factors are involved, one cannot generalise when remarking on the maternal mortality, or estimate what may happen in the future, but the 1944 figure certainly gives reason for satisfaction.

From the information available it is not possible to arrive at an exact national mean rate for the ten year period shown in the table, but the mean rate for the County is 3.0

Twenty-nine of the maternal deaths occurred in the area of the Local Supervising Authority. Eight were reported by midwives in accordance with their rules, *i.e.*, the deaths occurred whilst they were actually in attendance as midwives or maternity nurses.

The services provided by the County Council in connection with the efforts to reduce maternal mortality are detailed in the Health Visiting Section of the Report.

### INFANTILE MORTALITY

The infant mortality rate for 1944 was 48 per thousand live births as against 50 in the previous year. The rate in Urban Districts was 48 compared with 52 last year, and in the Rural Districts 49 compared with 45. In England and Wales in 1944 the infant mortality rate was 46 as against 49 in 1943. In the table which follows are shown the rates for the last ten years and also those for England and Wales as a whole. Also shown in this table are the various causes of infantile deaths in Staffordshire for the same period.



Here again, a new record has been attained, for this year's infantile mortality rate of 48 is the lowest experienced for the Administrative County. It would seem that similar favourable results have been obtained in many other parts of England and Wales for there has also been a fall in the national rate and the position is most encouraging, particularly when one remembers that the sixth year of the war commenced in 1944. As in the case of maternal mortality, it is impossible to predict future rises or falls in infant deaths, but it is hoped that the improvement which commenced in 1942 will continue.

Similar to the previous year, there was an improvement in the Urban Districts but a more adverse position in the Rural Areas. In 8 only of the 25 Urban Districts were higher infantile mortality rates recorded, as compared with 1943, whereas 5 of the 10 Rural Districts produced increases.

It will be seen from the previous table that, generally speaking, increases in deaths from diarrhoea and the group described as "Premature Birth, Congenital Malformations, etc." prevented a more favourable rate. It is disappointing that diarrhoea has again taken such a toll and that, with the exception of 1942, the number of deaths from this cause was the largest since 1932. Last year I expressed the opinion that such an adverse position—probably partly due to unsatisfactory social conditions, which are inevitable in some areas in time of war—would be a passing phase, and we must still wait to see whether the later return to normal will prove this to be correct.

Premature Birth, Congenital Malformations, Birth Injuries and Infantile Diseases, have always been the causes of the largest group of deaths, which is not unexpected, and the number has been fairly constant for many years. In 1944 the total was greater by 43 than in the previous year, but against this there were 668 more live births during the period now under review. The last year in which the number of deaths from these causes was approximately the same as the current figure, was 1939, but on that occasion there were 2,758 fewer live births. The following table has been prepared to show the statistics relating to this group for the last decade and it will be seen that the 1944 rate is only slightly higher than the lowest one attained in the previous year.

Year.	Live Births.	Deaths of Children under one year of age from Congenital Debility, Malformations, Premature Birth, &c.	Death-rate per 1,000 Live Births.
1935	12,174	403	33.1
1936	12,441	465	37.4
1937	12,885	474	36.8
1938	13,252	415	31.3
1939	13,324	454	34.1
1940	13,570	430	31.7
1941	13,861	447	32.2
1942	14,807	448	30.3
1943	15,414	410	26.6
1944	16,082	453	28.2

One hundred and eighty-one deaths were reported by the midwives, having occurred whilst they were in attendance. One hundred of these were due to feebleness and prematurity, and 36 to deformity and malformation.

### HOSPITALS

In my 1930 and subsequent Annual Reports details and developments of the County's Hospital Services were given, and I have already mentioned that in view of the war the question of hospital provision under the Local Government Act, 1929, still remains in abeyance.

At the County Council's Standon Hall Orthopædic Hospital 120 beds are still available for patients of the various Committees, the war having postponed the contemplated extensions. During 1944, 147 cases were treated for the Joint Board for Tuberculosis, 65 for the Education Committee, 3 for the Public Assistance Committee, 26 under the Health Visiting Scheme, 4 for outside Authorities, and 3 under the Emergency Hospital Scheme.

Towards the end of the year it was decided to apply for the approval of Standon Hall as an affiliated Training School with the object of providing two years general training in continuation of the two years preliminary training received by nurses at the Orthopædic Hospital, the appropriate arrangements to be made with the London Road Hospital, Stoke-on-Trent, the North Staffordshire Royal Infirmary, Stoke-on-Trent, and the Royal Hospital, Wolverhampton. The General Nursing Council agreed to recommend the application subject to certain requirements as regards accommodation, etc., viz., Lecture Room, Class Demonstration Room and equipment, and the Student Nurses' sleeping arrangements, and the scheme ultimately came into operation on the 23rd February, 1945.

## CLINICS AND TREATMENT CENTRES

The number of Clinics and Treatment Centres was set out in detail in the 1930 Report, and the changes in each subsequent year have been stated in my Annual Report.

The changes in Infant Welfare Centres which have taken place during 1944 are given in the section of the Report below, dealing with the Health Visiting Scheme.

### HEALTH VISITING SCHEME

As I have already mentioned, the County Health Visiting Area consists of 17 Urban and 10 Rural Districts which have an estimated total population of 461,650.

Apart from Maternity Home provision and the care of illegitimate children, this year there is nothing of an exceptional nature to report on the scheme generally, and the following are brief details of the various activities :—

#### INFANT WELFARE CENTRES.

There was little change in this well-developed service during 1944. The sessions of the Berkswich Infant Welfare Centre had to be temporarily suspended after the 19th April as the accommodation was required by the Military Authorities, and had not been resumed at the close of the year. On the 31st December, therefore, there were 37 Combined Centres (*i.e.*, Minor Ailments Clinics and Welfare Centres) and 29 Welfare Centres only. In addition, there is one voluntary Welfare Centre.

At Quarry Bank and Walton (Stone) the activities were transferred to more suitable accommodation on the 9th February and 12th July, respectively.

In total, 4,023 Welfare Centre Sessions were held in 1944, against 3,941 in the previous year, 73,689 attendances being made by children under one year of age, and 49,249 by children between one and five years. The numbers of children in these groups who attended for the first time during the year were 5,930 and 1,579, respectively. At the end of the year the number of children on the books at the Centres was 4,826 under one year, and 6,134 over one and under five.

#### ANTE-NATAL CLINICS.

Here again, the position remained stable during the year, and except for the change of premises at Quarry Bank which, in this respect, took place on the 11th February, and an increase in the

frequency of the special sessions at Sedgley from fortnightly to weekly from the 24th November, there is nothing to report. At the end of 1944, therefore, there were 37 Centres fully equipped for ante-natal purposes, special sessions being held at 23 of them.

During 1944, 3,316 expectant mothers attended the Clinics, with a total attendance of 11,834.

Where treatment is required, the patient is referred to her own doctor, through the medium of the midwife, if one has been engaged, except for unsatisfactory dental conditions. Treatment of the latter can be given under the County Council Scheme, and the patients are offered the facilities provided.

#### RURAL ANTE-NATAL SCHEME.

Under this scheme, which operates mainly in rural areas where there are no Ante-natal Clinics, 618 expectant mothers were examined by their own doctors, compared with 543 in 1943.

As a result, it was found that 528 confinements could safely be conducted by the midwives at the patients' homes, but in 24 instances special advice was necessary.

In 61 cases, further examination only was considered desirable, but in other instances this requirement was coupled with additional recommendations, as follows:—Attendance of doctors at confinements 3, specialists' opinions 2 and Institutional confinement 1.

In the remaining cases the following recommendations were made as a result of the initial examinations:—

A doctor to be present at the confinement	6
Specialist opinion and hospital .. ..	3
Specialist opinion only .. .. .	9
Confinement in Institutions because of physical condition and unsatisfactory home surroundings .. .. .	5

In addition, 13 of the women were found to require dental treatment, which was offered under the County Council Scheme.

#### CONSULTING OBSTETRICIANS.

Where necessary, this important provision enables the General Practitioner to obtain the assistance of a Specialist at any time during pregnancy, labour or the lying-in period, and the facility is frequently sought. During 1943, the Consultants were concerned with 410 cases, as against 450 in the previous year.

The name of Mr. W. E. Barnie-Adshead, F.R.C.S., F.R.C.O.G., of Birmingham, was added to the list of Consultants during the period under review.

## MATERNITY HOME AND HOSPITAL TREATMENT.

Arrangements exist at many hospitals and maternity homes for the reception of women whose physical condition or environment is such that confinement at home is unsafe or undesirable.

During 1944, 231 patients suffering from abnormalities were dealt with at General and Women's Hospitals, compared with 283 in 1943, the list of such Hospitals having been extended during the year to include the Queen Elizabeth, Birmingham, and the Burton-on-Trent General Infirmary.

Two hundred and seventeen normal cases, where adverse home conditions existed, were referred to the Maternity Wards of Public Assistance Institutions, the corresponding number in 1943 being 90. This substantial increase is partly due to the extension of the County Council's maternity home scheme, which took effect from the 1st July, comments on which appear in subsequent paragraphs of this section of the Report.

In addition, 50 women were admitted to a Maternity Home but paid their own fees, the County Council merely giving a guarantee against default.

In my previous Report I mentioned that at the close of 1943 preliminary negotiations were still proceeding with a view to putting into effect a report adopted by the County Council, a summary of which was as follows :—

1. That, in addition to the existing facilities for abnormal cases and women, who, because of unsatisfactory accommodation, cannot safely be confined at home, provision be made for those who, through lack of domestic help, must have institutional confinements.
2. That the Public Health Committee confer with the Public Assistance Committee to see if beds can be allotted on the lines suggested.
3. That consideration be given to the question of recovering costs from patients.

I now give below the record of what subsequently transpired.

### IMMEDIATE ACCOMMODATION.

Many avenues were explored in this connection in an endeavour to proceed with the Maternity Home provision at the earliest possible moment, and the remarks which follow amply demonstrate the difficulties encountered.

1. Inquiries were made to ascertain whether any beds were available in buildings other than Public Assistance Institutions, which had been taken over for Emergency Hospital purposes at the outbreak of the war, and also in premises taken over by the Red Cross and St. John organizations as Auxiliary Hospitals, but the result was a negative one.
2. As it was known that the Stafford Corporation had received authority to establish a Maternity Home they were asked whether the County Council could retain two beds for use by patients from the County Maternity and Child Welfare Area surrounding the town. The request was acceded to but in view of the terms demanded, viz., a retaining fee of £675 per annum, plus patients' costs estimated at £125 per annum, the Public Health Committee could not see their way to proceed.
3. It was suggested that the Walsall and Wolverhampton County Borough Councils might be able to provide accommodation at their respective Institutions for County cases, but here again it was intimated that no beds were available.
4. The Newcastle-under-Lyme Corporation had decided to establish a Maternity Home and it was suggested from several quarters that the County Council should participate to provide especially for their cases from the Kids-grove Urban and Newcastle Rural Districts. The Corporation's original intention was to provide 16 beds for their own use, but they intimated that the unit could be increased to 24 beds, if the County Council would accept full responsibility for the 8 additional beds. The estimated capital cost was given as £25,000 excluding loan charges, and the running costs were expected to be in the region of £6,500 per annum. The Borough Corporation stated that if the County Council wished to participate the expenditure would be apportioned on a  $\frac{2}{3}$   $\frac{1}{3}$  basis, together with representation on the Management Committee, that no minimum period could be provided in any agreement and that the County Council would have to accept full liability for a  $\frac{1}{3}$  partnership. In these circumstances it was decided to refuse the offer.
5. Large Private Houses : I was specially instructed to inquire as to the possibility of acquiring suitable houses in the northern portion of the County and an extensive investi-



gation brought no results. A house in Biddulph was subsequently offered, but the matter was not pursued because the Public Health Committee did not consider this would be a desirable centre to serve a wide area, in view of its geographical position and travelling difficulties. As far as Biddulph itself was concerned, the annual number of births did not justify separate provision.

Several other premises were brought to notice from various sources, viz. :

“COMPTON HOUSE,” LEEK—Members of the Committee viewed this property, which was later used by the Leek Urban District Council for the housing of evacuees, but the Architect's report revealed that the cost of adaptation would be considerable. At a special meeting of the Public Health Committee held in August it was reported that the Urban District Council were still awaiting the consent of the Ministry to acquire the house and the terms of letting could not be stated. The Architect was therefore asked to prepare an alternative scheme.

“THE RADFORDS,” STONE—The Architect investigated this house but found that it was in the occupation of the Military Authorities and consideration was deferred.

“BEEHCROFT,” WOOTTON, ECCLESHALL—These premises which are in a rather isolated rural area, were found to be unsuitable for use as a Maternity Home, and in any event the Rural District Council, who brought them to notice, subsequently withdrew their recommendation.

“MANOR HOUSE,” ALDRIDGE—This house is owned by the County Council but is still used for First Aid Post and Civil Defence purposes. Consideration of its ultimate adaptation as a Maternity Home was therefore deferred.

LATE CHEADLE CHILDREN'S HOME—Although these premises would provide a small maternity unit only and are not ideal for the purpose, the Public Health Committee asked for them to be investigated. It was known that they were being used as a sick bay for evacuees and it later transpired that the Ministry of Health could not release them immediately for any other purpose.

"THE HERMITAGE," UTTOXETER—This property was left and endowed by a lady of the town for use as a Convalescent Home, and as it was considered its usefulness in that respect had greatly diminished, the Uttoxeter Urban and Rural District Councils suggested a Maternity Home should be established there, the endowment of £400 per annum to be diverted towards expenses. A conference was held with their representatives and at the close of 1944 the negotiations were still proceeding.

#### PUBLIC ASSISTANCE INSTITUTIONS.

In view of the foregoing it was proved that the only immediate maternity accommodation was available at six of the County Institutions, viz., those at Leek in the north, Stafford, Cannock and Lichfield, in the centre, and Sedgley and Wordsley, in the south, where the facilities were satisfactory, private patients being received at the majority.

As a result of the negotiations the Public Assistance Committee decided that at the onset the Public Health Committee could reserve beds as follows:—

<i>Institution</i>	<i>Total Beds</i>	<i>Public Health</i>
Cannock .. .. .	5	2
Leek .. .. .	10	5
Lichfield .. .. .	11	7 (b)
Sedgley .. .. .	18 (a)	12
Stafford .. .. .	5	3 (b)
Wordsley .. .. .	20	15
	—	—
Total .. .. .	69	44
	—	—

(a) The total provision is 28 beds, 10 of which are allocated to the County Borough of Dudley.

(b) The original proposal was to have 6 beds at Lichfield and 2 at Stafford, but the reservation at each place was increased by one when it was decided not to participate at the Stafford Municipal Maternity Home.

The balance of beds at the Institutions had, of necessity, to be retained by the Public Assistance Committee, who are responsible for the reception of patients from the whole of the Administrative

County, which, apart from the County Health Visiting Area, contains 8 autonomous Maternity and Child Welfare Authorities. It was decided, however, that where vacant beds were available either Committee may exceed their quota with the consent of the other, should the necessity arise. The terms agreed were:—

10/6d. per bed per week whether occupied or not, subject to adjustment should the reciprocal arrangement already mentioned operate.

£3 13s. 6d. per week for each bed occupied to cover maintenance, treatment (other than special treatment) and administrative expenses.

10/6d. per week for each infant remaining in an Institution after the mother's discharge.

In view of these charges it was agreed that the dietaries for maternity patients should be improved as far as possible, together with ward amenities, *i.e.*, crockery, bed clothing, curtains, etc.

With the exception of the Cannock Institution, the Public Health Committee's reservations became effective from the 1st July, 1944. At Cannock the use of the beds was prevented by maternity staffing difficulties and it was not until the 5th September that the scheme could operate there. Shortly after the inception of the arrangements a similar unsatisfactory position was experienced at Leek, as a result of which the Public Health Committee's quota of beds had to be reduced from 5 to 3 for the period 1st August to 12th November, 1944.

The question of additional beds at certain Institutions for reservation by the Public Health Committee received due consideration, the following proposals being accepted:—

LEEK. 10. The Ministry of Health intimated that accommodation set aside for Emergency Hospital purposes could be released to enable these extra beds to be provided, but lack of adequate accommodation for the additional staff involved was a difficulty which has not yet been surmounted, so that the extension has not yet been effected.

WORDSLEY 20. Here again a ward was released by the Ministry of Health and arrangements were being made to provide the necessary additional sanitary accommodation when the course of the war changed and service casualties delayed the project indefinitely.

LICHFIELD 14. The Public Health Committee, at their June meeting, decided to ask the Public Assistance Committee to increase the size of this unit, and the Ministry of Health subsequently approved the proposal. Works of adaptation were necessary, together with additional accommodation for nursing staff, and the matter was still being proceeded with at the close of the year.

It does not follow of course, that had the additional beds been immediately available they could have been put into use, for, in view of other wartime demands, the provision of staff, and particularly midwives, has been an extremely difficult problem. As a matter of fact, to maintain the existing beds the Public Health and Public Assistance Committees collaborated in approaching the Ministry of Labour and National Service with a view to filling vacancies.

#### SCHEME :

The arrangements which were formulated are described below and proved quite efficient.

**BOOKINGS.** As previously stated, the beds were reserved by the Public Health Committee only for those women who could not be confined at home because of unsatisfactory conditions or lack of domestic help, so that, of necessity, the bookings had to be carefully controlled and made at the Central Office. At their October meeting the Committee decided that where vacant beds were available private cases, viz., women who could have domiciliary confinements but preferred admission to Maternity Homes could be accepted, and experience proved that Sedgley and Wordsley were the only places likely to be available for that purpose, but the presence of probable increased numbers caused a difficulty from the medical staffing point of view, which is, of course, the responsibility of the Public Assistance Committee. It was suggested that the solution was to have an arrangement whereby General Practitioners from the surrounding districts could be called in where necessary, the Public Assistance Committee being financially responsible as their charges are inclusive, and the question was still being debated at the end of the period now under review.

Forms of application were distributed to all Health Visitors employed by the County Council, it having been decided that intending patients should approach them in the first instance, preferably at the Welfare Centres or Ante-natal Clinics. In the rural areas where such Centres and Clinics have not been established, the majority of the Health Visitors are part-time and, in addition, are the Nurse-Midwives for their areas, which keeps them in close touch with the inhabitants. The completed form is passed on direct to the Supervisor of Health Visitors for the District who inquires as to whether admission to a Maternity Home is essential, adds her report and passes on the application to the Central Office. In suitable cases a form of acceptance is then sent direct to the patient and a copy to the Matron of the Institution concerned.

**ANTE-NATAL CARE.** This, of course, is a most important and essential aspect of every pregnancy and steps had to be taken to ensure that every woman entering an Institution is dealt with appropriately. Where the patient lives in close proximity to the Institution the Matron is asked to make the necessary arrangements, but where a journey is involved the requisite supervision is given at a County Ante-natal Clinic, or by a salaried Midwife. Where either of the two latter methods apply the ante-natal record is transmitted to the Matron of the Institution a short time before the estimated date of admission. No action is, of course, taken in the foregoing respect if the patient has intimated that she has engaged a doctor to attend her during pregnancy.

Where the ante-natal supervision is given at the Institution or an Ante-natal Clinic, the woman, unless she has arranged for medical care, is nominally attached to the salaried midwife for her district. This means that should anything untoward occur whilst she is at home the nurse can be called immediately and, if necessary, seek medical aid in accordance with her rules.

No fee is required of the patient for the foregoing facilities.

**TRANSPORT.** Arrangements were made with all Local Authorities in the Maternity and Child Welfare Area possessing ambulances not used for infectious cases for the use of the facility in connection with the scheme, and in certain instances the Local Councils agreed to cover areas in

excess of their own districts. Where civilian ambulances of the type mentioned are not available Civil Defence vehicles are authorised.

On the instructions which accompany the form of acceptance each woman is told how to obtain an ambulance should the necessity arise and is given the telephone number of the particular depot or station, together with the telephone number of the Institution.

When the patient completes her application she states whether or not she can arrange her own transport on the assumption that an ambulance will not be required. If not, and she lives in an isolated district, where it is known that conveyance cannot be arranged privately, the W.V.S. Branch Secretary for the locality is asked to put the Volunteer Car Pool Scheme into effect, which is free of charge. The patient is told only to avail herself of the latter facility in the daytime and that if labour commences during the night to call the ambulance.

**FEEES.** The normal fees covering mother and child are £4 4s. 0d. per week and 10/6d. per week for the baby only if it has to remain for some medical reason after the mother has left the Institution. It should be mentioned that if, for some medical reason, a woman has to receive in-patient treatment some time before the confinement, or after the usual period of 14 days, and is accommodated in a part of the Institution other than the Maternity Wards, her liability during that time is at the Public Assistance rate for the particular year, which, during 1944-45 was £1 18s. 6d. per week.

With each form of application is a form of agreement regarding payment of fees for completion by the patient or by her legal representative, viz, husband, father, etc. Apart from the fees already mentioned it is pointed out that the patient will also be responsible for the cost of the ambulance, if that mode of transport becomes necessary, and also for Consultant's fees and maintenance at another hospital if some abnormality necessitates special treatment.

The form is then signed indicating that either full financial responsibility is accepted or it is agreed that a contribution should be assessed according to means. In the latter event the necessary statements, including

verification of means, is undertaken by the Public Health staff, the assessments and collection being dealt with in the County Treasurer's Department in accordance with the necessitous scale which has already been reproduced on page 20 of the Report.

CASES DEALT WITH FROM THE 1ST JULY  
TO 31ST DECEMBER, 1944.

It will, of course, be appreciated that the initial stages of a scheme of this nature are, of necessity, slow moving until such time as the arrangements are generally known throughout the various areas, but early results were obtained, the first acceptances being issued on the 12th July. The following is the record of total acceptances and patients admitted during the six months in question :—

		<i>Acceptances</i>	<i>Admissions</i>	<i>Acceptances cancelled by Patients</i>
Cannock ..	..	11	7	1
Leek ..	..	72	37	9
Lichfield ..	..	77	44	19
Sedgley ..	..	97	42	13
Stafford ..	..	31	16	7
Wordsley ..	..	78	24	9
		—————	—————	—————
		366	170	58
		—————	—————	—————

Many of the women who cancelled their bookings were evacuees who were returning to their own homes before the confinements took place, and in several instances accepted cases proved to be the wives of regular Servicemen for whom the Government have special provision.

GENERAL.

The question of Maternity Home provision was a much debated topic during the year, not only by the County Council but by the Councils of the Urban and Rural Districts comprising the County Maternity and Child Welfare Area, who jointly formed a special committee to formulate recommendations. Several special meetings of the County Public Health Committee were held in an endeavour to hasten the inception and development of the scheme and, as I have said, every avenue was explored.

As far as the local Councils are concerned a deputation was received in January 1945, who stated that in view of war conditions they could not complain as far as accommodation in the south of the County was concerned but that further steps should be taken in the north, mentioning specially that Maternity Homes were too far apart and that cases should not be required to travel a distance of 15 miles.

The general consensus of opinion seemed to favour numerous small Maternity Units to serve each centre of population, and the responsible County officials interviewed the Senior Regional Medical Officer of the Ministry of Health on two occasions to obtain his views on the probable future Government policy in this respect. It was gathered from these conferences that hitherto the Ministry's policy had been based on the view that Maternity Homes should be in close proximity to major hospitals but that the tendency now was to regard this as only necessary for cases which were either complicated or required special medical care. At the moment, therefore, the Ministry were prepared to consider schemes for normal cases which did not necessarily involve close proximity to a major hospital and where the situations of the Maternity Homes were based on convenience to the population to be served by them.

It was stressed that at the present stage of the war the Ministry very much discouraged temporary provision as it was felt that the amount of time and work involved would be almost as much as to provide permanent accommodation.

Whilst there was nothing to prevent a Local Authority from putting forward a scheme, there could be no guarantee that it would be implemented immediately as innumerable factors, *e.g.* priorities, degree of urgency, etc. would have to be taken into account.

The Senior Regional Medical Officer expressed the opinion that from an economic point of view a maternity unit should have not less than 20 beds and that a greater number was even more satisfactory. It was assumed that a Local Authority in preparing their scheme would consider it important to ascertain the actual needs in their area, as it would be necessary for them to prove an urgent demand for institutional treatment. It was thought that, including private cases, *viz.*, those women who could be delivered at home but preferred admission to a Maternity Home, a Local Authority should not provide accommodation for more than 50 per cent. of the total annual births in their area and that the nature of the County Maternity and Child Welfare Area would warrant this maximum proportion in the immediate post hostilities period. It was pointed out that doubtless the County Council would be guided in developing their scheme, when it is duly approved, by experience they obtain as some of the new accommodation is put into use.



It was appreciated that in the areas of most Welfare Authorities there would be a legitimate demand for beds over and above those required for abnormal cases, not only to meet the wishes of mothers, but on account of the housing situation, a formidable problem which could not be solved in a short time. In this connection the Senior Regional Medical Officer thought that, in view of the extent of the need in relation to the resources available, it was unlikely that the giving up of suitable existing beds at Public Assistance Institutions would be justifiable for some considerable time.

The foregoing remarks of the Senior Regional Medical Officer are, of course, subject to the fact that the Government's proposals for a national health service have not yet reached the state of legislation, and it must be appreciated that the framework as officially settled will have a bearing on institutional accommodation of all kinds. More definite guidance will be given by the Ministry when matters have reached a more advanced stage. It was also remarked that settlement of the details of a maternity scheme must await consideration of the Nuffield investigation of the Ministry into hospital accommodation but that this need not deter the preparation of a scheme, an important factor of which would be consideration of co-operation or combination with other Welfare Authorities within and outside the County to provide a maximum efficient service for the populations involved. As a matter of fact it was stated that the probable results of the Hospital Survey should not delay Local Authorities' schemes, as all such factors would be borne in mind by the Ministry when consideration was given to the proposals: furthermore that the changes proposed by the Government in respect of hospital provision had a bearing primarily on the question as to who should ultimately be responsible for management, and this did not prevent consideration of the question as to whether a particular hospital or home was necessary or where it should be situated.

#### FUTURE POLICY.

Having heard the foregoing opinion the Public Health Committee asked for a comprehensive survey of the maternity needs of their Welfare Area based on a long term policy and the report, the relevant extract from which is reproduced below, was adopted by the County Council at their January, 1945, meeting with a proviso that those autonomous Welfare Authorities in the County who had not made separate provision should be approached to ascertain whether they wish to participate in a joint scheme. In the minute taken when the proposals were accepted by the Public Health

Committee it was made clear that the beds to provide for 50 per cent. of the annual births should include those which exist at the Public Assistance Institutions and at private establishments.

“ The total number of births in the County Welfare Area for the year 1943 was 9,272, and on a basis of 20 cases per bed per year, provision for 50 per cent. of the total number of births would be 232. After taking into account the number of beds that is being provided or will be provided for cases :—

(a) which are abnormal (3 per cent.) ..	14
(b) Which are at present provided for at Public Assistance Institutions ..	44
(c) which it is intended to provide for at Public Assistance Institutions ..	44
(d) which it is anticipated will be provided for at private Nursing Homes ..	23
(e) In Voluntary Hospitals .. .. .	30
(f) in Ashbourne Maternity Home ..	2

additional provision should be made for a further 75 beds.

“ To carry out such a policy it would be necessary to provide a maternity unit for 30 beds for the north of the County, which includes :—Biddulph U.D., Kidsgrove U.D., Leek U.D., Leek R.D., Cheadle R.D. Newcastle R.D., Uttoxeter R.D. (part).

“ In the Central Area a unit of 15 beds would be necessary the following districts being included :—Aldridge U.D., Brownhills U.D., Lichfield City, Rugeley U.D., Stone U.D., Tamworth M.B., Uttoxeter U.D., Cannock R.D., Lichfield R.D., Stafford R.D., Stone R.D., Tutbury R.D., Uttoxeter R.D. (part).

“ In the Southern Area a unit of 30 beds for the following districts :—Amblecote U.D., Brierley Hill U.D., Darlaston U.D., Sedgley U.D., Tettehall U.D., Seisdon R.D., Wednesfield U.D., Willenhall U.D.

“ In making these suggestions for normal cases it will be noted that the existing accommodation at Poor Law Institutions, Private Homes and Voluntary Hospitals, has been taken into account. The beds at the Poor Law Institutions were in the Emergency Medical Services Scheme, except for a small number that have always been for midwifery cases, and, by arrangement with the Hospital Officer of the Ministry of Health the Public Assistance Committee were allowed to use them for maternity purposes. That Committee in turn have contracted

with the Public Health Committee for the use by the Health Committee and have made alterations and additions amounting to a considerable sum. Because of this aspect of the matter I assume the Committee may desire, in the future, to continue to use these beds, at any rate for a period ; if not, the number of beds in the proposed new units will have to be augmented because of that.

*Possible Collaboration with other Welfare Authorities.*

“ If the Committee agree generally with this proposal they may wish to ask the autonomous Maternity and Child Welfare Areas in the County if they would care to participate in this scheme. Newcastle-under-Lyme and Stafford M.B.s have already made their own arrangements but, in the Central Area, Cannock U.D. may like to consider the matter. In this district, in order to provide for 50 per cent. of the births, and taking into account 7 beds in Private Maternity Homes and not counting difficult cases that the Authority send to hospitals, it would appear that 11 beds would be required ; as we want a unit of 15 beds for the Central Area that should be very conveniently arranged for by providing a Home with 26 beds.

“ In the Southern Area—Bilston, Coseley, Rowley Regis, Tipton and Wednesbury—if they wish to participate they would require 82 beds, taking into account the 9 beds in private Homes, and as we require a 30 bed unit in the Southern Area that would mean a Maternity Hospital for 112 beds.

*General.*

“ Whilst it is obvious that any proposal of this kind can only be tentative, it cannot be definitely accepted until it is known what the hospital policy of the Ministry is to be and what are to be the financial arrangements. The two White Papers that have been published appear to indicate that medical and nursing treatment will be free, but assuming that the financial arrangements do not change and that women will be expected to pay according to their means, then if private cases are accepted the question will arise as to whether we should enter into an arrangement with the private Maternity Units or with those voluntary Hospitals taking normal cases. Obviously nothing can be settled on this important question at this stage though I do suggest that in considering a long term policy the Committee should agree to the provision of beds up to 50 per cent. of the births, as suggested in this report, and that the observations of the Ministry of Health should be invited on this proposal.

"It will be realised at this stage it is quite impossible to furnish the Committee with any financial details, but it will be remembered that at a recent meeting the Committee did have before them the cost of a 15-bed and a 30-bed maternity unit and it was estimated that the weekly cost per occupied bed would be £11 1s. 0d. for the 15-bed unit and £8 for the 30-bed unit, whereas if the maternity unit is part of a large Institution the costs are much smaller and, at the Public Assistance Institutions amount to £4 4s. 0d. a week.

"Whilst it is possible that many private cases will be able to bear the full cost, obviously many will not be in this fortunate position and so if they pay according to their means the Committee may have to bear a considerable proportion of the cost. As the policy of the Government, however, is not yet known it does not seem profitable to go further into the financial aspect at this stage."

#### MATERNITY OUTFITS.

During the war the demand for these outfits has been negligible, and in fact, none was disposed of in 1944. In the previous year five only were sold.

#### PAYMENT OF MIDWIVES' FEES.

When the salaried midwifery service commenced it was appreciated that independent midwives would still exist, and that it would be essential to obtain their co-operation as regards the participation of their patients in the facilities provided by the County Council, particularly during the ante-natal period. To encourage this, it was decided to pay a compensation fee of 10s.0d. where a case is lost as a result of County Council activities. No application was received in 1944, and there were two only in the previous year.

#### PUERPERAL PYREXIA.

In the Health Visiting Area a Consultant and Hospital Service is at the disposal of the General Practitioners. During the period under review, 53 cases were notified, compared with 76 last year. Under the scheme Specialists' opinions were obtained in three instances, and 22 patients were sent to hospital. In addition, it was ascertained that 18 women from the area were sent to hospital through other agencies.

## OPHTHALMIA NEONATORUM.

Thirty-one cases were notified from the Health Visiting Area, compared with 44 in 1943, and in 25 instances home nursing was carried out by the Health Visitors. Seven children were admitted to hospital for treatment. In all cases the vision was unimpaired.

The County Council provide hospital treatment.

## OPHTHALMIC TREATMENT.

One hundred and eighty-three children under 5 years of age were referred to the County Ophthalmic Surgeon from the Welfare Centres, mainly on account of an actual or suspected squint. Glasses were prescribed for 86 cases: in 8 instances the County Council provided them, and in one other case contributed half the cost. Generally, where there was unilateral squint the sound eye was occluded, but if this was found to be impracticable, atropine was inserted weekly until it was found possible to have the eye occluded. These children were kept under constant supervision. In 42 cases other forms of treatment were advised, and included in this group were a case of Glioma in a child aged 2½ years, a case of Buphthalmos and one of congenital dislocation of both lenses. The last mentioned defect had been present in the three preceding generations on the maternal side.

Patients seen in previous years were re-examined during 1944, and the total number of attendances at the Clinics, including both old and new cases, was 325.

## ORTHOPÆDICS.

The County Council have not established any Orthopædic Clinics, but have arrangements with voluntary bodies who have established Clinics at Leek, [Stourbridge, Hartshill, Birmingham, Stafford, Lichfield, Tamworth, Walsall and Dudley, where cases are received on payemnt.

Two hundred and thirty-four new cases, as against 215 last year were sent to Orthopædic Clinics for out-patient treatment in the first instance as follows:—

Bow Legs .. .. .	34
Deformities of Feet .. .. .	84
Deformities of Hands .. .. .	5
Fractures .. .. .	2
Knock Knees .. .. .	50
Paralysis .. .. .	2
Rickets .. .. .	3
Torticollis (Wry-neck) .. .. .	7
Miscellaneous .. .. .	29
Examined but treatment not necessary ..	18

It will be noted that only three cases of rickets are given in this list, but of course there are many more conditions classified under other headings, of which rickets has probably been the primary cause.

I give below details of the out-patient attendances, etc., during the year :—

Number of children on books at 31/12/43	300
New cases referred during 1944 .. ..	234
	534
Removals on account of :—	
Discharged cured .. .. .	67
Left the area .. .. .	8
Attained School age .. .. .	59
Treatment refused .. .. .	7
Transferred to a Mental Hospital	1
No treatment found necessary ..	18
	160
Number of cases at end of year .. ..	374
	—

The total number of attendances at Out-patient Clinics during the year was 3,381.

Twenty-six children received in-patient treatment at Standon Hall Orthopædic Hospital, 19 of whom were admitted during the year. As mentioned in previous Reports, pending the extension of accommodation at Standon Hall, the Health Visiting Committee have authorised the use of five beds at outside institutions. These are used mostly for short stay cases. In this way three children under five years of age were admitted to the Hartshill Orthopædic Hospital and one to the Woodlands Orthopædic Hospital, Birmingham, during 1944.

#### ARTIFICIAL LIGHT TREATMENT.

Since the war began and the Treatment Centre provided by the County Council at Lichfield was suspended, there has been little activity in this direction. The work is now confined to the Leek area and during 1944, 12 children only were treated, 10 of whom were new cases. The total attendance was 363 and the conditions were as follows :—

Debility and Malnutrition	.. ..	5
Heart Disease	.. ..	1
Infantile Eczema	.. ..	3
Inguinal Adenitis	.. ..	1
Rickets	.. ..	2

#### DENTAL TREATMENT.

The facilities under this scheme, which has now been in operation for eight complete years, are available for expectant and nursing mothers, and children under 5 years of age, in the County Health Visiting Area; they are referred for treatment by the Medical Officers of the Ante-natal Clinics and Welfare Centres, and by General Practitioners under the Rural Ante-natal Scheme. A similar service is undertaken, at an agreed payment, on behalf of the Stafford Corporation Welfare Committee.

During 1944, 1,156 County patients were treated, compared with 1,215 last year, and the following are particulars supplied by Mr. W. H. Jones, the County Dental Officer:—

##### *Expectant and Nursing Mothers.*

Of 874 patients recommended dental treatment for the first time under the scheme, 724 accepted. In addition, the treatment of 239 women which had been commenced in the previous year, was completed, giving a total of 963 patients dealt with during 1944. The number of attendances made for treatment was 4,725, but no less than 513 further appointments were not kept, the latter representing 9.8 per cent. of the total. The number of half-day sessions devoted to the treatment of these cases was 767.

It is gratifying to see that the percentage of broken appointments is diminishing, the 1943 and 1942 figures being 11.1 and 19.4, respectively, for an improvement in this direction means a saving in time and expenditure.

The general age of the patients has fallen, so that it has been possible to assess the value of the work done under the School Dental Scheme, and in certain areas it was noted that teeth filled at school had remained sound in mothers of 20 years of age, but that failure to secure treatment between the ages of 14 and 20 had resulted in other teeth being in such a condition that extraction was inevitable. It is felt that the reason for this neglect must be ascribed to indifference and lack of consciousness of the value of sound, natural teeth, and that a field for education on this point is indicated. The successful treatment of the mothers is perhaps the first and most practicable step in this direction, for it has been found that many persistent "refusal" families accept treatment

after the mother has been dealt with at the Clinic and has got to know the Dental Surgeon and Nurse. With the fall in the average age there is a probability that less complete denture work will be required as time passes.

In two areas a number of cases were seen with inflamed conditions of the gums, and the examination of swabs submitted to the County Bacteriologist and Pathologist excluded infective conditions, the conclusion being reached that it was a local manifestation of dietetic deficiency, probably citrous fruit. In conjunction with the Medical Officer, the patients were given a course of Adexolin, the gums being massaged with a prophylactic paste, and the results were most satisfactory, as within three weeks the condition of each patient had cleared up.

The following are particulars of the operations completed during the year :—

Extractions .. .. .	5,521
Fillings .. .. .	186
Scalings .. .. .	178
Sundries .. .. .	1,814
New Dentures .. .. .	575
Repairs to Dentures .. .. .	11
	8,285

Eight patients were admitted to Institutions for the administration of general anæsthetics, the dental treatment being given by the County Staff.

The artificial dentures, together with repairs, were all completed in the County Dental Laboratory.

#### “ *Toddlers.* ”

One hundred and ninety-three “toddlers” were dealt with during the year, and 28 half-day sessions were devoted to their treatment, the total attendances being 203. On 193 occasions the child was accompanied by a parent.

The treatment comprised :—

Extraction of temporary teeth .. .. .	169
Dressings of Silver Nitrate .. .. .	193
Fillings in temporary teeth .. .. .	9
Sundries .. .. .	144
Advice .. .. .	110
	625



As stated last year there is a general concensus of opinion among the dental staff that the dental conditions of the youngest members of the community have improved under war conditions, and in cases where the teeth had commenced to decay it was noted that the disease was not so rapid in its destructive quality. It is possible that the peak of these improved conditions, which undoubtedly were due to the restrictions in sugar, white bread, biscuits, sweets and cakes, and the more even distribution of fats and milk, together with the allocation to children of such oranges as were available, has been reached after five years of war, and it will be interesting to watch future developments. The fact that a better balanced diet has had beneficial dental effects is borne out by the number of entrants to the schools found to require treatment. In one large Infants' School the percentage of five year old children requiring treatment was 63 in 1938, as compared with 40 in 1944.

In spite of the improvement referred to above, it is proper to point out that in our present state of knowledge of the causes of dental caries the only safeguard against the associated evils is regular dental inspection followed, where necessary, by immediate treatment.

#### EXTRA-NOURISHMENT.

During the period under review there has been no change in the County Council's policy which has existed since 1941, when, in view of the presence of National half-cream and full-cream milks, they decided temporarily to dispense with Welfare Centre stocks of ordinary branded dried milks suitable for normal children, previously kept for sale at cost price, or for free issue in necessitous cases. As stated in previous Reports, this decision was made to avoid conflict between the County and National Schemes, and on the assumption that should a shortage of milk supplies be experienced the latter would be given priority.

Full co-operation with the local Milk Officers, who, in the majority of districts, distribute their supplies at the Welfare Centres, still exists. The arrangement also continues under which the County Council provide the additional quantity of dried milk required for a child, whose parents' circumstances are found to be necessitous after applying the Government scale, where the Medical Officer of a Welfare Centre is of opinion that the normal free supply, which is equivalent to one pint of raw milk per day, is insufficient.

During 1944, the totals of the sales at cost prices of special commodities provided and stocked by the County Council at the Welfare Centres and Ante-natal Clinics were as follows :—

Branded dried milks for expectant and nursing mothers and children .. .. .	10,338 lbs.
Special foods .. .. .	4,329.4 lbs.
Emulsions .. .. .	4,776 8-ozs. bots
	1,557 10 ,, ,,
Tonic .. .. .	1,296 1 ,, ,,
Vitamins—"C" .. .. .	6,551 tabs.
Vitamins—"A" & "D" .. .. .	185,500 capsules.
Glucose .. .. .	129 $\frac{1}{4}$ lbs.

The free issues consisted of 77 lbs. of branded dried milks, 1,857 $\frac{1}{2}$  lbs. of National Dried Milks and 7 eight-ounce bottles of emulsion, the corresponding figures for 1943 being 173, 3,504 and 16, respectively.

#### NOTIFICATION OF BIRTHS.

During 1944, 9,000 live births and 244 stillbirths were notified in the Health Visiting Area, 8,735 by midwives and 509 by parents and doctors. The births registered during the year, *i.e.*, 9,386 live births and 271 stillbirths, cannot strictly be compared with those notified because of the period allowed by law for each purpose.

#### CHILD LIFE PROTECTION.

The work carried out by the Health Visitors under this scheme is shown in the following table:—

Number of children on Register at the end of December, 1944 .. .. .	40
Number of reports on visits to children received during the year 1944 .. .. .	225
Number of new cases during 1944, for which preliminary reports were sent in by Health Visitors .. .. .	16
Number of foster-parents on Register at end of 1944.. .. .	39

#### ADOPTION OF CHILDREN (REGULATION) ACT, 1939.

In my last Report I commented on the purpose of this Act, which became operative on the 1st June, 1943, the main points being as follows:—

1. Except for Local Authorities and Registered Adoption Societies it is not lawful for any body of persons to make arrangements for the adoption of a child.

2. Where a child is being placed with a person who is not closely related to him, and a third party, *i.e.*, a person who is not the parent or guardian of the child, or the person into whose possession he is to be placed, participates in the arrangements, the third party must give notice in writing to the Welfare Authority of the area where the proposed foster-parent resides not later than seven days before the placing is effected.
3. Where a child is dealt with in the manner mentioned in paragraph 2, it is an offence for the foster-parent or any other person to give or receive, or agree to do so, any remuneration whatsoever.
4. It is not lawful to offer or seek a child for adoption by advertisement.
5. On receiving a notice the Welfare Authority is required to arrange for the supervision of the child until he attains the age of nine years or is legally adopted, whichever event occurs first.

There is one Registered Adoption Society in the Administrative County, viz., the Lichfield Diocesan Association for Moral Welfare Work.

The procedure of the County Welfare Authority is to make a preliminary inspection of the proposed home to ascertain whether a child should properly be received there, and to arrange for monthly visitation during the period of supervision once a child has been placed, the work being undertaken by the Health Visitors.

Two notices only were received in 1944, and in one instance the child was legally adopted before the end of the year. The other remained under supervision.

#### CARE OF ILLEGITIMATE CHILDREN.

A circular on this subject issued from the Ministry of Health in October, 1943, was considered by the Public Health Committee at their January, 1944, meeting. Problems arising under war conditions in regard to these unfortunate children and their mothers had received special consideration, and each Welfare Authority was urged to formulate a scheme in an endeavour to solve many of them. It was appreciated at the beginning that an absolute solution was impossible, because the majority of the children are denied a normal home life, but it was felt much could be done to help the mother, and to safeguard the child in various ways, *e.g.*—

1. By persuading the expectant mother to make known her condition to her parents, and the latter subsequently to accept the child into their home, provided, of course, it is a satisfactory one.
2. By advising the girl on suitable accommodation before and immediately after confinement, and assisting her to obtain an affiliation order, or otherwise to secure assistance from the father of the child.
3. By assisting the mother to obtain employment, preferably with her baby, in an Institution or privately.
4. If the girl's relatives will not accept the child, by finding lodgings for mother and baby when non-residential work is preferred, and by arranging for the baby's care by day, say in a wartime nursery.
5. By finding a suitable foster mother if it is necessary for the girl and her baby to be separated, and where this fails by arranging a place for the child in a residential nursery or home.
6. In special cases where the mother is very young, or is the wife of a man not the father of the child, etc., by giving advice about legal adoption.

The Minister, having in mind successful work already being accomplished by voluntary agencies and moral welfare workers attached to Diocesan and other religious bodies, suggested that Welfare Authorities might co-operate with and reinforce such activities. In view of the nature of the work it was pointed out that specially trained workers were essential, and that the responsible staff should closely collaborate with the Health Visitors of the areas where the babies are placed.

It was known that the Lichfield Diocesan Association for Moral Welfare Work had been concerned with these problems as they exist in Staffordshire for many years, and that they already had six specially trained workers engaged in the duties. It was therefore decided to confer with the other Welfare Authorities, including the County Boroughs, whose districts are situated in the area covered by the Diocesan Association with a view to a combined scheme based on the Minister's suggestions. At the subsequent conference the representatives of the Welfare Authorities who accepted the invitation agreed that combined arrangements should be made with the Diocesan Association, and negotiations were instituted with that end in view.

There was no difficulty from the Diocesan Association's point of view, and at their May meeting the Public Health Committee approved a scheme, and authorised its submission to the Ministry of Health.

Three Welfare Authorities only decided not to participate, viz., Bilston Municipal Borough Council, who gave no reason, Burton-on-Trent County Borough Council, who had made an arrangement with an association for the protection of girls affiliated to the Diocesan Association, and Wolverhampton County Borough Council, who had also made separate provision, so that the Authorities included in the scheme are :—

County Council	Newcastle M.B.C.
Stoke-on-Trent C.B.C.	Rowley Regis M.B.C.
Walsall C.B.C.	Stafford M.B.C.
West Bromwich C.B.C.	Tipton M.B.C.
Cannock U.D.C.	Wednesbury M.B.C.
Coseley U.D.C.	

The Diocesan Association agreed to undertake the work on the lines suggested by the Ministry of Health, as detailed above, in return for a contribution at the rate of £700 in respect of the financial year ending 31st March, 1945, subject to the amount being reviewed and adjusted, if necessary, at the end of any subsequent financial year after an examination made on behalf of the Welfare Authorities of the accounts of the Association. It should be mentioned that a part of the contribution was required because the extended duties would entail the appointment of an additional trained worker.

It was agreed that the yearly contribution should be apportioned between the respective Welfare Authorities on a population basis, the annual estimates of the Registrar-General being used for the purpose, the total amount to be paid by the County Council in the first instance. Proportionate representation of the Welfare Authorities on the Diocesan Association was arranged, and it was laid down that the Association could terminate the scheme, or any Welfare Authority withdraw from it, by giving at least six months notice to the various bodies concerned to expire on the 31st March in any year.

It was further agreed that the Diocesan Association should, not later than the 30th June in each year, furnish to each Welfare Authority a report, statement of expenditure incurred by them in carrying out the work, etc., during the year ending on the preceding 31st March, and the scheme, which was generally approved by the Minister of Health, commenced on the 1st September, 1944.

To augment the district work of the Moral Welfare Workers the close co-operation of Midwives and Health Visitors was arranged through the medium of their Supervisors, who pass on the information obtained to the Organiser of the Diocesan Association.

#### HOME HELPS.

At the end of 1942, a Ministry of Health circular was issued on this subject, pointing out the difficulty experienced in regard to the provision of domestic assistance in the home for women at the time of their confinement, and suggesting that the Welfare Authority should consider providing a service. The immediate difficulty at that time as far as the County Maternity and Child Welfare Area was concerned was the inadequacy of the central administrative staff, particularly in the County Treasurer's Department, to cope with additional schemes of this nature, and, of necessity, the matter had to be left in abeyance.

In May, 1944, a further circular was received from the Ministry urging the Welfare Authorities to make special efforts to establish or to maintain and improve, schemes for the provision of home helps, and mentioning that conferences had been held with the Ministry of Labour and National Service in order that more women would be made available for the work. It was stated that suitable women seen at the Employment Exchanges would be recommended to apply to the Public Health Department through the Health Visitors or Medical Officers of Health. On consideration of this second circular the Public Health Committee decided to formulate a scheme if practicable, and to make the necessary arrangements for implementing it after conferring with the County Nursing Association. The only development during the year was the adoption by the Committee at their October meeting of a scheme submitted by the County Nursing Association for the provision of home helps in the rural areas through the agency of the District Nursing Associations. Once the arrangement became known one or two applications for the service were received, but could not be acceded to because no women willing to become home helps were available in the districts concerned.

It should also be mentioned that no candidates were recommended from the Employment Exchanges, and it was assumed, therefore, that the general shortage of woman-power due to the war made the project extremely difficult, if not impossible.

## HEALTH VISITORS.

There has been no change in the normal complement of Health Visitors, which consists of 60 whole-time, two of whom are Lecturers on Mothercraft, and 42 part-time, *i.e.*, District Nurses employed by local Associations whose work is mainly in the rural districts. The whole-time Health Visitors serve a population of approximately 379,020 out of the total of 461,650.

The adverse position as regards filling vacancies caused by resignation and retirement continued throughout the year, and at the end of the period the staff was depleted to the extent of six Health Visitors and one Lecturer, as compared with five of the former at the close of 1943.

The visits paid by the Health Visitors during the year were as follows :—

To expectant mothers :—

(1) First visits	..	..	..	2,235
(2) Total visits	..	..	..	6,322

To infants under one year :—

(1) First visits	..	..	..	9,397
(2) Total visits	..	..	..	70,849

To children—one-five years :—

Total visits	..	..	..	94,670
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In 1944 the Health Visitors reported to local Medical Officers of Health 116 instances of insanitary conditions.

## LECTURES ON MOTHERCRAFT.

The lectures to mothers, which were instituted thirteen years ago, continued at the Infant Welfare Centres, but the work had to be curtailed during 1944 as a successor to one of the two lecturers who retired at the beginning of September, could not be obtained.

During the year talks were given at 347 sessions of 50 Centres in various parts of the Maternity and Child Welfare Area, the total attendance being 9,617.

## INFESTATION BY HEAD LICE.

In my 1943 Report I remarked on a circular received from the Ministry of Health suggesting that steps should be taken to combat any possible increase of infestation caused by war-time conditions, *viz.*, overcrowded homes, the absence of mothers on work of national importance, etc.

As the County Health Visitors duties are combined with those of School Nurses the staff were already aware of the conditions existing in their districts, and the only difficulty which could not be overcome was the substantial number of unfilled vacancies mentioned in a preceding section of this Report, which prevented full attention throughout the area. The available Health Visitors were instructed appropriately regarding children under 5 years of age, and asked tactfully to include the hair in examinations at the homes and Welfare Centres. Where infestation is found advice as to treatment is given, and the recommended preparation, viz., Lethane Hair Oil (384 "Special") suggested for severe cases. Sacker Hygienic Combs are also provided for sale at cost price, and the Health Visitors disposed of 64 during the year.

In addition to the foregoing arrangements, talks on the care of the hair were given to groups of mothers at the Welfare Centres.

It is likely there was a general rise in the number of cases during the year, for the number of school children excluded after verminous inspections was 8,439 as compared with 7,800 in 1943.

#### WARTIME NURSERIES.

By the end of 1943 the following wartime day nurseries had been established :—

<i>Situation</i>	<i>Places Provided</i>	<i>Av. daily attendance</i>	<i>Dec. Quarter, 1944.</i>	
			<i>Av. cost per daily attendance</i>	
			<i>s.</i>	<i>d.</i>
Brierley Hill (Hill St.)	40 (part-time)	22.3	4	11
Brierley Hill (Pensnett)	40 whole-time)	27.4	4	10
Darlaston .. .. .	60 .. .. .	40.8	5	3
Kidsgrove (Liverpool Rd.)	50 .. .. .	28.4	5	6
Kidsgrove (Butt Lane)	50 .. .. .	12.0	8	9
Leek .. .. .	40 (Part-time)	25.7	4	2
Rugeley .. .. .	25 .. .. .	10.7	7	11
Tamworth .. .. .	40 (Whole-time)	28.3	4	10
Wednesfield .. .. .	50 .. .. .	34.3	5	3
Willenhall (Russell St.)	40 .. .. .	34.5	5	2

Part-time—for children from 2—5 years of age.

Whole-time—for children of all ages to 5 years.

A second nursery, with 50 (Whole-time) places, was opened at Willenhall (Pinson Park) and commenced to receive children on the 21st June, 1944, the average daily attendance and cost during the quarter ended 31st December being 30.4 and 4s. 9d., respectively.



It is obvious from the information given above that in certain instances the provision was uneconomical, and that the apparent needs of the districts concerned did not justify the continuation of the facility. As a beginning, therefore, the Public Health Committee at their January, 1945, meeting instructed that a communication be sent to the Ministry of Health to the effect that, in their opinion, the Kidsgrove (Butt Lane) Nursery should be discontinued. It was subsequently closed on the 28th February, 1945.

Towards the middle of the year a circular was received from the Ministry of Health intimating that arrangements should be made for the medical examination, particularly as regards tuberculosis, of the nurses at present employed and those appointed subsequently. The necessary action was taken in the matter.

The Residential Nursery with 12 places for the children of women employed in Birmingham, established at the instigation of the Ministry of Health at Hoar Cross Hall (Tutbury R.D.) continued throughout the year under County Council Supervision. In addition, certain supervision was still exercised at the Waifs' and Strays' Residential Nursery at St. Mary's Mount, Uttoxeter.

#### **DENTAL LABORATORY**

There was no further development of this Laboratory during 1944, which continued with its reduced complement of three mechanics throughout the period under review.

The output of completed work during the year was as follows :—

New Dentures	.. .. .	750
Repairs to dentures	.. .. .	50
Orthodontic appliances and repairs	.. .. .	66
Repairs to equipment for dental clinics	.. .. .	17
Obturator for cleft palate	.. .. .	1
Acrylic teeth and inlays	.. .. .	81
		—
		965
		—

#### **COUNTY BACTERIOLOGICAL LABORATORY**

Dr. J. L. Edwards, the County Bacteriologist and Pathologist, reports that during 1944, 115,034 investigations were conducted at the County Bacteriological and Pathological Laboratory. Of these, 78,782 were of a general bacteriological and serological nature, 5,640 in respect of biochemical and pathological investigations, and 30,612 were for the diagnosis of venereal diseases and tests for cure. The total numbers of investigations made in 1943 and 1942 were 123,640 and 117,012, respectively.

The general bacteriological and serological work was for the most part from the Administrative County, but of the milk examinations 1,161 were undertaken for the City of Stoke-on-Trent.

The tests for venereal diseases were from patients resident in the following areas:—

Administrative County (General)	..	11,702
"    "    (Emergency Hospitals)	..	426
Members of His Majesty's Forces	..	740
City of Stoke-on-Trent	..	8,715
County Borough of Dudley	..	1,311
County of Worcester	..	657
Kesteven Division of Lincolnshire	..	1,505
County Borough of Walsall	..	1,286
County of Nottingham	..	2,008
City of Nottingham	..	1,607
Other areas outside the Administrative County	..	655

The details of the general bacteriological and serological work are as follows:—

#### GENERAL BACTERIOLOGY AND PATHOLOGY.

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Totals
Water Examinations .. ..	116	94	78	115	403
Milk Examinations .. ..	4,118	4,315	3,906	4,019	16,358
Diphtheria .. ..	9,965	6,807	4,985	5,488	27,245
Tuberculosis .. ..	1,846	2,030	1,699	1,598	7,173
Cerebro-spinal Fever .. ..	12	5	6	—	23
Streptococcal Infections ..	1,687	1,769	1,124	1,491	6,071
Ringworm .. ..	15	23	15	5	58
Typhoid and Paratyphoid Fevers	457	459	343	207	1,466
Brucella Infections .. ..	72	97	59	42	270
Dysentery (all types) .. ..	488	626	348	360	1,822
Food Poisoning .. ..	154	279	178	93	704
Veterinary Work (other than Milk, including Research)	2,704	2,968	2,760	2,968	11,400
Medico-Legal Work .. ..	15	—	—	—	15
Other Examinations .. ..	1,514	1,509	1,324	1,427	5,774
<b>TOTALS .. ..</b>	<b>23,163</b>	<b>20,981</b>	<b>16,825</b>	<b>17,813</b>	<b>78,782</b>

The 16,358 "Milk Examinations" were constituted as follows:—

Cleanliness and Phosphatase Tests .. ..	12,830
Biological Tests .. .. .	3,491
Cultures for Streptococci, etc. .. ..	4
Direct Film for Acid-fast Bacilli .. ..	10
Examination of Washings from Churns ..	11
Coagulase Tests .. .. .	11
Pathological Section .. .. .	1
	16,358

As regards the biological, cleanliness and Phosphatase examinations, the purposes of the tests are shown in the accompanying table, and it will be specially noted that 6 samples of "Accredited" and 2 of "Tuberculin Tested" gave positive biological reactions for tuberculosis.

	* Coli and/or Reductase ; or Count and Phosphatase.			Biological Tests.			Grand Total.
	Satisfactory.	Unsatisfactory.	Total.	Negative.	Positive.	Total.	
For "Accredited" Standard and Licence .. ..	7423	1282	8705	168	6	174	8879
For "Tuberculin Tested" Standard and Licence ..	241	39	280	226	2	228	508
For "Tuberculin Tested" (Pasteurised) Standard ..	21	2	23	18	—	18	41
For Pasteurised Standard .. ..	215	81	296	125	—	125	421
Food and Drugs Act, 1938 .. ..	1801	605	2406	1692	94	1786	4192
School Milks .. ..	65	29	94	83	5	88	182
Submitted by farmers, retailers and others, for their own information .. ..	7	2	9	5	—	5	14
Submitted by Ministry of Agriculture and Fisheries under Tuberculosis Order, 1938 ..	—	—	—	858	120	978	978
Totals .. ..	9773	2040	11813	3175	227	3402	15215

\* The above figures represent the number of *samples* examined.

The following tests were involved :—

Count and/or Coli	..	..	..	924
Reductase	..	..	..	11,376
Phosphatase	..	..	..	530
Biological	..	..	..	3,491
				<hr/>
Total	..	..	..	16,321
				<hr/>

The particulars of the pathological and biochemical investigations were as follows :—

PATHOLOGICAL AND BIOCHEMICAL WORK CONDUCTED DURING  
THE YEAR 1944.

*Gastric Contents.*

Fractional Test Meals	..	..	..	512
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*Blood.*

Estimation of Urea	..	..	..	554
"    "    Glucose	..	..	..	168
"    "    Hæmoglobin	..	..	..	771
R.B.C. Count	..	..	..	768
Leucocyte Count	..	..	..	781
Differential Leucocyte Count	..	..	..	781
Wintrobe's Volume Index	..	..	..	111
Icterus Index	..	..	..	99
Reticulocytes	..	..	..	117
Platelet Count	..	..	..	1
Van Den Bergh Reaction	..	..	..	22
Punctate Basophilia	..	..	..	1
Estimation of Calcium	..	..	..	13
"    "    Phosphorus	..	..	..	9
"    "    Phosphatase	..	..	..	23
"    "    Protein	..	..	..	35
"    "    Chlorides	..	..	..	20
"    "    Cholesterol	..	..	..	20
"    "    Sodium	..	..	..	3
"    "    Uric Acid	..	..	..	5
"    "    Creatinine	..	..	..	1
"    "    Potassium	..	..	..	3
"    "    Sulphonilamides	..	..	..	5
"    "    Sulphæmoglobin	..	..	..	1
"    "    Sulphathiazole	..	..	..	1
"    "    Pyruvic Acid	..	..	..	5
Sedimentation Rate	..	..	..	6
Grouping	..	..	..	45
Cold Agglutinins	..	..	..	2

<i>Urine.</i>						
Estimation of Urea	..	..	..	..	..	79
"    "    Glucose	..	..	..	..	..	9
17-Ketosteroids	..	..	..	..	..	7
Zondek-Aschheim	..	..	..	..	..	2
Diastatic Index	..	..	..	..	..	1
Estimation of Chlorides		..	..	..	..	2
"    "    Creatine	..	..	..	..	..	1
"    "    Creatinine	..	..	..	..	..	1
"    "    Ascorbic Acid	..	..	..	..	..	1
<i>Fæces.</i>						
Quantitative Estimation of Fats	..	..	..	..	..	14
<i>Puncture Fluids.</i>						
Sulphonamide Content	..	..	..	..	..	1
Estimation of Chlorides (Solely)		..	..	..	..	1
"    "    Urea	..	..	..	..	..	2
<i>Sternal Marrow.</i>						
Differential Leucocyte Count	..	..	..	..	..	2
<i>Examination of Calculus</i>	..	..	..	..	..	2
<i>Examination for Salicylates.</i>						
Fæcoliths	..	..	..	..	..	1
Human Organ	..	..	..	..	..	1
<i>Research Work.</i>						
Biochemistry	..	..	..	..	..	59
Pathology	..	..	..	..	..	1
<i>Pathological Sections</i>	..	..	..	..	..	570
						<hr/>
Total	..	..	..	..	..	5,640
						<hr/>

The details of the Venereal Diseases tests are shown in the following table :—

EXAMINATIONS OF PATHOLOGICAL SPECIMENS CONDUCTED  
UNDER THE VENEREAL DISEASES SCHEME DURING THE  
YEAR 1944.

	For Detection of		For Wasser- mann Reaction	Sigma & Kahn Tests	Other Examin- ations	Totals
	Spirochæta Pallida	Gonococci				
1st Quarter ..	—	461	2346	3441	1194	7442
2nd Quarter ..	1	412	2342	3416	1084	7255
3rd Quarter ..	1	542	2413	3414	1283	7653
4th Quarter ..	2	464	2564	3780	1452	8262
Totals ..	4	1879	9665	14051	5013	30612

The 5,013 "Other Examinations" consisted of:—

Two hundred and thirteen cerebrospinal fluids for cells count, protein estimation, and colloidal gold test; 4,783 complement fixation tests for gonorrhœa; the examination of 2 specimens of urine and 15 cultures for gonococci.

### CHEMICAL LABORATORY

Mr. E. V. Jones, the County Analyst, reports that the total number of samples analysed was made up as below:—

*For County:—*

Food and Drugs Act, 1938 .. .. .	1,740
"Appeal to Cow" Samples .. .. .	22
Fertilizers and Feeding Stuffs Act, 1926 .. .. .	7
Pharmacy and Poisons Act, 1933 .. .. .	7
Drinking Waters .. .. .	353
Swimming Bath and Pool Waters .. .. .	1
River Waters (Full Analyses) .. .. .	146
" " (Partial Analyses) .. .. .	2
Sewage Effluents (Full Analyses) .. .. .	87
" " (Partial Analyses) .. .. .	6
Crude Sewage (Full Analyses) .. .. .	4
Coroner Samples .. .. .	6
Miscellaneous Samples .. .. .	38
	2,419

*For Stoke-on-Trent C.B.C.:—*

Food and Drugs Act, 1938 .. .. .	903
"Appeal to Cow" Samples .. .. .	14
Fertilizers and Feeding Stuffs Act, 1926 .. .. .	2
Rag Flock Regulations, 1912 .. .. .	1
Miscellaneous Sample .. .. .	1
	921

*For Brierley Hill U.D.C.:—*

Food and Drugs Act, 1938 .. .. .	78
"Appeal to Cow" Samples .. .. .	3
	81

*For Newcastle-under-Lyme M.B.C.:—*

Food and Drugs Act, 1938 .. .. .	128
"Appeal to Cow" Samples .. .. .	1
	129

*For Rowley Regis M.B.C.:—*

Food and Drugs Act, 1938 .. .. .	94
	94

Total .. .. .	3,644
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## FOOD AND DRUGS ACT, 1938.

Of the 1,740 samples submitted from the County Area, 1,555 were found to be genuine and 185 adulterated or below standard.

(1) MILK.—Of 1,228 samples of undesignated milk, 164 were found to be unsatisfactory, of which 57 contained added water, 12 contained added water and were further deficient in fat, 82 were deficient in fat, 12 were deficient in fat and solids-not-fat, and 1, which was deficient in fat, also contained blood.

Seventy-three samples of specially designated milks were examined, viz. :—14 “Tuberculin Tested,” 11 “Accredited” and 48 Pasteurised. Seven were reported against : 6 of “Accredited” contained added water, and 1 of Pasteurised was deficient in fat and solids-not-fat.

Thirty-seven samples of Sterilized milk were also examined, and 2 were found to contain added water, the remainder being satisfactory.

*Action taken.*—Eighty of the 164 unsatisfactory samples of ordinary milk were informal and no direct action could be taken, but “follow up” samples were obtained where possible.

In 42 cases, representing 49 unsatisfactory samples (two or more having been taken simultaneously from the same purveyor in several instances) the adulterations were small and cautions were issued. Nine producers or retailers were prosecuted in respect of 25 samples containing added water, and 2 in respect of 3 samples deficient in fat. In the remaining 7 cases no action was considered necessary.

As regards the formal samples of designated milks, 1 producer was prosecuted in respect of 5 samples of “Accredited” found to contain added water. Two cautions were issued in respect of 1 sample of “Accredited” found to contain added water, and 1 of Pasteurised deficient in fat and solids-not-fat. Two cautions were also issued in respect of the samples of Sterilized milk found to contain added water.

In total, 46 producers or retailers were cautioned and 12 prosecuted. Fines amounting to £136 were imposed, together with £42 3s. 6d. special costs.

The average composition of the milks of all grades was :—

	<i>On all Samples</i>	<i>On genuine samples</i>
Fat .. ..	3.58%	3.67%
Solids-not-fat ...	3.78%	8.84%

Of 1,165 samples of milk of all grades, passed as genuine, 73 were below the presumptive standard of 8.5 per cent. solids-not-fat, of which 71 were proved by the Freezing Point Depression (Hortvet) to be genuine milk, and 2 were sour.

(2) GENERAL ARTICLES OF FOOD.—Four hundred and two general articles of food and drugs were examined, and 12 (3 formal and 9 informal) were found to be adulterated or below standard, the County Analyst reporting as follows:—

“*Baking Powder*.—Of 5 samples, all informal, one was 75 per cent. deficient in available carbon dioxide, containing only 1.5 instead of at least 6 per cent.”

“*Gelatin*.—Of 13 samples, 2 formal and 11 informal, both the formal and 2 of the informal proved to be of non-edible quality.”

“*Jam, Plum, Full Fruit Standard*.—Of 5 samples, all informal, one was 1.9 per cent. deficient in soluble solids, containing only 66.6 instead of at least 68.5 per cent.”

“*Milk, Dried*.—Only one informal sample was submitted, which both smelt and tasted of paraffin.”

“*Mustard*.—Of 5 samples, all informal, one did not conform to the Statutory Rules and Orders. It contained only 0.31 per cent. of allyl isothiocyanate, instead of 0.35, thus showing a deficiency of 11.4 per cent.”

“*Paste Meat*.—Of 10 samples, all informal, 2 were deficient in meat. They contained only 30.36 per cent. and 30.4 per cent. instead of at least 40 per cent., thus showing a deficiency of 24.1 and 24 per cent., respectively.”

“*Vynatone*.—Two samples, one formal and one informal, did not agree with the formula stated on the bottle, being entirely devoid of hydrastin, and slightly deficient in both potassium bromide and ferric ammonium citrate.”

*Action taken*.—As regards the 2 formal samples of gelatin found to be unsatisfactory, one of the retailers returned his stock to the suppliers so that no further action was taken, and a caution was issued in the other instance. Two summonses were issued against the manufacturers of Vynatone and a fine of £5 was imposed, together with £2 15s. 0d. special costs.

#### “ APPEAL TO COW ” SAMPLES.

Of 22 “Appeal to Cow” samples, 7 were below the presumptive standard of 8.5 per cent. solids-not-fat and 3 per cent. fat; six were deficient in solids-not-fat and one in fat.



## FERTILIZERS AND FEEDING STUFFS ACT, 1926.

Seven samples were submitted consisting of 5 Fertilizers and 2 Feeding Stuffs: 1 of the former was found to be unsatisfactory.

### CORONER SAMPLES.

The six samples submitted were in respect of four cases, viz. :—

Cases I and IV—consisted of two samples of blood for carbon monoxide.

Case II.—consisted of 3 specimens, all of which were examined for the presence of barbiturates.

Case III.—consisted of one sample for the presence of arsenic and mercury.

### DRINKING WATERS.

Eighteen of the 353 samples were for special examination, viz., hardness, lead content and pH value, plumbo solvency and pH value, solids and chlorine.

Of the remaining 335 samples, 211 were of satisfactory quality; 68 contained sewage or animal matter; 13 were organically impure; 14 were of doubtful quality; 11 contained metallic contamination; 7 were excessively hard; 1 showed both sewage and organic pollution; 4 showed both sewage and metallic pollution; 1 contained sewage, vegetable and metallic contamination; 4 showed organic and metallic pollution, and one contained sewage and was also excessively hard.

## MILK SUPPLY

The County Council are concerned with the milk supply as follows :—

- (i) Under the Milk (Special Designations) Orders they are responsible for the issue and control of "Tuberculin Tested" and "Accredited" licences in the Administrative County, and
- (ii) By arrangements made with the majority of the District Councils, the County Staff undertake the sampling of milk as it is being retailed to the public *i.e.*, street samples.

The appropriate duties in connection with the above are assigned to the Sanitary Inspectors and Milk Sampling Officers of the Public Health Department and normally there are four of each, the former also undertaking other work of a public health nature. In view of the war, at the end of 1941 these staffs had been reduced to two and three, respectively, but as far as possible efficient supervision is being maintained.

Details of the work during 1944 are given in the succeeding paragraphs.

#### STREET SAMPLING.

The County Council are ordinarily responsible for this purpose for the whole of the Administrative County with the exception of the Municipal Boroughs of Newcastle and Rowley Regis and the Urban District of Brierley Hill. In addition, by arrangement, the County Council staff undertake street sampling for the Rowley Regis Municipal Council, one of the separate Food and Drugs Authorities.

In the following tables the numbers of samples of specially designated and ordinary milks taken during the year in the area for which the County Council is normally responsible are shown, together with the results of the bacteriological and biological tests carried out in the County Laboratory. In the table of ordinary milk the numbers of samples taken in the various Sanitary Districts of the County are indicated.

#### SPECIALLY DESIGNATED MILK.

1ST JANUARY TO 31ST DECEMBER, 1944.

Designation	No. of Samples Submitted	Result of Examination		T.B.
		Cleanliness		
		Satisfactory	Unsatisfactory	
" Tuberculin Tested " ..	43 (1)	37	6	—
" Accredited " ..	83 (2)	74	9	1
Pasteurised ..	95 (1)	75	20	—
" Tuberculin Tested " Pasteurised ..	15	11	4	—
Totals ..	236 (4)	197	39	1

ORDINARY MILK SAMPLES.  
1ST JANUARY TO 31ST DECEMBER, 1944.

Sanitary District	No. of samples Submitted	Result of Examination		T.B.
		Cleanliness		
		Satisfactory	Unsatisfactory	
<b>URBAN :</b>				
Aldridge ..	32	19	13	—
Amblecote ..	5	3	2	—
Biddulph ..	50 (1)	32	18	2
Bilston ..	36	32	4	1
Brownhills ..	31 (1)	17	14	—
Cannock ..	102 (18)	81	21	8
Coseley ..	32 (1)	24	8	—
Darlaston ..	7	5	2	1
Kidsgrove ..	73	61	12	4
Leek ..	61	49	12	—
Lichfield ..	22 (2)	16	6	—
Rugeley ..	26	20	6	1
Sedgley ..	29	25	4	2
Stafford ..	72	61	11	3
Stone ..	41	41	—	3
Tamworth ..	24	17	7	—
Tettenhall ..	17	12	5	—
Tipton ..	47	31	16	1
Uttoxeter ..	26	19	7	—
Wednesbury ..	21	18	3	1
Wednesfield ..	24 (1)	14	10	1
Willenhall ..	59 (1)	42	17	2
<b>RURAL :</b>				
Cannock ..	80	68	12	3
Cheadle ..	138 (8)	113	25	2
Leek ..	65 (5)	58	7	6
Lichfield ..	75 (1)	50	25	6
Newcastle ..	58 (1)	51	7	3
Seisdon ..	55	36	19	2
Stafford ..	62	52	10	4
Stone ..	39	28	11	1
Tutbury ..	50 (3)	43	7	2
Uttoxeter ..	34 (4)	24	10	2
Totals ..	1493 (47)	1162	331	61

Figures in brackets show numbers of samples not submitted to the Biological Test.

In addition, 21 samples of sterilized milk were taken for examination, and were all satisfactory.

(i) BACTERIOLOGICAL EXAMINATION.

*Undesignated Milk.*—Of the 1,493 samples bacteriologically examined, 1,162 were found to conform to a certain standard of cleanliness, the remaining 331 failing to do so. Two hundred and ninety-six of the latter were produced within the County and 35 outside. The percentage of samples reported clean was 77.8, compared with 57.8 last year. In addition to being unsatisfactory from a cleanliness standpoint, 12 also contained tubercle bacilli.

As in previous years, the names of the producers of the unsatisfactory milks were reported to the County Farm Institute, and the farmers concerned were communicated with by the Assistant Director of Agricultural Education, and offered every assistance. In accordance with the usual practice, if no improvement in the cleanliness of the milk resulted, the District Council in whose area the premises are situated was informed, so that the necessary steps could be taken under the Milk and Dairies Order, 1926.

*Specially Designated Milks.*—The cleanliness test was applied to the 236 samples submitted, and 39, or 16.5 per cent., were found to be unsatisfactory, viz. :—6 “Tuberculin Tested,” 9 “Accredited,” 20 Pasteurised and 4 “Tuberculin Tested” Pasteurised, as compared with 23.9 per cent. in the previous year.

In addition to examination by the bacterial count method, the Pasteurised milks are submitted to the phosphatase test, which indicates the efficiency or otherwise of the pasteurisation. In this respect, 104 of the 110 samples obtained in 1944 were satisfactory.

As regards the unsatisfactory samples, other than those of Pasteurised milk, 13 were produced in the County and 2 outside. The sources of production of the 24 Pasteurised samples were not known but 19 were of milk treated at premises outside the County.

(ii) BIOLOGICAL EXAMINATION.

With the exception of 47 of ordinary and 4 of designated milks the samples were examined biologically, and 61 of ordinary milk and 1 of “Accredited” were found to contain tubercle bacilli.

Fifty-eight undesignated samples and the one “Accredited” were produced within the County.

Where the milk was produced in Staffordshire the positive results were reported to the Divisional Inspector of the Ministry of Agriculture and Fisheries, whose Department is responsible for the consequent veterinary examinations of the herds concerned.

The procedure adopted when the sources of production of samples containing tubercle bacilli are outside the County is dealt with in a succeeding paragraph.

#### MILK IN SCHOOLS SCHEME.

At the end of the year there were 106 suppliers of designated and undesignated milks to schools or departments, as detailed in the following table :—

	No. of Suppliers.	Schools or Depts. supplied.	Children supplied (Dec.)
"Tuberculin Tested" .. .. .	1	1	58
"Accredited" .. .. .	71	110	7,494
Pasteurised .. .. .	17	258	43,501
Undesignated .. .. .	17	28	925
	106	397	51,978

The usual procedure is to sample the supplies at least once each term *after* delivery to the schools. During 1944, however, in view of shortage of staff, this was not always possible, but every effort was made to give adequate supervision. The samples are examined bacteriologically and biologically, and, in the case of Pasteurised milk, by the phosphatase test in addition.

All herds producing milk are, of course, under supervision by the Veterinary staff of the Ministry of Agriculture and Fisheries, but, in the case of undesignated production, examinations are normally made less frequently. However, as far as school milk is concerned, the Divisional Inspector agreed to deal with the matter adequately, so that the supplies, which are in districts where it is difficult to obtain designated milk, can continue.

The number of samples collected at schools during the year was 100, and of these 25 failed to conform with the required standard of cleanliness. When an unsatisfactory result is obtained notification is made to the supplier and/or producer, and repeat samples are taken.

Fifteen samples from Pasteurised supplies were submitted to the phosphatase test, one only being unsatisfactory.

As regards the biological examination of samples, where tubercle bacilli are found the school supply is cancelled immediately and is not resumed from the particular source until the herd is free from infection. In the meantime, where possible alternative arrangements are made so that the scheme is not interfered with. The number of tuberculous samples during the year was 5 and the procedure mentioned in a preceding paragraph was adopted.

## FOOD AND DRUGS ACT, 1938.

In 1944, 87 representations in respect of milk produced in Staffordshire, which was found to contain tubercle bacilli, were made by Medical Officers of Health of districts outside the area administered by the County Council. Similarly, 6 complaints were made to outside Authorities in respect of milk sent into this County for sale. In this respect the County and County Borough Public Health Departments act in the capacity of clearing houses only, and the appropriate action regarding the herds is taken by the Veterinary Staff of the Ministry of Agriculture and Fisheries.

## MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

*"Accredited."*—On the 31st December, 1944, there were 2,575 farmers licensed to produce "Accredited" milk, as compared with 2,532 at the end of the previous year. During the period under review, 8,362 samples of milk were taken for examination for cleanliness, and 7,144, or 85.4 per cent., complied with the required standard.

As stated last year, in view of depletion of staff, routine sampling at the farms at two monthly intervals had to be abandoned, but endeavours are made to visit quarterly for this purpose.

Eighty-nine applications for new licences were received and dealt with during 1944, 7 of which were not acceded to.

When it is found that the main conditions attached to a licence, which include, of course, a good sample record, are not being observed, every effort is made to obtain a satisfactory solution, and failing this the case is dealt with by the appropriate Committee. During 1944, the licences of 27 producers were suspended for one month and 4 for two months. Eleven were revoked and 7 cautions were issued.

*"Tuberculin Tested."*—At the end of the year the number of licences in force for the production of "Tuberculin Tested" milk was 78, as against 53 at the close of 1943. Twenty-five new applications were received and recommended during 1944.

The routine samples are examined biologically as well as for cleanliness. Of 183 obtained during the year, 21 failed to comply with the required bacteriological standard and 2 were found to contain tubercle bacilli.

## GENERAL.

Apart from the foregoing, sampling was undertaken at certain hospitals, sanatoria and institutions, and, of 28 samples obtained during the year, 8 were unsatisfactory from a cleanliness standpoint. None was found to contain tubercle bacilli.

## WATER SUPPLIES

It has not been possible during the war years to give details relating to water supplies, and, with the exception of certain water mains extensions or other supplies provided in connection with armed forces and ordnance establishments, I have little progress to report. Almost all public water supplies have been chlorinated during the war, and in most instances this practice is being continued.

Some of the mains installations or extensions to armed forces and ordnance establishments may be of service in providing piped supplies to areas not at present adequately served, and it is hoped that suitable arrangements will be made for their use wherever possible.

During the year, new legislation of particular interest to Rural District Authorities, but not confined to them, was introduced, viz., the Rural Water Supplies and Sewerage Act, 1944, which provides for financial assistance to be given by the Treasury towards the cost of providing sewerage and water schemes in rural localities. Wherever the Minister decides to make a contribution to such a scheme the County Council are also required to make a similar payment.

It is intended that all groups of cottages and schools shall be provided with piped water supplies, and also that the needs of agriculture shall receive serious consideration. With the ever increasing demands on the dairy farming industry much more water is required than hitherto, and, indeed, a copious supply of wholesome water is essential to maintain a healthy herd, producing a clean, good quality, milk supply.

Many Local Authorities were contemplating providing piped supplies, or improving the existing sources, before the war, but, unfortunately, their activities had to be postponed. It is now hoped the proposals will be revived, and that an early start will be made on the schemes.

## RIVERS POLLUTION PREVENTION

The bi-annual hydrographical surveys of the River Trent, instituted by the Standing Committee on Rivers Pollution of the Ministry of Agriculture and Fisheries in 1923, were suspended during the war, but it is hoped to re-introduce them at an early date, because of the valuable data obtained in this way.

The position in regard to sewerage and sewage disposal is much the same as in 1939, for although much work in this direction was urgently required before the outbreak of hostilities, it had, of necessity, to be held in abeyance. Two schemes which were in progress in 1939 have been completed, viz., sewage disposal works for the Stone Urban District and in the Kinver Parish of the Seisdon Rural District.

It is now imperative that a considerable amount of work should be undertaken at the earliest opportunity to meet the needs in connection with the many large housing programmes that Local Authorities are preparing, and it must prominently be borne in mind that the provision of sewers and the treatment of sewage must synchronise with housing progress. In these days of improved sanitation, with the provision of baths and water closets in the modern houses, greater demands are made upon the water supplies and sewage disposal resources of every district, and, therefore, more attention must be devoted to providing these services. Only a comparatively small number of existing sewage disposal works would be capable of dealing effectively with the increased demands so soon to be made upon them, and I would therefore emphasise the need for making preparations at an early date to cope with the situation.

The rivers of Staffordshire are comparatively small, and, as they are the natural outlet for run off water and liquid wastes, it is necessary that all water fouled by human, animal or industrial agencies, should be treated so as to produce a higher degree of purification than might otherwise be required if the dilution were much greater.

In the last quarter-of-a-century much progress had been made in the science of treating sewage, and, therefore, Local Authorities and their Engineers may proceed on established lines with the preparation of schemes in confident assurance that satisfactory results will ultimately be obtained.

I have referred to the Rural Water Supplies and Sewerage Act, 1944, under "Water Supplies," the object of the legislation being to assist Local Authorities to provide the facilities in a "Rural Locality." It is not, however, confined in its scope to Rural Sanitary Districts, and a Borough or Urban District may receive financial assistance in respect of a part of their area which can be categorised as a rural locality.

#### MINISTRY OF HEALTH INQUIRIES.

One Ministry of Health inquiry was held during the year, viz., on the 3rd October, into an application made by the Upper Stour Valley Main Sewerage Board for a loan of £43,500 to be used in respect of sewage disposal.



## CONTRIBUTIONS TO DISTRICT COUNCILS FOR WATER AND SEWAGE DISPOSAL SCHEMES.

In the Report for 1930, the principles governing contributions from the County Council were fully stated and a brief summary has appeared in subsequent Reports.

Contributions continue to be payable in respect of schemes mentioned in previous Reports, where the financial positions warrant them, but no new ones have been approved during the period under review.

### RURAL HOUSING

Under the Housing (Rural Workers) Acts contributions are given by the County Council for the re-conditioning of old houses in Rural Areas, and for the conversion into dwellings of buildings not previously used for that purpose. Applications for grants must come from the owner of the property concerned. One application only was considered during 1944, in respect of a cottage in the Parish of Drayton Bassett (Lichfield R.D.), and a grant of £100 was offered.

At their June meeting the Public Health Committee received a Ministry of Health Circular relative to a Report on Rural Housing prepared by a Sub-Committee of the Central Housing Advisory Committee. The Minister mentioned that he desired to see Joint County Committees, on the lines recommended in the Report, established in every County as soon as possible, and suggested that, in the first instance, a conference should be held between the County Council and the Rural District Councils, to decide how best this could be done. Later, however, it was intimated that, in view of the need for relieving pressure on the railways, the suggested conferences should not be held until further notice. It was therefore decided to put the recommendation into effect as soon as practicable. At the October meeting of the Committee it was reported that the restriction had been withdrawn and a conference with the Rural District Councils was arranged for the 19th October, which resulted in the setting up of a Staffordshire Rural Housing Advisory Committee, consisting of 13 representatives of the County Council and 2 from each of the Rural District Councils.

### PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE

I have no general comments to make as far as Isolation Hospital accommodation in the County is concerned.

The following statistics relate to the notifiable infectious diseases amongst civilians during the calendar year 1944. On reference to the tables at the end of the Report the numbers and death-rates for each Sanitary District will be found.

**SMALLPOX.**—No case of Smallpox was notified in 1944. The last one recorded was in 1942, which was the first experienced in the County since 1930.

**SCARLET FEVER.**—There was a considerable decrease in the incidence of this disease, 1,616 cases having been notified, compared with 2,801 in 1943, but the prevailing type was mild. In the Urban Districts there were 1,296 cases and in the Rural Districts 320, as against 2,247 and 554, respectively, in the previous year. The case-rates per thousand of the population were:—Urban Districts 2.23, Rural Districts 1.67 with a total County rate of 2.09, whilst that for England and Wales was 2.40. The corresponding rates for 1943, were 3.88, 2.88, 3.63 and 3.01, respectively.

Two deaths occurred in Urban Districts and none in the Rural Districts.

**DIPHTHERIA.**—There was a substantial decrease in the incidence of this disease, for 639 notifications were made, compared with 1,141 in the previous year, and again the prevailing type was more severe than scarlet fever. In the Urban Districts there were 552 cases, as against 1,036, and in the Rural Districts 87 compared with 105. The total case-rate was 0.83, whilst that for England and Wales was 0.58, as against 1.48 and 0.88, respectively, in the previous year.

Thirty-seven deaths occurred in the Urban and 3 in the Rural Districts, which yield death-rates of 0.06 and 0.02, respectively.

In 1943 there were 68 deaths from this disease.

For information regarding the diphtheria immunisation campaigns throughout the Administrative County reference should be made to the Reports of the local Medical Officers of Health, whose Councils are primarily responsible for the work. Much activity has taken place, however, and the County Council continue to give all possible assistance when their co-operation is required, viz., their Medical Staff undertake immunisation in the Schools and Welfare Centres, and the Health Visitors act as propagandists and obtain parental consents. In 1943, the latter section of the staff were used in an intensive house-to-house campaign, the full scope of which was described in my previous Report.

Facilities are provided in the County Laboratory for bacteriological investigations, and, in 1944, 27,245 specimens were dealt with, compared with 40,672 in the previous year. These included 40 virulence tests undertaken in special cases, and 1,355 tests for the identification of diphtheria-like organisms.

ENTERIC FEVER.—Eight notifications of enteric fever were made during the year, as compared with 12 in 1943. Six (3 Typhoid ; 3 Paratyphoid) were in Urban and 2 (1 Typhoid ; 1 Paratyphoid) in Rural Districts, compared with a total of 6 in each instance during the previous year. The case-rates for Staffordshire and the Country as a whole, both for Typhoid and Paratyphoid, were the same, being 0.01 per thousand of the population in each instance.

One death from this disease occurred in an Urban District.

MEASLES.—During the period, 3,134 notifications were made, which indicates a marked decrease for the corresponding figure for 1943 was 8,126. Two thousand three-hundred and ninety-four cases occurred in Urban and 740 in Rural Districts, compared with 6,214 and 1,912 in the previous year. The 1944 case-rates for the County and England and Wales were 4.05 and 4.16, as against 10.53 and 9.88 in 1943.

Four deaths occurred in the Urban Districts and 2 in the Rural, the death-rate in each instance being 0.01. There were 15 deaths in 1943.

WHOOPIING COUGH.—Here again there was a substantial decrease in the number of notifications, 1,845 being made in 1944, as compared with 2,748 in 1943. In the Urban Districts there were 1,469 as against 1,991, whilst the corresponding figures for the Rural Districts were 376 and 757, respectively. The case-rate for the County was 2.39 and for England and Wales 2.49

There were 15 deaths in the Urban Districts and 7 in the Rural, the death-rates being 0.03 and 0.04, respectively. In 1943, 25 deaths were due to this cause.

ENCEPHALITIS LETHARGICA.—One case in a Rural District only was notified during 1944, but 9 deaths were reported, 5 in Urban and 4 in Rural Districts.

POLIOMYELITIS AND POLIOENCEPHALITIS.— In 1944, 10 cases of Poliomyelitis were notified in Urban and 3 cases in Rural Districts. There were no notifications of Polioencephalitis. As regards deaths from these conditions, 3 occurred in Urban Districts.

DYSENTERY.—The notifications of this disease show a large increase, 104 being made during the period as compared with 54 last year. Seventeen of the 35 Sanitary Districts were affected, as follows :—Amblecote U.D., 3 ; Biddulph U.D., 4 ; Bilston M.B., 13 ; Brownhills U.D., 2 ; Kidsgrove U.D., 6 ; Leek U.D., 2 ; Sedgley U.D., 1 ; Stafford M.B., 2 ; Tettenhall U.D., 4 ; Willenhall U.D., 1 ; Cannock R.D., 2 ; Cheadle R.D., 2 ; Lichfield R.D., 22 ; Seisdon R.D., 5 ; Stafford R.D., 7 ; Stone R.D., 27 ; and Tutbury R.D., 1.

CEREBRO-SPINAL FEVER.—Twenty-six cases were notified during 1944, 17 in 10 of the 25 Urban and 9 in 5 of the Rural Districts,

which is the lowest number recorded since 1939, when there were 28 cases. In 1940 there was an acute rise in the incidence of this disease when 161 cases were notified, but in the following years there was a distinct downward tendency, as is demonstrated by the following figures, viz., 1941, 128; 1942, 87; 1943, 50. The current case-rate for the County was 0.03 compared with 0.05 for England and Wales.

There were 8 deaths in 7 of the Urban Districts and one each in 4 of the Rural Districts, as against 14 and 2 deaths, respectively, in 1943.

The County Council have a scheme under which the services of Consultants are at the disposal of the General Practitioners, and special arrangements exist for the cerebro-spinal fluid to be sent to the County Bacteriological Laboratory in a portable incubator, because these organisms do not survive if sent through the post in the ordinary way. Twenty-eight specimens of cerebro-spinal fluid from suspected cases were examined in the Laboratory during the year, and typing was undertaken when possible.

The deaths from non-notifiable infectious diseases were as follows :—

DIARRHŒA AND ENTERITIS.—Seventy-two deaths occurred in Urban Districts, and 14 in Rural Districts, in children under 2 years of age, the death-rates being 5.8 and 3.8, respectively, per thousand live births. The deaths occurred in 19 of the Urban Districts and in 9 of the Rural Districts.

INFLUENZA.—In 1944 there were 67 deaths in Urban and 16 in Rural Districts, as compared with 188 and 75, respectively, in 1943.

The number of cases of Notifiable Infectious Diseases, with the deaths, in the Administrative County during 1944 are as follows :—

Diseases	Notifications		Deaths.	
	Urban	Rural	Urban	Rural
Small-pox .. .. .	—	—	—	—
Scarlet Fever .. .. .	1296	320	2	—
Diphtheria .. .. .	552	87	37	3
Enteric Fever .. .. .	6	2	1	—
Measles .. .. .	2394	740	4	2
Whooping Cough .. .. .	1469	376	15	7
Puerperal Pyrexia .. .. .	62	23	9	1
Erysipelas .. .. .	160	37	*	*
Cerebro-Spinal Fever .. .. .	17	9	8	4
Poliomyelitis .. .. .	10	3	} 3	—
Polioencephalitis .. .. .	—	—		
Pneumonia .. .. .	530	143	271	79
Encephalitis Lethargica .. .. .	—	1	5	4
Dysentery .. .. .	38	66	*	*

\* Not classified in Registrar-General's Return.

## VACCINATION

The ineffectiveness of the working of the Vaccination Acts is shown on examination of the Returns of the various Vaccination Officers for the year 1st January to 31st December, 1943, where it is seen that out of 11,771 children born during the year in whom vaccination was possible, only 33.5 per cent. were subsequently protected against smallpox.

## SCABIES

In my Report for 1942 I gave full particulars of the co-operation afforded by the County Council to the District Councils, who are responsible for initial action under the Order made in 1941 which provides measures for dealing with persons suffering from scabies. Briefly the facilities offered, without cost to the local rates, were as follows:—

1. The use of the premises and supplies of hot water at First Aid Posts and Cleansing Stations.
2. The services of County Health Visitors, where other circumstances permit, at the cleansing sessions.
3. In-patient treatment at a Public Assistance Institution of any person whose condition definitely necessitates admission.

During 1944, 13 of the 35 local Councils took advantage of the first mentioned facility, and, in total, 1,443 cleansing sessions were held at First Aid Posts, a session being considered any period up to three hours. Ninety-five patients were treated at the Public Assistance Institutions, 92 of whom were admitted during the year.

## TUBERCULOSIS

The treatment scheme is administered by the Staffordshire Wolverhampton and Dudley Joint Board for Tuberculosis, whose Annual Report deals extensively with all aspects of the work.

The Public Health Service is, however, concerned with preventive measures, the most important aspect of which is housing, and the danger of overcrowded conditions in homes where members of the families are suffering from open tuberculosis of the lungs cannot be stressed too strongly. It should therefore be the aim of the Housing Department of each Local Authority to facilitate separate sleeping accommodation for persons suffering from pulmonary tuberculosis, and it is gratifying that many, appreciating the importance of such provision, give this unfortunate section of the community priority when allocating dwellings. It is hoped

that, in due course, all will adopt the same attitude. At the moment the position is far from satisfactory, for the 1944 survey of sleeping accommodation of pulmonary cases resident in the area of the Joint Board for Tuberculosis reveals that 47.4 per cent. only had separate bedrooms, the remainder sharing rooms, and sometimes beds, with other members of the family. Doubtless had the war not occurred housing activity would have produced better results, and the hope is once again expressed that, when the extensive housing schemes now contemplated are being furthered, the problem will be borne prominently in mind. In the meantime, Local Authorities are urged, when considering applications for existing houses, to give special consideration to those families where danger of infection, due to the presence of positive cases, is enhanced by existing overcrowded conditions.

Given below are the 1944 statistics for the Administrative County.

The following table shows new cases of tuberculosis, including primary notifications and cases which came to notice, otherwise than by formal notification, and deaths from the disease, classified according to age and sex:—

AGE PERIODS.	NEW CASES				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0— .. .. .	2	—	3	3	—	—	6	5
1— .. .. .	5	5	12	11	1	4	11	2
5— .. .. .	17	9	22	16	3	2	7	6
10— .. .. .	3	11	14	10				
15— .. .. .	39	47	16	13				
20— .. .. .	52	93	6	14	121	90	9	15
25— .. .. .	80	80	8	18				
35— .. .. .	72	37	6	6				
45— .. .. .	60	29	4	2	78	30	6	4
55— .. .. .	56	11	5	4				
65 and upwards .. .. .	11	2	—	1				
Totals .. .. .	397	324	96	98	218	131	40	32

Three hundred and forty-nine persons died from pulmonary tuberculosis and 72 from other forms of tuberculosis, the death-rates being 0.45 and 0.09 per thousand of the population, respectively. The corresponding rates for 1943 were 0.48 and 0.10. In the general tables at the end of the Report the numbers and rates for each Sanitary District will be found.

The table which follows shows the death-rates in the Urban and Rural Districts of the County from 1914.

Year	Death Rate per 1,000 of the Population			
	Phthisis		Other forms of Tuberculosis	
	Urban	Rural	Urban	Rural
1914	0.89	0.54	0.31	0.20
1915	0.94	0.67	0.34	0.29
1916	1.01	0.80	0.40	0.29
1917	1.01	0.74	0.34	0.31
1918	1.03	0.88	0.31	0.28
1919	0.83	0.61	0.22	0.30
1920	0.75	0.56	0.30	0.21
1921	0.80	0.53	0.23	0.21
1922	0.80	0.55	0.24	0.17
1923	0.75	0.58	0.25	0.22
1924	0.73	0.58	0.22	0.20
1925	0.83	0.49	0.22	0.14
1926	0.74	0.50	0.22	0.11
1927	0.73	0.44	0.21	0.22
1928	0.64	0.48	0.14	0.13
1929	0.76	0.54	0.15	0.12
1930	0.72	0.54	0.15	0.13
1931	0.78	0.52	0.17	0.13
1932	0.64	0.42	0.16	0.14
1933	0.72	0.50	0.14	0.08
1934	0.67	0.43	0.11	0.16
1935	0.67	0.35	0.13	0.08
1936	0.53	0.34	0.11	0.08
1937	0.60	0.41	0.13	0.11
1938	0.56	0.29	0.13	0.11
1939	0.52	0.35	0.09	0.11
1940	0.51	0.29	0.11	0.06
1941	0.57	0.33	0.16	0.14
1942	0.52	0.34	0.13	0.10
1943	0.55	0.29	0.11	0.07
1944	0.52	0.25	0.10	0.07

#### NOTIFICATION.

The following are particulars of the primary notifications made from 1917 :—

1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
873	856	699	642	929	971	1029	974	1232	1400	1106	1194	1017	1021
1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944
1129	1074	1011	929	825	831	858	789	726	669	788	830	841	798

In addition to the 798 primary notifications in 1944, 117 cases, compared with 104 in the previous year, came to knowledge from other sources, 66 of which were transfers from other areas. It was found that 44 unnotified cases had died, and in 1 further instance notification was made after death. These 45 deaths give a ratio of 1 in 9.4 of the total deaths ; roughly, 8 out of 9 deaths were of cases notified under the Regulations before decease.

The total notifications are classified in a preceding table and the incidence in the sexes and age groups should be specially observed.

#### REGISTERS OF DISTRICT MEDICAL OFFICERS OF HEALTH.

At the end of the year the following cases were included in these registers :—

TOTAL CASES	PULMONARY			NON-PULMONARY		
	M.	F.	Total	M.	F.	Total
7718	2732	2519	5251	1295	1172	2467

This indicates that there is one case of tuberculosis in every 100 persons, or 10.0 per thousand of the population. It also shows that, during the year, approximately one death occurred amongst 18 cases, which compares favourably with the expert opinion that for every death there are at least 10 persons suffering from the disease.

#### CANCER

In the following table, the deaths from Cancer during 1944, in age and sex groups, in the Urban and Rural Districts of the County, are shown :—

Age Groups	Urban Districts			Rural Districts			Grand Total
	Male	Female	Total	Male	Female	Total	
0— ..	—	—	—	—	—	—	—
1— ..	—	1	1	—	—	—	1
5— ..	1	—	1	—	1	1	2
15— ..	37	38	75	6	12	18	93
45— ..	165	172	337	51	58	109	446
65— ..	248	203	451	83	75	158	609
Totals ..	451	414	865	140	146	286	1151



The annual number of deaths from cancer remains practically unchanged, for 1,151 were recorded during 1944, as compared with 1,128 in the previous year and 1,183 in 1942, the figure having exceeded 1,000 since 1938. This year the disease accounted for 14.5 per cent. of the total civilian deaths in the Administrative County, as against 13.2 per cent. last year. Another aspect of the matter in which there is little variation from year to year is the group of deaths from this cause which occur in persons under the age of 45 years, for, as will be seen from the foregoing table, the current number is 96, and the corresponding ones for the two previous years were 100 and 95, respectively.

The gradual rise in the mortality from cancer is related to the fact that the general mortality from all causes under the age of 45 has continued, over a long period, to become steadily less, so that in every population there exists an increasing number of persons of an age more susceptible to cancer than are younger persons. The latter statement is proved by the fact that whilst in 1920 48.6 per cent. of the deaths from all causes were of persons under 45 years of age, the figure has gradually decreased in the subsequent years to 24.7 per cent. in 1944. Until means are found adequately to combat the disease, therefore, no improvement in the position can be anticipated.

The number of deaths from cancer for each district, subdivided into four groups, will be found in the tables at the end of the Report, together with the total mortality-rate per thousand of the population.

### **VENEREAL DISEASES**

Under the County Council scheme for the treatment of Venereal Diseases, agreements have been made with the North Staffordshire Royal Infirmary, Stoke-on-Trent; the Staffordshire General Infirmary, Stafford; the Royal Hospital, Wolverhampton; the Guest Hospital, Dudley; the Corbett Hospital, Amblecote; and the Walsall Corporation for the establishment of special clinics. A special arrangement also exists for the treatment of County cases at the Birmingham General Hospital, and there is an agreement with the Children's Hospital, Ladywood Road, Birmingham.

There is one whole-time Venereal Diseases Officer on the staff of the County Council who is responsible for the Clinics at Stafford and Stoke-on-Trent mentioned above. In addition, as a result of wartime staffing difficulties, by an arrangement between the County Council and the Stoke-on-Trent Corporation, he temporarily attends the Shelton Municipal Clinic.

The only treatment centres situated in the Administrative County are those at the Corbett Hospital, Amblecote, and the Staffordshire General Infirmary, Stafford, but the County Council are responsible for the one at the North Staffordshire Royal Infirmary, Stoke-on-Trent. The arrangements which exist at Centres in the areas of neighbouring Authorities have already been mentioned, and in a later table the attendances of County patients at the various hospitals are detailed. Again this year, the increase in the incidence of these diseases, and the presence of service cases at the Treatment Centres, has not been sufficient to demand any extension of our pre-war facilities.

The General Practitioner Service at Lichfield, established at the suggestion of the Ministry of Health in 1942, is still in existence, and during 1944 two patients were dealt with in this way. Since the facility was provided three patients only have taken advantage of it, and presumably those suffering from the disease find it more desirable from their point of view to travel some distance to attend the Treatment Centres say at Walsall and Birmingham.

Again this year, the County Council allocated £400 for propaganda purposes, and the Central Council for Health Education were asked to continue their excellent work, the districts selected on this occasion being the Boroughs of Bilston, Newcastle, Rowley Regis, Stafford, Tamworth and Wednesbury, and the Urban Districts of Biddulph, Brownhills, Brierley Hill, Cannock and Leek. With the exception of Biddulph it was possible to complete the courses, and the whole campaign was most successful. In addition to the foregoing programme, films on general health were shown at certain selected Welfare Centres which could conveniently be attended whilst the apparatus was in the localities.

In my Report for 1943 I briefly explained the workings of Regulation 33B., which had been made towards the end of the previous year to give compulsory powers, in certain instances, to obtain attendance and treatment at the Venereal Diseases Centres. It was then mentioned that a person suffering from the disease could make a declaration on a prescribed form as to whom he or she considered was responsible for the condition, the information being passed on to the Medical Officer of Health of the County or County Borough where the contact resides. The compulsory powers can only be exercised where it is apparent from these forms that the same person is suspected by two or more patients to be the source of their infection, but where single declarations only are received the persons named therein are approached unofficially in an endeavour to obtain attendance at the Treatment

Centres. These approaches are made to female contacts by the Supervisors of Midwives and Health Visitors, the County Sanitary Inspector dealing similarly with men.

During 1944, 51 contacts, all females were brought to notice, and, with the exception of 3 cases, single forms only were received. One of the three women accepted treatment voluntarily and there was no subsequent difficulty. Another also commenced in this way, but defaulted later and a statutory requirement to submit to treatment was issued. This was ignored and she appeared in the Police Court when a sentence of three months imprisonment with hard labour was imposed. In the remaining instance the preliminary inquiry revealed that the woman was serving a prison sentence for theft, and a requirement to submit to treatment was served on her at the prison early in 1945 immediately prior to her release. The notice was not observed and proceedings were instituted, but pending the hearing the contact attended at the Treatment Centre stipulated and continued to do so. In these circumstances the case was adjourned until the 25th June, on which date it was concluded on payment of costs, the woman having observed the instructions of the Venereal Diseases Officer in the meantime.

In the remaining 48 instances, where single forms only had been received, the following results were obtained:—

Already attending Treatment Centres .. .. .	11
Attended as a result of the unofficial visits .. .. .	12
Promised to attend but failed to do so .. .. .	10
Promised to see own doctor .. .. .	1
Obvious case of mistaken identity .. .. .	1
Examination refused .. .. .	1
Left for areas of other Local Authorities and records transferred .. .. .	1
Left for unknown address .. .. .	1
In Prison .. .. .	1
No trace .. .. .	9
	—
	48
	—

During the year, 1,237 Staffordshire patients attended for treatment for the first time, compared with 1,219 in 1943, and the following detailed table indicates where it was obtained. The attendances shown in the appropriate column, however, relate to all patients and include visits by those referred for treatment in previous years. It will be seen that in 1944, 791 of the persons who attended were found not to be infected, and the corresponding figure in the previous year was 783. The actual cases in 1943 and 1944 were 436 and 446, respectively.

TREATMENT CENTRE	Syphilis	Soft chancre	Gonorrhœa	Non-Venereal	Total New Cases	Attendances (all patients)
Birmingham General Hospital .. ..	20	—	25	120	165	2520
Burton-on-Trent General Infirmary .. ..	9	—	5	10	24	186
Cheshire C.C. .. ..	—	—	—	2	2	9
Derby Royal Infirmary .. ..	4	—	3	3	10	160
Dudley Guest Hospital .. ..	14	—	42	153	209	3095
Southampton .. ..	—	—	—	1	1	1
Stafford (Staffordshire General Infirmary)	22	—	20	44	86	1074
Stoke-on-Trent (North Staffordshire Royal Infirmary) .. ..	42	1	48	131	222	8707
Stoke-on-Trent (Municipal Clinic, Shelton) .. ..	5	—	12	36	53	520
Stourbridge (Corbett Hospital) .. ..	5	—	14	24	43	1383
Walsall (Manor Hospital) .. ..	16	—	37	88	141	1955
Wolverhampton Royal Hospital .. ..	34	1	67	179	281	5985
Totals .. ..	171	2	273	791	1237	25595

For comparative purposes the totals of the cases included in the foregoing table for the last ten years have been extracted and are given below. It will be seen that as far as Staffordshire is concerned there was a downward tendency in the total patients suffering from the diseases until 1941, when the numbers began to rise again, and that there were fewer new cases in 1944 than were experienced in 1935. An interesting aspect of the table is the distinct rise which commenced in 1942 of the number of persons who attended the Treatment Centres, presumably after having exposed themselves to the risk of infection, but were found not to be suffering from one of the diseases. It can be assumed from this that the various educational and propaganda campaigns are having their effect.

Year	Syphilis	Soft Chancre	Gonorrhœa	Total Cases	Non-Venereal
1935 ..	166	4	322	492	295
1936 ..	137	6	294	437	341
1937 ..	116	5	320	441	326
1938 ..	133	3	302	438	344
1939 ..	116	5	283	404	310
1940 ..	126	1	244	371	348
1941 ..	111	1	267	379	359
1942 ..	134	2	266	402	512
1943 ..	163	2	271	436	783
1944 ..	171	2	273	446	791

Free samples of Salvarsan or its substitutes are issued to General Practitioners, who comply with the necessary requirements, for the treatment of Staffordshire cases in their practices. At the end of 1944, the names of 32 doctors appeared on the approved list, four of whom took advantage of the provision during the year.

The County Council have arrangements for the admission of patients from the Administrative County to Cleveland House, Wolverhampton, an institution for the reception of expectant mothers suffering from venereal disease. In 1944 twelve such patients were treated, eleven of whom were admitted during the year.

W. D. CARRUTHERS,

November, 1945.

County Medical Officer of Health.



Table showing Population, Number of Persons per acre, Birth and Death-rates as well as the Death-rate at all ages and among Children under 1 year, and the Death-rates from Zymotic Diseases, Tuberculosis, Diseases of the Respiratory Organs, &c. 86

URBAN.

District	Population at all ages		Number of persons per acre	Live Birth-rate per 1,000 of Population	Still-births, Rate per 1,000 of Population	Crude death-rate per 1,000 of Population	Mortality in children under one year per 1,000 registered live births	Zymotic Mortality								Per 1,000 of Population								
	Census 1931 of areas as constituted after changes in Boundary	Estimated 1944						Per 1,000 of Population				Per 1,000 of Population				Tuberculosis of Respiratory System	Other Forms of Tuberculosis	Cancer	Bronchitis	Pneumonia	Other Respiratory Diseases	Nephritis	Premature Birth	Congenital Malformations, Birth Injuries, Infantile Diseases
								Measles	Scarlet Fever	Whooping Cough	Diphtheria	Diarrhoea (under 5 years)	Typhoid and Paratyphoid Fevers	Measles	Scarlet Fever									
Aldridge	14,446	24,630	2.7	22.8	0.53	7.5	37	—	—	—	—	0.08	1.26	0.32	0.41	0.08	0.12	0.37	0.37					
Amblecote	3,099	2,860	4.3	17.8	0.35	12.2	20	—	—	—	—	1.40	2.10	1.40	—	0.35	—	—	0.35					
Biddulph	8,990	10,250	1.5	18.3	0.98	9.5	53	—	—	0.10	0.10	0.49	1.46	0.20	0.59	0.20	0.29	0.29	0.20					
Bilston	31,321	30,620	16.4	20.6	0.56	10.7	59	—	—	—	0.07	11.1	1.11	1.01	1.11	0.16	0.13	0.42	0.39					
Brierley Hill	44,671	44,500	7.5	19.7	0.54	11.1	39	—	—	—	0.09	5.7	1.89	0.94	0.40	0.18	0.27	0.18	0.36					
Brownhills	18,368	20,320	3.2	22.8	0.44	10.7	60	—	—	0.10	0.05	4.3	1.08	0.54	0.64	0.10	0.44	0.25	0.39					
Cannock	35,300	38,070	4.7	20.8	0.55	10.3	54	—	—	0.08	0.08	5.0	1.68	0.39	0.32	0.18	0.34	0.53	0.26					
Coseley	25,137	30,460	9.2	22.8	0.66	9.7	65	—	—	—	0.13	14.4	1.31	0.95	0.62	0.07	0.33	0.49	0.43					
Darlaston	20,053	20,330	13.3	20.7	0.39	9.5	60	—	—	—	0.10	7.1	1.38	0.49	0.25	0.20	0.15	0.54	0.30					
Kidsgrove	14,940	14,080	3.4	23.1	0.78	11.5	46	—	0.07	—	—	9.2	1.07	0.78	0.57	0.07	0.21	0.36	0.21					
Leek	19,442	17,650	4.1	16.8	1.02	12.9	34	—	—	—	—	6.8	2.04	0.40	0.23	0.11	0.28	0.06	0.23					
Lichfield	8,574	9,179	2.6	23.4	0.65	12.6	79	—	—	—	—	9.3	1.74	0.54	0.54	—	0.33	0.44	0.87					
Newcastle	54,739	63,360	7.1	21.9	0.93	10.4	40	0.02	0.03	0.03	0.02	2.2	1.59	0.55	0.43	0.13	0.25	0.27	0.28					













Table showing the number of cases of certain Infectious Diseases notified in each sanitary area during the year ended 31st December, 1944, and the Attack-Rates per 1,000 of the population.

**URBAN**

District	Estimated Population 1944 for calculating rates	Smallpox		Typhoid		Para-Typhoid		Scarlet Fever		Whooping Cough		Diphtheria		Erysipelas		Measles		Pneumonia		Puerperal Pyrexia		Cerebro-spinal Fever Cases	Polomyelitis Cases	Lethargia Knephalitis
		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate			
Aldridge ..	24,630	—	—	—	—	—	—	60	2.44	58	2.35	9	0.37	4	0.16	45	1.83	29	1.18	2	0.08	2	—	—
Amblescote ..	2,860	—	—	—	—	—	—	10	3.50	5	1.75	1	0.35	—	—	1	0.35	—	—	—	—	—	—	—
Biddulph ..	10,250	—	—	—	—	—	—	20	1.95	70	6.83	1	0.10	6	0.59	288	28.10	26	2.54	—	—	3	—	—
Bilston ..	30,620	—	—	—	—	—	—	64	2.09	93	3.04	54	1.76	9	0.29	135	4.41	63	2.06	2	0.07	—	1	—
Brierley Hill ..	44,500	—	—	—	—	—	—	88	1.98	110	2.47	48	1.08	15	0.34	125	2.81	25	0.56	4	0.09	—	—	—
Brownhills ..	20,320	—	—	—	—	—	—	41	2.02	59	2.90	28	1.38	11	0.54	29	1.43	30	1.48	1	0.05	1	—	—
Cannock ..	38,070	—	—	—	—	—	—	100	2.63	83	2.18	33	0.87	25	0.66	33	0.87	15	0.39	6	0.16	—	—	—
Coseley ..	30,460	—	—	—	—	—	—	50	1.64	59	1.94	44	1.44	10	0.33	50	1.64	37	1.21	—	—	1	3	—
Darlaston ..	20,330	—	—	—	—	—	—	34	1.67	11	0.54	27	1.33	2	0.10	13	0.64	17	0.84	2	0.10	—	—	—
Kidsgrove ..	14,080	—	—	—	—	—	—	12	0.85	38	2.70	4	0.28	7	0.50	401	28.48	12	0.85	4	0.28	—	—	—
Leek ..	17,650	—	—	—	—	—	—	26	1.47	29	1.64	6	0.34	—	—	126	7.14	5	0.28	1	0.06	4	—	—
Lichfield ..	9,179	—	—	—	—	—	—	6	0.65	—	—	4	0.44	—	—	7	0.76	1	0.11	7	0.76	—	—	—
Newcastle ..	63,360	—	—	1	0.02	3	0.05	65	1.03	94	1.48	17	0.27	9	0.14	600	9.47	38	0.60	6	0.09	2	2	—

URBAN—continued

DISTRICT	Estimated Population 1944 for calculating rates	Smallpox		Typhoid		Para-Typhoid		Scarlet Fever		Whooping Cough		Diphtheria		Erysipelas		Measles		Pneumonia		Puerperal Pyrexia		Cerebro-spinal Fever Cases	Polymyelitis Cases	Lethargic Encephalitis Cases
		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate			
Rowley Regis ..	45,620	—	—	—	—	—	—	63	1.38	62	1.36	57	1.25	9	0.20	119	2.61	15	0.33	3	0.07	—	—	—
Rugeley ..	7,976	—	—	—	—	—	—	15	1.88	5	0.63	2	0.25	—	—	31	3.89	1	0.13	1	0.13	1	—	—
Sedgley ..	21,070	—	—	—	—	—	—	36	1.71	47	2.23	10	0.47	2	0.09	23	1.09	6	0.28	3	0.14	1	—	—
Stafford ..	34,650	—	—	—	—	—	—	122	3.52	203	5.86	14	0.40	11	0.32	37	1.07	7	0.20	6	0.17	—	1	—
Stone ..	7,364	—	—	—	—	—	—	5	0.68	18	2.44	3	0.41	1	0.14	17	2.31	11	1.49	—	—	—	2	—
Tamworth ..	12,120	—	—	—	—	—	—	14	1.16	5	0.41	1	0.08	8	0.66	4	0.33	15	1.24	—	—	—	—	—
Tettenhall ..	6,850	—	—	—	—	—	—	8	1.17	24	3.50	—	—	1	0.15	5	0.73	11	1.61	—	—	—	—	—
Tipton ..	36,150	—	—	2	0.06	—	—	281	7.77	153	4.23	57	1.58	13	0.36	47	1.30	74	2.05	4	0.11	1	—	—
Uttoxeter ..	6,791	—	—	—	—	—	—	9	1.33	11	1.62	13	1.91	—	—	149	21.94	—	—	—	—	1	—	—
Wednesbury ..	32,460	—	—	—	—	—	—	82	2.53	93	2.87	105	3.23	9	0.28	84	2.59	50	1.54	5	0.15	—	—	—
Wednesfield ..	15,340	—	—	—	—	—	—	33	2.15	47	3.06	2	0.13	2	0.13	11	0.72	6	0.39	3	0.20	—	—	—
Willenhall ..	28,270	—	—	—	—	—	—	52	1.84	92	3.25	12	0.42	6	0.21	14	0.50	36	1.27	2	0.07	—	1	—

## RURAL

District	Estimated Population 1944 for calculating rates	Smallpox		Typhoid		Para-Typhoid		Scarlet Fever		Whooping Cough		Diphtheria		Erysipelas		Measles		Pneumonia		Puerperal Pyrexia		Cerebro-spinal Fever Cases	Poliomylitis Cases	Kneephalls Lethargia Cases
		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate			
Cannock ..	21,900	—	—	—	—	—	—	39	1.78	38	1.74	31	1.42	8	0.37	23	1.05	26	1.19	4	0.18	3	—	—
Cheadle ..	31,170	—	1	0.03	—	1	0.03	68	2.18	94	3.02	8	0.26	7	0.22	113	3.63	27	0.87	1	0.03	2	—	1
Leek ..	14,920	—	—	—	—	—	—	11	0.74	9	0.60	3	0.20	—	—	33	2.21	5	0.34	—	—	—	—	—
Lichfield ..	32,760	—	—	—	—	—	—	25	0.76	12	0.37	9	0.27	2	0.06	18	0.55	19	0.58	3	0.09	1	1	—
Newcastle ..	16,190	—	—	—	—	—	—	20	1.24	19	1.17	3	0.19	14	0.86	144	8.89	13	0.80	5	0.31	—	1	—
Seisdon ..	19,750	—	—	—	—	—	—	34	1.72	76	3.85	7	0.35	1	0.05	38	1.92	15	0.76	3	0.15	—	—	—
Stafford ..	14,940	—	—	—	—	—	—	46	3.08	25	1.67	6	0.40	2	0.13	75	5.02	5	0.33	5	0.33	—	—	—
Stone ..	17,690	—	—	—	—	—	—	19	1.07	23	1.30	10	0.57	—	—	79	4.47	12	0.68	2	0.11	2	—	—
Tutbury ..	13,170	—	—	—	—	—	—	24	1.82	52	3.95	8	0.61	3	0.23	87	6.61	20	1.52	—	—	—	—	—
Uttoxeter ..	9,580	—	—	—	—	—	—	34	3.55	28	2.92	2	0.21	—	—	130	13.57	1	0.10	—	—	1	—	—

RURAL - continued

Product # 85037262

SHIRE COUNTY COUNCIL

Annual Report

TABLE

OFFICER OF HEALTH  
D. CARRUTHERS, M.B. D.S.

For the Year 1945

Particulars	1944-45	1943-44	1942-43	1941-42	1940-41	1939-40	1938-39	1937-38	1936-37	1935-36
Salaries	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Expenses	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Grants	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Reserves	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Income	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Balance	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Checked

SHIRE COUNTY COUNCIL  
OFFICER OF HEALTH  
D. CARRUTHERS, M.B. D.S.  
For the Year 1945



